

PAYMENT FROM THE RESIDENT. THE NE SHALL REPORT A RESIDENT'S USE OF BED-HOLD DAYS ON THE " FACILITY PAYMENT AND ADJUSTMENT AUTHORIZATION" (ODHS 9400).

(1) HOSPITALIZATION. REIMBURSEMENT MAY BE MADE TO ELIGIBLE NFS DURING PERIODS OF RESIDENT HOSPITALIZATION FOR THE PURPOSE OF RESERVING THE RESIDENT'S NE BED. HOSPITAL LEAVE DAYS MAY BE AUTHORIZED ONLY UNTIL:

(a) THE DAY ON WHICH THE HOSPITALIZED RESIDENT'S ANTICIPATED LEVEL OF CARE AT TIME OF DISCHARGE FROM THE HOSPITAL CHANGES TO A LEVEL OF CARE WHICH THE NE IS NOT CERTIFIED TO PROVIDE; OR

(b) THE DAY THE RESIDENT IS DISCHARGED FROM THE HOSPITAL, INCLUDING DISCHARGE RESULTING IN TRANSFER TO ANOTHER HOSPITAL-BASED OR FREE STANDING NE OR SNE; OR

(c) THE DAY THE RESIDENT DECIDES TO GO TO ANOTHER NE UPON DISCHARGE FROM THE HOSPITAL AND NOTIFIES THE FIRST NE; OR

(d) THE DAY THE HOSPITALIZED RESIDENT DIES.

(2) THERAPEUTIC LEAVE VISITS. ANY PLAN FOR LIMITED ABSENCES FOR PARTICIPATION IN THERAPEUTIC PROGRAMS MUST BE APPROVED IN ADVANCE BY THE PRIMARY PHYSICIAN AND DOCUMENTED IN THE MEDICAL RECORD. THESE DOCUMENTS MUST BE AVAILABLE FOR VIEWING BY THE COUNTY DEPARTMENT OF HUMAN SERVICES (CDHS) OR THE OHIO DEPARTMENT OF HUMAN SERVICES (ODHS). PROVISIONS MUST BE MADE FOR CARE AND SERVICES THAT WILL BE REQUIRED DURING THE ABSENCE OF THE RESIDENT.

(3) VISITS WITH FRIENDS OR RELATIVES. ANY PLAN FOR LIMITED ABSENCES FOR VISITS WITH FRIENDS OR RELATIVES MUST BE APPROVED IN ADVANCE BY THE PRIMARY PHYSICIAN AND DOCUMENTED IN THE MEDICAL RECORD. THESE DOCUMENTS MUST BE AVAILABLE FOR VIEWING BY THE CDHS OR ODHS. PROVISIONS MUST BE MADE FOR CARE AND SERVICES THAT WILL BE REQUIRED DURING THE ABSENCE OF THE RESIDENT. THE NUMBER OF DAYS PER VISIT IS FLEXIBLE WITHIN THE MAXIMUM BED-HOLD DAYS ALLOWING FOR DIFFERENCES IN THE RESIDENT'S PHYSICAL CONDITION, TRAVEL TIME INVOLVED, AND TYPE OF VISIT.

(D) READMISSION AFTER DEPLETION OF BED-HOLD DAYS. A NE MUST ESTABLISH AND FOLLOW A WRITTEN POLICY UNDER WHICH MEDICAID RESIDENTS, WHO HAVE EXPENDED THEIR ANNUAL ALLOTMENT OF THIRTY BED-HOLD DAYS AND, THEREFORE, ARE NO LONGER ENTITLED TO A RESERVED BED UNDER THE MEDICAID BED-HOLD LIMIT, MUST BE READMITTED TO THE FIRST AVAILABLE MEDICAID CERTIFIED BED IN A SEMIPRIVATE ROOM. THE FIRST AVAILABLE BED REFERS TO THE FIRST UNOCCUPIED BED THAT IS NOT BEING HELD BECAUSE A RESIDENT (REGARDLESS OF SOURCE OF PAYMENT) HAS ELECTED TO MAKE A PAYMENT TO HOLD THAT BED. THIS READMISSION REQUIRES THAT THE RESIDENT IS IN NEED OF NE SERVICES AND IS ELIGIBLE FOR MEDICAID NE SERVICES.

(1) THE RESIDENT MUST BE READMITTED TO THE FIRST AVAILABLE MEDICAID CERTIFIED BED IN A SEMIPRIVATE ROOM, EVEN IF THE RESIDENT HAS AN OUTSTANDING BALANCE OWED TO THE NE. THE READMITTED RESIDENT MAY BE

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DISCHARGED IF THE NE CAN DEMONSTRATE THAT NONPAYMENT OF CHARGES EXISTS AND HEARING AND NOTICE REQUIREMENTS HAVE BEEN ISSUED AS SET FORTH IN SECTION 3721.16 OF THE REVISED CODE.

(2) BED-HOLD DAYS FOR ABSENCE IN EXCESS OF THE MEDICAID BED-HOLD LIMIT ARE CONSIDERED NONCOVERED SERVICES FOR WHICH THE RESIDENT MAY ELECT TO PAY. A MEDICAID ELIGIBLE RESIDENT WHOSE ABSENCE FROM THE FACILITY EXCEEDS THE STATE'S BED-HOLD LIMIT CAN ELECT EITHER TO:

(a) ENSURE THE TIMELY AVAILABILITY OF A SPECIFIC BED UPON RETURN BY MAKING BED-HOLD PAYMENTS FOR ANY DAYS OF ABSENCE IN EXCESS OF THE MEDICAID LIMIT; OR

(b) RETURN UPON THE FIRST AVAILABILITY OF A SEMIPRIVATE BED IN THE NE.

(3) MEDICAID-ELIGIBLE RESIDENTS' BED-HOLD DAY RIGHTS EXTEND ONLY TO SITUATIONS IN WHICH THE RESIDENT LEAVES THE NE FOR HOSPITALIZATION OR THERAPEUTIC LEAVE OR VISITS WITH FRIENDS OR RELATIVES AND THEN RETURNS TO THE SAME NE.

(a) IF A RESIDENT WHO HAS DEPLETED MEDICAID-COVERED BED-HOLD DAYS IS ADMITTED TO A HOSPITAL AND THEN TRANSFERS TO A SECOND NE BECAUSE THE SECOND NE PROVIDES SERVICES THE FIRST FACILITY DOES NOT PROVIDE, THE FIRST NE HAS NO OBLIGATION TO READMIT THE RESIDENT.

(b) IF A RESIDENT WHO HAS DEPLETED MEDICAID BED-HOLD DAYS IS ADMITTED TO A HOSPITAL AND THEN TRANSFERS TO A HOSPITAL-BASED NE OR SNE, THE TYPE OF NE OR SNE TO WHICH A RESIDENT TRANSFERS IS NOT RELEVANT TO THE REQUIREMENTS STATED IN PARAGRAPH (D) OF THIS RULE AND 42 CFR 483.12(b)(3). THEREFORE, A RESIDENT'S TRANSFER TO A HOSPITAL-BASED NE OR SNE SHALL BE CONSIDERED EQUIVALENT TO A TRANSFER TO ANY OTHER NE OR SNE AND THE FIRST NE IS NOT OBLIGATED TO READMIT THE RESIDENT.

(E) IT IS THE NE'S RESPONSIBILITY TO PROVIDE WRITTEN INFORMATION AND A WRITTEN NOTICE PRIOR TO A RESIDENT'S HOSPITALIZATION OR THERAPEUTIC LEAVE OR VISITS WITH FRIENDS OR RELATIVES:

(1) THE NE MUST PROVIDE TO A RESIDENT AND A FAMILY MEMBER OR LEGAL REPRESENTATIVE, IN ADVANCE OF THE RESIDENT'S HOSPITALIZATION OR THERAPEUTIC LEAVE OR VISITS WITH FRIENDS OR RELATIVES, WRITTEN INFORMATION THAT SPECIFIES THE DURATION OF BED-HOLD STATUS STATED IN THIS RULE DURING WHICH THE RESIDENT IS PERMITTED TO RETURN TO THE NE. THE NE MUST ALSO PROVIDE WRITTEN INFORMATION TO A RESIDENT AND A FAMILY MEMBER OR LEGAL REPRESENTATIVE ABOUT THE FACILITY'S BED-HOLD POLICIES WHICH MUST BE CONSISTENT WITH PARAGRAPH (D) OF THIS RULE.

(2) AT THE TIME THE RESIDENT IS TO BE HOSPITALIZED OR IS SCHEDULED FOR TEMPORARY LEAVE OF ABSENCE, THE NE MUST PROVIDE TO A RESIDENT AND A FAMILY MEMBER OR LEGAL REPRESENTATIVE A WRITTEN NOTICE WHICH

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SPECIFIES THE MAXIMUM DURATION OF MEDICAID-COVERED BED-HOLD DAYS DESCRIBED IN THIS RULE.

(a) THE NF MUST INFORM RESIDENTS IN ADVANCE OF THEIR HOSPITALIZATION OR OTHER LIMITED ABSENCE WHETHER MEDICAID PAYMENT WILL BE MADE FOR THE HOLDING OF A BED AND IF SO, FOR HOW MANY DAYS; THE RESIDENTS' OPTION TO MAKE BED-HOLD PAYMENTS IF HOSPITALIZED OR ON A THERAPEUTIC LEAVE OR ON VISITS WITH FRIENDS OR RELATIVES BEYOND THE MEDICAID BED-HOLD LIMIT, AND OF THE AMOUNT OF THE FACILITY'S CHARGE.

(b) IN THE CASE OF AN EMERGENCY HOSPITALIZATION, THE NF MUST PROVIDE WRITTEN NOTICE TO THE RESIDENT AND A FAMILY MEMBER OR LEGAL REPRESENTATIVE WITHIN TWENTY-FOUR HOURS OF THE HOSPITALIZATION. THIS WRITTEN NOTICE REQUIREMENT OF AN EMERGENCY HOSPITALIZATION IS MET IF THE RESIDENT'S COPY OF THE NOTICE IS SENT WITH OTHER PAPERS ACCOMPANYING THE RESIDENT TO THE HOSPITAL.

(F) MEDICAID PAYMENT FOR COVERED BED-HOLD DAYS IS CONSIDERED REIMBURSEMENT FOR RESERVING BED SPACE FOR A RESIDENT WHO INTENDS TO RETURN TO THE NF. THE NUMBER OF NF INPATIENT DAYS AS DEFINED IN RULE 5101: 3-3-01 OF THE ADMINISTRATIVE CODE FOR THE CALENDAR YEAR SHALL NOT EXCEED ONE HUNDRED PER CENT OF AVAILABLE BED DAYS.

(G) ODHS SHALL PAY NFS FOR BED-HOLD DAYS UNDER THE PROVISIONS SPECIFIED IN THIS RULE IF THE RESIDENT IS ELIGIBLE FOR MEDICAID SERVICES, HAS MET PATIENT LIABILITY AND FINANCIAL ELIGIBILITY REQUIREMENTS STATED IN RULE 5101:1-39-222 OF THE ADMINISTRATIVE CODE AND THE RESIDENT IS NOT A PARTICIPANT OF SPECIAL MEDICAID PROGRAMS OR ASSIGNED SPECIAL STATUS AS OUTLINED IN PARAGRAPH (H) OF THIS RULE. A NF IS ENTITLED TO REIMBURSEMENT FOR BED-HOLD DAYS WHEN THE RESIDENT IS:

(1) DUALY MEDICARE AND MEDICAID ELIGIBLE. FOR A RESIDENT WHO IS BOTH MEDICARE PART A AND MEDICAID ELIGIBLE, MEDICAID WILL PAY FOR BED-HOLD DAYS UP TO THE MAXIMUM NUMBER OF DAYS SPECIFIED IN THIS RULE. MEDICAID WILL, THEREFORE, PAY BED-HOLD DAYS DURING THE ACUTE CARE HOSPITALIZATION OF A MEDICAID ELIGIBLE RESIDENT WHO HAD BEEN RECEIVING MEDICARE PART A SNF BENEFITS IN THE NF IMMEDIATELY PRIOR TO AND/OR FOLLOWING A PERIOD OF HOSPITALIZATION.

(2) MEDICAID PENDING. FOR A RESIDENT WHO IS PENDING APPROVAL OF AN APPLICATION FOR MEDICAID AND REQUIRES A BED-HOLD DAY, MEDICAID WILL PAY FOR BED-HOLD DAYS RETROACTIVE TO THE DATE THE RESIDENT BECOMES MEDICAID ELIGIBLE AND APPROVED FOR MEDICAID NF VENDOR PAYMENT THROUGH THE DATE THE RESIDENT RETURNS FROM A LEAVE OR UNTIL THE MAXIMUM BED-HOLD DAYS ARE EXHAUSTED.

(3) MEDICAID ELIGIBLE. FOR A RESIDENT WHO IS MEDICAID ELIGIBLE AND APPROVED FOR MEDICAID NF VENDOR PAYMENT, MEDICAID WILL PAY BED-HOLD DAYS UP TO THE MAXIMUM AMOUNT SPECIFIED IN THIS RULE.

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(H) BED-HOLD DAYS ARE NOT AVAILABLE TO MEDICAID ELIGIBLE RESIDENTS OF NFS UNDER THE FOLLOWING CONDITIONS:

- (1) HOSPICE. INDIVIDUALS ENROLLED IN A MEDICARE OR MEDICAID HOSPICE PROGRAM ARE NOT ENTITLED TO MEDICAID-COVERED BED-HOLD DAYS. IT IS THE HOSPICE'S RESPONSIBILITY TO CONTRACT WITH AND PAY THE NF. THE PROVISIONS AND CRITERIA FOR THE HOSPICE PROGRAM ARE STATED IN CHAPTER 5101:3-56 OF THE ADMINISTRATIVE CODE.
- (2) IMDS. A RESIDENT WHO IS OVER AGE TWENTY-ONE AND UNDER AGE SIXTY-FIVE AND BECOMES A PATIENT OF AN IMD LOSES MEDICAID ELIGIBILITY AND IS NOT ENTITLED TO BED-HOLD DAYS. THE NF CAN NOT RECEIVE BED-HOLD DAY REIMBURSEMENT DURING THE PERIOD THE INDIVIDUAL IS HOSPITALIZED IN AN IMD. THE CDHS SHALL ISSUE THE APPROPRIATE NOTICE OF MEDICAID INELIGIBILITY AS STATED IN RULE 5101:6-2-05 OF THE ADMINISTRATIVE CODE.
- (3) HCBS. BED-HOLD DAYS DO NOT APPLY TO INDIVIDUALS WHO ARE ENROLLED IN A HCBS WAIVER PROGRAM BUT ARE USING THE NF TO PROVIDE FOR SHORT-TERM RESPITE CARE AS A WAIVER SERVICE. THE HCBS PROGRAM DOES NOT PERMIT AN INDIVIDUAL TO CONCURRENTLY BE ON ACTIVE STATUS AS A HCBS ENROLLEE AND A NF RESIDENT APPROVED FOR NF VENDOR PAYMENT. THE ELIGIBILITY CRITERIA FOR THE HCBS WAIVER PROGRAMS ARE CONTAINED IN CHAPTERS 5101:3-31, 5101:3-39, 5101:3-40, AND 5101:3-41 OF THE ADMINISTRATIVE CODE.
- (4) PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) OR OTHER CAPITATED MANAGED CARE PROGRAMS. BED-HOLD DAYS ARE NOT AVAILABLE TO MEDICAID-ELIGIBLE RESIDENTS OF NFS WHO ARE ENROLLED IN CAPITATED PAYMENT PROGRAMS THAT SUBCONTRACT WITH THE NF AND FOR WHOM THE NF DOES NOT RECEIVE VENDOR PAYMENT DIRECTLY FROM MEDICAID.
- (5) RESTRICTED MEDICAID COVERAGE. INDIVIDUALS WHO ARE MEDICAID ELIGIBLE BUT ARE IN A PERIOD OF RESTRICTED MEDICAID COVERAGE BECAUSE OF AN IMPROPER TRANSFER OF RESOURCES ARE NOT ELIGIBLE FOR BED-HOLD DAYS UNTIL THE PERIOD OF RESTRICTED COVERAGE HAS BEEN MET. THE CRITERIA FOR THE DETERMINATION OF RESTRICTED MEDICAID COVERAGE IS SPECIFIED IN RULE 5101:1-39-077 OF THE ADMINISTRATIVE CODE.
- (6) FACILITY CLOSURES AND RESIDENT RELOCATIONS. BED-HOLD DAYS ARE AVAILABLE BASED ON A RESIDENT'S DESIRE AND ABILITY TO RETURN TO THE FACILITY. BED HOLD DAYS ARE NOT AVAILABLE TO RESIDENTS WHO HAVE RELOCATED DUE TO THE FACILITY'S ANTICIPATED CLOSURE, VOLUNTARY WITHDRAWAL FROM PARTICIPATION IN THE MEDICAID PROGRAM OR OTHER TERMINATION OF THE FACILITY'S MEDICAID PROVIDER AGREEMENT. NO SPAN OF BED-HOLD DAYS SHALL BE APPROVED THAT ENDS ON A FACILITY'S DATE OF CLOSURE OR TERMINATION FROM MEDICAID.

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BED-HOLD TABLE

DAY OF LEAVING FACILITY GOING TO HOSPITAL OR THERAPEUTIC VISIT:

TIME RESIDENT LEAVES:
 12 AM NURSING HOME PAID 50%
 1 AM OF PER DIEM RATE AS A.
 2 AM BED-HOLD DAY.
 1 AM
 2 AM
 3 AM
 4 AM
 5 AM
 6 AM
 7 AM
 7:59 AM

8:00 AM - NURSING HOME PAID 100%
 OF PER DIEM RATE.

9 AM
 10 AM
 11 AM
 12 NOON
 1 PM
 2 PM
 3 PM
 4 PM
 5 PM
 6 PM
 7 PM
 8 PM
 9 PM
 10 PM
 11:59 PM

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DAY OF RETURN FROM HOSPITAL OR THERAPEUTIC VISIT:

TIME RESIDENT RETURNS:
 12 AM NURSING HOME PAID 100%
 1 AM OF PER DIEM RATE.
 2 AM
 3 AM
 4 AM
 5 AM
 6 AM
 7 AM
 8 AM
 9 AM
 10 AM
 11 AM
 NOON
 1 PM
 2 PM
 3 PM
 4:00 PM

4:01 PM - NURSING HOME PAID 50%
 OF THE PER DIEM RATE
 AS A BED-HOLD DAY.

5 PM
 6 PM
 7 PM
 8 PM
 9 PM
 10 PM
 11:59 PM

REPLACES RULE 5101: 3-3-59

EFFECTIVE DATE

JUL 01 1997

CERTIFICATION:

Conrad R. Torgler

JUN 20 1997

DATE

PROMULGATED UNDER: RC CHAPTER 119.
STATUTORY AUTHORITY: RC SECTION 5111.02
RULE AMPLIFIES: RC SECTIONS 5111.01, 5111.02, 5111.33
PRIOR EFFECTIVE DATES: 4/7/77, 8/8/77, 9/19/77, 12/30/77, 1/1/79, 3/23/79, 1/1/80, 7/1/80, 11/10/83,
4/1/87, 7/7/89 (EMER.), 9/23/89, 1/1/95

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B. 11/27

5101:3-3-60 PROTECTION OF NURSING FACILITY RESIDENTS' FUNDS AND
MANAGEMENT OF PERSONAL NEEDS ALLOWANCE ACCOUNTS .

(A) DEFINITIONS:

- (1) "PERSONAL NEEDS ALLOWANCE (PNA)" HAS THE SAME MEANING AS FOUND IN RULE 5101:1-39-223 ("MEDICAID: PERSONAL NEEDS ALLOWANCE") OF THE ADMINISTRATIVE CODE.
- (2) "PNA ACCOUNT" MEANS AN ACCOUNT OR PETTY CASH FUND THAT HOLDS THE MONEY OF A RESIDENT OF THE NE AND THAT THE NE MANAGES FOR THE RESIDENT.
- (3) "INTEREST BEARING" MEANS A RATE OF RETURN EQUAL TO OR ABOVE THE PASSBOOK SAVINGS RATE AT LOCAL BANKING INSTITUTIONS IN THE AREA.
- (4) "LETTERS OF ADMINISTRATION (OR LETTERS TESTAMENTARY)" MEAN COURT PAPERS ALLOWING A PERSON TO TAKE CHARGE OF THE PROPERTY OF A DEAD PERSON IN ORDER TO DISTRIBUTE IT.
- (5) "SURETY BOND" IS AN AGREEMENT BETWEEN THE PRINCIPAL (E.G., THE FACILITY), THE SURETY (E.G., THE INSURANCE COMPANY), AND THE OBLIGEE (E.G., RESIDENT AND/OR THE OHIO DEPARTMENT OF HUMAN SERVICES (ODHS) ACTING ON BEHALF OF THE RESIDENT), WHEREIN THE PRINCIPAL AND THE SURETY AGREE TO COMPENSATE THE OBLIGEE FOR ANY LOSS OF OBLIGEE'S FUNDS THAT THE PRINCIPAL HOLDS, SAFEGUARDS, MANAGES, AND ACCOUNTS FOR.

THE PURPOSE OF THE SURETY BOND IS TO GUARANTEE THAT THE FACILITY WILL PAY THE RESIDENT (OR ODHS ON BEHALF OF THE RESIDENT) FOR LOSSES OCCURRING FROM ANY FAILURE BY THE FACILITY TO HOLD, SAFEGUARD, MANAGE, AND ACCOUNT FOR THE RESIDENTS' FUNDS, I.E., LOSSES OCCURRING AS A RESULT OF ACTS OF ERRORS OR NEGLIGENCE, INCOMPETENCE OR DISHONESTY. THE PRINCIPAL ASSUMES THE RESPONSIBILITY TO COMPENSATE THE OBLIGEE FOR THE AMOUNT OF THE LOSS UP TO THE ENTIRE AMOUNT OF THE SURETY BOND.

78 : UNLIKE OTHER TYPES OF INSURANCE, THE SURETY BOND PROTECTS THE OBLIGEE (E.G., THE RESIDENT OR ODHS), NOT THE PRINCIPAL

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(E.G., THE FACILITY), FROM LOSS. THE SURETY BOND DIFFERS FROM A FIDELITY BOND, WHICH COVERS NO ACTS OR ERRORS OF NEGLIGENCE, INCOMPETENCE OR DISHONESTY.

- (B) PERSONAL NEEDS ALLOWANCE. EACH MEDICAID RESIDENT WHO RECEIVES CARE IN A NE CERTIFIED TO PARTICIPATE IN THE MEDICAID PROGRAM IS ELIGIBLE TO RETAIN A PNA FOR THE PURCHASE OF ITEMS AND SERVICES OF HIS OR HER CHOICE. THIS PNA IS THE EXCLUSIVE PROPERTY OF THE RESIDENT TO USE AS HE OR SHE CHOOSES TO MEET PERSONAL NEEDS. UNLESS THE MEDICAID RESIDENT RECEIVES ADDITIONAL IRREGULAR CONTRIBUTIONS FROM ANOTHER SOURCE, ALL OF HIS OR HER PERSONAL EXPENSES MUST BE MET THROUGH THE PNA.
- (C) MANAGEMENT OF PERSONAL FUNDS. EACH RESIDENT HAS THE RIGHT TO MANAGE HIS OR HER PERSONAL FINANCIAL AFFAIRS.
- (1) THE NE MAY NOT REQUIRE RESIDENTS TO DEPOSIT THEIR PNA WITH THE NE, BUT IF A RESIDENT REQUESTS ASSISTANCE FROM THE NE STAFF IN MANAGING HIS OR HER PNA FUNDS, THE REQUEST MUST BE IN WRITING.
- (2) UPON WRITTEN AUTHORIZATION FROM THE RESIDENT, THE NE MUST HOLD, SAFEGUARD, MANAGE, AND ACCOUNT FOR THE PERSONAL FUNDS OF THE RESIDENT DEPOSITED WITH THE NE.
- (3) THE NE SHALL EXPLAIN VERBALLY AND IN WRITING TO THE RESIDENT AND/OR HIS OR HER REPRESENTATIVE THAT THE PNA ACCOUNT IS FOR THE RESIDENT TO USE AS HE OR SHE WISHES. IF A REPRESENTATIVE IS THE PAYEE FOR THE RESIDENT'S PNA ACCOUNT, THE REPRESENTATIVE IS THEN RESPONSIBLE FOR ASSURING THAT THE MONEY IS USED TO MEET THE PERSONAL NEEDS OF THE RESIDENT.
- (D) DEPOSIT OF FUNDS.
- (1) PNA ACCOUNTS SHALL NOT BE COMMINGLED WITH FACILITY FUNDS OR WITH THE FUNDS OF ANY PERSON OTHER THAN ANOTHER NE RESIDENT.
- (2) FUNDS LESS THAN FIFTY DOLLARS. THE NE MUST DEPOSIT A MEDICAID RESIDENT'S PERSONAL FUNDS TOTALING FIFTY DOLLARS OR

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LESS IN AN INTEREST-BEARING ACCOUNT, A NONINTEREST-BEARING ACCOUNT OR PETTY CASH FUND.

- (3) FUNDS IN EXCESS OF FIFTY DOLLARS. THE NE MUST DEPOSIT A MEDICAID RESIDENT'S PERSONAL FUNDS IN EXCESS OF FIFTY DOLLARS IN AN INTEREST-BEARING ACCOUNT (OR ACCOUNTS) THAT IS SEPARATE FROM ANY OF THE NE'S OPERATING ACCOUNTS, WITHIN FIVE BANKING DAYS FROM THE DATE THE FUNDS EXCEED FIFTY DOLLARS.
 - (4) INTEREST. INTEREST EARNED ON THE INDIVIDUAL RESIDENT'S FUNDS IS CREDITED TO HIS OR HER ACCOUNT BALANCE. IF POOLED ACCOUNTS ARE USED, INTEREST MUST BE PRORATED PER INDIVIDUAL ON THE BASIS OF ACTUAL EARNINGS OR END-OF-QUARTER BALANCE.
 - (5) FEES. THE NE MAY NOT CHARGE MEDICAID RESIDENTS A FEE FOR MANAGING PNA ACCOUNTS BECAUSE THE SERVICES ARE COVERED BY MEDICAID, ALTHOUGH BANKS MAY CHARGE THE RESIDENT A FEE FOR HANDLING THEIR FUNDS.
- (E) ACCOUNTING AND RECORDS. THE NE MUST ESTABLISH AND MAINTAIN A SYSTEM THAT ASSURES A FULL AND COMPLETE AND SEPARATE ACCOUNTING OF EACH RESIDENT'S PNA ACCOUNT.
- (1) TRANSACTIONS. THE NE SHALL PROVIDE THE RESIDENT WITH ACCESS TO PETTY CASH ON AN ONGOING BASIS AND BE ABLE TO ARRANGE FOR ACCESS TO LARGER FUNDS. THE NE SHALL GIVE THE RESIDENT A RECEIPT FOR EVERY TRANSACTION AND THE NE SHALL RETAIN A COPY. IF A RESIDENT WITHDRAWS PNA FUNDS MANAGED FOR THEM BY THE NE, THE RESIDENT'S SIGNATURE IS REQUIRED UPON RECEIPT OF THE MONEY. IF THE RESIDENT IS UNABLE TO SIGN HIS OR HER NAME, HE OR SHE IS TO ACKNOWLEDGE IN WRITING, RECEIPT OF THE MONEY BY MARKING AN "X". TWO PEOPLE MUST VERIFY THROUGH SIGNATURES THAT THEY WITNESSED THE RESIDENT'S ACTION.
 - (2) THE INDIVIDUAL FINANCIAL RECORD OF THE PNA ACCOUNT MUST BE AVAILABLE THROUGH QUARTERLY STATEMENTS AND ON REQUEST TO THE RESIDENT OR HIS OR HER LEGAL REPRESENTATIVE.
 - (a) THE NE MUST MAINTAIN AN INDIVIDUAL LEDGER ACCOUNT OF REVENUE AND EXPENSES FOR EACH RESIDENT WHICH RECORDS ALL PNA ACCOUNT TRANSACTIONS.

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- (i) THE LEDGER ACCOUNT SHALL INDICATE ALL FUNDS RECEIVED BY OR DEPOSITED WITH THE NE. ~~FOR~~ PNA ACCOUNTS DEPOSITED IN BANKS, MONIES SHALL BE CREDITED TO THE RESIDENT'S BANK ACCOUNT WITHIN A FEW BUSINESS DAYS.
 - (ii) THE LEDGER ACCOUNT SHALL SHOW SPECIFIC DATES AND REASONS FOR EXPENDITURES (RECEIPTS FOR PURCHASES MUST BE AVAILABLE UPON REQUEST).
 - (iii) THE LEDGER ACCOUNT SHALL BE MAINTAINED TO SHOW THE BALANCE DUE THE RESIDENT AT ALL TIMES, INCLUDING INTEREST EARNED AS LAST REPORTED BY THE BANKING INSTITUTION TO THE NE.
 - (iv) THE LEDGER ACCOUNT SHALL BE AVAILABLE TO THE RESIDENT AND HIS OR HER REPRESENTATIVE.
- (b) THE NE MUST PROVIDE A QUARTERLY STATEMENT IN WRITING TO EACH RESIDENT OR HIS OR HER REPRESENTATIVE WITHIN THIRTY DAYS AFTER THE END OF THE QUARTER OF THE ~~FINANCIAL~~ TRANSACTIONS MADE ON BEHALF OF THAT RESIDENT.
- (F) NOTICE TO RESIDENT OF CERTAIN BALANCES. THE NE MUST NOTIFY IN WRITING EACH RESIDENT THAT RECEIVES MEDICAID BENEFITS AND WHOSE FUNDS ARE MANAGED BY THE NE WHEN THE AMOUNT IN THE PNA ACCOUNT REACHES TWO HUNDRED DOLLARS LESS THAN THE RESOURCE LIMITATION AS DEFINED IN RULES 5101:1-39-05 ("MEDICAID: RESOURCE REQUIREMENT"), 5101:1-39-531 ["MEDICAID: QUALIFIED MEDICARE BENEFICIARIES (QMB)"] AND 5101:1-39-534 ["MEDICAID: SPECIFIED LOW-INCOME MEDICARE BENEFICIARIES (SLMB)"] OF THE ADMINISTRATIVE CODE.
- (1) THE NOTICE MUST RELAY THAT IF THE AMOUNT IN THE ACCOUNT, IN ADDITION TO THE VALUE OF THE RESIDENT'S OTHER NONEXEMPT RESOURCES, REACHES THE RESOURCE LIMITATION FOR ONE PERSON, THE RESIDENT MAY LOSE ELIGIBILITY FOR MEDICAID.
 - (2) A COPY OF THIS NOTICE MUST BE RETAINED IN THE RESIDENT'S FILE.

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