

5101:3-3-59

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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 DAYS**

Day of leaving facility going to hospital or therapeutic visit:		Day of return from hospital or therapeutic visit:	
Time Resident Leaves	Pay status	Time Resident Returns	Pay Status
12 A.M.	Nursing Home paid 50% of per diem rate as a Bed-Hold Day.	12 A.M.	Nursing Home paid 100% of per diem rate.
1 A.M.	Nursing Home paid 50% of per diem rate as a Bed-Hold Day.	1 A.M.	Nursing Home paid 100% of per diem rate.
2 A.M.	Nursing Home paid 50% of per diem rate as a Bed-Hold Day.	2 A.M.	Nursing Home paid 100% of per diem rate.
3 A.M.	Nursing Home paid 50% of per diem rate as a Bed-Hold Day.	3 A.M.	Nursing Home paid 100% of per diem rate.
4 A.M.	Nursing Home paid 50% of per diem rate as a Bed-Hold Day.	4 A.M.	Nursing Home paid 100% of per diem rate.
5 A.M.	Nursing Home paid 50% of per diem rate as a Bed-Hold Day.	5 A.M.	Nursing Home paid 100% of per diem rate.
6 A.M.	Nursing Home paid 50% of per diem rate as a Bed-Hold Day.	6 A.M.	Nursing Home paid 100% of per diem rate.
7 A.M.	Nursing Home paid 50% of per diem rate as a Bed-Hold Day.	7 A.M.	Nursing Home paid 100% of per diem rate.
7:59 A.M.	Nursing Home paid 50% of per diem rate as a Bed-Hold Day.	8:00 A.M.	Nursing Home paid 100% of per diem rate.
		9 A.M.	Nursing Home paid 100% of per diem rate.
8:00 A.M.	Nursing Home paid 100% of per diem rate.	10 A.M.	Nursing Home paid 100% of per diem rate.
9 A.M.	Nursing Home paid 100% of per diem rate.	11 A.M.	Nursing Home paid 100% of per diem rate.
10 A.M.	Nursing Home paid 100% of per diem rate.	12 NOON	Nursing Home paid 100% of per diem rate.
11 A.M.	Nursing Home paid 100% of per diem rate.	1 P.M.	Nursing Home paid 100% of per diem rate.
12 NOON	Nursing Home paid 100% of per diem rate.	2 P.M.	Nursing Home paid 100% of per diem rate.
1 P.M.	Nursing Home paid 100% of per diem rate.	3 P.M.	Nursing Home paid 100% of per diem rate.
2 P.M.	Nursing Home paid 100% of per diem rate.	3:59 P.M.	Nursing Home paid 100% of per diem rate.
3 P.M.	Nursing Home paid 100% of per diem rate.		
4 P.M.	Nursing Home paid 100% of per diem rate.	4 P.M.	Nursing Home paid 50% of per diem rate as a Bed-Hold Day.
5 P.M.	Nursing Home paid 100% of per diem rate.	5 P.M.	Nursing Home paid 50% of per diem rate as a Bed-Hold Day.
6 P.M.	Nursing Home paid 100% of per diem rate.	6 P.M.	Nursing Home paid 50% of per diem rate as a Bed-Hold Day.
7 P.M.	Nursing Home paid 100% of per diem rate.	7 P.M.	Nursing Home paid 50% of per diem rate as a Bed-Hold Day.
8 P.M.	Nursing Home paid 100% of per diem rate.	8 P.M.	Nursing Home paid 50% of per diem rate as a Bed-Hold Day.
9 P.M.	Nursing Home paid 100% of per diem rate.	9 P.M.	Nursing Home paid 50% of per diem rate as a Bed-Hold Day.
10 P.M.	Nursing Home paid 100% of per diem rate.	10 P.M.	Nursing Home paid 50% of per diem rate as a Bed-Hold Day.
11:59 P.M.	Nursing Home paid 100% of per diem rate.	11:59 P.M.	Nursing Home paid 50% of per diem rate as a Bed-Hold Day.

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**Coverage of bed-hold days for medically necessary and other limited absences in intermediate care facilities for the mentally retarded (ICFs-MR).**

(A) Definitions:

(1) "Admission" ~~means~~ is the status of an individual who was not considered to be a resident of any medicaid-certified ICF-MR immediately preceding the current ICF-MR admission including the status of any individual who was formerly an ICF-MR resident but who exhausted their bed-hold days while in the community and/or hospital stay. Admissions are distinguished from returns of residents on bed-hold status.

(2) "Bed-hold days," also referred to as "leave days," are the span of time that a bed is reserved for the resident, through medicaid vendor payment, while the resident is outside the facility for hospital stays, visitations with friends and relatives, or participation in therapeutic programs and has the intent to return to the facility. A resident on bed-hold days has not been discharged from the facility since the facility is reimbursed to hold the bed while the resident is on leave. A person on discharged status can not simultaneously be on bed-hold status.

(3) ~~"CFR" means Code of Federal Regulations, a codification of the general and permanent rules published in the Federal Register by the executive departments and agencies of the federal government.~~

(4)(3) ~~"Discharge" means that a resident~~ is the status of a resident who leaves an ICF-MR and does not intend to return to that facility. The discharge may be due, but not limited, to a transfer to another facility, the exhaustion of bed-hold days, the resident's decision to reside in a community-based setting, or death of the resident.

(5)(4) ~~"Home and community-based services" (HCBS) means services furnished under 42 CFR section 440.180 and under the provisions of 42 CFR subpart G which permit individuals to live in a home setting rather than an ICF-MR or hospital. These services are sometimes referred to as "waiver" services or as 1915(e) programs, and include the "individual options" and "obra" programs operated by the Ohio department of mental retardation/developmental disabilities. A description of all of Ohio's waiver programs is listed in rule 5101:3-1-06 of the Administrative Code.~~ the provisions of rule 5101:3-1-06 of

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the Administrative Code which enable individuals to live in a home setting rather than a nursing facility (NF), an ICF-MR, or hospital

~~(6)~~(5) "Hospitalization" refers to a transfer of a resident to a medical institution as defined in ~~42 CFR Chapter IV section 435.1009~~ paragraph (A)(8) of this rule.

~~(7)~~(6) "ICF-MR transfer" occurs when a resident's place of residence has changed from one ~~Ohio~~ Ohio medicaid-certified ICF-MR to another Ohio medicaid-certified ICF-MR, with or without an intervening hospital stay. However, when the individual had an intervening hospitalization which was an admission for an inpatient psychiatric stay, or when the individual was discharged from an ICF-MR during a hospital stay due to exhaustion of available paid hospital bed-hold days, and admitted to a different ICF-MR facility immediately following that hospital stay, the change of residence is not considered to be an ICF-MR transfer.

~~(8)~~(7) "Institutions for mental diseases" (IMDS) ~~has the same meaning as stated in rule 5101:3-3-061 of the Administrative Code and 42 CFR section 435.1009.~~ means a hospital, nursing facility, or other institution of more than sixteen beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care and related services. Whether an institution is an institution for mental diseases is determined by its overall character as that of a facility established and maintained primarily for the care and treatment of individuals with mental diseases, whether or not it is licensed as such. An ICFMR is not an IMD.

(8) "Medical institution" means an institution that:

(a) Is organized to provide medical care, including nursing and convalescent care; and

(b) Has the necessary professional personnel, equipment, and facilities to manage the medical, nursing, and other health needs of patients on a continuing basis in accordance with accepted standards; and

(c) Is authorized under state law to provide medical care; and

(d) Is staffed by professional personnel who are responsible to the institution for professional medical and nursing services. The services must include adequate and continual medical care and supervision by a physician; registered nurse or licensed practical nurse supervision and services and nurses' aid services, sufficient to meet nursing care needs; and a physician's guidance on the professional aspects of operating the institution.

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- (9) "Occupied day" is a day during the stay of a resident approved for medicaid vendor payment for which a facility shall receive the full per resident per day payment directly from medicaid in accordance with Chapter 5101:3-3 of the Administrative Code.
- (10) "Readmission" ~~means~~ is the status of a resident who is readmitted to the same ICF-MR following a stay in a hospital to which the resident was sent to receive care or returns after a therapeutic program or visit with friends or relatives.
- (11) "Skilled nursing facility (SNF) means a nursing home certified to participate in the medicare program.
- (B) To determine whether specific days during a resident's stay are payable through medicaid vendor payments as bed-hold days or occupied days, the following criteria shall be used:
- (1) The day of admission counts as one occupied day.
- (2) The day of discharge is not counted as either a bed-hold or occupied day.
- (3) When admission and discharge occur on the same day, the day is considered as a day of admission and counts as one occupied day, even if the day is less than eight hours.
- (4) A part of a day in the facility if greater than eight hours counts as one occupied day for reimbursement purposes. A day begins at midnight and ends twenty-four hours later.
- (a) An individual who leaves the facility to be hospitalized on Monday at seven a.m. and returns to the facility on Friday at two p.m. has accumulated four bed-hold days (Monday-Thursday). Monday is counted as a bed-hold day, in this example, since the individual was in the facility less than eight hours.
- (b) If the individual left the facility on Monday at nine a.m. and returned on Friday at two p.m., three bed-hold days have been accumulated (Tuesday-Thursday) since the individual was in the facility for more than eight hours on both Monday and Friday which are counted as occupied days.

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- (C) For medicaid-eligible residents in certified ICFs-MR, except those described in paragraph (H) of this rule, ~~ODHS~~ the Ohio department of job and family services (ODJFS) may pay the ICF-MR to reserve a bed only for as long as the resident intends to return to the facility but for not more than thirty days in any calendar year, unless additional days have been prior authorized by the county department of ~~human~~ job and family services (~~CDHS~~; CDJFS) as specified in paragraph (D) of this rule. Reimbursement for bed-hold days for an ICF-MR shall be paid at one-hundred per cent of the facility's per diem rate.
- (1) Hospitalization. Reimbursement may be made to eligible ICFs-MR during periods of resident hospitalization for the purpose of reserving the resident's ICF-MR bed. Hospital bed-hold 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 ICF-MR is not certified to provide; or
  - (b) The day the resident is discharged from the hospital, including discharge resulting in transfer to an ICF-MR, NF or SNF; or
  - (c) The day the resident decides to go to another ICF-MR upon discharge from the hospital and notifies the first ICF-MR; 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 ~~(CDHS)CDJFS~~ or ~~the Ohio department of human services (ODHS)ODJFS~~. 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 or qualified mental retardation professional (QMRP) and documented in the medical record or individual habilitation plan (IHP). These documents must be available for viewing by the ~~(CDHS)CDJFS~~ or ~~(ODHS)ODJFS~~. 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.

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(D) Additional bed-hold days exceeding the original thirty days in a calendar year require prior authorization.

(1) The ICF-MR shall submit the "Extended Bed-hold Day(s) Request/payment Authorization" (~~ODHS-9402~~)(JFS 09402) to the CDHSCDJFS. The JFS 09402 should be submitted before the original thirty leave days are exhausted if it is apparent that additional leave will be needed. The prior authorization part of this form must be signed by a QMRP, a medical director, or a primary physician. The request(s) must be consistent with the goals of the resident's IHP and medical records. The request must contain all of the following items:

(a) Reasons for therapeutic leave visit or visit with friends and relatives. If the leave is for a trial visit, a description of the visit plan and evaluation plan must be included; and

(b) Projected leave days from the ICF-MR; and

(c) Projected return dates to the ICF-MR.

(2) The request for additional bed-hold days must be submitted or postmarked to the CDHSCDJFS prior to utilizing the additional leave, with an exception for emergency hospitalization. In the event of an emergency hospitalization, prior authorization may be requested after the fact if the request is submitted within one business day after hospitalization.

(3) The CDHSCDJFS shall review requests for additional bed-hold days and issue approval notice, pursuant to rule 5101:6-2-02 of the Administrative Code; denial notice, pursuant to rule 5101:6-2-30 of the Administrative Code; or a request for additional information.

(4) The CDHSCDJFS shall review prior authorization requests on a case-by-case basis. Conditions under which prior authorization may be denied include but are not limited to:

(a) Trial visits beyond thirty consecutive days; or

(b) Visits with friends or relatives exceeding thirty consecutive days or forty-five total days in a calendar year.

(5) The CDHSCDJFS may authorize up to thirty additional bed-hold days per request. Approved prior authorization for additional bed-hold days is for a NOV 13 2002

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particular period of time only. Any unused bed-hold days from an approved request can not be used at a later time during the calendar year without prior authorization from the CDHSCDJFS. For example, if a resident receives prior authorization for thirty bed-hold days and only uses fifteen days, the unused part of the approved request can not be used at a later date during the calendar year. A new prior authorization request must be submitted to the CDHSCDJFS.

- (6) Bed-hold days beyond the original thirty days that are used but not prior authorized shall be subject to an adjustment of the facility's vendor payment.
- (E) Readmission after depletion of bed-hold days. An ICF-MR licensed by the Ohio department of health must establish and follow a written policy under which medicaid residents, who have expended their annual allotment of the thirty bed-hold days and additional bed-hold days prior authorized by the CDHS, 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 ICF-MR services and is eligible for medicaid ICF-MR services.
- (F) Medicaid-covered bed-hold days are considered reimbursement for reserving bed space for a resident who intends to return to the ICF-MR. The number of ICF-MR 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~~ODJFS shall pay ~~ICFs-MR~~ICFs-MR 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~~5101:1-39-22.2 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. An ICF-MR is entitled to bed-hold days when the resident is medicaid pending. For a resident who is medicaid pending 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 vendor payment through the date the resident returns from a leave or until the maximum bed-hold days are exhausted.
- (H) Bed-hold days are not available to medicaid eligible residents of ICFs-MR under the following conditions:

- (1) ~~IMDs. A resident who is over age twenty one and under age sixty five and~~

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~~becomes a patient of an IMD loses medicaid eligibility and is not entitled to bed hold days. The ICF-MR does not receive bed hold day reimbursement during the period the individual is hospitalized in an IMD. The CDHS should issue the appropriate notice of medicaid ineligibility as stated in rule 5101:6-2-05 of the Administrative Code~~

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 ICF-MR does not receive bed-hold day reimbursement during the period the individual is hospitalized in an IMD. The CDJFS should issue the appropriate notice of medicaid ineligibility as stated in rule 5101:6-2-05 of the Administrative Code; or

- (2) ~~HCBS. Bed hold days do not apply to individuals who are enrolled in a HCBS waiver program but are using the ICF-MR 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 an ICF-MR resident approved for ICF-MR vendor payment. The eligibility criteria for the HCBS waiver programs are contained in Chapters 5101:3-31, 5101:3-39, 5101:3-40, 5101:3-41, and 5101:3-43 of the Administrative Code.~~

Bed-hold days do not apply to individuals who are enrolled in a HCBS waiver program but are using the ICF-MR 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 an ICF-MR resident approved for ICF-MR vendor payment. The eligibility criteria for the HCBS waiver programs are contained in Chapters 5101:3-31, 5101:3-39, 5101:3-40, 5101:3-41, and 5101:3-43 of the Administrative Code; or

- (3) ~~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.~~

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 5101:1-39-07.7 of the Administrative Code; or

- (4) ~~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~~

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~~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.~~

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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