



Leave Day Guidance

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LEAVE DAYS

This document provides nursing facilities with information and tools that can be utilized in the determination and administration of resident leave days within their facility. The following sections are included:

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BACKGROUND

Under Minnesota law, nursing facility (NF) residents may utilize and nursing facilities may (under specific circumstances) bill for what are often referred to as “leave days” or “bed hold days.” Leave days are typically used to enable residents to access needed hospital services or desired therapeutic leave, without having to undergo formal discharge and readmission procedures. In both instances there should be both resident intent to return and an expectation that the resident will return to the facility, in order for the NF to bill and/or receive payment for leave days. This document and the regulatory guidance contained herein apply specifically to licensed nursing facility beds in the State of Minnesota.

DEFINITIONS

Authorized Leave: An authorized leave of absence is the leave of absence of a resident from the nursing facility that is generally agreed to by the resident, family or authorized representative. Authorized leaves of absence must be properly documented in the resident record with the day, date and time of departure and return, and the circumstances of the leave of absence (i.e. hospital or therapeutic leave, etc.). This documentation should include items such as dated communications with the resident, family or representative, and copies of any resident notifications provided.

Bed Hold or Bed Hold Day: Any day the resident's formerly occupied bed is being held while the resident is on an authorized, documented leave of absence from the facility, in anticipation of the return of the resident to the facility. See also "Reserved Bed" definition.

Discharge or Transfer: Refers to the movement of a resident to a bed outside of the certified facility, whether that bed is in the same physical plant or not. This includes the movement of a resident to a bed in another facility, hospital, or to a home or community-based setting. Discharge/transfer is also sometimes referred to as an *inter-facility transfer*. Discharge/transfer may also refer to certain room changes within a facility to or from a distinct part. Discharge/transfer is not the same as a room change within the same certified facility.

Distinct Part: A CMS-designated building or part of building or any other area that CMS determines to be part of the institution's campus (including composite distinct parts) - that meet the requirements set forth in federal law and that participates in the Medicaid and/or Medicare program.

Hospital Leave: Leave taken when a resident undergoes a properly documented transfer from a nursing facility to an inpatient hospital for medically necessary treatment, with the expectation that the resident will return to the facility, is considered a "hospital leave" of absence. MA payment for hospital leave days is limited to 18 consecutive days for each "*separate and distinct episode*" of medically necessary hospitalization.

Leave Day or Leave of Absence: An authorized, documented overnight absence of a resident from the nursing facility of more than 23 hours and any subsequent consecutive calendar days (24 hour period ending at midnight), for authorized hospital or therapeutic leave is considered a leave day. An overnight absence of less than 23 hours is not considered a leave day. Resident absences from the facility to participate in active programming of the facility under the personal direction and observation of facility staff are not considered leave days, regardless of the number of hours of the resident's absence. Leave days may be paid by MA, paid privately (by the resident or someone acting on their behalf), through third-party payers, or be unpaid – depending on the circumstances. During a paid leave day, the facility must hold the resident's previously occupied bed, with the expectation that the resident will return to the facility.

Occupancy Rate: The facility occupancy rate used to determine a NF's eligibility for MA-paid resident leave days, and in some instances to determine the charges allowable for privately paid leave days. Please refer to the instructions on page 4 on how to calculate the NF occupancy rate.

Preadmission Bed Holds: Charging, soliciting, or accepting any fee, deposit, gift, money, donation, or other consideration not otherwise required under the State plan as a condition of admission or expedited admission. Preadmission bed holds are prohibited in Minnesota. This applies whether the monies come from an applicant for admission to a facility or anyone acting on the applicant's behalf.

Reserved Bed: A bed previously occupied by a resident that is being held for the resident while on an authorized leave of absence is considered a "reserved bed." In rare circumstances, upon return from a leave of absence a resident may not be offered their previously occupied bed, but will be offered another appropriate (i.e. same sex, etc.) bed. This may occur when the resident's physical condition upon returning to the facility prohibits access to the bed the resident previously occupied. Also, under limited circumstances, a resident returning to the facility from leave may be offered (but is not obligated to accept) a bed in another room at a different level of care, in order to access benefits for which they are eligible (i.e. a Medicare-certified bed). Any scenario in which the resident returns to the facility from a leave of absence and is admitted or moved to a bed other than their previously occupied bed constitutes a room change - and requires a resident notice (see page 9 for more detail about room changes).

Resident: Throughout this document, the term "resident" refers to any individual who has been formally admitted to a nursing facility and "occupies" a bed, either physically or through a paid bed-hold. For the purposes of legal notices required of the facility, "resident" always refers to both the resident and a family member or legal representative. For purposes of payment of a resident's facility charges or any amount due to the facility, "resident" may refer to the resident or anyone acting on their behalf (without assigning any personal financial liability to the latter).

Room Change: When a resident is moved from one bed to another bed within the same certified facility, this is referred to as a room change (sometimes previously referred to as an "*intra-facility transfer*" and occasionally referred to in state law as a "transfer." A room change (though sometimes referred to as a "transfer," should not to be confused with a transfer *from the facility*, such as for a hospital leave day). For the purposes of this document, the term "transfer" is not used to refer to a room change.

Separate and Distinct Episode: A condition of eligibility for MA-paid hospital leave days; in order to qualify as a "separate and distinct" episode, each occurrence of hospital leave must be for a health condition that is either:

- an emergency,
- requires inpatient hospital services but is not related to a condition which required previous hospitalization and was not evident at the time of discharge, or
- a repeat occurrence of a health condition that is not an emergency but requires inpatient hospitalization at least two calendar days after the recipient's most recent discharge from a hospital.

Therapeutic Leave: Leave taken when a resident undergoes an authorized, properly documented leave of absence for a home visit, vacation, or other therapeutic leave - with the expectation that

the resident will return to the facility, is considered a “therapeutic leave” of absence. For the purposes of MA payment, therapeutic leaves of absence do not include leave to go to a hospital or another long-term care facility. MA payment for therapeutic leave days is limited to 36 days per calendar year. For other restrictions on MA payment for leaves of absence, see page 5 under the heading “Billing for Leave Days.”

DETERMINING THE NUMBER OF LEAVE DAYS

An initial overnight absence of more than 23 hours is considered a leave day. After the first 23 hours, each time the clock passes midnight counts as an *additional* leave day. Leave days must be documented, are billable, and must be reported on the billing submitted to DHS (for MA residents).

Leave	Return	Number of Leave Days/Explanation
4:30 p.m. Friday	11:30 a.m. Saturday	0 (less than 23 hours)
4:30 p.m. Friday	4:00 p.m. Saturday	1 (23.5 hours - more than 23 hours)
4:30 p.m. Friday	8:00 p.m. Sunday	2 (more than 23 hours, then past midnight once)
4:30 p.m. Friday	7:30 a.m. Monday	3 (more than 23 hours, then past midnight twice)

DETERMINING THE FACILITY OCCUPANCY RATE

The MA program limits payment for leave days to nursing facilities that meet minimum occupancy rate requirements. For NFs with 25 or more licensed beds, the facility must have an average occupancy rate of equal to or greater than 96% during the month of the leave, to be eligible to receive payment from MA for the leave days.

To determine the facility’s average occupancy rate, use the following methodology:

- ▶ Determine the total number of days all licensed NF/SNF beds were occupied during the calendar month of the leave day/s (paid bed holds are counted as occupied beds for this calculation).
- ▶ Divide the figure determined above by: the number of days in the month multiplied by the number of licensed NF/SNF beds in the facility. (Note: facilities must also account for any changes in their licensed bed count during the month (i.e. if a bed is put on layaway)).

For any given month:

$$\frac{\text{total occupied bed days}}{(\# \text{ days in month} \times \# \text{ licensed beds in NF})} = \text{facility average occupancy rate}$$

Using this methodology for example; a 50 bed facility with a total of 1439 occupied days in a 30 day month would have an occupancy rate as follows:

$$\frac{1439 \text{ total occupied days}}{(30 \text{ days in month} \times 50 \text{ beds in NF})} = .95933 \text{ or } 95.933\% \text{ average occupancy}$$

Only occupancy rates equal to or greater than 96% qualify a facility for MA-paid leave days.

Occupancy rate calculations are not rounded up. For example, the facility in the example shown above with an average occupancy rate of 95.933 % would not be eligible to receive MA payment for leave days. A facility with an average occupancy rate of 96.0004 % would be eligible to receive MA payment for leave days (as it is equal to or over 96%).

For NFs with 24 or fewer licensed beds, MA will not pay for a leave day if any licensed bed in the facility has been vacant for 60 consecutive days prior to the first leave day (the date of resident death or discharge counts as the first day when counting consecutive days).

BILLING FOR LEAVE DAYS - (MA AND PRIVATE-PAYMENT)

The Minnesota Medicaid (MA) program limits MA leave day payment to up to 18 consecutive days for each separate and distinct episode of medically necessary hospital leave and 36 therapeutic leave days per calendar year. MA payment for leave days is provided only when all the following conditions are met, the payment must be for:

- Minnesota MA recipients residing in a MA-certified bed in a MA-enrolled NF,
- a facility that meets the occupancy rate and other requirements under Minnesota Health Care Programs (MHCP) and is in compliance with all applicable state and federal laws, and
- resident absences for eligible, authorized and documented hospital or therapeutic leave.

MA will not pay for a resident leave of absence from a nursing facility for events such as resident elopement or incarceration. MA also does not pay for leaves of absence while the resident is in another long-term care setting such as another nursing facility, a hospital swing bed, an ICF-DD, or other MA long-term care residential facility.

Nursing facilities enrolled in the MA program must offer all residents the option of paying for leave days, under the same scenarios and up to the same leave day limits afforded MA residents under the MA program (up to 18 consecutive days for each separate and distinct episode of medically necessary hospital leave and 36 calendar days of therapeutic leave, assuming the MA occupancy rate requirements are met by the facility). Refer to the detailed flow charts beginning on page 11 for more information.

Nursing facilities *may* (but are not obligated to) offer leave days to MA or any other residents in any scenario where MA does not pay for the leave days. Leave days over and above days allowable under the MA program (i.e. the 18 hospital and 36 therapeutic days) are considered a “special service” (refer to the next section of this document on special services).

Regardless of the source of the leave day payment, during paid leave days the facility must hold the resident’s previously occupied bed, with an expectation that the resident will return to the facility. With few exceptions, if it becomes apparent that the resident no longer intends to return to the facility or there is not a reasonable expectation that the resident will return, the facility should stop billing for leave days and consult with the resident, family or responsible party to determine whether resident discharge is appropriate. This might include scenarios where the facility has been informed by the hospital that the resident will not return to the NF or has died, or where the family

or responsible party has informed the facility the resident will not return. The actual per diem amount for authorized leave days (i.e. amounts billable by the facility to the resident or payable under the MA program) may be limited. For specific information on leave day billing and payment restrictions and conditions, refer to the detailed flow charts beginning on page 11 of this document.

LEAVE DAYS BEYOND THE MEDICAID (MA) LIMITS – SPECIAL SERVICES

Authorized leave days beyond what is allowable (i.e. paid for) under the MA program are not subject to Minnesota’s equalization law – and are therefore considered under Minnesota law to be a “special service.” Nursing facilities may opt to offer this “special service” to facility residents.

If facilities choose to offer this “special service,” the facility must:

- offer this service to all residents of the facility,
- ensure that the same policies and practices are applied *under similar circumstances* to all facility residents - regardless of the payer source,
- give notice of this “special service” and any applicable estimated payment or other policies to the resident upon admission and again at the time of the leave of absence, Residents should also be provided clear advance notice if a facility does not offer leave days as a “special service” (beyond the 18 and 36 day limits), and
- abide by any other regulations required under law.

Nursing facilities offering this “special service” may bill residents directly for these “special service” authorized leave days. Residents are always free to purchase or decline “special services.” Facilities should not offer nor provide services in a discriminatory manner. Refer to the detailed flow charts beginning on page 11 of this document for specific billing scenarios, rules and allowable charges.

RESIDENT RIGHTS - LEAVE DAYS

Nursing facility residents have rights that are specifically applicable to many leave day scenarios. These may include (but are not necessarily limited to) the right to;

- non-discrimination in admissions, discharge, provision or offering of services, and/or room assignment
- be free of arbitrary discharge/transfer from or room changes (within) the facility
- readmission after paid leave to the bed previously occupied by the resident or in some (limited) instances to another bed within the facility. In the case of residents returning from an inpatient hospital leave, readmission to the same bed (or in some cases another bed certified for the same level of care) within 24 hours of the physician’s orders authorizing the transfer from the hospital)
- readmission to the first available (same-sex) semi-private bed for MA recipients whose therapeutic or hospital leave has exceeded the MA-paid period and who still require NF services
- (for an NF that is a composite distinct part), readmission for MA recipients whose therapeutic or hospital leave has exceeded the MA-paid period, to an available bed in the

same location of the composite distinct part where the resident previously resided. If a bed is not available in the same location at the time of readmission, the resident must be given the option to return to that location upon the first availability of a bed in that location

- refuse to make a room change, if the room change is to relocate the resident from one facility distinct part to another part of the facility (in order to access benefits for which the resident is eligible)
- refuse room changes to another building outside the composite distinct part in which the resident resides
- required informational and rights notice/s (for more detailed information on required notices, refer to the next section of this document)

REQUIRED NOTICES

Nursing facilities are responsible to provide the resident and family or legal representative with all notices required by law. The following information on notices may aide facilities in ensuring they have met their obligations with regards to required resident notices. While specific notice templates are not mandated, facilities should ensure that whatever forms, notices and facility practices they utilize meet all their obligations under the law. ***It is in the best interests of the facility to provide clear information to residents and their family or legal representative, in order to avoid confusion and misunderstandings.***

DISCHARGE/TRANSFER NOTICE

Residents being involuntarily discharged or transferred from the facility must (with some limited exceptions), receive 30 days written notice prior to the proposed discharge/transfer and the facility must hold the resident's bed during this 30 day period.

These requirements do apply in situations where a MA resident has exhausted their allowable leave days or is no longer eligible for MA-paid leave. The resident and family or legal representative must be provided the notice. Residents have the right to appeal an involuntary discharge/transfer. The resident, once informed of their rights, may choose to relocate prior to the end of the 30 day period. *Please refer to page 9 of this document for more information on voluntary versus involuntary discharge/transfer.* For more detail information on the requirements of the discharge/transfer notice and to view a sample notice, follow this link to the Minnesota Department of Health (MDH) website at:
http://www.health.state.mn.us/divs/fpc/profinfo/ib94_1.htm

Exceptions to the requirement that facilities provide a full 30 day written advance notice of discharge or transfer *may be* allowed only in *limited instances specifically defined* under the law. In those limited circumstances where a full 30 day notice is not required, the facility must still provide a written discharge notice. However, the notice period may be shortened and notice given *as soon as* practicable before the discharge/transfer takes place. These instances include, but are not limited to; situations where the health or safety of individuals in the facility would be endangered, the resident's health improves sufficiently to allow a more immediate discharge or

transfer (e.g. resident no longer needs the services provided by the facility), or a more immediate discharge or transfer is necessitated by the resident's urgent medical needs. If you have further questions about this requirement, please contact the DHS LTC policy center or consult the Minnesota Department of Health (MDH) website listed above for suggested notice language and information about exceptions to the 30 day notice requirement.

LEAVE DAY INFORMATION NOTICE

Facilities must provide the resident and family or legal representative written notice of facility leave day policies twice, once prior to the resident leaving the facility and again at the actual time of the resident transfer for hospital leave or departure for therapeutic leave. In addition, the facility must provide advance written notice of any changes in leave day policies.

The prior notice requirement (referenced above) can be satisfied by providing notice of leave day policies *in advance of* any leave days (this includes providing the information at the time of the resident's admission to the facility, separately or as part of the admission agreement or packet).

The second notice (required at the time of the transfer or departure for leave days) may be satisfied if notice is given at the time the resident departs for therapeutic leave or given at the time of transfer to the hospital or sent with other papers accompanying the resident to the hospital. In the case of an emergency transfer, leave day notice must be provided within 24 hours of the transfer.

This written notice of leave day policies should be provided to the resident and a family member or legal representative and should include at a minimum:

- the duration of the leave days available to the resident under the state plan (during which MA may pay for the leave days for MA residents),
- the resident's right of return to the facility (for MA residents),
- any facility-specific policies for leave days (i.e. policies regarding privately-paid days or leave periods offered as a special service, charges, etc. (refer to page 6 of this document)), and
- clear notice that the facility does not offer leave days beyond the 18 and 36 required for residents residing in semi-private rooms, if applicable.

No specific notice template/format is required for the notice of leave day policies, however all requirements of the law must be met within whatever notice format is utilized. As a courtesy to facilities, a sample notice that satisfies federal and state requirements is provided in Appendix A.

RESIDENT RIGHTS NOTICE

All persons residing in nursing homes are entitled to certain basic rights under federal and state law. Nothing contained in Minnesota statute invalidates or supersedes the resident rights or facility obligations contained in federal law. A combined statement of federal and state resident rights can be found on the MDH website at:

<http://www.health.state.mn.us/divs/fpc/consumerinfo/index.html#nh>

ROOM CHANGE NOTICE

The movement of a resident to another room within the same certified facility requires, in most situations, seven (7) days advance written notice of such a move. This notice must be provided to the resident and family or legal representative and should include:

- the reason/s for the movement of the resident,
- the address and telephone number of the area Ombudsman for Long-Term Care

In some limited circumstances outside the facility's control, this notice period may be shortened. These situations include, but are not limited to, situations where; a move is required to implement a needed change in the resident's treatment plan or the resident's or another resident's welfare. The notice period may also be shortened when the resident voluntarily agrees to a room change (e.g. for requests or to access a bed certified for Medicaid/Medicare paid services). If you have questions about the notice period, please contact the DHS Long-Term Care Policy Center at (651) 431-2282.

Note: movement of a resident to an area/room of the facility with a different level of certification or a move to/from a distinct part (or composite distinct part) may be considered a discharge/transfer and may require a 30 day advance notice and/or have other restrictions. Also, room changes as a result of a change in facility operations may require notice to the Ombudsman. (See page 7 regarding discharge/transfer notices). Contact the DHS Long-Term Care Policy Center for clarification.

VOLUNTARY VS INVOLUNTARY

When a resident initiates or decides to leave the facility (not for hospital or therapeutic leave), the discharge or transfer is voluntary. Residents may agree to a voluntary discharge/transfer from the facility. There are no appeal rights associated with a voluntary discharge/transfer. Upon receipt of a discharge and resident rights notice, the resident is free to leave the facility immediately or any time prior to the effective date of the notice. The reasons for the resident discharge/transfer and anything supporting the voluntary nature of the discharge/transfer should be *clearly documented* in the resident's record. Residents retain the right to appeal any discharge/transfer that is not voluntary.

There are no formal appeal rights associated with a room change. However residents may, in limited circumstances, refuse certain room changes to/from distinct parts or for the purposes of accessing benefits. The resident may agree to change rooms any time after receipt of the required notice.

Resident discharge/transfer from the facility or room changes within a facility must be made for valid, documented reasons and must *not* be:

- arbitrary or coercive in nature
- based on discriminatory practices or provision of services
- solely for the purposes of facility convenience or financial gain

Reported instances of the facility practices mentioned above will be investigated.

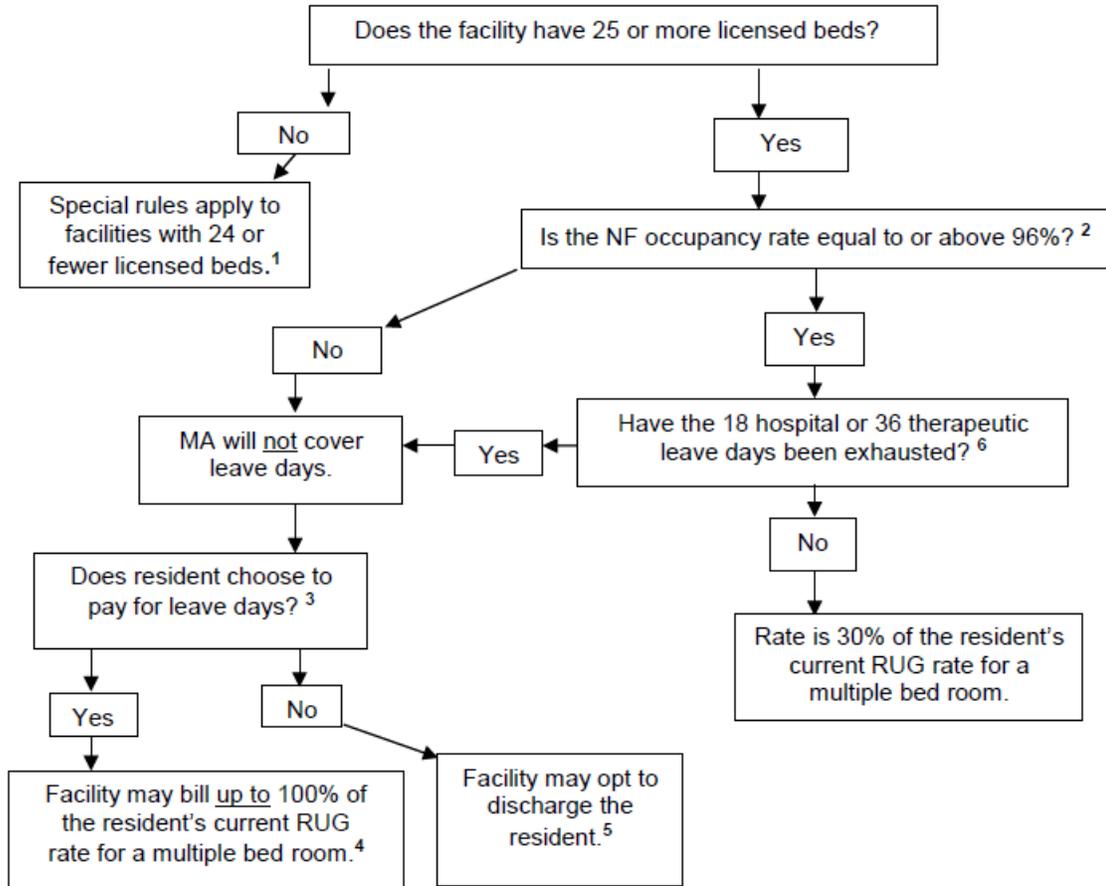
In addition, several other scenarios warrant mention with regards to the *voluntary versus involuntary* nature issue:

The first scenario is one in which the resident has become eligible or loses eligibility for, certain benefits. Although facilities can and should encourage residents to make use of all benefits available (i.e. Medicare and/or Medicaid), residents retain the right to refuse certain room changes or transfers made solely for the purposes of obtaining these benefits. Also, a facility may not require a resident to move from a distinct part and/or room certified for one program to another room and/or distinct part of the facility solely because a payment source has ended. The resident can choose whether or not they wish to utilize any benefits for which they are or may be eligible. Under these scenarios, residents should be made aware that if they choose to refuse the move they may forego benefits for which they may be eligible and therefore may be required to pay privately for the facility services.

The second scenario is one in which Medicaid (MA) will not pay for a MA resident on a leave of absence (i.e. the facility does not meet the 96% occupancy requirement or the resident exhausts their MA-paid leave days). When a facility does not meet the 96% occupancy requirement or when a MA resident has exhausted their allowable (MA-paid) leave days, the MA program will not make payment for leave days. In any scenario where MA will not pay for leave days, the resident may be either discharged from the facility or offered the option to pay privately for the leave days (or someone may pay on behalf of the resident) (see page 6 on special services). If discharge notice is given, the resident is considered to be involuntarily discharged from the facility for non-payment and must be given 30 days advance written notice of discharge (see page 7 regarding discharge notices). The resident may of course, choose to voluntarily leave the facility prior to the end of the 30 day period, thereby avoiding the charges that would be incurred for the additional resident leave days.

The third scenario is one in which a Medicaid resident on a leave of absence exhausts their MA-paid leave days (with regards to the right of readmission to the next available bed). The MA resident (who is still on MA and requires nursing facility services) has the right of readmission to the first available appropriate (i.e. same-sex and certification) bed in a semi-private room. If at the end of their hospital or therapeutic leave (which at that point is no longer being paid for by MA), the resident (or someone acting on their behalf) refuses readmission of the resident to the first available appropriate bed, the resident has voluntarily waived their readmission rights under MA by voluntarily choosing not to be readmitted to the facility. After that point, the resident is no longer entitled to guaranteed readmission to any bed and if the resident seeks readmission at a later point, would need to go through normal admission procedures.

Nursing Facility Leave Days (MA Resident in a Multiple Bed Room (MBR))



¹ If any licensed bed has been vacant for 60 consecutive days prior to the 1st leave day, the facility is not eligible for MA paid leave days. Follow the directions above - under the "No" arrow from the box entitled "Is the NF occupancy rate equal to or above 96%?" If there has been no 60-day vacancy, the facility is eligible for MA leave day payment - follow the "Yes" arrow from the box entitled "Is the NF occupancy rate equal to or above 96%?"

² Monthly average occupancy rate (for the month in which services were provided).

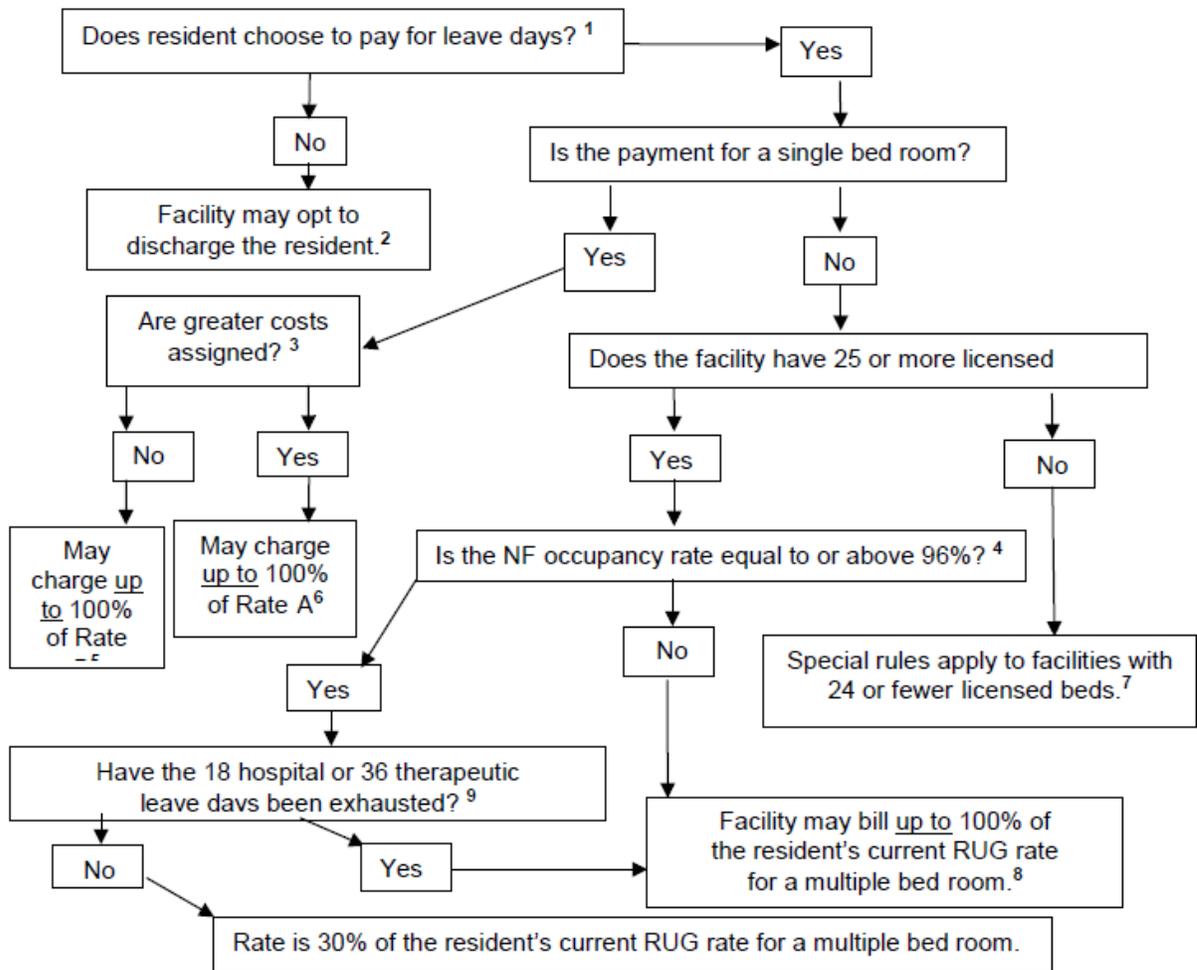
³ If the facility offers this special service, all residents in similar circumstances must be given the option to pay for leave days. (See information beginning on page 7 regarding resident notice requirements).

⁴ Facility charges for the room rate (as a % of the RUG rate or a flat rate) must be the same for all residents in a multiple bed room, regardless of payment source.

⁵ Facility must provide resident discharge notice (see page 7). If facility elects not to discharge the resident and waives the leave day payment, this policy must be applied to all residents in *similar circumstances*, regardless of payment source.

⁶Specifically, 18 consecutive days for each separate and distinct episode of medically necessary hospitalization or 36 days per calendar year of therapeutic leave.

Nursing Facility Leave Days (Private-Pay Resident)



¹ If the facility offers this special service, all residents in similar circumstances must be given the option to pay for leave days. (See information beginning on page 7 regarding resident notice requirements).

² Facility must provide resident discharge notice (see page 7). If facility elects not to discharge the resident and waives the leave day payment, this policy must be applied to all residents in *similar circumstances*, regardless of payment source.

³ Facilities may choose to assign a greater proportion of costs to single bed rooms. This election may be made when beds are put on or removed from lay-away or when they complete a building project that results in a rate adjustment. To use this chart appropriately, staff should verify whether the facility assigns greater costs to single bed rooms.

⁴ Monthly average occupancy rate (for the month in which services were provided).

⁵ Rate B = Resident's RUG rate + (average RUG rate x 10%).

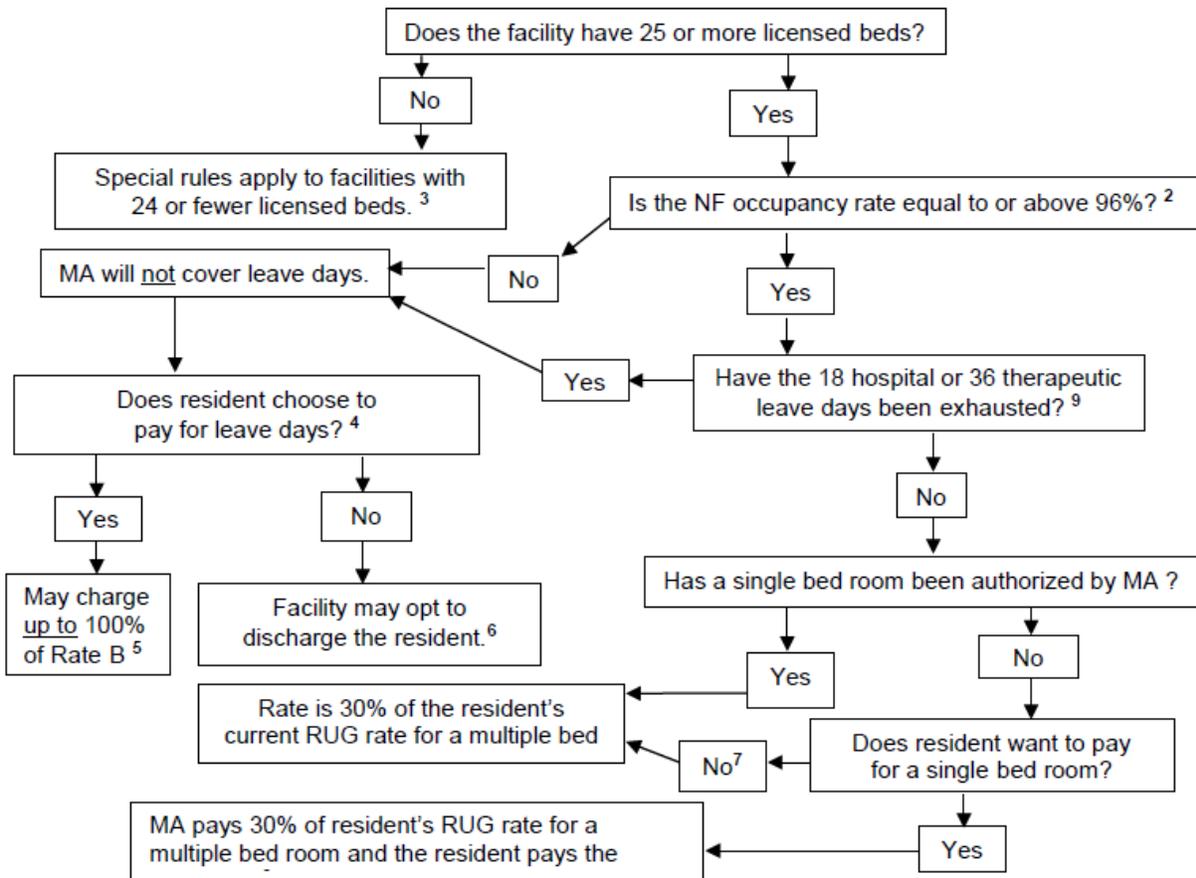
⁶ Rate A = Normal charges for that single bed room.

⁷ If any licensed bed has been vacant for 60 consecutive days prior to the 1st leave day, the facility is not eligible for MA paid leave days. Follow the directions above – under the “No” arrow from the box entitled “Is the NF occupancy rate equal to or above 96% ?” If there has been no 60-day vacancy, the facility is eligible for MA leave day payment - follow the “Yes” arrow from the box entitled “Is the NF occupancy rate equal to or above 96% ?”

⁸ Facility charges for the room rate (as a % of the RUG rate or a flat rate) must be the same for all residents in a multiple bed room, regardless of payment source.

⁹ Specifically, 18 consecutive days for each separate and distinct episode of medically necessary hospitalization or 36 days per calendar year of therapeutic leave.

Nursing Facility Leave Days MA Resident in a Single Bed Room (For Nursing Facilities that Elect Not to Assign Greater Costs¹ to Single Bed Rooms)



¹ Facilities may choose to assign a greater proportion of costs to single bed rooms. This election may be made when beds are put on or removed from lay-away or when they complete a building project that results in a rate adjustment. To use this chart appropriately, staff should verify whether the facility assigns greater costs to single bed rooms.

² Monthly average occupancy rate (for the month in which services were provided).

³ If any licensed bed has been vacant for 60 consecutive days prior to the 1st leave day, the facility is not eligible for MA paid leave days. Follow the directions above – under the “No” arrow from the box entitled “Is the NF occupancy rate equal to or above 96%?” If there has been no 60-day vacancy, the facility is eligible for MA leave day payment - follow the “Yes” arrow from the box entitled “Is the NF occupancy rate equal to or above 96%?”

⁴ If the facility offers this special service, all residents in similar circumstances must be given the option to pay for leave days. (See information beginning on page 7 regarding resident notice requirements).

⁵ Rate B = Resident's RUG rate + (average RUG rate x 10%).

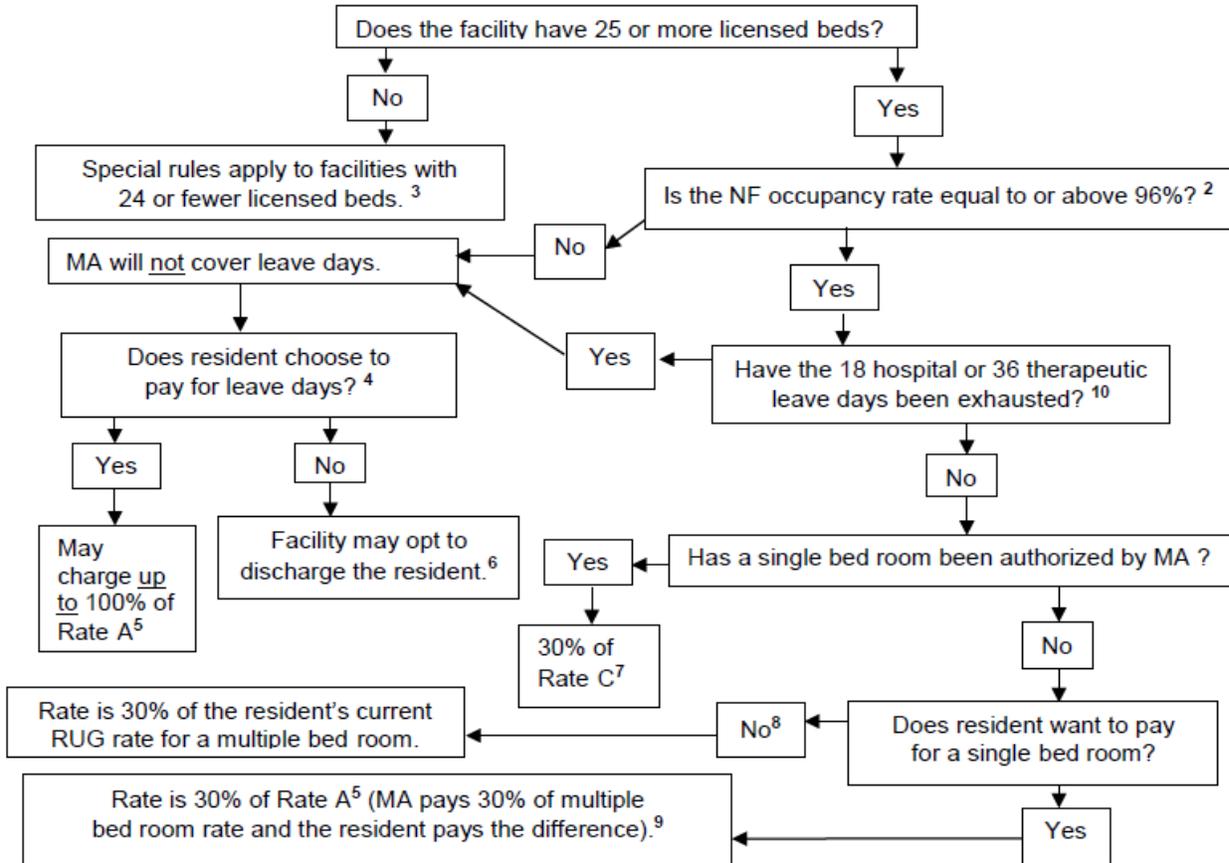
⁶ Facility must provide resident discharge notice (see page 7). If facility elects not to discharge the resident and waives the leave day payment, this policy must be applied to all residents in *similar circumstances*, regardless of payment source.

⁷ Resident may be moved to an available multiple bed room. Facility must provide room change notice (see page 9).

⁸ e.g. single bed room rate is \$100 and the multiple bed room rate is \$70. The total room rate in this case is 30% of single bed room rate or 30% of \$100 = \$30.00. MA will pay 30% of the multiple bed room rate or 30% of \$70 = \$21.00. The resident would be responsible for the difference of \$ 9.00 (\$30.00 - \$21.00 = \$ 9.00).

⁹ Specifically, 18 consecutive days for each separate and distinct episode of medically necessary hospitalization or 36 days per calendar year of therapeutic leave.

Nursing Facility Leave Days MA Resident in a Single Bed Room (For Nursing Facilities that Elect to Assign Greater Costs¹ to Single Bed Rooms)



¹ Facilities may choose to assign a greater proportion of costs to single bed rooms. This election may be made when beds are put on or removed from lay-away or when they complete a building project that results in a rate adjustment.

² Monthly average occupancy rate (for the month in which services were provided).

³ If any licensed bed has been vacant for 60 consecutive days prior to the 1st leave day, the facility is not eligible for MA paid leave days. Follow the directions above – under the “No” arrow from the box entitled “Is the NF occupancy rate equal to or above 96% ?” If there has been no 60-day vacancy, the facility is eligible for MA leave day payment - follow the “Yes” arrow from the box entitled “Is the NF occupancy rate equal to or above 96% ?”

⁴ If the facility offers this special service, all residents in similar circumstances must be given the option to pay for leave days. (See information beginning on page 7 regarding resident notice requirements).

⁵ Rate A = Normal charges for that single bed room.

⁶ Facility must provide resident discharge notice (see page 7). If facility elects not to discharge the resident and waives the leave day payment, this policy must be applied to all residents in *similar circumstances*, regardless of payment source.

⁷ Rate C = up to (111.5% x RUG rate)

⁸ Resident may be moved to an available multiple bed room. Facility must provide room change notice (see page 9).

⁹ e.g. single bed room (Rate A) is \$100 and the multiple bed room rate is \$70. The total room rate in this case is 30% of single bed room rate or 30% of \$100 = \$30.00. MA will pay 30% of the multiple bed room rate or 30% of \$70 = \$21.00. The resident would be responsible for the difference of \$ 9.00 (\$30.00 - \$21.00 = \$ 9.00).

¹⁰ Specifically, 18 consecutive days for each separate and distinct episode of medically necessary hospitalization or 36 days per calendar year of therapeutic leave.

Appendix A (Sample Leave Day Notice)

What is a “leave day”?

If you leave the nursing facility overnight and for more than 23 hours, to go to the hospital or for a therapeutic leave of absence - this is called a “leave day.”

What is the difference between hospital and therapeutic leave?

Hospital leave is when you leave the nursing facility to go to the hospital for needed medical care. Therapeutic leave is when you leave the nursing facility for an activity that may be considered “therapeutic” (e.g., a vacation or to stay with family temporarily).

What is a “bed hold”?

When the same bed you previously occupied is held for you while you are gone from the facility, this is called a “bed-hold.” A bed can be held only if you are expected to return to the facility once your hospital or therapeutic leave is done.

Is the nursing facility required to hold my bed for me?

Only under limited circumstances (and then for a limited number of days) is the facility required to hold your bed while you are gone. Other than in these limited circumstances, a facility may choose to hold your bed for you. If the facility does hold your bed, they may be able to charge you money for this service. You have a right to know how much these charges will be.

Should I use my own money to pay to hold my bed?

This is a decision that you should make, with the help of trusted family, friends or representatives. You should not be pressured to pay to hold your bed. Here are some questions and facts you should consider before you make this decision:

- Do you have the money to pay to hold your bed?
- Do you plan on or expect to return to this Nursing Facility once your hospitalization or therapeutic leave is done?
- Do you wish to keep the same room?
- How difficult would it be to move or store your personal things if you are discharged from the facility?
- How many empty rooms does this facility have?
- What are the chances you will find an available bed if you wish to return to the facility at a later time? (speak with a facility representative to determine this).

Some facts:

- If you choose to pay money to hold your bed, the facility must hold the same bed for you until one of the following occurs; you return to the facility, you indicate that you no longer wish to hold the bed, it is clear that you are not able to or do not intend to return to the facility, or until you stop paying for the bed hold. There are some very limited

circumstances where the facility is not required to hold the same bed for you (e.g. if it is clear that you are physically unable to return to the same bed). In limited circumstances, you may be asked if you wish to move to a different room in order to access other benefits, such as Medicare.

- If you do not choose to pay money to hold your bed, the facility may not hold your bed for you. You may be discharged from the facility or you may be asked to transfer to another room in the same facility. If you are discharged from the facility and return at a later date, there is no guarantee that the same (or any) bed will be available in that facility.

(INSERT ANY FACILITY SPECIFIC LEAVE DAY INFORMATION/POLICIES HERE- SEE PAGE 6 OF THIS DOCUMENT REGARDING SPECIAL SERVICES)

Notice of Rate: As of ____ (insert date) ____ if you choose to hold your current bed while you are gone from the facility on a leave day, the amount you will be required to pay is \$ _ (insert \$ amount) _ per day. This amount is for your basic daily rate only – and does not include other goods or services you may receive that are not included in this daily rate. This amount can change at any time. You will receive advance notice of any changes that affect your rate.

IF YOU HAVE QUESTIONS ABOUT LEAVE DAYS:

Office of Ombudsman for Long-Term Care
P.O. Box 64971
St. Paul, MN 55164-0971
(651) 431-2555
800-657-3591

Long-Term Care Policy Center – NFRP Division
MN Department of Human Services (DHS)
PO Box 64973
St. Paul, MN 55164-0973
(651) 431-2282

Nursing Facility Representative:

Received by:

Resident Signature

Date

Family or Legal Representative Signature

Date

MEDICAID (MA) LEAVE DAY NOTICE ADDENDUM

Does the MA program pay for Leave Days ?

Minnesota Medical Assistance (MA) *may* cover payment for “leave days” for persons receiving MA. If your absence from the facility qualifies, the facility is eligible to receive MA payment for leave days and you are an eligible MA recipient, MA payment is provided for up to 18 days for each distinct case of medically needed hospitalization and up to 36 days per calendar year for therapeutic leaves of absence.

What happens if MA will not pay for my Leave Days ?

The MA program may not pay for your leave days if any of these things happen;

- ▶ you are no longer eligible to receive MA
- ▶ the nursing facility you live in is not eligible to receive MA leave day payment
- ▶ your absence from the facility does not qualify for a MA-paid leave of absence
- ▶ you have used all your allowed MA-paid leave days

If one of the above situations applies and the MA program will not pay for your leave days, the facility may hold your bed while you are gone as a special service to you. The facility may ask if you wish to hold your bed or you may request this special service. *You may choose to pay to hold your bed or you may decline this service.* If you wish to hold the same bed while you are gone from the facility, you may be required to pay for this with your own money. If you are gone from the facility and you have no MA-paid leave days remaining or if you do not pay to hold your bed, the facility may give you notice and you may be discharged from the facility.

Your Return Rights under the MA Program

If you are discharged from the facility because you have used all your MA-paid leave days and you are ready to return to the facility, you have a right to be readmitted to the first available, appropriate semi-private bed (with some rare exceptions). In order to exercise this right, you must still be receiving MA and you must require nursing facility services.

For residents departing the facility on a leave of absence: Under state law you *may* have up to 18 days for each distinct case of medically necessary hospital leave and up to 36 days of therapeutic leave paid for you under the MA program. As of __(insert date here)__, you have __(insert number of days)__ of (circle one) hospital/therapeutic leave remaining, assuming all other requirements are met under the MA program. This can change at any time.