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OTHER METHODS AND STANDARDS OF PAYMENT DURING TEMPORARY  
ABSENCES

1. FROM AN INPATIENT NURSING FACILITY

Payment to a nursing home on behalf of an eligible Medicaid recipient is continued during an absence for the purpose of a "home visit" for up to 24 home visit days in a calendar year. Such absences must be included in the patient's plan of care. No payment will be made for home visit days beyond 24 in a calendar year.

Each home visit day is counted as a patient day for cost reporting purposes.

Payment to a nursing home on behalf of an eligible Medicaid recipient is continued during an absence for the purpose of an inpatient stay in a hospital for up to six successive days for each hospital admission provided that the nursing home would otherwise be at its maximum licensed occupancy if the bed were not obligated to be held open. Each day is counted as a patient day for cost reporting purposes.

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OTHER METHODS AND STANDARDS OF PAYMENT DURING TEMPORARY  
ABSENCES (Continued)

2. FROM AN INPATIENT INTERMEDIATE CARE FACILITY/MENTALLY  
RETARDED

Requirements for payment to an Intermediate Care Facility/Mentally Retarded leave of absence include:

- a. Any day for which the facility is paid to hold a bed open must be counted as a patient day and the revenue must be accounted for as a patient revenue.
- b. The day of departure shall be counted as one day of leave and the day of return shall be counted as one day of inpatient care.
- c. The facility shall hold the bed vacant during leave.
- d. The beneficiary's return from leave shall not be followed by discharge within 24 hours.
- e. Form DSW 289A, Leave Of Absence Report, shall identify the inclusive dates of leave.
- f. Leave shall be terminated on the day of death.

Payments to an Intermediate Care Facility/Mentally Retarded on behalf of an eligible recipient is continued for an absence of up to fifteen (15) days per quarter or sixty (60) days per year for the purpose of "home visit" providing it is consistent with and part of the resident's current habilitation plan. Approval for an absence for the purpose of a "home visit" in excess of fifteen (15) days per quarter or sixty (60) days per annum shall be obtained in advance from the Commissioner of Mental Health.

The Department of Mental Health shall withhold such approval if:

- a. The resident's habilitation plan does not specifically provide for the amount of absence requested.
- b. The extent of absence suggests that continued Intermediate Care Facility/Mentally Retarded is inappropriate.
- c. The resident's habilitation plan is not current or has not been reviewed in accordance with Federal regulations.

There will be no Medicaid payments made for leave of absences in mental hospitals or psychiatric facilities.

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TN No.: 86-7

Effective Date: 07/01/86

Supersedes

TN No.: None

Approval Date: 10/14/86