

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Effective Date: 10/01/10
Section: Nursing Facility	Section: 36.10	
Subject: Temporary Leave Payment	Pages: 2 Cross Reference: Resident Assessments Minimum Data Set (MDS) 36.11	

Under the provisions outlined in this section and in accordance with 42 CFR 447.40 a temporary absence of a resident from a nursing facility will not interrupt the monthly payments to the facility. The period of leave will be determined by counting the day the resident left the facility as the first day of leave.

An absence from the facility for eight (8) to twenty-four (24) hours constitutes a leave day. The facility must reserve the resident's bed in anticipation of the resident's return. The bed may not be filled with another resident during the covered period of leave. Leave days may not be billed if the facility refuses to readmit the resident under their resident return policy.

A refund of payment will be demanded for all leave days taken in excess of the allowable or authorized number of days.

The Division of Medicaid (DOM) pays for the day of admission to a facility. The day of discharge is not paid by DOM unless it is the same day as the date of admission. Facilities may not bill the resident or responsible party for the day of discharge.

Each facility is required to maintain leave records and indicate periods of hospitalization and therapeutic leave days on billing forms. All resident hospital and therapeutic leave periods, regardless of payment source, must be submitted to the Division of Medicaid electronically prior to the close of the quarter in which it occurred.

Before the resident departs on therapeutic or in-patient leave, the facility must provide written information to the resident and/or family member or legal representative explaining leave policies. This information must define the period of time during which the resident will be permitted to return and resume residence in the facility. The notice must also state that, if the resident's absence exceeds Medicaid's bed-hold limit, the resident will be readmitted to the facility upon the first availability of a semi-private bed if the resident still requires the services provided by the facility.

Home/Therapeutic Leave

Home/therapeutic leave residents in a nursing facility may have absences for home/therapeutic leave from the nursing facility other than for in-patient hospital leave. Home/therapeutic leave includes routine outpatient treatments. **Outpatient treatment for dialysis and outpatient treatment for catastrophic illnesses (e.g. chemotherapy) that occurs two (2) or more days per week will not count as therapeutic leave days.**

Specific requirements applicable to home/therapeutic leave are as follows:

- Medicaid coverage of home/therapeutic leave days per State fiscal year (July 1 to June 30) for nursing facilities is fifty-two (52) days in addition to Christmas Day, the day before Christmas, the day after Christmas, Thanksgiving Day, the day before Thanksgiving and the day after Thanksgiving. Thus, a resident may have up to fifty-eight (58) total days in a State fiscal year for home/therapeutic leave.
- All home/therapeutic leave days must be approved by the attending physician.

-
-
-
- Fifteen (15) days home/therapeutic leave are allowed each absence. A resident must be discharged from the facility for Medicaid billing if he/she remains on home/therapeutic leave for more than fifteen (15) days.
 - A leave of absence for home/therapeutic leave is broken only if the resident returns to the facility for twenty-four (24) hours or longer.

In-Patient Leave in a Hospital

Nursing facility residents are allowed fifteen (15) days hospital leave for each hospital stay. There is no maximum number of hospital leave days each year. Hospital leave applies to acute care hospital stays in a licensed hospital, including geri-psychiatric units.

The hospital leave rules apply as follows:

- A resident must be discharged from the facility for Medicaid billing if he remains in the hospital for more than fifteen (15) days. When the resident is readmitted to the facility after a hospital stay, readmission certification on a new Pre-Admission Screening (PAS) form is not necessary if the resident has been continuously institutionalized. Refer to Provider Policy Manual Section 36.11 for Resident Assessments Minimum Data Set (MDS) policy. A leave of absence for hospitalization is broken only if the resident returns to the facility for twenty-four (24) hours or longer.
- Facilities may not refuse to readmit a resident from in-patient hospital leave when the resident has not been hospitalized for more than fifteen (15) days and still requires nursing facility services.
- Facilities which bill Medicaid for fifteen (15) days of in-patient hospital leave, discharge the resident, and subsequently refuse to readmit the resident under their resident return policy when a bed is available, must repay Medicaid for the fifteen (15) days of hospital leave and are subject to additional remedies for failure to comply with the requirements relating to residents' rights.
- In-patient hospital leave will not be paid for days in which the resident is placed in a Medicare skilled nursing facility (SNF) or a swing bed.

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Effective Date: Date: 07/01/09 10/01/10
Section: Nursing Facility	Section: 36.10	
Subject: Temporary Leave Payment	Pages: 2	
	Cross Reference: Resident Assessments Minimum Data Set (MDS) 36.11	

Under the provisions outlined in this section (~~42-CFR-447.40~~), and in accordance with 42 CFR 447.40 a temporary absence of a resident from a nursing facility will not interrupt the monthly payments to the facility. The period of leave will be determined by counting the day the resident left the facility as the first day of leave.

An absence from the facility for eight (8) to twenty-four (24) hours constitutes a leave day. The facility must reserve the resident's bed in anticipation of the resident's return. The bed may not be filled with another resident during the covered period of leave. Leave days may not be billed if the facility refuses to readmit the resident under their resident return policy.

A refund of payment will be demanded for all leave days taken in excess of the allowable or authorized number of days.

The Division of Medicaid (DOM) pays for the day of admission to a facility. The day of discharge is not paid by DOM unless it is the same day as the date of admission. Facilities may not bill the resident or responsible party for the day of discharge.

Each facility is required to maintain leave records and indicate periods of hospitalization and therapeutic leave days on billing forms. ~~and MDS 2.0 Section S.~~ All resident hospital and therapeutic leave periods, regardless of payment source, must be submitted to the Division of Medicaid electronically prior to the close of the quarter in which it occurred.

Before the resident departs on therapeutic or in-patient leave, the facility must provide written information to the resident and/or family member or legal representative explaining leave policies. This information must define the period of time during which the resident will be permitted to return and resume residence in the facility. The notice must also state that, if the resident's absence exceeds Medicaid's bed-hold limit, the resident will be readmitted to the facility upon the first availability of a semi-private bed if the resident still requires the services provided by the facility.

Home/Therapeutic Leave

Home/therapeutic leave residents in a nursing facility may have absences for home/therapeutic leave from the nursing facility other than for in-patient hospital leave. Home/therapeutic leave includes routine outpatient treatments. **Outpatient treatment for dialysis and outpatient treatment for catastrophic illnesses (e.g. chemotherapy) that occurs two (2) or more days per week will not count as therapeutic leave days.**

Specific requirements applicable to home/therapeutic leave are as follows:

- Medicaid coverage of home/therapeutic leave days per State fiscal year (July 1 to June 30) for nursing facilities is fifty-two (52) days in addition to Christmas Day, the day before Christmas, the day after Christmas, Thanksgiving Day, the day before Thanksgiving and the day after Thanksgiving. Thus, a resident may have up to fifty-eight (58) total days in a State fiscal year for home/therapeutic leave.
- All home/therapeutic leave days must be approved by the attending physician.

-
-
-
- Fifteen (15) days home/therapeutic leave are allowed each absence. A resident must be discharged from the facility for Medicaid billing if he/she remains on home/therapeutic leave for more than fifteen (15) days.
 - A leave of absence for home/therapeutic leave is broken only if the resident returns to the facility for twenty-four (24) hours or longer.

In-Patient Leave in a Hospital

Nursing facility residents are allowed fifteen (15) days hospital leave for each hospital stay. There is no maximum number of hospital leave days each year. Hospital leave applies to acute care hospital stays in a licensed hospital, including geri-psychiatric units.

The hospital leave rules apply as follows:

- A resident must be discharged from the facility for Medicaid billing if he remains in the hospital for more than fifteen (15) days. When the resident is readmitted to the facility after a hospital stay, readmission certification on a new Pre-Admission Screening (PAS) form is not necessary if the resident has been continuously institutionalized. Refer to Provider Policy Manual Section 36.11 for Resident Assessments Minimum Data Set (MDS) policy. A leave of absence for hospitalization is broken only if the resident returns to the facility for twenty-four (24) hours or longer.
- Facilities may not refuse to readmit a resident from in-patient hospital leave when the resident has not been hospitalized for more than fifteen (15) days and still requires nursing facility services.
- Facilities which bill Medicaid for fifteen (15) days of in-patient hospital leave, discharge the resident, and subsequently refuse to readmit the resident under their resident return policy when a bed is available, must repay Medicaid for the fifteen (15) days of hospital leave and are subject to additional remedies for failure to comply with the requirements relating to residents' rights.
- In-patient hospital leave will not be paid for days in which the resident is placed in a Medicare skilled nursing facility (SNF) or a swing bed.