MENTAL RETARDATION BULLETIN

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF PUBLIC WELFARE

DATE OF ISSUE EFFECTIVE DATE NUMBER
July 21, 1987 July 1, 1987 00-87-10

SUBJECT
Changes in the Reimbursement Method for Hospital Reserved Bed Days

BY
Deputy Secretary for Mental Retardation

Scope:
State Center and MR Unit Directors
DPW Program and Administrative Deputies

Purpose:
To advise directors of state-operated facilities for the mentally retarded of the effects of the pending approval of the Medicaid State Plan Amendment.

Background/Discussion:
As part of the settlement in Departmental Grant Appeals Board Docket No. 86-73, the Department agreed to submit to the Health Care Financing Administration (HCFA) a Medicaid State Plan Amendment which makes a change in hospital reserved bed day provisions. The change prohibits the payment of hospital reserved bed days for recipients receiving care in state operated intermediate care facilities for the mentally retarded (ICFs/MR). Under the State Plan, state-operated ICFs/MR are reimbursed their full costs under Medicare cost reimbursement principles. The payment of one-third of the facility's interim per diem rate for reserving a bed for a recipient who is hospitalized results in the facility receiving more reimbursement than its full allowable costs.

Application:
Effective July 1, 1987 State-operated intermediate care facilities for the mentally retarded (ICFs/MR) will no longer bill for clients on leave to a hospital. State facilities will, however, continue to reserve beds for at least 15 days for clients who are hospitalized. For census purposes, PCIS Lead Persons will keep track of hospital days through PCIS code 48 only - Placement on medical leave, not MA reimbursable. Code 52, placement on medical leave, MA reimbursable, has been eliminated. A replacement page for the PCIS Instruction Manual is attached.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:
Betty R. Matter, Chief, Division of Information Resources Management,
Office of Mental Retardation, Room 302 Health & Welfare Building
Harrisburg, PA. 17120, telephone: (717) 783-5667, network 8-443-5667
MOVEMENT CODE (Continued)

Codes: (Continued)

Leave Codes: (Continued)

48 - (MR) Placement on medical leave, not MA reimbursable.

49 - (MR) Placement on therapeutic authorized absence.

51 - Placement on trial visit (MR only) - Include clients on leave from the facility with the expectation that the client will remain in the community (update, if necessary, the BSU and living arrangement codes).

53 - Placement on other authorized leave -

MH & RC - Include clients on authorized leave other than those defined above. Include home visits of more than seven days or those extended from a temporary visit so that the total time out of the facility exceeds seven days but does not exceed 30 days. Include clients changed from unauthorized absence. In the cases just cited, the client is considered "on other authorized leave" as of the date of the extension or change.

MR - Include clients who are expected to return to the facility and for whom the date for return is set. Include weekend and holiday visits, summer vacation, etc.

54 - Placement on unauthorized absence - Include clients on unauthorized leave such as escape, elopement, etc.

Discharges:

All discharges require that BSU number and BSU Case Number and Living Arrangement codes be updated.

55 - Discharge - no referral

56 - Discharge - referral recommended, resource not available

57 - Discharge - referral recommended, client/family not ready, uncooperative.