

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: TENNESSEE

METHODS OF REIMBURSING FOR RESERVED BEDS IN NURSING FACILITIES AND
INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

1. Payments for bed hold days in excess of the limits set out below are not allowable medical expenses.
2. Days when a resident receives care in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) and such days have not been approved by Medicaid for payment of his care in the facility are not allowable medical expenses.

3. Nursing facility residents:

Medicaid does not reimburse for holding a nursing facility bed when the patient is not physically present in the facility.

4. Residents receiving care in an ICF/IID:

Reimbursement for bed holds will be made as outlined below. Payments for days in excess of these limits are not allowable medical expenses. The following conditions must be met in order for a bed hold reimbursement to be made:

- (a) For days not to exceed 15 days per occasion while the recipient is hospitalized and the following conditions are met:
 - (1) The resident intends to return to the ICF/IID.
 - (2) The hospital provides a discharge plan for the resident.
 - (3) At least 85% of all other beds in the ICF/IID certified at the recipient's designated level of care (i.e., intensive training, high personal care or medical), when computed separately, are occupied at the time of hospital admission.
 - (4) Each period of hospitalization must be physician ordered and so documented in the patient's medical record in the ICF/IID.
- (b) For days not to exceed 60 days per state fiscal year and limited to 14 days per occasion while the recipient, pursuant to physician's order, is absent from the facility on a therapeutic home visit or other therapeutic absence. In order to be eligible for reimbursement, therapeutic home visits or therapeutic absences from the facility (i.e., for purposes other than required hospitalizations, which cannot be anticipated) must be included in the recipient's plan of care.