

New York
110(d)(23)

Per Diem Reduction to all qualified facilities.

- (a) Qualified facilities are residential health care facilities other than those facilities or units within facilities that provide extensive nursing, medical, psychological and counseling support services solely to children.
- (b) Effective January 1, 2013, all qualified residential health care facilities will be subject to a per diem adjustment that is calculated to reduce Medicaid payments by \$24 million for the period January 1, 2013 through March 31, 2013.

Effective April 1, 2013, all qualified residential health care facilities will be subject to a per diem adjustment that is calculated to reduce Medicaid payments by \$19 million for each state fiscal year beginning April 1, 2013.

- (c) An interim diem adjustment for each facility will be calculated as follows:
 - (1) For each such facility, facility Medicaid revenues, calculated by multiplying each facility's promulgated rate in effect for such period by reported Medicaid days as reported in a facility's most recently available cost report, will be divided by total Medicaid revenues of all qualified facilities. The result will be multiplied by the amount of savings identified above for each such fiscal year, and divided by each facility's most recently reported Medicaid days.
 - (2) Following the close of each fiscal year, the interim per diem adjustment effective January 1, 2013 through March 31, 2013, and April 1, 2013 through March 31, 2014 and in each state fiscal year thereafter will be reconciled using actual Medicaid claims data to determine the actual combined savings from the per diem adjustment and from the reduction in the payment for reserve bed days for hospitalizations from 95% to 50% of the Medicaid rate for such fiscal year. To the extent that such interim savings is greater than or less than \$40 million, the per diem adjustment for each eligible provider in effect during such prior fiscal year will be adjusted proportionately such that \$40 million in savings is achieved.

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PAYMENT FOR RESERVED BEDS IN MEDICAL INSTITUTIONS

LIMITATIONS

A. RESERVED BEDS DURING LEAVES OF ABSENCE (Defined to mean overnight absences including visits with relatives/friends, or leaves to participate in medically acceptable therapeutic or rehabilitative plans of care).

When patient's/resident's plan of care provides for leaves of absence:

General Hospital Patients

Eligibility restricted to patients receiving care in certified psychiatric or rehabilitation units, without consideration of any vacancy rate. A psychiatric patient must be institutionalized for 15 days during a current spell of illness; a rehabilitation patient must be institutionalized for 30 days. Leaves must be for therapeutic reasons only and carry a general limitation of no more than 18 days in any 12 month period, and 2 days per any single absence. Broader special limits are possible physicians can justify them, subject to prior approval.

Nursing Facility (NF) Patients

A reserved bed day is a day for which a governmental agency pays a residential health care facility to reserve a bed for a person eligible for medical assistance while he or she is temporarily hospitalized or on leave of absence from the facility.

All recipients eligible after 30 days in the facility, subject to a facility vacancy rate, on the first day of the patient's/resident's absence of no more than 5%. General limitations of no more than 18 days in any 12 month period with broader special limits possible when physicians can justify them, subject to prior approval.

Effective July [19, 2010] 1, 2012, for reserved bed days provided on behalf of persons 21 years of age or older:

- (i) payments for reserved bed days related to hospitalization will be made at [95%] 50% of the Medicaid rate, and payments for reserved bed days related to non-hospitalization leaves of absence will be made at 95% of the Medicaid rate otherwise payable to the facility for services provided [on behalf of] to such person;
- (ii) payment to a facility for reserved bed days provided [on behalf of] for such person for [temporary] hospitalizations and therapeutic leave that is consistent with a plan of care ordered by the patient's treating health care professional may not exceed 14 days in any 12-month period; and
- (iii) payment to a facility for reserved bed days provided [on behalf of such person for non-hospitalization leaves of absence] for patients on leave for purposes other than hospitalization or eligible therapeutic leave may not exceed 10 days in any 12-month period.

In computing reserved bed days, the day of discharge from the residential health care facility shall be counted, but not day of readmission.

For each state fiscal year in which the reserved bed day provision does not realize \$40,000,000 in gross savings, effective December 1, 2012, a per diem adjustment will be applied for all nursing homes, other than those providing services primarily to children under the age of twenty-one, sufficient to increase the gross savings to \$40,000,000 for that state fiscal year.

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