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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 when 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 such reserve bed days during leaves of absences [shall] will be pursuant to the residents' plan of care.

All recipients are 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%.

Effective July 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 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 to such person;
- (ii) payment to a facility for reserved bed days provided for such person for hospitalizations and therapeutic leave that is consistent with a plan of care ordered by the patient's treating health care professional for visits to a health care professional that is expected to improve the patients' physical condition or quality of life may not exceed 14 days in any 12-month period; and
- (iii) payment to a facility for reserved bed days for patients on leave for purposes other than hospitalization or eligible therapeutic leave may not exceed 10 days in any 12-month period.
- (iv) Broader special limits are possible when physicians can justify them, subject to prior approval.

The above payment methodology will sunset effective December 31, 2018.

[Reserved bed days provided on behalf of persons younger than 21 years of age will be made at 100% of the Medicaid rate.

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

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1905(a)(4)(a) Nursing Facility services

Effective January 1, 2019, for reserved bed days provided on behalf of persons 21 years of age or older:

- (i) payments for reserved bed days for patients on hospice will be made at 50% of the Medicaid rate otherwise payable to the facility for the services provided to such person.
 - (a) payment to a facility for reserved bed days provided on behalf of such person for leaves of absences will not exceed 14 days in any 12 – month period.
- (ii) payments for reserved bed days related to therapeutic leaves of absence will be made at 95% of the Medicaid rate otherwise payable to the facility for services provided to such person.
 - (a) payment to a facility for reserved bed days provided on behalf of such person for therapeutic leaves of absences will not exceed 10 days in any 12-month period.
- (iii) payments for reserved bed days related to hospitalization leaves of absence, for the five New York State Veteran’s homes, will be made at 50% of the Medicaid rate otherwise payable to the facility for services provided to such person.
 - (a) payment to a facility for reserved bed days provided on behalf of such person for hospitalization leaves of absences will not exceed 14 days in any 12-month period.

Reserved bed days provided on behalf of persons younger than 21 years of age will be made at 100% of the Medicaid rate.

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

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Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) - General

Absences from all ICF/IIDs, other than for hospitalization, must be provided for in an individual's plan of care.

State Government Owned and Operated ICF/IID Facilities

All recipients eligible after 30 days in the facility. There is no limitation on the number of days a resident may be absent.

(i) payments for reserved bed days for ICF/IIDs are paid at the same rate as occupied days.

All Other [Intermediate Care Facilities for the Mentally Retarded and Specialty Hospitals for the Developmentally Disabled (ICF/MR)] ICF/IIDs [- Non-state Government Owned & Operated Facilities]

All recipients eligible after 30 days in the facility [, subject to a facility vacancy rate, on the first day of the resident's absence, of no more than 5%. ICF/MR with a bed capacity in excess of 30 beds is exempt from this vacancy rate requirement]. There is no limitation on the number of days a patient/resident may be absent.

(i) payments for reserved bed days for ICF/IIDs are paid at the same rate as occupied days.

Psychiatric or Rehabilitation Facility Patients (Other than RTFs)

As provided for recipients receiving similar treatment in general hospitals, as described [above] in the General Hospital Patients section of this Attachment.

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Residential Treatment Facilities for Children and Youth (RTFs)

All recipients eligible who have been institutionalized for 15 days during a current spell of illness, in the facility. [subject to a vacancy rate, on the first day of a resident’s absence of no more than 5% for 2 vacant beds, whichever is greater, in the distinct part of the RTF to which the recipient is to return. Leaves of absence carry a general limitation of no more than 75 days in any 12 month period, and 4 days per any single absence. Limitations may be waived when justified by recipient’s physician, subject to prior approval by a designee of the Commissioner of the Office of Mental Health.] There is no limitation on the number of therapy days a recipient may be absent. A therapy day is a day when the individual is away from the RTF and is not receiving services from the RTF and the absence is for the purpose of visiting with family or friends, or a vacation. Absences from all RTFs, other than for hospitalization, including therapy days, must be provided for in an individual’s plan of care to be eligible for payment and the person may not receive another Medicaid-funded residential or inpatient service on that day.

(i) payments for reserved bed days for RTFs are paid at the same rate as occupied days.

The 15 day requirement may be waived with prior approval by a designee of the Commissioner of the Office of Mental Health.

B. RESERVED BEDS DURING PERIODS OF HOSPITALIZATION

All recipients eligible after 30 days in:

- 1) an NF;
- 2) an ICF/MR;
- 3) a specialty hospital;
- 4) a rehabilitation facility or rehabilitation units of general hospitals;
- 5) a hospice

All recipients eligible who have been institutionalized for at least 15 consecutive days in:

- 1) a psychiatric facility or psychiatric units of general hospitals;
- 2) an RTF

The 15 day requirement may be waived [if] with prior approval by a designee of the Commissioner of the Office of Mental Health.

For other than Residential Treatment Facilities:

Without prior approval, not to exceed 15 days during period of hospitalization for acute conditions, for any single hospital stay, when patient returns immediately following a period during which their bed was reserved to his/her originating facility in 15 days or less.

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With prior approval, not to exceed 20 days during period of hospitalization for acute conditions, for any single hospital stay, when patient does not return to his/her originating facility immediately following a period during which their bed was reserved or does not return in 15 days or less.

For Residential Treatment Facilities:

Without prior approval, not to exceed 15 days during period of hospitalization for acute conditions, for any single hospital stay, when patient returns immediately following a period during which their bed was reserved to his/her originating facility in 15 days or less.

With prior approval, not to exceed 20 days during period of hospitalization for acute medical (non-psychiatric) conditions for any single hospital stay, when patient does not return to his/her originating facility immediately following a period during which their bed was reserved, or does not return in 15 days or less.

With prior approval not to exceed 30 days during period of hospitalization for acute psychiatric conditions, for any single hospital stay, when patient does not return to his/her originating facility immediately following a period during which their bed was reserved, or does not return in 15 days or less.

All of the above provisions subject to a facility vacancy rate of no more than 5% on the first day of patient's/resident's absence. For RTFs, the above is subject to a vacancy rate, on the first day of a resident's absence of no more than 5% or 2 vacant beds, whichever is greater, in the distinct [part] unit of the RTF to which the recipient is to return. A distinct unit will require specific admission criteria listed on the RTF's operating certificate but will not require a separate reimbursement rate for the unit.

(i) payments for reserved bed days for RTFs are paid at the same rate as occupied days.

Special broader limits, subject to approval of the State Commissioner of Social Services, may be established for residents of institutions for the mentally retarded/developmentally disabled on an individual case basis, and for residents of RTFs on an individual basis.

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