PAYMENTS FOR RESERVE BEDS

Payment is made for reserving beds in care facilities for residents during their temporary absence for the purpose indicated below when this is included in the resident's plan of care. No payment for reserved beds is made to hospitals.

State-Owned and Non-State-Owned Nursing Facilities

1. For periods of hospitalization for acute conditions: Up to 10 days per calendar month.

   Effective December 1, 2009, payments will be made at zero percent of the actual per diem rate for hospitalization for acute conditions.

2. For periods leaves of absence for purposes of vacation or visits: Up to 18 days per year. Additional days will be allowed based on a physician's recommendation that additional days would be rehabilitative.

   Effective December 1, 2009, payments will be made at zero percent of the actual per diem rate for vacation or visit leaves of absence or for rehabilitative days.

Special Population Facilities

1. For periods of hospitalization for acute conditions: Up to 10 days per calendar month.

   Effective December 1, 2009, payment will be made at 42 percent of the actual per diem rate for hospitalization or acute conditions.

2. For periods of absence for purposes of vacation or visits: Up to 18 days per year. Additional days will be allowed based on a physician's recommendation that additional days would be rehabilitative.

   Effective December 1, 2009, payments will be made at 42 percent of the actual per diem rate for vacation or visit leaves of absence or for rehabilitative days.

Out-of-State Facilities

1. For periods of hospitalization for acute conditions: Up to 10 days per calendar month.

   Effective December 1, 2009, payments will be made at zero percent of the Iowa per diem rate for hospitalization or acute conditions.

2. For periods of absence for purposes of vacation or visits: Up to 18 days per year. Additional days will be allowed based on a physician's recommendation that additional days would be rehabilitative.

   Effective December 1, 2009, payments will be made at zero percent of the Iowa per diem rate for vacation or visit leaves of absence or for rehabilitative days.

Intermediate Care Facilities for the Mentally Retarded

1. For periods of hospitalization for acute conditions: Up to 10 days per calendar month.

2. For leaves of absence for purposes of vacation or visits: Up to 30 days per year. Additional days may be approved for home visits or special programs of evaluation, treatment or habilitation outside the facility if certified by a physician or qualified mental retardation professional.

Payment for period when a resident is absent for visits or hospitalization is made at 80 percent of the actual per diem rate. Facilities with 15 or fewer beds are reimbursed at 95 percent of the actual per diem rate.

Out-of-state facilities are reimbursed at 80 percent of the Iowa payment to the facility. Out-of-state facilities with 15 or fewer beds are reimbursed at 95 percent of the Iowa payment to the facility.

Medicare-Certified Hospital-Based Facilities that Provide Only Skilled-Level Care

1. For period of hospitalization for acute conditions: Up to 10 days per hospitalization per calendar month, not to exceed 10 days for any hospital stay whether or not the stay extends into a succeeding month or months.

   Effective December 1, 2009, payments will be made at zero percent of the actual per diem rate for hospitalization for acute conditions.

2. For periods of visits for participation in special social or rehabilitation programs: Up to 10 consecutive calendar days at a time with a maximum of 18 days in a calendar year. These must be approved in advance by the Department and are approved when (1) the resident or representative chooses to have the resident leave for this purpose, and (2) the family members or agency responsible for providing the alternative care can and will provide the care and make no charge to the Department for the care, and (3) the absence is approved in the physician's plan of care, and (4) the facility provides the usual medical equipment and supplies needed by the resident.

   Effective December 1, 2009, payment for approved absences shall be made at zero percent of the actual per diem rate.

Psychiatric Institutions for Children

1. For periods of hospitalization for acute conditions: Up to 10 days per hospitalization per calendar month, not to exceed 10 days for any hospital stay whether or not the stay extends into a succeeding month or months.

2. For leaves of absence for purposes of vacation or visits: Up to 30 days per year. Additional days may be allowed based on a service plan approved by the district administrator or the superintendent of the institution for children or that person's designee.

Payment for approved absence shall be made at the full Medicaid rate.