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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.

Nursing Facilities

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 18 days per year. Additional days will be allowed based on a physician's recommendation that additional days would be rehabilitative.

Payment for periods when a resident is absent for visits or hospitalization is made at 75% of the actual per diem rate, but not to exceed the maximum rate.

Out-of-state facilities are reimbursed at 75% of the Iowa payment to the facility.

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% of the actual per diem rate. Facilities with 15 or fewer beds are reimbursed at 95% of the actual per diem rate.

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

PAYMENTS FOR RESERVED BEDS (cont.)

Facilities That Provide Skilled Nursing

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. Prior approval from the Department is required before the facility submits its claim.

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.

Payment for approved absence shall be made at 75% of the regular Medicaid rate.

Out-of-state facilities are subject to the limits in their state.

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.

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ASSURANCES FOR ATTACHMENTS 4.19-C

Following are assurances applicable to reserve bed day payment for facilities under the Iowa Medicaid program effective November, 1990, as required by 42 CFR 447.253 and 255.

1. Payment Rates. The Iowa Department of Human Services has found that proposed rates are reasonable and adequate to meet the costs that must be incurred by efficiently and economically operated providers to provide services in conformity with applicable state and federal laws, regulations, and quality and safety standards, as required by 42 CFR 447.253(b)(1)(i).

2. Upper Limits Based on Medicare Payments. The Department has found that the requirements of 42 CFR 447.253(b)(2) are met in that the Department does not pay more in aggregate for facility care than the amount that would be paid for the services under the Medicare principles of reimbursement.

3. Provider Appeals Providers wishing to appeal a rate determination may submit a written request for hearing, along with additional evidence, through the Department's established appeal procedures. A final decision on such appeals is issued by the Department of Human Services and the provider notified accordingly within 120 days of the appeal filing date.

4. Uniform Reporting and Audit Requirements. The Department of Human Services does not require cost reports from out-of-state facilities but relies on that state's rate process. Periodic audits are performed as required by 42 CFR 447.253(c) and 447.253(e).

5. Public Notice requirements. In accordance with 42 CFR 447.205, the Department gave public notice on September 5, 1990.

6. Payment rates determined in accordance with methods and standards developed by the state agency. The state plan contains a description of the methods and standards which the Department uses to determine payment rates for facility care. Payment is being made in accordance with this plan. Current economic conditions and trends have been taken into account and are the basis for proposed changes in reserve bed day payment rates.

7. Amount of the average proposed reserve bed day payment rate. We project that the average reserve bed rate will not change from previous assurances.

8. Short-and-long-term effects of change in payment rate. We anticipate no changes in the availability of services.

9. Re-evaluation of assets. We assure that the provisions of section 1902(a)(13)(c) of the Social Security Act (as amended by COBRA) are being followed in regard to the treatment of capital costs associated with a change of ownership.

ASSURANCES FOR ATTACHMENT 4.19-C, pages 1 and 2

Following are assurances applicable to reserve bed day payment for intermediate care facilities for the mentally retarded (ICF/MR) under the Iowa Medicaid Program effective July 1, 1990, as required by 42 CFR 447.253 and 255.

1. Payment Rates. The Iowa Department of Human Services has found that proposed rates are reasonable and adequate to meet the costs that must be incurred by efficiently and economically operated providers to provide services in conformity with applicable state and federal laws, regulations, and quality and safety standards, as required by 42 CFR 447.253(b)(1)(i).

   Effective July 1, 1990, the reserve bed rate for ICFs/MR with 15 or fewer beds will be reimbursed at 95% of the actual per diem rate. Iowa has 24 facilities with 15 or fewer beds participating in the Iowa Medicaid Program.

2. Upper Limits Based on Medicare Payments. The Department has found that the requirements of 42 CFR 447.253(b)(2) are met in that the Department does not pay more in aggregate for community based ICF/MR than the amount that would be paid for the services under the Medicare principles of reimbursement.

3. Provider Appeals. Providers wishing to appeal a rate determination may submit a written request for hearing, along with additional evidence, through the Department's established appeal procedures. A Final Decision on such appeals is issued by the Department of Human Services and the provider notified accordingly within 120 days of the appeal filing date.

4. Uniform Reporting and Audit Requirements. The Iowa Department of Human Services provides for uniform cost reports and periodic audits as required by 42 CFR 447.253(c) and 447.253(e).

5. Public Notice Requirements. In accordance with 42 CFR 447.205, the Department gave public notice before July 1, 1990, concerning the change in reimbursement effective July 1, 1990.

6. Payment rates determined in accordance with methods and standards developed by the state agency. The state plan contains a description of the methods and standards which the Department uses to determine payment rates for ICF/MR care. Payment is being made in accordance with this plan. Current economic conditions and trends have been taken into account and are the basis for proposed changes in reserve bed day payment rates.

7. Amount of the average proposed reserve bed day payment rate. We project that the average reserve bed rate for ICF/MR with 15 or fewer beds will be $182.08 at the 95% reimbursement rate. The 80% reimbursement rate is $145.67.

8. Short-and-long-term effects of change in payment rate. We anticipate that the proposed reserve bed day payment rate will improve the availability of services on a state-wide basis and in each geographic area, and that the type of care furnished and the extent of provider participation in the program will also be affected positively.

9. Revaluation of assets. We assure that the provisions of section 1902(a)(13)(c) of the Social Security Act (as amended by COBRA) are being followed in regard to the treatment of capital costs associated with a change of ownership.