Rule Summary and Fiscal Analysis (Part A)

Ohio Department of Medicaid
Agency Name

Division

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5160-3-16.4
Rule Number

AMENDMENT
TYPE of rule filing

Rule Title/Tag Line: **Coverage of bed-hold days for medically necessary and other limited absences from nursing facilities (NFs).**

RULE SUMMARY

1. Is the rule being filed for five year review (FYR)? **Yes**

2. Are you proposing this rule as a result of recent legislation? **No**

3. Statute prescribing the procedure in accordance with the agency is required to adopt the rule: **119.03**

4. Statute(s) authorizing agency to adopt the rule: **5165.02**

5. Statute(s) the rule, as filed, amplifies or implements: **5165.34**

6. State the reason(s) for proposing (i.e., why are you filing,) this rule:

Five-year review.

7. If the rule is an AMENDMENT, then summarize the changes and the content of the proposed rule; If the rule type is RESCISSION, NEW or NO CHANGE, then summarize the content of the rule:

This rule sets forth the provisions for Medicaid bed-hold days for nursing facilities.

The changes to the rule are:

1. The rule title is being modified to be consistent with the titles of other nursing facility rules in Chapter 5160-3 of the Administrative Code.

2. In paragraph (A)(1), reference to OAC rule 5101:3-1-06 (now 5160-1-06) is being deleted because that rule was rescinded effective May 1, 2015. Also in paragraph (A)(1), "intermediate care facility for the mentally retarded (ICF-MR)" is being changed to "intermediate care facility for individuals with intellectual disabilities (ICF-IID)" because the terminology has been updated.

3. In paragraph (A)(2) the definition of hospitalization is being modified in order to account for situations in which residents are in the hospital on observation status rather than being formally admitted.

4. In paragraphs (A)(5) and (A)(8), the definitions of NF Admission and NF Occupied Day are being modified in conjunction with language changes in paragraphs (C)(1) and (C)(4) so that a nursing facility may be paid for the day a resident returns from leave days even if the resident is in the NF for fewer than 8 hours on the day of return.

5. In paragraphs (A)(8) and (I)(2), out-of-date references to the Administrative Code are being replaced with references to the Revised Code.

6. In paragraph (J)(2)(b)(ii), for purposes of clarification, language is being modified so that a level of care evaluation is not necessary when a Medicaid eligible resident who receives Medicare Part A benefits in a nursing facility is transferred to the hospital and the nursing facility bills the hospital bed-hold days to Medicaid.

7. In paragraph (J)(4), language is being added to clarify that Medicaid eligible residents includes low resource utilization residents for whom Medicaid payment is made in accordance with ORC section 5165.152.

8. Paragraph (J)(5) is being deleted because there is nothing unique about leave day benefits for QMB eligible individuals who reside in nursing facilities.

9. In order to comply with federal regulations contained in 42 C.F.R. 438.6(e), language in paragraph (K)(2) is being modified so that payment may be made for bed-hold days during the period NF residents age 21 and over, and in some circumstances age 22 and over, and under age 65, are hospitalized in an IMD, as permitted in 42 C.F.R. 438.6(e).

10. Also in paragraph (K)(2), language regarding Medicaid eligibility is being deleted because it is not needed in this rule.

11. In paragraph (K)(3), the citations for the Administrative Code Chapters that contain eligibility criteria for the HCBS waiver program are being deleted because

they are not necessary for this rule.

12. Paragraph (K)(4) is being deleted because it contains provisions excluding residents enrolled in a managed care program.

13. The order of paragraphs (L)(1)(a) and (L)(1)(b) are being reversed to enhance readability.

14. Ohio Administrative Code references are being updated due to the creation of the Ohio Department of Medicaid by Am. Sub. HB 59 of the 130th General Assembly and the subsequent renumbering of rules by the Legislative Services Commission.

15. Ohio Revised Code citations are being updated because Am. Sub. HB 59 of the 130th General Assembly created the Ohio Department of Medicaid, and subsequently relocated and reorganized many Revised Code provisions governing the Medicaid program.

16. The Department's name is being updated from the Office of Medical Assistance (OMA) to the Ohio Department of Medicaid (ODM) because of the creation of the Ohio Department of Medicaid.

17. Paragraph designations are being updated as necessary.

18. Phrasing and grammatical changes are being made to improve clarity, comprehension, and readability.

8. If the rule incorporates a text or other material by reference and the agency claims the incorporation by reference is exempt from compliance with sections 121.71 to 121.74 of the Revised Code because the text or other material is **generally available** to persons who reasonably can be expected to be affected by the rule, provide an explanation of how the text or other material is generally available to those persons:

This rule incorporates one or more references to the Ohio Revised Code. This question is not applicable to any incorporation by reference to the ORC because such reference is exempt from compliance with ORC 121.71 to 121.74 pursuant to ORC 121.76(A)(1).

This rule incorporates one or more references to the Ohio Administrative Code. This question is not applicable to any incorporation by reference to another OAC rule because such reference is exempt from compliance with ORC 121.71 to 121.74 pursuant to ORC 121.76(A)(3).

This rule incorporates one or more dated references to the Code of Federal Regulations (CFR). This question is not applicable to any dated incorporation by reference to the Code of Federal Regulations because such reference is exempt

from compliance with ORC 121.71 to 121.74 in accordance with ORC 121.75(D).

9. If the rule incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material electronically, provide an explanation of why filing the text or other material electronically was infeasible:

Not Applicable

10. If the rule is being **rescinded** and incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material, provide an explanation of why filing the text or other material was infeasible:

Not Applicable.

11. If **revising** or **refiling** this rule, identify changes made from the previously filed version of this rule; if none, please state so. If applicable, indicate each specific paragraph of the rule that has been modified:

Not Applicable.

12. Five Year Review (FYR) Date: **5/31/2017**

(If the rule is not exempt and you answered NO to question No. 1, provide the scheduled review date. If you answered YES to No. 1, the review date for this rule is the filing date.)

NOTE: If the rule is not exempt at the time of final filing, two dates are required: the current review date plus a date not to exceed 5 years from the effective date for Amended rules or a date not to exceed 5 years from the review date for No Change rules.

FISCAL ANALYSIS

13. Estimate the total amount by which *this proposed rule* would **increase / decrease** either **revenues / expenditures** for the agency during the current biennium (in dollars): Explain the net impact of the proposed changes to the budget of your agency/department.

This will have no impact on revenues or expenditures.

$0.00

This proposed rule will not change the agency's projected budget during the current

biennium.

Any costs that will be paid to nursing facilities for the day a resident returns from bed-hold days if the resident is in the facility for fewer than eight hours on the day of return are estimated to be minimal, and will not change the agency's projected budget.

Any costs for bed-hold days for residents of a nursing facility who are age 21 and over, and in some circumstances age 22 and over, and under age 65, who have payment made for hospitalization in an institution for mental diseases (IMD) will be paid for through the managed care capitated rate as permitted in 42 C.F.R. 438.6(e).

14. Identify the appropriation (by line item etc.) that authorizes each expenditure necessitated by the proposed rule:

Not Applicable

15. Provide a summary of the estimated cost of compliance with the rule to all directly affected persons. When appropriate, please include the source for your information/estimated costs, e.g. industry, CFR, internal/agency:

In accordance with paragraph (D)(4)(b)(i) and (D)(4)(c)(i) of this rule, any plan to use therapeutic leave days or to use leave days to visit with friends or family must be approved in advance by the resident's primary physician and documented in the resident's medical record. The documentation shall be available for viewing by the County Department of Job and Family Services (CDJFS) and the Department of Medicaid. The Department of Medicaid estimates it will take a resident's primary physician approximately 15 minutes at the rate of approximately $110.00 per hour (total estimated cost: $27.50) to approve one use of leave days in advance for one resident and to document the approval in the resident's medical record. The Department of Medicaid estimates there will be no cost to have the documentation available for viewing by the CDJFS and by the Department of Medicaid because the documentation will already be available in the resident's medical record.

In accordance with paragraph (D)(4)(b)(ii) and (D)(4)(c)(iii) of this rule, when a resident uses approved therapeutic leave days or approved leave days to visit with friends or family, the nursing facility provider must make arrangements for the resident to receive required care and services while using the leave days. The Department of Medicaid estimates it will take a nursing facility provider's nurse approximately 1.5 hours at the rate of approximately $20.00 per hour (total estimated cost: $30.00) and a business office staff person approximately 30 minutes at the rate of approximately $12.50 per hour (total estimated cost: $6.25) to make these arrangements. The Department of Medicaid therefore estimates it will cost a nursing facility provider a total of approximately $36.25 to make arrangements for

one resident to receive required care and services while using approved therapeutic leave days or approved leave days to visit with friends or family.

In accordance with paragraph (E) of this rule, a nursing facility provider must electronically submit claims for nursing facility bed-hold days in accordance with OAC rule 5160-3-39.1. The Department of Medicaid estimates it will take a nursing facility staff member approximately 5 minutes at the rate of approximately $12.50 per hour (total estimated cost: $1.04) to electronically submit one claim for bed-hold days.

In accordance with paragraph (F)(2) of this rule, a nursing facility provider must establish and follow a written policy under which a Medicaid resident who has expended their annual allotment of thirty bed-hold days, and therefore is no longer entitled to a reserved bed under the Medicaid bed-hold limit, and is considered to be discharged, shall be admitted to the first available Medicaid certified bed in a semiprivate room. The Department of Medicaid estimates it will take a nursing facility administrator approximately 2 hours at the rate of approximately $60.00 per hour (total estimated cost: $120.00) to establish the above policy. In addition, the Department of Medicaid estimates it will take a nursing facility provider's admissions coordinator approximately 5 hours at the rate of approximately $20.00 per hour (total estimated cost: $100.00), and a nurse approximately 3 hours at the rate of approximately $20.00 per hour (total estimated cost: $60.00) to arrange for the admission of one individual. The Department of Medicaid therefore estimates it will cost a total of approximately $160.00 for a nursing facility provider to admit one individual.

In accordance with paragraph (F)(3)(b) of this rule, a Medicaid resident whose absence from the facility exceeds the bed-hold limit or for whom no bed-hold coverage is available may choose to ensure the timely availability of a specific bed upon return to the facility by making bed-hold payments for any days of absence in excess of the Medicaid limit or for which no bed-hold coverage is available. The Department of Medicaid cannot estimate the cost of compliance to a resident because the Department does not know the number of bed-hold days to be taken or the per diem rate of any specific facility on the specific days the bed-hold days are to be taken.

In accordance with paragraph (G)(1) of this rule, prior to a resident's use of bed-hold days, a nursing facility provider must furnish the resident and family member or legal representative written information about the facility's bed-hold policies. The Department of Medicaid estimates it will take a nursing facility staff member approximately 30 minutes at the rate of approximately $12.50 per hour (total estimated cost: $6.25) to provide written information about the facility's bed-hold policies.

In accordance with paragraph (G)(2) of this rule, at the time a resident is scheduled to use bed-hold days, a nursing facility provider must furnish the resident and

family member or legal representative a written notice that specifies all of the following:

-The maximum duration of Medicaid covered bed-hold days as described in this rule.

-The duration of bed-hold status during which the resident is permitted to return to the nursing facility.

-Whether Medicaid payment will be made to hold a bed and if so, for how many days.

-The resident's option to make payments to hold a bed beyond the Medicaid bed-hold day limit, and the amount of such payments.

The Department of Medicaid estimates it will take a nursing facility staff member approximately 30 minutes at the rate of approximately $12.50 per hour (total estimated cost: $6.25) to provide a written notice that specifies all of the above.

In accordance with paragraph (H) of this rule, in the case of emergency hospitalization, a nursing facility provider must furnish the resident and a family member or legal representative a written notice with the specifications listed above within 24 hours of the hospitalization. This requirement is met if the resident's copy of the notice is sent to the hospital with other documents that accompany the resident. The Department of Medicaid estimates it will take a nursing facility staff member approximately 5 minutes at the rate of approximately $12.50 per hour (total estimated cost: $1.04) to provide the resident and a family member or legal representative with a copy of the notice.

In accordance with paragraph (L)(1)(a) of this rule, if a nursing facility provider is not in compliance with the provisions of this rule, the Department of Medicaid may require the provider to submit and implement a corrective action plan approved by the Department on a schedule specified by the Department. The Department of Medicaid cannot estimate the cost of compliance because the Department does not know what the extent of non-compliance might be for any particular facility, or the complexity of any particular corrective action plan.

In accordance with paragraph (L)(2) of this rule, a nursing facility provider must provide copies of any records requested by the Department of Medicaid in cases of an investigation by the Department for compliance purposes. The Department of Medicaid cannot estimate the cost of compliance because the Department does not know what the extent of any particular investigation might be, or the extent of the records that any particular facility might be required to provide.

All the above costs are existing costs of compliance. There are no new costs of compliance.

16. Does this rule have a fiscal effect on school districts, counties, townships, or municipal corporations? **Yes**

You must complete Part B of the Rule Summary and Fiscal Analysis in order to comply with Am. Sub. S.B. 33 of the 120th General Assembly.

17. Does this rule deal with environmental protection or contain a component dealing with environmental protection as defined in R. C. 121.39? **No**

S.B. 2 (129th General Assembly) Questions

18. Has this rule been filed with the Common Sense Initiative Office pursuant to R.C. 121.82? **Yes**

19. Specific to this rule, answer the following:

A.) Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? **No**

B.) Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? **Yes**

In accordance with paragraph (L) of this rule, if a provider does not comply with the provisions of this rule, the Department of Medicaid may require the provider to submit and implement a corrective action plan approved by the Department on a schedule specified by the Department, and/or terminate the facility's Medicaid provider agreement.

C.) Does this rule require specific expenditures or the report of information as a condition of compliance? **Yes**

In accordance with paragraphs (D)(4)(b)(i) and (D)(4)(c)(i) of this rule, any plan to use therapeutic leave days or leave days for visits with friends or relatives must be approved in advance by the resident's primary physician and documented in the resident's medical record. The documentation shall be available for viewing by the local County Department of Job and Family Services (CDJFS) and by the Department of Medicaid.

In accordance with paragraph (E) of this rule, nursing facility providers must electronically submit claims for bed-hold days in accordance with OAC rule 5160-3-39.1, which necessarily involves the report of information.

In accordance with paragraph (G) of this rule, prior to a resident's use of bed-hold days, a nursing facility provider shall furnish the resident and family member or legal representative written information about the facility's bed-hold policies. At the time a resident is scheduled to use bed-hold days, a provider shall furnish the resident and their family member or legal representative a written notice that specifies all of the following:

-The maximum duration of Medicaid covered bed-hold days as described in this rule.

-The duration of bed-hold status during which the resident is permitted to return to the nursing facility.

-Whether Medicaid payment will be made to hold a bed and if so, for how many days.

-The resident's option to make payments to hold a bed beyond the Medicaid bed-hold day limit, and the amount of such payments.

In accordance with paragraph (H) of this rule, in the case of emergency hospitalization, a nursing facility provider shall furnish the resident and a family member or legal representative a written notice with the specifications listed above within 24 hours of the hospitalization. This requirement is met if the resident's copy of the notice is sent to the hospital with other documents that accompany the resident.

In accordance with paragraph (L)(1)(a) of this rule, if a provider does not comply with the provisions of this rule, the Department of Medicaid may require the provider to submit a corrective action plan approved by the Department.

In accordance with paragraph (L)(2) of this rule, a nursing facility provider shall provide copies of any records requested by the Department of Medicaid in cases of an investigation by the Department for compliance purposes.

Rule Summary and Fiscal Analysis (Part B)

1. Does the Proposed rule have a fiscal effect on any of the following?

(a) School Districts	(b) Counties	(c) Townships	(d) Municipal Corporations
No	**Yes**	**No**	**Yes**

2. Please provide an estimate in dollars of the cost of compliance with the proposed rule for school districts, counties, townships, or municipal corporations. If you are unable to provide an estimate in dollars, please provide a written explanation of why it is not possible to provide such an estimate.

Counties and municipal corporations that operate nursing facilities could incur costs of compliance with the proposed rule. The costs of compliance are the following:

In accordance with paragraph (D)(4)(b)(i) and (D)(4)(c)(i) of this rule, any plan to use therapeutic leave days or to use leave days to visit with friends or family must be approved in advance by the resident's primary physician and documented in the resident's medical record. The documentation shall be available for viewing by the County Department of Job and Family Services (CDJFS) and the Department of Medicaid. The Department of Medicaid estimates it will take a resident's primary physician approximately 15 minutes at the rate of approximately $110.00 per hour (total estimated cost: $27.50) to approve one use of leave days in advance for one resident and to document the approval in the resident's medical record. The Department of Medicaid estimates there will be no cost to have the documentation available for viewing by the CDJFS and by the Department of Medicaid because the documentation will already be available in the resident's medical record.

In accordance with paragraph (D)(4)(b)(ii) and (D)(4)(c)(iii) of this rule, when a resident uses approved therapeutic leave days or approved leave days to visit with friends or family, the nursing facility provider must make arrangements for the resident to receive required care and services while using the leave days. The Department of Medicaid estimates it will take a nursing facility provider's nurse approximately 1.5 hours at the rate of approximately $20.00 per hour (total estimated cost: $30.00) and a business office staff person approximately 30 minutes at the rate of approximately $12.50 per hour (total estimated cost: $6.25) to make these arrangements. The Department of Medicaid therefore estimates it will cost a nursing facility provider a total of approximately $36.25 to make arrangements for one resident to receive required care and services while using approved therapeutic leave days or approved leave days to visit with friends or family.

In accordance with paragraph (E) of this rule, a nursing facility provider must electronically submit claims for nursing facility bed-hold days in accordance with OAC rule 5160-3-39.1. The Department of Medicaid estimates it will take a nursing facility staff member approximately 5 minutes at the rate of approximately $12.50 per hour (total estimated cost: $1.04) to electronically submit one claim for bed-hold days.

In accordance with paragraph (F)(2) of this rule, a nursing facility provider must establish and follow a written policy under which a Medicaid resident who has expended their annual allotment of thirty bed-hold days, and therefore is no longer entitled to a reserved bed under the Medicaid bed-hold limit, and is considered to be discharged, shall be admitted to the first available Medicaid certified bed in a semiprivate room. The Department of Medicaid estimates it will take a nursing facility administrator approximately 2 hours at the rate of approximately $60.00 per hour (total estimated cost: $120.00) to establish the above policy. In addition, the Department of Medicaid estimates it will take a nursing facility provider's admissions coordinator approximately 5 hours at the rate of approximately $20.00 per hour (total estimated cost: $100.00), and a nurse approximately 3 hours at the rate of approximately $20.00 per hour (total estimated cost: $60.00) to arrange for the admission of one individual. The Department of Medicaid therefore estimates it will cost a total of approximately $160.00 for a nursing facility provider to admit one individual.

In accordance with paragraph (F)(3)(b) of this rule, a Medicaid resident whose absence from the facility exceeds the bed-hold limit or for whom no bed-hold coverage is available may choose to ensure the timely availability of a specific bed upon return to the facility by making bed-hold payments for any days of absence in excess of the Medicaid limit or for which no bed-hold coverage is available. The Department of Medicaid cannot estimate the cost of compliance to a resident because the Department does not know the number of bed-hold days to be taken or the per diem rate of any specific facility on the specific days the bed-hold days are to be taken.

In accordance with paragraph (G)(1) of this rule, prior to a resident's use of bed-hold days, a nursing facility provider must furnish the resident and family member or legal representative written information about the facility's bed-hold policies. The Department of Medicaid estimates it will take a nursing facility staff member approximately 30 minutes at the rate of approximately $12.50 per hour (total estimated cost: $6.25) to provide written information about the facility's bed-hold policies.

In accordance with paragraph (G)(2) of this rule, at the time a resident is scheduled to use bed-hold days, a nursing facility provider must furnish the resident and family member or legal representative a written notice that specifies all of the

following:

-The maximum duration of Medicaid covered bed-hold days as described in this rule.

-The duration of bed-hold status during which the resident is permitted to return to the nursing facility.

-Whether Medicaid payment will be made to hold a bed and if so, for how many days.

-The resident's option to make payments to hold a bed beyond the Medicaid bed-hold day limit, and the amount of such payments.

The Department of Medicaid estimates it will take a nursing facility staff member approximately 30 minutes at the rate of approximately $12.50 per hour (total estimated cost: $6.25) to provide a written notice that specifies all of the above.

In accordance with paragraph (H) of this rule, in the case of emergency hospitalization, a nursing facility provider must furnish the resident and a family member or legal representative a written notice with the specifications listed above within 24 hours of the hospitalization. This requirement is met if the resident's copy of the notice is sent to the hospital with other documents that accompany the resident. The Department of Medicaid estimates it will take a nursing facility staff member approximately 5 minutes at the rate of approximately $12.50 per hour (total estimated cost: $1.04) to provide the resident and a family member or legal representative with a copy of the notice.

In accordance with paragraph (L)(1)(a) of this rule, if a nursing facility provider is not in compliance with the provisions of this rule, the Department of Medicaid may require the provider to submit and implement a corrective action plan approved by the Department on a schedule specified by the Department. The Department of Medicaid cannot estimate the cost of compliance because the Department does not know what the extent of non-compliance might be for any particular facility, or the complexity of any particular corrective action plan.

In accordance with paragraph (L)(2) of this rule, a nursing facility provider must provide copies of any records requested by the Department of Medicaid in cases of an investigation by the Department for compliance purposes. The Department of Medicaid cannot estimate the cost of compliance because the Department does not know what the extent of any particular investigation might be, or the extent of the records that any particular facility might be required to provide.

All the above costs are existing costs of compliance. There are no new costs of compliance.

3. If the proposed rule is the result of a federal requirement, does the proposed rule exceed the scope and intent of the federal requirement? **No**

4. If the proposed rule exceeds the minimum necessary federal requirement, please provide an estimate of, and justification for, the excess costs that exceed the cost of the federal requirement. In particular, please provide an estimate of the excess costs that exceed the cost of the federal requirement for (a) school districts, (b) counties, (c) townships, and (d) municipal corporations.

   Not Applicable.

5. Please provide a comprehensive cost estimate for the proposed rule that includes the procedure and method used for calculating the cost of compliance. This comprehensive cost estimate should identify all of the major cost categories including, but not limited to, (a) personnel costs, (b) new equipment or other capital costs, (c) operating costs, and (d) any indirect central service costs.

   The Department of Medicaid estimates it will cost a nursing facility provider approximately $27.50 to approve in advance one use of therapeutic leave days or leave days to visit with friends or family for one resident and to document the approval in the resident's medical record. The Department of Medicaid estimates there will be no cost to have the documentation available for viewing by the County Department of Job and Family Services (CDJFS) and by the Department of Medicaid because the documentation will already be available in the resident's medical record.

   The Department of Medicaid estimates it will cost a nursing facility provider approximately $36.25 to make arrangements for one resident to receive required care and services while using approved therapeutic leave days or approved leave days to visit with friends or family.

   The Department of Medicaid estimates it will cost a nursing facility provider approximately $1.04 to electronically submit one claim for bed-hold days.

   The Department of Medicaid estimates it will cost a nursing facility provider approximately $120.00 to establish a written policy whereby a Medicaid resident who has expended his/her annual allotment of thirty bed-hold days and therefore is no longer entitled to a reserved bed under the Medicaid bed-hold limit, and is considered to be discharged, shall be admitted to the first available Medicaid certified bed in a semiprivate room. In addition, the Department of Medicaid estimates it will cost a nursing facility provider approximately $160.00 to admit one

individual.

The Department of Medicaid cannot estimate the cost to a resident who chooses to ensure the timely availability of a specific bed upon return to the facility by making bed-hold payments for any days of absence in excess of the Medicaid bed-hold limit or for which no bed-hold coverage is available because the Department does not know the number of bed-hold days to be taken or the per diem rate of any specific facility on the specific days the bed-hold days are to be used.

The Department of Medicaid estimates it will cost a nursing facility provider approximately $6.25 to furnish a resident and family member or legal representative written information about the facility's bed-hold policies prior to a resident's use of bed-hold days.

The Department of Medicaid estimates it will cost a nursing facility provider approximately $6.25 to provide a written notice to the resident and family member or legal representative that specifies all of the following at the time a resident is scheduled to use bed-hold days:

-The maximum duration of Medicaid covered bed-hold days as described in this rule.

-The duration of bed-hold status during which the resident is permitted to return to the nursing facility.

-Whether Medicaid payment will be made to hold a bed and if so, for how many days.

-The resident's option to make payments to hold a bed beyond the Medicaid bed-hold day limit, and the amount of such payments.

The Department of Medicaid estimates it will cost a nursing facility provider approximately $1.04 to furnish the resident and a family member or legal representative a copy of the notice specified in paragraph (G) of this rule in cases of emergency hospitalization.

The Department of Medicaid cannot estimate the cost of compliance if the Department requires the provider to submit and implement a corrective action plan because the Department does not know what the extent of non-compliance might be for any particular facility, or the complexity of any particular corrective action plan.

The Department of Medicaid cannot estimate the cost of compliance in cases of an investigation by the Department for compliance purposes because the Department does not know what the extent of any particular investigation might be, or the extent of the records that any particular facility might be required to provide.

All the above costs are existing costs of compliance. There are no new costs of compliance.

(a) Personnel Costs

The Department of Medicaid estimates it will take a resident's primary physician approximately 15 minutes at the rate of approximately $110.00 per hour (total estimated cost: $27.50) to approve in advance one use of therapeutic leave days or leave days to visit with friends or family for one resident and to document the approval in the resident's medical record. The Department of Medicaid estimates there will be no cost to have the documentation available for viewing by the County Department of Job and Family Services (CDJFS) and by the Department of Medicaid because the documentation will already be available in the resident's medical record.

The Department of Medicaid estimates it will take a nursing facility provider's nurse approximately 1.5 hours at the rate of approximately $20.00 per hour (total estimated cost: $30.00) and a business office staff person approximately 30 minutes at the rate of approximately $12.50 per hour (total estimated cost: $6.25) to make arrangements for one resident to receive required care and services while using approved therapeutic leave days or approved leave days to visit with friends or family. The Department of Medicaid therefore estimates it will cost a nursing facility provider a total of approximately $36.25 to make these arrangements.

The Department of Medicaid estimates it will take a nursing facility staff member approximately 5 minutes at the rate of approximately $12.50 per hour (total estimated cost: $1.04) to electronically submit one claim for bed-hold days.

The Department of Medicaid estimates it will take a nursing facility administrator approximately 2 hours at the rate of approximately $60.00 per hour (total estimated cost: $120.00) to establish a written policy whereby a Medicaid resident who has expended their annual allotment of thirty bed-hold days and therefore is no longer entitled to a reserved bed under the Medicaid bed-hold limit, and is considered to be discharged, shall be admitted to the first available Medicaid certified bed in a semiprivate room. In addition, the Department of Medicaid estimates it will take a nursing facility provider's admissions coordinator approximately 5 hours at the rate of approximately $20.00 per hour (total estimated cost: $100.00), and a nurse approximately 3 hours at the rate of approximately $20.00 per hour (total estimated cost: $60.00) to admit the individual according to the established policy. The Department of Medicaid therefore estimates it will cost a nursing facility provider a total of approximately $160.00 to admit one individual.

The Department of Medicaid estimates it will take a nursing facility staff member approximately 30 minutes at the rate of approximately $12.50 per hour (total estimated cost: $6.25) to furnish written information to a resident and family member or legal representative about the facility's bed-hold policies prior to the resident's use of bed-hold days.

The Department of Medicaid estimates it will take a nursing facility staff member approximately 30 minutes at the rate of approximately $12.50 per hour (total estimated cost: $6.25) to provide a written notice to the resident and family member or legal representative that specifies all of the following at the time a resident is scheduled to use bed-hold days:

-The maximum duration of Medicaid covered bed-hold days as described in this rule.

-The duration of bed-hold status during which the resident is permitted to return to the nursing facility.

-Whether Medicaid payment will be made to hold a bed and if so, for how many days.

-The resident's option to make payments to hold a bed beyond the Medicaid bed-hold day limit, and the amount of such payments.

The Department of Medicaid estimates it will take a nursing facility staff member approximately 5 minutes at the rate of approximately $12.50 per hour (total estimated cost: $1.04) to furnish the resident and a family member or legal representative a copy of the notice specified in paragraph (G) of this rule in cases of emergency hospitalization.

The Department of Medicaid cannot estimate the personnel costs if the Department requires the provider to submit and implement a corrective action plan because the Department does not know what the extent of non-compliance might be for any particular facility, or the complexity of any particular corrective action plan.

The Department of Medicaid cannot estimate the personnel costs in cases of an investigation by the Department for compliance purposes because the Department does not know what the extent of any particular investigation might be, or the extent of the records that any particular facility might be required to provide.

All the above costs are existing costs of compliance. There are no new costs of compliance.

(b) New Equipment or Other Capital Costs

The Department of Medicaid does not expect that the proposed rule will result in any new equipment or other capital costs to Medicaid providers of nursing facility services.

(c) Operating Costs

The Department of Medicaid does not expect that the proposed rule will result in any operating costs to Medicaid providers of nursing facility services.

(d) Any Indirect Central Service Costs

The Department of Medicaid does not expect that the proposed rule will result in any indirect central service costs to Medicaid providers of nursing facility services.

(e) Other Costs

The Department of Medicaid cannot estimate the cost to a resident who chooses to ensure the timely availability of a specific bed upon return to the facility by making bed-hold payments for any days of absence in excess of the Medicaid bed-hold limit or for which no bed-hold coverage is available because the Department does not know the number of bed-hold days to be taken or the per diem rate of any specific facility on the specific days the bed-hold days are to be used.

6. Please provide a written explanation of the agency's and the local government's ability to pay for the new requirements imposed by the proposed rule.

There are no new requirements imposed by this proposed rule.

7. Please provide a statement on the proposed rule's impact on economic development.

There is no discernible impact on economic development as a result of this proposed rule.