

**CHANGES IN NURSING HOME BED HOLD POLICY:
FACILITIES MAY NO LONGER HOLD BEDS FOR HOSPITALIZED OR THERAPEUTIC
LEAVES OF ABSENCE FOR MEDICAID RESIDENTS**

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By January, 2012, there will be major changes in the state's bed hold policy for nursing homes affecting both providers and consumers. Nursing Home Medicaid reserved bed reimbursement for all Medicaid recipients over 21 will be eliminated *unless* the nursing home enrolls 50% of their eligible residents in a Medicare Managed Care Program. If they do enroll at least 50% in a Medicare Managed Care Program, they will receive reimbursement under the following rules which were passed in July, 2010:

- Facilities will be reimbursed for only 14 days per year (down from 15 to 20 days) to hold the bed for a Medicaid recipient aged twenty-one or over, for temporary hospitalizations and for 10 days per year (down from 18 days) for non-hospital (therapeutic) leaves of absence;
- Reimbursement will cover only 95% of the Medicaid rate (down from 100%); and
- Reimbursement will only be paid if the facility has a vacancy rate of no more than 5 percent.

According to the Department of Health, if a facility is not reimbursed, it does not have to hold the bed. However, it still must offer the resident returning the first available bed and lack of a bed hold is not an acceptable reason to discharge a resident.

Concerns

How will Medicaid residents and their families know if a facility has enrolled 50% or more of their eligible residents in a Medicare Managed Care Program and thus they have to hold the bed?

Since private pay residents and family members of Medicaid residents can still pay to have their beds held, will this mean that only those who can afford to can have their bed held?

Will this reduce appropriate hospitalization for individuals who need hospital care but are afraid of losing their home in their nursing home?

Will this effectively eliminate therapeutic leaves of absence (such as for family visits or holidays) for Medicaid residents?