

Determining Bed Reservation Payment Eligibility

**ATTENTION
NURSING HOME
PROVIDERS**

Patient Census Procedures

Recent nursing home audits reflect that the majority of nursing facilities appropriately utilize a single daily census to determine eligibility for Medicaid reimbursed bed reservations. This single daily census is commonly taken at the end of the day (e.g., 11:59 pm).

This practice is consistent with Medicare census policy (HCFA 15, Part 2205-Medicare Patient Days), Department regulation (Title 10 NYCRR 451.72-Daily Inpatient Census) and policies governing nursing homes. The time of day at which the census is taken must be used consistently.



Census Policy

- Census policy requires that patients admitted to the facility in the preceding 24 hours be counted in the census, and patients permanently discharged in that same period not be counted.
- In facilities with distinct specialty units, a census must be taken for each unit.
- The maximum census for each unit is the licensed capacity of that unit.
- Only individuals meeting the admission criteria for and admitted to a unit may be counted toward the census of that unit.

The census numbers of each specialty unit is used to calculate the unit's vacancy rate. The unit vacancy rate is then used to determine the facilities' eligibility for Medicaid bed reservation for patients within the unit that have been temporarily discharged that day to either an acute medical care facility or for therapeutic leave.

Effective November 1, 2005, all nursing facilities must use a single daily census per unit to calculate Medicaid bed reservation payment eligibility and must retain appropriate supporting documentation.

Prior to November 1, 2005, nursing facilities that claim bed reservation payment, based upon multiple censuses taken at the time of day that each resident is temporarily discharged, will only be eligible for payment in the following circumstance:

When the facility has appropriate documentation supporting the facility's consistent use of a multiple daily census methodology for every patient admission or discharge for each unit throughout each day.

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VACANCY RATE PROCEDURES

The Department will pay a facility for a Medicaid recipient's reserved bed days when the unit (e.g. geriatric, AIDS, TBI) to which the recipient will return *has a vacancy rate of no more than five percent on the first day the recipient is discharged to a hospital or on a therapeutic leave of absence.*

Computing a Vacancy Rate

In order to compute a vacancy rate, only beds occupied by individuals meeting the admission criteria for and admitted to the unit may be counted as occupied toward the census of that unit.

For example, a facility with a 201 bed geriatric unit would:

- 1) Count the total number of unoccupied beds in the unit at the time the census is taken (e.g., 18 beds).
- 2) Subtract from the unoccupied bed count (18 beds) those vacant beds for clients temporarily discharged from the facility in the previous 24 hours who, at the time of the census, are expected to return to the facility within twenty days (e.g., 2 beds, thus $18 - 2 =$ a subtotal of 16 beds).
- 3) Subtract from this subtotal (16 beds) those vacant beds that are already in bed-hold status from the previous day's census, and that remain eligible for bed-hold status at the time of the current census (e.g., 6 beds, subtotaling 10 beds).
- 4) Divide the number derived from the three steps above (10 beds) by the licensed capacity of that unit (201 beds) to determine the vacancy rate of the unit (.04975 or 4.975%).



Unit Vacancy Rate

If the vacancy rate in the unit is less than or equal to 5.0%, then the facility is eligible to bill a reserved bed for any Medicaid recipients temporarily discharged from the unit during the previous 24 hours from when the census was taken.

If the vacancy rate is greater than 5.0%, then the facility is not eligible to bill a reserved bed for any of the recipients temporarily discharged from the unit in the previous 24 hours from when the census was taken.

Note: Intermediate Care Facilities/Mental Retardation (ICFs/MR) with more than 30 beds are exempt from this vacancy rate requirement.

Questions? Contact the Bureau of Long Term Care at (518) 474-5271.