

APA-1

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No: 560 Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-42-.06

Rule Title: Resident Days

_____ New Rule; X Amend; _____ Repeal; _____ Adoption by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? _____ no

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? _____ yes

Is there another, less restrictive method of regulation available that could adequately protect the public? _____ no

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? _____ no

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? _____ no

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? _____ yes

Does the proposed rule have any economic impact? _____ no

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975 and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of certifying officer: Stephanie Lindsay

Date: 3/21/2017

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ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-42-.06 Resident Days

INTENDED ACTION: Amend 560-X-42-.06

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended to change ICF/MR to ICF/IID.

TIME, PLACE, MANNER OF PRESENTING VIEWS: Written or oral comments may be submitted to the Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624. Agency business hours are 8:00 a.m. to 5:00 p.m. Monday through Friday.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: Written/Oral comments concerning this change must be received by the Alabama Medicaid Agency no later than May 5, 2017.

CONTACT PERSON AT AGENCY: Stephanie Lindsay, Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624. Phone: (334) 242-5833.


Stephanie McGee Azar
Commissioner

Rule No. 560-X-42-.06 Resident Days

(1) A resident day is incurred when any one of the following conditions have been met:

(a) Care is rendered to a resident in the facility. This results when a resident is rendered services between the census taking hour (12:00 midnight) on two (2) successive days. The following procedure illustrates the proper method of determining the number of resident days resulting from care rendered to residents in the facility, using the midnight census method:

1. Number of residents in the facility at midnight
2. Add/subtract residents admitted/discharged (including deaths) prior to midnight of the following day (Exception - a resident admitted and discharged on the same day counts as a resident day.) The provider may bill for the date of admission, but not for the day of discharge.

(b) When pre-admission payments are received to insure a bed is kept open for a particular resident. The rationale for including these payments lies in the fact that this bed is not available for occupancy by another resident. Since the facility is receiving payment for a bed which is, in effect, unavailable to any other resident, it should be included in resident day totals.

(c) When a resident is out of the facility, regardless of the reason, and the facility is receiving payment for the bed, this day is counted in the same manner as pre-admission payments as stated above. If the facility is not receiving payment for the bed, it will not be counted as a resident day.

(d) Medicaid payments to ICF/~~MRs~~IIDs for therapeutic visits will be limited to 14 days per calendar month, not to exceed 14 consecutive days at one time.

(2) Minimum records required to be kept at the facility are:

(a) Midnight census by resident name at least one time per calendar month. More frequent census taking is recommended.

(b) Ledger of all admissions and discharges/deaths.

(c) Complete therapeutic leave records.

(d) A monthly analysis sheet which summarizes all admissions and discharges, paid hold bed days, and therapeutic leave days. (Schedule 6A at the end of this Chapter is the recommended analysis sheet, however, providers may utilize any form of their own design which provides the same information.)

(3) In the event that payment for a pre-admission day is not received and the charges are subsequently written off as uncollectable, the facility will not count those days as resident days. The facility must keep a separate ledger to indicate days in this category. The ledger must indicate the following:

(a) Resident name

(b) Dates of pre-admission days charged

(c) Dates of preadmission days written off as uncollectable

(d) Reason for uncollectability

Author: Robin Arrington, Associate Director, LTC Provider/Recipient Services Unit

Statutory Authority: State Plan; Title XIX, Social Security Act; 42 C.F.R. Section 447.250-.255 et seq.

History: Rule effective October 13, 1988. Effective date of this amendment July 13, 1993.

Amended: Filed March 21, 2017