



Division Directive Number 5.040

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09.10.13; 09.24.14

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Title: Individual Absence Reimbursement Rate

Applies to: Regional Offices

Purpose: To ensure consistency at all Regional Offices in payments made to contracted providers during the absences of an individual.

Group Homes

During a month in which the residential contracted provider bills a partial month for an individual who is absent from the home due to hospitalization or rehabilitation, the residential provider will bill for the number of days the individual is in the home. The billing system will pay an adjusted rate for the days the individual is present, up to the Medicaid waiver cap. The total reimbursement rate for that month will be the amount recalculated by the Medicaid billing system up to the maximum Medicaid allowance. The Regional Office will provide no other reimbursement.

During a month in which the individual is absent for the entire calendar month, but the team's plan is that the individual will return to the home, the residential provider will be reimbursed at the current match rate for the residential habilitation service. Reimbursement will be for any month in which the individual's absence is due to hospitalization or rehabilitation, up to 90 days from date of leaving placement. During the individual's absence the room and board supplement will continue to be paid from the individual's benefit if the benefit funds are available.

The residential contract provider will make a written (e-mail or letter) request for the match payment to their support coordinator. The request will be reviewed by the Regional Director or designee for approval prior to payment. These requests must be made prior to the 15th of the month following the first full calendar month of no billing. Any time the request goes beyond 90 days from the date the individual left the placement, the request will be reviewed on an individual basis by the Regional Director or designee for a determination.

Individual Supported Living

ISL providers will bill for the number of days the individual is in the home. The billing system will pay an adjusted rate for the days the individual is present, up to the Medicaid Waiver cap. The reimbursement rate for that month will be the amount recalculated by the Medicaid billing system, up to the maximum Medicaid allowance. The Regional Office will provide no other reimbursement.

For succeeding months not paid through the Medicaid Waiver billing system, the roommate(s) budget will be adjusted to reflect the staffing need(s) of the roommate(s) only. During the individual's absence, the room and

board costs will continue to be paid from the individual's benefits if the benefit funds are available. This payment is for a maximum of 90 days. The Regional Office will provide no other reimbursement.

For absences other than hospitalization or rehabilitation, the individual planning team will determine the disposition of payment for those absences, i.e., individual is at home with family for an extended period of time.

Hospital Staffing

Generally, an individual who is hospitalized will receive support from his/her family, friends, guardian, etc. Special circumstances may exist which requires paid staff time during the hospitalization. In those situations, the provider will contact the Regional Office for prior approval, or as soon as possible. The Regional Director will have discretion for approving funding for those hours on an individual basis and should document that decision. Under no circumstances will Medicaid be billed for staff time in a hospital.

Authority

Medicaid Waiver Contract