

ROY COOPER • Governor KODY H. KINSLEY • Secretary

March 18, 2022

SIGNATURE REQUEST MEMORANDUM

TO: Kody H. Kinsley, Secretary

THROUGH: Dave Richard, Deputy Secretary

FROM: Betty J. Staton, SPA Manager

RE: State Plan Amendment

Title XIX, Social Security Act Transmittal #2022- 0011

Purpose

Attached for your review and signature is a Medicaid State Plan amendment, summarized below, and submitted on March 18, 2022, with a due date of March 28, 2022.

Clearance

This amendment has been reviewed for both accuracy and completeness by:

Betty Staton, Emma Sandoe, Lotta Crabtree, Adam Levinson and Dave Richard.

Background and Summary of Request

It is recommended that you sign the State Plan Amendment submission per Centers for Medicare and Medicaid Services (CMS) protocol as head of the Single State Agency administering the Medicaid program.

The State Plan Amendment (SPA) requests authority for the following change to the NC Medicaid State Plan.

 The SPA allows Medicaid to increase therapeutic leave in a Nursing Facilities and Intermediate Care for Individuals with Intellectual Disabilities (ICF-IID) to 90 in any calendar year. This is an increase from 60 days.

Your approval of this State Plan Amendment is requested. If you have any questions or concerns, please contact me or Betty J. Staton at 919-538-3215.

MEDICAL ASSISTANCE STATE North Carolina

THERAPEUTIC LEAVE

- I. Therapeutic Leave for Nursing Facilities and Intermediate Care for Individuals with Individuals with Intellectual Disabilities (ICF-IID)
 - (a) Each Medicaid eligible beneficiary patient who is occupying a Nursing Facility (NF) bed or an Individuals with Individuals with Intellectual Disabilities (ICF-IID) bed for which the North Carolina Medicaid Program is then paying reimbursement shall be entitled to take up to 90 days of therapeutic leave in any calendar year from any such bed without the facility in which the bed is located suffering any loss of reimbursement during the period of leave.
 - (b) The taking of such leave must be for therapeutic purposes only, and must be ordered by the patient's attending physician. The necessity for such leave shall be documented in the patient's plan of care and therapeutic justification for each instance of such leave entered into the patient's medical record.
 - (c) Facilities must reserve a therapeutically absent patient's bed for him, and are prohibited from deriving any Medicaid revenue for that patient other than the reimbursement for that bed during the period of absence. Facilities shall be reimbursed at their full current Medicaid bed rate for a bed reserved due to therapeutic leave. Facilities shall not be reimbursed for therapeutic leave days taken which exceed the legal limit.
 - (d) No more than 15 consecutive therapeutic leave days may be taken without approval of the Division of Health Benefits or the appropriate vendor.
 - (e) The therapeutic justification for such absence shall be subject to review by the State or its agent during scheduled on-site medical reviews.
 - (f) Facilities must keep a cumulative record of therapeutic leave days taken by each patient for reference and audit purposes. In addition, patients on therapeutic leave must be noted as such on the facility's midnight census. Facilities shall bill Medicaid for approved therapeutic leave days as regular residence days.
 - (g) The official record of therapeutic leave days taken for each patient shall be maintained by the State or its agent.
 - (h) Entitlement to therapeutic leave is not applicable in cases when the therapeutic leave is for the purpose of receiving either inpatient or nursing services provided either elsewhere or at a different level of care in the facility of current residence when such services are or will be paid for by Medicaid.
 - (i) Transportation from a facility to the site of therapeutic leave is not considered to be an emergency; therefore, Emergency ambulance service for this purpose shall not be reimbursed by Medicaid.
 - (j) Effective July 1, 2005, entitlement to Therapeutic Leave is not applicable in the case of Medicaid Adult Care Home Personal Care Services (ACH-PCS).

TN. No. <u>22-0011</u> Supersedes TN. No. <u>05-009</u>

Approval Date:

Eff. Date <u>01/01/2022</u>