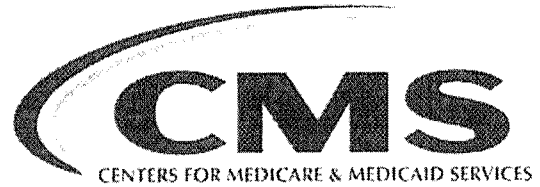


DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
JFK Federal Building, Government Center  
Room 2275  
Boston, Massachusetts 02203



**Division of Medicaid and Children's Health Operations/Boston Regional Office**

March 4, 2014

Mary Mayhew, Commissioner  
Department of Health and Human Services  
11 State House Station  
Augusta, Maine 04333-0011

Dear Commissioner Mayhew:

We are now ready to approve State Plan Amendment (SPA) No. 13-015; attached you will find an approved copy of the SPA. This SPA is effective April 1, 2013.

This SPA amends the State's approved Title XIX State Plan to revise the State's policy for reserving inpatient facility beds.

If there are any questions, please contact Kathryn Holt at 617/565-1246 or via email at [kathryn.holt@cms.hhs.gov](mailto:kathryn.holt@cms.hhs.gov).

Sincerely,

/s/

Richard R. McGreal  
Associate Regional Administrator

Enclosure

cc: Stefanie Nadeau, Director, Office of Maine Care Services  
Pascale Desir, Office of Maine Care Services

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 13-015	2. STATE Maine
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR Centers for Medicare and Medicaid Services Department of Health and Human Services		4. PROPOSED EFFECTIVE DATE April 1, 2013	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.40		7. FEDERAL BUDGET IMPACT: a. FFY <u>2014</u> \$ <u>Cost of \$182,273.63</u> b. FFY <u>2015</u> \$ <u>Cost of \$181,709.02</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-C Page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-C Page 1	
10. SUBJECT OF AMENDMENT: Policy Regarding Reserving Inpatient Facility Beds			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Commissioner, Dept. of Health and Human Services <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. CONTACT INFORMATION: OFFICIAL:		16. RETURN TO:	
13. APPROVER NAME: Stefanie Nadeau for the Commissioner		Stefanie Nadeau Director, MaineCare Services #11 State House Station 242 State Street Augusta, Maine 04333-0011	
14. TITLE: Director, MaineCare Services			
15. DATE SUBMITTED: 6/28/2013			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:    6/28/13		18. DATE APPROVED:    03/04/2014	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL:    4/1/13		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:    Richard R. McGreal		22. TITLE: Associate Regional Administrator, Division of Medicaid and Children's Health Operations, Boston Regional Office	
23. REMARKS:			

State: Maine

## POLICY REGARDING RESERVING INPATIENT FACILITY BEDS

**OFFICIAL**

The policy of the Maine Medical Assistance Program regarding reserving beds in an inpatient facility during the absence of recipients is as follows:

1. The leave of absence days must be part of the patient's plan of care and directly related to the patient's therapy and eventual discharge.
2. The inpatient facility in which a bed may be reserved:
 

Hospital	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Nursing Facility	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Intermediate Care Facility/ID	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Inpatient Psychiatric Hospital	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Payments to a hospital for reserving a bed during a leave of absence (therapeutic leave) while a patient is in a Days Awaiting Placement status in a hospital: a Maximum of 20 days during each period from July 1 to June 30.
4. Payments to a Nursing Facility (NF) for reserving a bed for a resident of a NF during a leave of absence (therapeutic leave) from a NF: Maximum of 20 days during each period from July 1 to June 30.
5. Payments to a Nursing Facility (NF) for reserving a bed for a resident of a NF during a short-term hospitalization: Maximum of 7 days per hospitalization, provided the resident is expected to return to the nursing facility.
6. The number of days for reserving a bed during a leave of absence in an Intermediate Care Facility/ID is Maximum of 52 days during each period from July 1 to June 30. Leave days must be included in the resident's individual plan (IP) developed and approved by Inter-Disciplinary Team (IDT).
7. Prior authorization for bed reservations for short-term hospitalizations, for individuals residing in an ICF/ID, may be granted for hospitalizations of no more than 25 days and when the individual is expected to return to the ICF/ID.