

Notice of

Rulemaking Hearing

Tennessee Department of Finance and Administration

Bureau of TennCare

There will be a hearing before the Commissioner to consider the promulgation of amendments of rules pursuant to Tennessee Code Annotated, 71-5-105 and 71-5-109. The hearing will be conducted in the manner prescribed by the Uniform Administrative Procedures Act, Tennessee Code Annotated, Section 4-5-204 and will take place in the Nashville Public Library Auditorium, 1st Floor, 615 Church Street, Nashville, Tennessee 37219 at 9:30 a.m. C.S.T. on the 16th day November 2005.

Any individuals with disabilities who wish to participate in these proceedings (to review these filings) should contact the Department of Finance and Administration, Bureau of TennCare, to discuss any auxiliary aids or services needed to facilitate such participation. Such initial contact may be made no less than ten (10) days prior to the scheduled meeting date (the date the party intends to review such filings) to allow time for the Bureau of TennCare to determine how it may reasonably provide such aid or service. Initial contact may be made with the Bureau of TennCare's ADA Coordinator by mail at the Bureau of TennCare, 310 Great Circle Road, Nashville, Tennessee 37243 or by telephone at (615) 507-6474 or 1-800-342-3145.

For a copy of this notice of rulemaking hearing, contact George Woods at the Bureau of TennCare, 310 Great Circle Road, Nashville, Tennessee 37243 or call (615) 507-6446.

Substance of Proposed Rules

Subparagraphs (r), (u), and (v) of paragraph (1) of rule 1200-13-1-.03 Amount, Duration, and Scope of Assistance is deleted in their entirety and replaced with new subparagraphs which shall read as follows:

- (r) Intermediate Care Facility services for individuals age 65 or older in institutions for tuberculosis will be covered for those who require institutional health services below the level of care rendered in skilled nursing facilities.
- (u) Intermediate Care facility services for individuals age 65 or older in institutions for mental diseases will be covered for those who require institutional health services below the level of care rendered in skilled nursing facilities.
- (v) Intermediate Care Facility services other than services in an institution for tuberculosis or mental diseases will be covered.

Subparagraph (b) of paragraph (4) of rule 1200-13-1-.06 Provider Reimbursement is deleted in its entirety and replaced with a new subparagraph (b) which shall read as follows:

- (b) A Level 1 nursing facility (NF) shall be reimbursed in accordance with this paragraph for the recipient's bed in that facility during the recipient's temporary absence from that facility in accordance with the following:
 1. Effective October 1, 2005, reimbursement will be made for up to a total of 10 days per state fiscal year while the resident is hospitalized or absent from the facility on

therapeutic leave. The following conditions must be met in order for a bed hold reimbursement to be made under this provision:

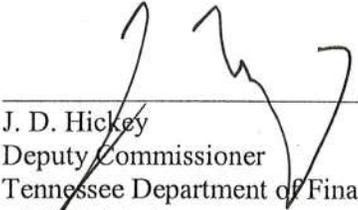
- (i) The resident intends to return to the NF.
- (ii) For hospital leave days:
 - (I) Each period of hospitalization is physician ordered and so documented in the patient's medical record in the NF; and
 - (II) The hospital provides a discharge plan for the resident.
- (iii) Therapeutic leave days, when the resident is absent from the facility on a therapeutic home visit or other therapeutic absence, are provided pursuant to a physician's order.
- (iv) At least 85% of all other beds in the NF are occupied at the time of the hospital admission or therapeutic absence.

Subparagraph (c) of paragraph (32) of rule 1200-13-1-.06 Provider Reimbursement is deleted in its entirety and replaced with a new subparagraph (c) which shall read as follows:

- (c) An ICF/MR will be reimbursed in accordance with this paragraph for the recipient's bed in that facility during the recipient's temporary absence from that facility in accordance with the following:
 - 1. For days not to exceed 15 days per occasion while the recipient is hospitalized and the following conditions are met:
 - (i) The resident intends to return to the ICF/MR.
 - (ii) The hospital provides a discharge plan for the resident.
 - (iii) At least 85% of all other beds in the ICF/MR certified at the recipient's designated level of care (i.e., intensive training, high personal care or medical), when computed separately, are occupied at the time of hospital admission.
 - (iv) Each period of hospitalization must be physician ordered and so documented in the patient's medical record in the ICF/MR.
 - 2. For days not to exceed 60 days per state fiscal year and limited to 14 days per occasion while the recipient, pursuant to a physician's order, is absent from the facility on a therapeutic home visit or other therapeutic absence.

Statutory Authority: T.C.A. 4-5-202, 4-5-203, 71-5-105, 71-5-109, Executive Order No. 23.

I certify that this is an accurate complete representation of the intent and scope of rulemaking proposed by the Tennessee Department of Finance and Administration.



J. D. Hickey
Deputy Commissioner
Tennessee Department of Finance and
Administration

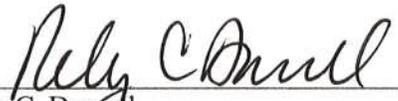
Subscribed and sworn to me this the 19th day of September, 2005.



Notary Public

My Commission Expires on the 28th day of May, 2006.

The notice of rulemaking set out herein was properly filed in the Department of State on the 30 day of May, 2005.



Riley C. Darnell
Secretary of State

BY: _____

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