

BASIC CARE FACILITIES

ND Medicaid covers services provided by licensed and enrolled basic care.

AUTHORIZATION OF SERVICES

ND Medicaid will not cover personal care services unless an Authorization to Provide Personal Care Services form (SFN 663) is completed by the member's case manager. The completed form must be submitted to ND Medicaid.

ND Medicaid will not cover room and board services unless a Personal Care Plan (SFN 662) is completed by the member's case manager. The completed form must be submitted to ND Medicaid.

LIMITS ON LEAVE DAYS

MEDICAL CARE LEAVE

ND Medicaid will cover a maximum of 30 days per occurrence for medical care leave. The medical care leave policy ensures that a bed is available when the resident returns to the basic care facility. A basic care facility may not bill for medical care leave days if it is known that the resident will not return to the facility.

Once the basic care facility accepts payment for medical care leave on behalf of a Medicaid resident, the basic care facility must still bill ND Medicaid for medical care leave days beyond the 30th day that the resident's bed was held. Any days exceeding the 30-day limit are noncovered.

THERAPEUTIC LEAVE

ND Medicaid will cover a maximum of 28 therapeutic leave days per resident per rate year. The rate year begins July 1st.

Once the basic care facility accepts payment for therapeutic leave on behalf of a Medicaid resident, the basic care facility must still bill ND Medicaid for therapeutic leave days beyond the 28th day the resident's bed was held. Any days exceeding the 28-day limit are noncovered days.

BILLING GUIDELINES

On the last day of the month, a resident on medical or therapeutic leave whose bed is being held by the facility is "Still a Patient".

The number of billed units must include the date of discharge or death.

The day of a resident's death is a covered day. The day of a resident's discharge is a noncovered day.

Basic care facility services must have separate lines for personal care and room and board on one claim using the following Revenue Codes when billing for:

Revenue Code 0110	In-House Medicaid Days for Room & Board (private)
Revenue Code 0120	In-House Medicaid Days for Room & Board (semiprivate)
Revenue Code 0183	Therapeutic Leave Days for Room & Board
Revenue Code 0185	Medical Leave Days for Room & Board
Revenue Code 0167	Personal Care Services Days

A facility must submit a claim for every month a member is in the facility, even if insurance has paid for the services. This allows the system to apply recipient liability towards other claims. The claim should be submitted immediately after the month is over. Do not bill more than one calendar month per claim.