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Is it possible to go home for the holidays when a resident in a nursing home?

This time of year is when families plan gatherings and take advantage of the often rare occasion for far flung members to get together. Unfortunately, one family member may be in a skilled nursing facility for rehabilitation and their loved ones would like to be able to take the family member home for the gathering. If it is possible for the nursing facility resident who is in the facility under his or her Medicare benefit to safely travel from the facility for short time, the family may be concerned that such an absence will result in cancellation of continued Medicare benefits. The Center for Medicare Advocacy assures families and Medicare beneficiaries that such beneficiaries can leave the facility without loss of their coverage for care. (<http://www.medicareadvocacy.org/you-can-leave-the-nursing-home/>).

The Medicare Benefit Policy Manual states that “an outside pass or short leave of absence for the purpose of attending a special religious service, holiday meal, family occasion, going on a car ride, or for a trial visit home, is not, by itself, evidence that the individual no longer needs to be in a SNF for the receipt of required skilled care.” Most beneficiaries will not be able to leave the facility but for those who *are* able, they should not be denied continued Medicare coverage upon their return, provided they have not reached the end of their Medicare days of eligible coverage.

The Medicare Benefit Policy Manual goes on to say that the decision to allow a resident to leave the facility must be on a case by case basis. The facility, in any case, should not issue a blanket statement that leaving the facility will result in loss of Medicare coverage. The manual states that such a notice is “not appropriate.” Families should work closely with the personnel at the facility to be sure that their loved one is safe to leave and that such an absence is not viewed by the facility as resulting in loss of Medicare coverage.

This type of absence should be treated similarly to a resident being transferred to the hospital for a healthcare episode. If the resident requests to leave the facility and returns the same day (by midnight) then the facility can bill Medicare for the day. However, if the resident is gone overnight, the facility can charge the resident for “bed hold” days just as if the resident was admitted to the hospital overnight or longer. The facility must inform the resident in advance of the amount of the charge per day if the resident is leaving for a planned absence to give the resident the option of paying the bed-hold charges. This is a “per day” or per diem rate depending upon the length of the absence. It is not a flat rate nor is it payment for admission or re-admission, both of which are not permitted by the regulations. The beneficiary is only temporarily vacating his or her premises and should return to the same room and same bed with all personal belongings intact. In reality, except in very unusual circumstances, the resident is only gone for a few hours or at most one overnight since he or she would not be in a facility if he or she did not need the care.

The bottom line is that Medicare beneficiaries who are physically able can leave the facility for a day or two to go home for the holidays, but the facility can charge a bed-hold fee after the first day.