

THAT:

(1) IS A DISTINCT PART OF AN ACUTE OR CHRONIC HOSPITAL; AND

(2) ON AND AFTER JULY 1, 1980, IS LICENSED AS A RELATED INSTITUTION.

(D) RATES.

THE HEALTH SERVICES COST REVIEW COMMISSION SHALL SET RATES FOR REIMBURSEMENTS UNDER THIS SECTION.

REVISOR'S NOTE: This section is new language derived without substantive change from former Article 43, § 42Q.

In subsection (c) of this section, the reference to reimbursement "under the Program" is added for clarity.

Also in subsection (c) of this section, the former reference to the "Medical Assistance Administration" is deleted to avoid reference to a nonstatutory unit of the Department and to conform to the other provisions of this title, which refer only to the "Department".

Defined terms: "Department" § 1-101
 "Includes"/"including" § 1-101
 "Program" § 15-101

15-115. SAME -- NURSING HOME FOR CHRONIC OR LONG TERM CARE.

(A) REIMBURSEMENT AUTHORIZED.

ON CERTIFICATION THAT CHRONIC CARE IN A HOSPITAL IS THE ONLY ALTERNATIVE FOR A PROGRAM RECIPIENT WHO NEEDS LONG TERM SKILLED OR INTERMEDIATE "A" NURSING CARE IN A NURSING HOME, THE DEPARTMENT MAY AUTHORIZE PAYMENT FOR LONG TERM SKILLED OR INTERMEDIATE "A" NURSING CARE PROVIDED TO THE PROGRAM RECIPIENT IN A NURSING HOME IN AN AMOUNT THAT IS MORE THAN THE MAXIMUM REIMBURSEMENT RATE PERMITTED FOR LONG TERM SKILLED OR INTERMEDIATE "A" NURSING CARE. HOWEVER, THIS AMOUNT MAY NOT BE MORE THAN THE MAXIMUM REIMBURSEMENT RATE FOR CHRONIC CARE SERVICES THAT A HOSPITAL PROVIDES.

(B) CONDITION OF PATIENT.

THE DEPARTMENT MAY NOT PLACE A PROGRAM RECIPIENT IN A SKILLED OR INTERMEDIATE NURSING CARE HOME IF, BECAUSE OF THE CONDITION OF THE PROGRAM RECIPIENT, THE PLACEMENT WOULD CAUSE UNDUE RISK TO THE PROGRAM RECIPIENT.

(C) STATUS OF FACILITY.