

(1) TO ENSURE THAT A BED IS RESERVED FOR A PROGRAM RECIPIENT WHO IS ABSENT TEMPORARILY FROM A FACILITY, THE MARYLAND MEDICAL ASSISTANCE PLAN SHALL INCLUDE THE FOLLOWING PAYMENTS FOR FACILITIES THAT HAVE MADE A PROVIDER AGREEMENT WITH THE DEPARTMENT.

(2) IF THE PROGRAM RECIPIENT IS ABSENT FROM A FACILITY DUE TO HOSPITALIZATION FOR AN ACUTE CONDITION, THE FACILITY SHALL RECEIVE PAYMENT FOR EACH DAY THAT THE PROGRAM RECIPIENT IS HOSPITALIZED AND A BED IS RESERVED AND MADE AVAILABLE FOR THE RETURN OF THAT PROGRAM RECIPIENT.

(3) IF A PROGRAM RECIPIENT IS ON LEAVE OF ABSENCE FROM A FACILITY, THE FACILITY SHALL RECEIVE PAYMENT FOR EACH DAY THAT THE PROGRAM RECIPIENT IS ABSENT AND A BED IS RESERVED AND MADE AVAILABLE FOR THE RETURN OF THAT PROGRAM RECIPIENT.

(C) LIMITATIONS ON PAYMENTS.

(1) PAYMENTS UNDER SUBSECTION (B)(2) OF THIS SECTION MAY NOT BE MADE FOR MORE THAN 15 DAYS FOR ANY SINGLE HOSPITAL STAY.

(2) (I) PAYMENTS UNDER SUBSECTION (B)(3) OF THIS SECTION MAY NOT BE MADE FOR MORE THAN 18 DAYS IN ANY CALENDAR YEAR.

(II) NOTWITHSTANDING ANY RULE OR REGULATION, A LEAVE OF ABSENCE IS NOT SUBJECT TO ANY REQUIREMENT THAT IT MAY NOT EXCEED A PARTICULAR NUMBER OF DAYS A VISIT, EXCEPT THAT THE LEAVE OF ABSENCE MAY NOT EXCEED A TOTAL OF 18 DAYS DURING ANY 12-MONTH PERIOD.

(D) RATE OF PAYMENTS.

PAYMENTS REQUIRED UNDER THIS SECTION SHALL BE MADE ACCORDING TO THE PER DIEM PAYMENT PROCEDURES THAT THE DEPARTMENT SETS AND MAY NOT BE LESS THAN THE PER DIEM PAYMENTS MADE TO THE FACILITY FOR DAYS WHEN THE PROGRAM RECIPIENT IS PRESENT IN THE FACILITY.

(E) PROHIBITION ON ADDITIONAL CHARGES.

A FACILITY MAY NOT MAKE ADDITIONAL CHARGES AGAINST A PROGRAM RECIPIENT BECAUSE THE PROGRAM RECIPIENT IS ABSENT TEMPORARILY FROM THE FACILITY.

REVISOR'S NOTE: This section formerly appeared as Article 43, § 566B(a)(1), (2), (3), (4), and (6), (b), (c), (d), and (e).

The only changes are in style.

Former Article 43, § 566B(a)(5), which defined