DPHHS-SLTC-041
(Rev. 01/11)

STATE OF MONTANA
Senior and Long-Term Care Division
Department of Public Health and Human Services
P.O. Box 4210
Helena, MT 59604-4210
Phone (406) 444-4077

Request for Therapeutic Home Visit Bed Reservation

Name of Facility _____ **Address of Facility** _____

Facility ID Number _____

I certify that a bed is being held for the following resident(s) and the care plan for each resident listed provides for therapeutic home visits. I understand there is a seventy-two (72) hour limitation per visit and a limit of twenty-four (24) days annually. Longer hours per absence must be prior authorized.

Name of Resident	Social Security Number	Absent		Total Days *Used* Year to Date	Name of Attending Physician
		From	To		

Signature of Administrator/Designee **Date** **Authorizing Signature** **Date**

INSTRUCTIONS

If residents listed are within the twenty-four (24) day annual limit and this visit is no more than seventy-two (72) hours, mail ***copy only*** to the Senior and Long-Term Care Division. Keep original for your file. Submit on a monthly basis. Request must be submitted to the Department within 90 days after the first day of the requested bed hold period.

Prior authorization requests for absences in excess of the 72-hour per visit limitation must be submitted to the Senior and Long-Term Care Division, Department of Public Health and Human Services, for review and authorization (See DPHHS-SLTC-042).

Total Days Used Year to Date refers to the State Fiscal Year (July 1–June 30).

To compute the number of Therapeutic Home Visit days used on this visit, **do** count the day the resident leaves; **do not** count the day of return. Add the days of the current visit to days used previously in the fiscal year (July 1–June 30) for Total Days

Used Year to Date. Example: If a resident leaves Friday and returns Sunday, the days absent are counted as two (Friday and Saturday). For billing instructions, please refer to the *Nursing Facility and Swing Bed Services* manual.