

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 Bed Reservation for Therapeutic Home Visit in Excess of 72 Hours

\_\_\_\_\_ (Facility Name) \_\_\_\_\_ (Facility Address)

\_\_\_\_\_ (Facility ID Number)

I certify that a bed is being held for the following resident and the care plan for this resident provides for therapeutic home visits. I understand that this request for a therapeutic home visit in excess of 72 hours must be prior authorized and that there is a limit of 24 days annually.

NAME OF RESIDENT	SOCIAL SECURITY NUMBER	ABSENT		TOTAL DAYS USED YEAR-TO-DATE	NAME OF ATTENDING PHYSICIAN
		FROM	TO		

Reason for Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Administrator/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

**To Be Completed by the Senior and Long-Term Care Division, DPHHS.**

Authorized                       Not Authorized                      Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ (Authorizing Signature)                      \_\_\_\_\_ (Date)

#### INSTRUCTIONS

This request must be referred to the Senior and Long-Term Care Division, Nursing Facility Services Bureau, P.O. Box 4210, Helena, Montana 59604-4210, for review and prior authorization. Prior authorization can be obtained by calling the Department or by sending the DPHHS-SLTC-042 before the date of departure. If the form is mailed, it must be received by the Department prior to the first day of the visit if not prior authorized by phone. The visit must be prior authorized **before** the resident leaves the facility. The completed form **must** be submitted to the Department within 90 days after the first day of the requested bed hold period. The original, with authorization signature or denial, will be returned for your records. A copy will be retained by SLTC Division, DPHHS.

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

Enter the date the resident leaves in the *From* column and the date the resident returns in the *To* column. 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. Example: If resident leaves Friday and returns Tuesday, the days absent are counted as four (Friday, Saturday and Sunday, Monday). 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. For billing instructions, please refer to the *Nursing Facility and Swing Bed Services* manual.