

State California

POLICY CONCERNING PAYMENT FOR RESERVING BEDS DURING A
BENEFICIARY'S ABSENCE FROM AN INPATIENT FACILITY

I Leaves of Absence

(a) Payment may be made to skilled nursing facilities, swing bed facilities, intermediate care facilities, intermediate care facilities for the developmentally disabled and intermediate care facilities for the developmentally disabled/habilitative, for patients who are on approved leave of absence. Payment for leave of absence shall not exceed the maximum number of days per calendar year indicated below:

(1) Developmentally disabled and developmentally disabled habilitative patients: 73 days

(2) Patients in a certified special treatment program for mentally disordered persons, or patients in a mental health therapeutic and rehabilitative program approved and certified by a local mental health director: 30 days.

(3) All other patients: 18 days. Up to 12 additional days of leave per year may be approved when the request for additional days of leave is in accordance with the individual patient care plan and appropriate to the physical and mental well-being of the patient.

(b) Leave of absence may be approved for:

(1) A visit with relatives or friends.

(2) Participation by developmentally disabled and developmentally disabled habilitative patients in an organized summer camp for developmentally disabled persons.

(c) All of the following requirements shall be met:

(1) Written approval and instructions for leave of absence shall be provided as follows:

(A) In the individual program plan for developmentally disabled patients in intermediate care facilities for the developmentally disabled and developmentally disabled habitative.

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(B) In the individual patient care plan for patients in a certified special treatment program for mentally disordered persons, or patients in a mental health therapeutic and rehabilitative program approved and certified by a local mental health officer.

(C) By the person's attending physician for all other patients and in the individual patient care plan for those leaves involving the up to 12 additional days described in (a)(3).

(2) The facility shall hold the bed vacant during leave.

(3) The day of departure shall be counted as one day of leave and the day of return shall be counted as one day of inpatient care.

(4) Leave shall be terminated on the day of the death of the patient. Leave shall be terminated if the patient is admitted as an inpatient to any other facility, or if the patient exceeds the approved period of leave of absence and is determined to be absent without leave.

(5) Payment shall not be made for the last day of leave if the patient dies or fails to return from leave within the period of approved leave.

(6) Payment shall not be made for the period of leave of absence if the patient is discharged within 24 hours of return from leave, or if the patient is discharged while on leave of absence, except as provided in (c)(5).

(7) Failure to return from leave of absence within the approved period shall not invalidate an approved treatment authorization request. There shall be no requirement to file a new treatment authorization request if the patient fails to return from leave within the approved period.

(8) Facility claims shall identify the inclusive dates of leave.

(9) The patient's records maintained in the skilled nursing facility, intermediate care facility, intermediate care facility for the developmentally disabled habilitative shall show the address of the intended leave destination and the inclusive dates of leave.

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(d) Payment to skilled nursing facilities, swing bed facilities, intermediate care facilities, intermediate care facilities for the developmentally disabled, and intermediate care facilities for the developmentally disabled/habilitative for patients who are on approved leave of absence shall be at the appropriate facility daily rate less raw food costs.

II Periods of Acute Hospitalization

(a) Payment shall be made to skilled nursing facilities, swing bed facilities, intermediate care facilities, intermediate care facilities for the developmentally disabled, and intermediate care facilities for the developmentally disabled habilitative for bed hold days for any beneficiary who exercises the bed hold option. Upon admission to the long-term care facility and upon transfer to an acute care hospital each facility shall notify the patient or the patient's representative in writing of the right to exercise the bed hold option for seven days.

(b) Payment for bed hold days shall be limited to a maximum of seven days for each period of acute hospitalization.

(c) The following requirements shall be met:

(1) Acute hospitalization for the beneficiary shall be ordered by the attending physician.

(2) The facility shall hold a bed vacant during the entire bed hold period except when notified, in writing by the attending physician that the patient requires more than seven days of hospitalization. If so notified, the facility is no longer required to hold the bed available and shall not bill Medi-Cal for any remaining days of bed hold.

(3) The day of departure shall be counted as one day of bed hold and the day of return shall be counted as one day of inpatient care.

(4) Bed hold shall be terminated and payment shall not be made on the day of death of the beneficiary.

(5) Facility claims shall identify the inclusive dates of bed hold.

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(6) A new treatment authorization request shall be required for Medicare-eligible beneficiaries who have returned from a Medicare-qualifying stay in an acute care hospital.

(7) The beneficiary's records maintained in the facility shall show the name and address of the acute care hospital to which the beneficiary has been admitted.

(d) Payment to skilled nursing facilities, swing bed facilities, intermediate care facilities for the developmentally disabled, intermediate care facilities for beneficiaries who are on bed hold for acute hospitalization shall be at the appropriate facility daily rate less raw food costs.

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