



Policy: GG.1810
Title: **Bed Hold, Long-Term Care**
Department: Medical Management
Section: Long-Term Services and Supports

CEO Approval: /s/ Michael Hunn 09/24/2024

Effective Date: 06/01/1998

Revised Date: 09/01/2024

Applicable to: ☒ Medi-Cal
☒ OneCare
☐ PACE
☐ Administrative

I. PURPOSE

This policy defines the process for LTC Bed Holds, including authorization review for Bed Hold days when a Member is transferred to a General Acute Care Hospital from a Long-Term Care (LTC) Facility, including a Nursing Facility Level A (NF-A), Nursing Facility Level B (NF-B), Subacute Facility-Adult, Subacute Facility-Pediatric, Intermediate Care Facility (ICF), Intermediate Care Facility-Developmentally Disabled (ICF/DD), ICF/DD-Habilitative (ICF/DD-H), and ICF/DD-Nursing (ICF/DD-N), in accordance with the Member's Individual Care Plan (ICP), Bed Hold request processing for Members admitted for skilled short stay services (nursing facility stays less than 90 days) without an approved LTC authorization, and care coordination across the continuum of services for Members.

II. POLICY

- A. An LTC facility shall hold a bed vacant when requested by a Member or a Member's Authorized Representative, with a physician Bed Hold order, unless notified in writing by the attending physician that the Member requires more than seven (7) calendar days of General Acute Care Hospital services.
- B. A Bed Hold for a Member transferred to a General Acute Care Hospital is limited to seven (7) calendar days per hospitalization.
 - 1. The day of departure from the LTC facility shall be counted as one (1) day of Bed Hold.
 - 2. The day of return to the LTC facility shall be counted as one (1) day of inpatient care.
- C. The Member's attending physician must write a physician order for a discharge or transfer at the time a Member requires a discharge or transfer from an LTC facility to a General Acute Care Hospital and include an order for Bed Hold. The written order for Bed Hold on the electronic health record must match the supporting document on paper health record. The date of Bed Hold must be the same as the admission date to a General Acute Care Hospital.
- D. The LTC facility will hold the bed vacant during the Bed Hold period.
- E. If an LTC facility is holding a bed and is notified in writing by the attending physician that the Member requires more than seven (7) days of general acute hospital care, the LTC facility shall no

longer be required to hold the bed and shall not bill CalOptima Health for any remaining Bed Hold days.

- F. There are no limits to the number of Bed Hold episodes. However, the Member shall remain at the facility at least twenty-four (24) hours prior to the start of the next Bed Hold period.
- G. CalOptima Health shall pay the LTC facility at the facility daily rate minus the cost of raw food for the Bed Hold days as established by the California Department of Health Care Services (DHCS).
- H. CalOptima Health shall not pay for Bed Hold days when a Member is discharged from a facility that is receiving payment for Bed Hold within twenty-four (24) hours after the Member's return from an acute care hospital.
- I. If a Member dies while hospitalized, the nursing facility shall terminate the Bed Hold and CalOptima Health shall not pay the facility for the Bed Hold for the day of death.
- J. The LTC facility shall submit to CalOptima Health the ARF for Bed Hold reimbursement:
 - 1. For members admitted for skilled short stay services without an approved LTC authorization, the LTC facility shall submit an LTC ARF to the LTSS Department.
 - 2. For members with an approved LTC authorization, an LTC ARF is not required; the LTC facility shall submit a Bed Hold payment request to the CalOptima Health claims department.
- K. If CalOptima Health LTSS staff receives an ARF after twenty-one (21) calendar days following the end of the Bed Hold, CalOptima Health shall consider the authorization late and shall not reimburse the nursing facility for the Bed Hold. The fifteen percent (15%) payment reduction does not apply to Bed Hold requests.
- L. Pursuant to the requirements of this Policy, the Bed Hold will be either approved or denied for the duration of the time frame.
- M. The Bed Hold ends on the day the Member returns to the nursing facility, reimbursement becomes the responsibility of another payer, or the Member does not return before the eighth (8th) day.
- N. CalOptima Health will regularly review all denials of Bed Holds. CalOptima Health will provide transition assistance and care coordination to a new LTC facility when an LTC facility claims an exemption under the Bed Hold regulations or fails to comply with regulations.
- O. CalOptima Health will ensure that the LTC facility and its staff have appropriate training on leave of absence and bed hold requirements, including knowledge of the required clinical documentation to exercise these rights, in accordance with CalOptima Health Policy EE.1103: Provider Network Training.
- P. CalOptima Health will ensure that LTC facilities and ICF-DDs notify the Member or the Member's authorized representative in writing of the right to exercise the bed hold provision.

III. PROCEDURE

- A. In order for the LTC facility to qualify for reimbursement for a Bed Hold, the Member's Medical Records maintained at the nursing facility must:

1. Indicate the name and the address of the intended destination;
 2. Have a written physician's transfer and Bed Hold order;
 3. Have a start and an end date; and
 4. Show the physician's order on electronic health record matches the paper health record if the facility uses two types of health records.
 5. Include documentation that the facility notified the Member or the Member's Authorized Representative in writing of the right to exercise the Bed Hold provision.
- B. Except as specified in Section III.D of this Policy, CalOptima Health shall not require an LTC facility to submit another LTC Authorization Request Form (ARF) for a Member with an active LTC ARF who returns to the facility on or before the seventh (7th) day of Bed Hold.
- C. If a CalOptima Health Member on Bed Hold returns to the nursing facility after the seventh (7th) day of the Bed Hold, the Member is considered a readmission. The nursing facility shall submit the LTC Disposition Form to CalOptima Health's LTSS department within one (1) business day of the Bed Hold discharge and complete a new ARF. The CalOptima Health LTSS department shall close the active LTC authorization.
- D. The nursing facility shall follow admission procedures as set forth in CalOptima Health Policies GG.1800: Authorization Process and Criteria for Admission to, Continued Stay in, and Discharge from a Nursing Facility Level A (NF-A) and Level B (NF-B), GG.1802: Authorization Process and Criteria for Admission to, Continued Stay in, and Discharge from an ICF/DD, ICF/DD-H, and ICF/DD-N, and GG.1803: Authorization Process and Criteria for Admission to, Continued Stay in, and Discharge from a Subacute Facility-Adult/Pediatric.
- E. To receive authorization for the Bed Hold request for a Member admitted for skilled short stay services (nursing facility stays less than 90 days) without an approved LTC authorization, the LTC facility shall submit the following information with the LTC ARF within twenty-one (21) calendar days after the end of the Bed Hold:
1. A completed LTC ARF with an 'X' placed in the box marked 'Bed Hold/LOA' with the dates of service for the Bed Hold request;
 2. A copy of the physician's order to transfer the Member to the General Acute Care Hospital and Bed Hold order written at the time of transfer;
 3. The Member or Member's Authorized Representative request for Bed Hold; and
 4. Nurse's notes or other clinical documentation as requested by LTSS staff to validate Member's status at the time of the transfer to General Acute Care Hospital.
- F. An LTC Bed Hold (BH) ARF is not required for a Member residing in LTC nursing facility with an approved LTC-ARF prior to acute hospital admission/transfer.
1. The LTC nursing facility will submit a Bed Hold payment request to the CalOptima Health Claims Department with appropriate Bed Hold accommodation codes for LTC level of care and Bed Hold dates of service.

IV. ATTACHMENT(S)

- A. CalOptima Health Long-Term Care Authorization Request Form (LTC ARF)
- B. CalOptima Health Discharge Disposition Form

V. REFERENCE(S)

- A. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- B. CalOptima Health Policy EE.1103: Provider Network Training
- C. CalOptima Health Policy GG.1800: Authorization Process and Criteria for Admission to, Continued Stay in, and Discharge from a Nursing Facility Level A (NF-A) and Level B (NF-B).
- D. CalOptima Health Policy GG.1802: Authorization Process and Criteria for Admission to, Continued Stay in, and Discharge from an ICF/DD, ICF/DD-H and ICF/DD-N
- E. CalOptima Health Policy GG.1803: Authorization Process and Criteria for Admission to, Continued Stay in, and Discharge from a Subacute Facility-Adult/Pediatric
- F. Department of Health Care Services (DHCS) All Plan Letter (APL) 15-004: Medical Managed Care Health Plan Requirements for Nursing Facility Services in Coordinated Care Initiative Counties for Beneficiaries Not Enrolled in Cal MediConnect
- G. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-004: Skilled Nursing Facilities -- Long Term Care Benefit Standardization and Transition of Members to Managed Care (Supersedes APL 22-018)
- H. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-023: Intermediate Care Facilities for Individuals with Developmental Disabilities – Long Term Care Benefit Standardization and Transition of Members to Managed Care
- I. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-027: Subacute Care Facilities -- Long Term Care Benefit Standardization and Transition of Members to Managed Care
- J. Department of Health Care Services (DHCS) Duals Plan Letter (DPL) 14-002: Requirements for Nursing Facility Services.
- K. Department of Health Care Services (DHCS): Medi-Cal Long Term Care Provider Manual
- L. Health and Safety Code, §1250(a)
- M. Title 22, California Code of Regulations (CCR), §§ 51121, 51212, 51215, 51215.5, 51215.8, 51335(b)(3), 51535.0, 72520, 73504, 76079, 76345, 76853

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
07/16/2015	Department of Health Care Services (DHCS)	Approved as Submitted
07/03/2023	Department of Health Care Services (DHCS)	Approved as Submitted
01/17/2024	Department of Health Care Services (DHCS)	60 Days No Response

VII. BOARD ACTION(S)

Date	Meeting
12/05/2019	Regular Meeting of the CalOptima Board of Directors
11/05/2020	Regular Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	06/01/1998	GG.1810	Bed Hold, Long Term Care	Medi-Cal

Action	Date	Policy	Policy Title	Program(s)
Revised	07/15/1998	GG.1810	Bed Hold, Long Term Care	Medi-Cal
Revised	02/01/2007	GG.1810	Bed Hold, Long Term Care	Medi-Cal
Revised	07/01/2015	GG.1810	Bed Hold, Long Term Care	Medi-Cal OneCare Connect
Revised	12/01/2015	GG.1810	Bed Hold, Long Term Care	Medi-Cal OneCare Connect
Correction	06/14/2016	GG.1810	Bed Hold, Long Term Care	Medi-Cal OneCare Connect
Revised	12/01/2016	GG.1810	Bed Hold, Long Term Care	Medi-Cal OneCare Connect
Revised	12/01/2017	GG.1810	Bed Hold, Long Term Care	Medi-Cal OneCare Connect
Revised	12/05/2019	GG.1810	Bed Hold, Long Term Care	Medi-Cal OneCare Connect
Revised	11/05/2020	GG.1810	Bed Hold, Long Term Care	Medi-Cal OneCare Connect
Revised	07/01/2021	GG.1810	Bed Hold, Long Term Care	Medi-Cal OneCare Connect
Revised	12/31/2022	GG.1810	Bed Hold, Long Term Care	Medi-Cal OneCare
Revised	05/01/2023	GG.1810	Bed Hold, Long Term Care	Medi-Cal OneCare
Revised	11/01/2023	GG.1810	Bed Hold, Long Term Care	Medi-Cal OneCare
Revised	09/01/2024	GG.1810	Bed Hold, Long Term Care	Medi-Cal OneCare

IX. GLOSSARY

Term	Definition
Authorized Representative	<p>Medi-Cal: Any individual appointed in writing by a competent Member or Potential Member, to act in place or on behalf of the Member or Potential Member for purposes of assisting or representing the Member or Potential Member with Grievances and Appeals, State Fair Hearings, Independent Medical Reviews and in any other capacity, as specified by the Member or Potential Member.</p> <p>OneCare: Has the meaning given to the term Personal Representative in section 164.502(g) of Title 45 of, Code of Federal Regulations. A person who has the authority under applicable law to make health care decisions on behalf of adults or emancipated minors, as well as parents, guardians or other persons acting in loco parentis who have the authority under applicable law to make health care decisions on behalf of unemancipated minors and as further described in CalOptima Health Policy HH.3009: Access by Member's Authorized Representative.</p>
Bed Hold	For the purposes of this policy, means when a Member is transferred from a Skilled Nursing Facility (SNF), including Subacute Facility, or Intermediate Care Facility (ICF) to a general acute care hospital and while hospitalized the facility holds the bed for up to seven (7) days until the Member returns to the same facility, as defined by Title 22, section 72520 and 73504.
General Acute Care Hospital	For the purposes of this policy, means a health facility having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff that provides twenty-four (24) hour inpatient care, including the following basic services: medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy, and dietary services, per Health and Safety code, Section 1250 (a).
Individual Care Plan (ICP)	A plan of care developed after an assessment of the Member's social and health care needs that reflects the Member's resources, understanding of his or her disease process, and lifestyle choices.
Intermediate Care Facility (ICF)	A residential facility certified and licensed by the State to provide medical services at a lower level of care than is provided at Skilled Nursing Facilities (SNFs), and meets the standards specified in 22 CCR section 51212.
Intermediate Care Facility- Developmentally Disabled (ICF/DD)	A facility that provides 24-hour personal care, habilitation, developmental, and support health services to developmentally disabled clients whose primary need is for developmental services and who have a recurring but intermittent need for skilled nursing services.
Intermediate Care Facility- Developmentally Disabled - Habilitative (ICF/DD-H)	A facility with a capacity of 4 to 15 beds that provide 24-hour personal care, habilitation, developmental, and supportive health services to 15 or fewer developmentally disabled persons who have intermittent recurring needs for nursing services but have been certified by a physician and surgeon as not requiring availability of continuous skilled nursing care.

Term	Definition
Intermediate Care Facility- Developmentally Disabled - Nursing (ICF/DD-N)	A facility with a capacity of 4 to 15 beds that provides 24-hour personal care, developmental services, and nursing supervision for developmentally disabled persons who have intermittent recurring needs for skilled nursing care but have been certified by a physician and surgeon as not requiring continuous skilled nursing care. The facility shall serve medically fragile persons who have developmental disabilities or demonstrate significant developmental delay that may lead to a developmental disability if not treated.
Medical Record	<p><u>Medi-Cal</u>: The record of a Member's medical information including but not limited to, medical history, care or treatments received, test results, diagnoses, and prescribed medications.</p> <p><u>OneCare</u>: A medical record, health record, or medical chart in general is a systematic documentation of a single individual's medical history and care over time. The term 'Medical Record' is used both for the physical folder for each individual patient and for the body of information which comprises the total of each patient's health history. Medical records are intensely personal documents and there are many ethical and legal issues surrounding them such as the degree of third-party access and appropriate storage and disposal.</p>
Member	A beneficiary enrolled in a CalOptima Health Program.
Nursing Facility Level A (NF-A)	Known as the Intermediate Care Level. NF-A level of care is characterized by scheduled and predictable nursing needs with a need for protective and supportive care, but without the need for continuous, licensed nursing.
Nursing Facility Level B (NF-B)	Known as the Long-Term Care Nursing Facility level. NF-B level of care is characterized by an individual requiring the continuous availability of skilled nursing care provided by a licensed registered or vocational nurse, yet does not require the full range of health care services provided in a hospital as hospital acute care or hospital extended care.
Skilled Nursing Facility (SNF)	Any facility, place, building, agency, skilled nursing home, convalescent hospital, nursing home, or nursing facility as defined in 22 CCR section 51121, which is licensed as a SNF by California Department of Public Health (CDPH) or is a distinct part or unit of a hospital, meets the standard specified in 22 CCR section 51215 of these regulations, except that the distinct part of a hospital does not need to be licensed as a SNF, and has been certified and enrolled for participation as a SNF in the Medi-Cal program.
Subacute Facility-Adult	A health facility that meets the standards set forth in Title 22, Section 51215.5, as an identifiable unit of a SNF accommodating beds including contiguous rooms, a wing, a floor, or a building that is approved by the DPH for such purpose and has been certified by the DHCS for participation in the Medi-Cal program.
Subacute Facility-Pediatric	A health facility that meets the standards set forth in Title 22, Section 51215.8, as an identifiable unit of a certified nursing facility licensed as a SNF meeting the standards for participation as a provider under the Medi-Cal program, accommodating beds including contiguous rooms, a wing, a floor, or a building that is approved by the DHCS for such purpose.