



KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Long Term Care Bed Hold				POLICY #: 3.95-P	
DEPARTMENT: Utilization Management					
Effective Date: 01/01/2023	Review/Revised Date: 08/07/2023	DMHC		PAC	
		DHCS	X	QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

Emily Duran
Chief Executive Officer

Date _____

Chief Medical Officer

Date _____

Chief Operating Officer

Date _____

Chief Compliance and Fraud Prevention Officer

Date _____

Director of Population Health Management

Date _____

Director of Enhanced Care Management

Date _____

Director of Claims

Date _____

Director of Member Services

Date _____

Director of Utilization Management

Date _____

PURPOSE:

To outline Kern Health System's (KHS) process in processing Bed Holds.

POLICY:

KHS will process 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).

DEFINITIONS:

Bed Hold	Bed-Hold applies when a recipient residing in a nursing facility is admitted to an acute care hospital. <ul style="list-style-type: none">• The BH is limited to a maximum of seven days per hospitalization• The day of departure is counted as one day or LOA/BH, and<ul style="list-style-type: none">○ The day of return is counted as one day of inpatient care.
Intermediate Care Facility (ICF)	Intermediate Care Facility Facility/Developmentally Disabled (ICF/DD), Intermediate Care Facility/Developmentally Disabled-Habilitative (ICF/DD-H), Intermediate Care Facility/Developmentally Disabled-Nursing (ICF/DD-N) A health facility that provides inpatient care to ambulatory or non-ambulatory patients that have a recurring need for skilled supervision and need supportive care.
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
Sub-acute Facility	Facilities with a level of care that is less intensive than acute care but is more intensive than skilled care.
Long Term Care	Long-Term Care, also known as extended care or custodial care, and is recommended for patients who require longer stays when their care needs are no longer able to be met at a lower level of care. Patients with a chronic disease or debilitating medical condition such as Alzheimer's, heart disease, or stroke may require ongoing long-term care to improve their quality of life. This type of care provides patients with 24-hour care designed to support

	<p>individual medical needs and may include a combination of a customized diet, restorative exercise, and assistance with daily activities.</p> <p>Long Term Care is: The member has been reviewed, assessed, and determined that discharge potential is not possible, and placement is assumed for care in a facility for longer than the month of admission plus one month.</p>
--	---

PROCEDURE:

1. A 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.
2. A Bed Hold for a Member transferred to a General Acute Care Hospital is limited to seven (7) calendar days per hospitalization.
3. The day of departure from the LTC facility shall be counted as one (1) day of Bed Hold.
4. The day of return to the LTC facility shall be counted as one (1) day of LTC.
5. The Member's attending physician must write a physician order for a discharge or transfer at the time the Member requires a discharge or transfer from an LTC facility to a General Acute Care Hospital and include an order for Bed Hold.
6. The written order for Bed Hold in the Member's electronic health record must match the supporting document on paper health record.
7. The date of Bed Hold must be the same as the admission date to a General Acute Care Hospital.
8. The LTC facility will hold the bed vacant during the Bed Hold period.
9. If the 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 KHS for any remaining Bed Hold days.
10. 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.
11. KHS 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).
12. KHS 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.

13. If a Member dies while hospitalized, the nursing facility shall terminate the Bed Hold and KHS will not pay the facility for the Bed Hold for the day of death.
14. The LTC facility shall submit to KHS the TAR for Bed Hold reimbursement if they do not have an open authorized TAR.
15. For members with an approved LTC authorization, an LTC TAR is not required; the LTC facility shall submit a Bed Hold payment request to the KHS claims department.
16. The Bed Hold ends:
 - a. On the day the Member returns to the nursing facility,
 - b. Reimbursement becomes the responsibility of another payer, or,
 - c. The Member does not return before the eighth (8th) day.

REFERENCE:

Revision 2022-12: Policy created for APL 22-018. Policy submitted with LTC 6 deliverables. DHCS approved deliverables on 2-6-2023.

1. <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/leave.pdf>
2. Title 22, California Code of Regulations, §§ 51120 (a), 51121, 51124, 51212, 51214, 51215, 51215.5, 51215.8, 51335(b)(3), 51535.0, 76079, 76345, 76853
3. Health and Safety Code, §1250