



Policy: GG.1516  
Title: **Hospital Acute Administrative Days**  
Department: Medical Management  
Section: Utilization Management

*CEO Approval: /s/ Michael Hunn 01/29/2025*

Effective Date: 10/01/2000

Revised Date: 12/31/2024

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

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## I. PURPOSE

This policy defines and establishes the criteria for authorizing Acute Administrative Days for CalOptima Health Direct Members.

## II. POLICY

A. CalOptima Health's Utilization Management (UM) approves Acute Administrative Days following DHCS Treatment Authorization Request criteria for Acute Administrative Days as follows when:

1. A Member no longer meets acute hospital care criteria, and the Member meets Medical Necessity criteria for a transition to a Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF) or subacute nursing facility, and the hospital has demonstrated Nursing Facility (NF) placement efforts as outlined in Section II.B.3. of this Policy.
2. A pregnant Member who does not require an acute level of care but has medical or nursing treatment needs that require medical and/or monitoring skills not available in any other setting.
3. A Member with confirmed or suspected Tuberculosis (TB) no longer meets an acute level of care but continues to require isolation to prevent the transmission or spread of TB disease to the community.

B. CalOptima Health considers the following factors when determining if a Member qualifies for Acute Administrative Days:

1. The industry standard criteria for determining level of care: Acute Administrative Days are authorized when a Member no longer meets acute hospital level of care services and meets skilled level of care with the intention to transition to a SNF, ICF or subacute nursing facility.
2. The type of services received by the Member in the acute care facility and the Medical Necessity of such services.
3. The acute care facility has made reasonable placement efforts, as evidenced by below outreach that includes at a minimum the date and time of contact, reason for denial and name of staff rendering decision:

- a. Ten (10) documented email, EMR or fax blast transition requests, or
- b. Three (3) manual call attempts for placement per day.
- c. Placement efforts, in the form of a call list. The call list should include the facility name and type, contact date, contact name, and the facility's response with a reason the bed is unavailable
- d. AAD for NF Level 1 placement requires ten facility calls per weekday (Monday through Friday).
  - 1. Placement calls are not required on weekends and on state holidays (Christmas Eve and New Year's Eve are not considered state holidays).
  - 2. If there are no calls on Friday, or the call list is insufficient/incomplete, then Friday, Saturday, and Sunday may not be approved.
  - 3. If there are no calls or an insufficient/incomplete call list on the day prior to a holiday, then that day and the holiday may not be approved
- 4. Authorized Acute Administrative Days shall be paid in accordance with CalOptima Health Policy FF.1004: Payments for Hospitals Contracted to Serve a CalOptima Health Direct-Administrative Member, CalOptima Health Community Network Member, or a Member Enrolled in a Shared Risk Group.

### **III. PROCEDURE**

- A. Upon identification of a Member who no longer meets acute hospital care criteria and continues to remain in an acute care Facility, CalOptima Health reviews Acute Administrative Days. The facility is required to submit a request with medical documentation to CalOptima Health's UM Department of the Member's medical condition, type of services received, and documentation of reasonable placement efforts.
  - 1. Upon receipt of the above, CalOptima Health's UM Department staff will review the medical documentation, including documentation of required attempts to place Member with CalOptima Health's Medical Director for determination. CalOptima Health shall notify the acute care facility, in writing, of its decision, in accordance with timeframes set forth in CalOptima Health Policy GG.1507: Notification Requirements for Covered Services Requiring Prior Authorization.
  - 2. The acute care facility may appeal CalOptima Health's UM decision, in accordance with CalOptima Health Policies GG.1510: Member Appeal Process and MA.9006: Contracted Provider Complaint Process.
  - 3. Hospital Acute Administrative Days are not covered under the following circumstances:
    - a. Custodial level of care;
    - b. Lack of timely or adequate discharge planning;
    - c. Incomplete documentation of placement efforts;
    - d. Social/family issues which delay or prevent placement;

- e. Delay in Nursing Facility (NF) transfer due to awaiting legal conservatorship; or
- f. Member does not require skilled nursing level of care.

#### **IV. ATTACHMENT(S)**

Not Applicable

#### **V. REFERENCE(S)**

- A. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- B. CalOptima Health Policy FF.1004: Payment for Hospitals Contracted to Serve a CalOptima Health Direct Member, CalOptima Health Community Network Member, or a Member Enrolled in a Shared Risk Group
- C. CalOptima Health Policy GG.1507: Notification Requirements for Covered Services Requiring Prior Authorization
- D. CalOptima Health Policy GG.1510: Member Appeal Process
- E. CalOptima Health Policy MA.9006: Contracted Provider Complaint Process
- F. Title 22, California Code of Regulations (CCR), § 51342
- G. Medi-Cal Provider Manual Part 2, Treatment Authorization Request (TAR) Criteria for Acute Administrative Days (AAD)

#### **VI. REGULATORY AGENCY APPROVAL(S)**

<b>Date</b>	<b>Regulatory Agency</b>	<b>Response</b>
03/10/2014	Department of Health Care Services (DHCS)	Approved as Submitted
12/06/2023	Department of Health Care Services (DHCS)	File and Use

#### **VII. BOARD ACTION(S)**

None to Date

#### **VIII. REVISION HISTORY**

<b>Action</b>	<b>Date</b>	<b>Policy</b>	<b>Policy Title</b>	<b>Program(s)</b>
Effective	10/01/2000	GG.1516	Acute Administrative Days	Medi-Cal
Revised	07/01/2007	GG.1516	Acute Administrative Days	Medi-Cal
Revised	12/01/2013	GG.1516	Acute Administrative Days	Medi-Cal
Revised	11/01/2015	GG.1516	Acute Administrative Days	Medi-Cal OneCare Connect
Revised	10/01/2016	GG.1516	Acute Administrative Days	Medi-Cal OneCare Connect
Revised	08/01/2017	GG.1516	Acute Administrative Days	Medi-Cal OneCare Connect
Revised	12/01/2018	GG.1516	Acute Administrative Days	Medi-Cal OneCare Connect
Revised	06/01/2020	GG.1516	Acute Administrative Days	Medi-Cal OneCare Connect
Revised	06/01/2021	GG.1516	Acute Administrative Days	Medi-Cal OneCare Connect
Revised	12/31/2022	GG.1516	Acute Administrative Days	Medi-Cal OneCare

<b>Action</b>	<b>Date</b>	<b>Policy</b>	<b>Policy Title</b>	<b>Program(s)</b>
Revised	11/01/2023	GG.1516	Hospital Acute Administrative Days	Medi-Cal OneCare
Revised	12/31/2024	GG.1516	Hospital Acute Administrative Days	Medi-Cal OneCare

## IX. GLOSSARY

Term	Definition
Acute Administrative Days	An authorized inpatient day for a Member who no longer meets medical criteria for inpatient services at an acute care hospital, qualifies for Nursing Facility Level of Care and is unable to discharge based on securing placement.
CalOptima Health Direct (COHD)	A direct health care program operated by CalOptima Health that includes both COHD- Administrative (COHD-A) and CalOptima Health Community Network (CHCN) and provides services to Members who meet certain eligibility criteria as described in Policy DD.2006: Enrollment in/Eligibility with CalOptima Health Direct.
Covered Services	<p><u>Medi-Cal</u>: Those health care services, set forth in W&amp;I sections 14000 et seq. and 14131 et seq., 22 CCR section 51301 et seq., 17 CCR section 6800 et seq., the Medi-Cal Provider Manual, the California Medicaid State Plan, the California Section 1115 Medicaid Demonstration Project, the contract with DHCS for Medi-Cal, and DHCS APLs that are made the responsibility of CalOptima Health pursuant to the California Section 1915(b) Medicaid Waiver authorizing the Medi-Cal managed care program or other federally approved managed care authorities maintained by DHCS.</p> <p>Covered Services do not include:</p> <ol style="list-style-type: none"> <li>1. Home and Community-Based Services (HCBS) program as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsections 4.3.15 (Services for Persons with Developmental Disabilities), 4.3.20 (Home and Community-Based Services Programs) regarding waiver programs, 4.3.21 (In-Home Supportive Services), and Department of Developmental Services (DDS) Administered Medicaid Home and Community-Based Services Waiver. HCBS programs do not include services that are available as an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) service, as described in 22 CCR sections 51184, 51340 and 51340.1. EPSDT services are covered under the DHCS contract for Medi-Cal, as specified in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services), Subsection F4 regarding services for Members less than twenty-one (21) years of age. CalOptima Health is financially responsible for the payment of all EPSDT services;</li> <li>2. California Children's Services (CCS) as specified in Exhibit A, Attachment III, Subsection 4.3.14 (California Children's Services), except for Contractors providing Whole Child Model (WCM) services;</li> <li>3. Specialty Mental Health Services as specified in Exhibit A, Attachment III, Subsection 4.3.12 (Mental Health Services);</li> <li>4. Alcohol and SUD treatment services, and outpatient heroin and other opioid detoxification, except for medications for addiction treatment as specified in Exhibit A, Attachment III, Subsection 4.3.13 (Alcohol and Substance Use Disorder Treatment Services);</li> <li>5. Fabrication of optical lenses except as specified in Exhibit A, Attachment III, Subsection 5.3.7 (Services for All Members);</li> <li>6. Direct Observed Therapy for Treatment of Tuberculosis (TB) as specified in Exhibit A, Attachment III, Subsection 4.3.18 (Direct Observed Therapy for Treatment of Tuberculosis);</li> </ol>

Term	Definition
	<ol style="list-style-type: none"> <li>7. Dental services as specified in W&amp;I sections 14131.10, 14132(h), 14132.22, 14132.23, and 14132.88, and EPSDT dental services as described in 22 CCR section 51340.1(b). However, CalOptima Health is responsible for all Covered Services as specified in Exhibit A, Attachment III, Subsection 4.3.17 (Dental) regarding dental services;</li> <li>8. Prayer or spiritual healing as specified in 22 CCR section 51312;</li> <li>9. Educationally Necessary Behavioral Health Services that are covered by a Local Education Agency (LEA) and provided pursuant to a Member's Individualized Education Plan (IEP) as set forth in Education Code section 56340 et seq., Individualized Family Service Plan (IFSP) as set forth in California Government Code (GC) section 95020, or Individualized Health and Support Plan (IHSP). However, CalOptima Health is responsible for all Medically Necessary Behavioral Health Services as specified in Exhibit A, Attachment III Subsection 4.3.16 (School-Based Services);</li> <li>10. Laboratory services provided under the State serum alpha-feto-protein-testing program administered by the Genetic Disease Branch of California Department of Public Health (CDPH);</li> <li>11. Pediatric Day Health Care, except for Contractors providing Whole Child Model (WCM) services;</li> <li>12. State Supported Services;</li> <li>13. Targeted Case Management (TCM) services as set forth in 42 USC section 1396n(g), W&amp;I sections 14132.48 and 14021.3, 22 CCR sections 51185 and 51351, and as described in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services). However, if Members less than twenty-one (21) years of age are not eligible for or accepted by a Regional Center (RC) or a local government health program for TCM services, CalOptima Health must ensure access to comparable services under the EPSDT benefit in accordance with DHCS APL 23-005;</li> <li>14. Childhood lead poisoning case management provided by county health departments;</li> <li>15. Non-medical services provided by Regional Centers (RC) to individuals with Developmental Disabilities, including but not limited to respite, out-of-home placement, and supportive living;</li> <li>16. End of life services as stated in Health and Safety Code (H&amp;S) section 443 et seq., and DHCS APL 16-006; and</li> <li>17. Prescribed and covered outpatient drugs, medical supplies, and enteral nutritional products when appropriately billed by a pharmacy on a pharmacy claim, in accordance with DHCS APL 22-012. Those health care services, set forth in W&amp;I sections 14000 et seq. and 14131 et seq., 22 CCR section 51301 et seq., 17 CCR section 6800 et seq., the Medi-Cal Provider Manual, the California Medicaid State Plan, the California Section 1115 Medicaid Demonstration Project, the contract with DHCS for Medi-Cal, and DHCS APLs that are made the responsibility of CalOptima Health pursuant to the California Section 1915(b) Medicaid Waiver authorizing the Medi-Cal managed care program or other federally approved managed care authorities maintained by DHCS.</li> </ol> <p><u>OneCare</u>: Those medical services, equipment, or supplies that CalOptima is obligated to provide to Members under the Centers of Medicare &amp; Medicaid Services (CMS) Contract.</p>

Term	Definition
Intermediate Care Facility (ICF)	<p><u>Medi-Cal</u>: A health facility that is licensed as such by the Department of Health Care Services (DHCS) or is a hospital or SNF that meets the standards specified in Title 22, California Code of Regulations, Section 51212, and has been certified by DHCS for participation in the Medi-Cal program.</p> <p><u>OneCare</u>: Intermediate Care Facility (ICF): A facility that primarily provides health-related care and services above the level of custodial care but does not provide the level of care available in a hospital or Skilled Nursing Facility.</p>
Medically Necessary or Medical Necessity	<p><u>Medi-Cal</u>: Reasonable and necessary Covered Services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&amp;I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services shall include Covered Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity.</p> <p>For Members under 21 years of age, a service is Medically Necessary if it meets the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standard of Medical Necessity set forth in Section 1396d(r)(5) of Title 42 of the United States Code, as required by W&amp;I Code 14059.5(b) and W&amp;I Code Section 14132(v). Without limitation, Medically Necessary services for Members under 21 years of age include Covered Services necessary to achieve or maintain age-appropriate growth and development, attain, regain or maintain functional capacity, or improve, support or maintain the Member's current health condition. CalOptima Health shall determine Medical Necessity on a case-by-case basis, taking into account the individual needs of the child.</p> <p><u>OneCare</u>: Reasonable and necessary medical services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&amp;I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services includes Medi-Cal Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity.</p>
Member	A beneficiary enrolled in a CalOptima Health program.
Skilled Nursing Facility (SNF)	<p><u>Medi-Cal</u>: 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.</p> <p><u>OneCare</u>: A facility that meets specific regulatory certification requirements that primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.</p>