



Policy: GG.1811
Title: **Leave of Absence, Long-Term Care**
Department: Medical Management
Section: Long Term Services and Supports

CEO Approval: /s/ Michael Hunn 01/09/2025

Effective Date: 01/01/1998

Revised Date: 11/01/2024

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

I. PURPOSE

This policy defines the conditions under which CalOptima Health may approve CalOptima Health Member's Leave of Absence (LOA) from a Long-Term Care facility, which includes Nursing Facility Level A (NF-A) and Nursing Facility Level B (NF-B), Subacute Facility-Adult, Subacute Facility-Pediatric, 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) in accordance with the Member's individual Plan of Care and other specific reasons which meet the requirements.

II. POLICY

A. The Nursing Facilities A and B (NF-A and B), Subacute Facilities (Adult and Pediatric), and/or Intermediate Care Facilities/Developmentally Disabled (ICF/DD), ICF/DD-Habilitative (ICF/DD-H), ICF/DD-Nursing (ICF/DD-N) shall comply with the following requirements for leave of absence (LOA) requests:

1. The day of departure is counted as one (1) day for LOA;
2. The day of return is not counted as one (1) day of LOA;
3. A facility shall hold the bed vacant during LOA;
4. An LOA is ordered by a licensed physician;
5. A Member must not be discharged from the facility within twenty-four (24) hours of return from LOA;
6. An LOA must terminate on a Member's date of death; and
7. A facility authorization request must identify the inclusive dates of leave.

B. The Plan of Care for a Member in a NF-A, NF-B, Subacute (Adult and Pediatric), ICF/DD, ICF/DD-H, and ICF/DD-N shall include a provision for LOA.

- C. CalOptima Health may approve a Member's LOA based on the following:
1. A visit with relatives or friends; or
 2. Summer camp for a Member with developmental disabilities as addressed in the Member's Plan of Care. A physician's signature is required.
- D. CalOptima Health shall limit approval for an LOA to a maximum number of calendar days per calendar year as follows:
1. For Members receiving ICF/DD, ICF/DD-H, and ICF/DD-N levels of care with a diagnosis of developmental disability: seventy-three (73) calendar days.
 2. For all other CalOptima Health Members:
 - a. Eighteen (18) calendar days; and
 - b. Up to twelve (12) additional calendar days of leave per year may be approved when the request is in accordance with the Member's Plan of Care and appropriate for the Member's physical and mental well-being.
- E. There shall be at least five (5) working days of inpatient care provided between each approved LOA.
- F. These limits are in addition to the acute hospitalization leave ordered by the attending physician, for which the facility is reimbursed when holding the Member's bed in accordance with CalOptima Health Policy. GG.1810: Bed Hold, Long-Term Care.
- G. CalOptima Health shall not make payment for any day of leave that exceeds the limits set forth in Section II.D. of this Policy.
- H. CalOptima Health may pay the facility daily rate, minus raw food cost, for a Member who is on approved LOA.
- I. CalOptima Health shall deny payment for the entire LOA if a Member is discharged within twenty-four (24) hours after his or her return from leave.
- J. A Member's records maintained at the facility shall indicate the dates and intended destination of the LOA.
- K. Unauthorized leave by a Member or failure to return from a LOA:
1. If a Member fails to return from an overnight LOA within the prescribed period, he or she is considered absent without leave (AWOL). If a Member is AWOL, the facility shall not bill CalOptima Health for the scheduled day of return or for any additional days until the Member returns. Long-Term Care Nursing Facilities shall submit a new Long-Term Care Authorization Request Form (LTC ARF) when the Member returns.
 2. If a Member voluntarily leaves the facility without an authorized leave, he or she is considered AWOL. If a Member fails to return by midnight on the day that he or she is AWOL, the facility shall not bill for that day or for any additional days until the Member returns. Long-Term Care Nursing Facilities shall submit a new LTC ARF when the Member returns.

3. Being AWOL beyond midnight of the night of leaving constitutes a discharge and requires a new LTC ARF.
- L. CalOptima Health will ensure that LTC facilities and ICF-DDs 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.
- M. 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 LTC facilities to qualify for reimbursement for a Leave of Absence (LOA), the Member's Medical Records maintained at the Nursing Facility must:
 1. Indicate the name and address of the intended destination for LOA;
 2. Licensed Physician's written order for LOA; and
 3. A start and end date for LOA.
- B. CalOptima Health shall not require an LTC facility to submit another LTC Authorization Request Form (ARF) or ICF/DD, ICF/DD-H and ICF/DD-N Notification Form for a Member with an active LTC authorization who returns to the facility on or before the scheduled date of return.
- C. If a CalOptima Health Member returns to the facility after the scheduled date of return, the Member is considered a readmission. The Nursing Facility or ICF/DD facility shall submit the LTC Discharge Disposition Form to CalOptima Health's Long Term Services and Supports (LTSS) Department within one (1) business day of LOA discharge and complete a new LTC ARF/ICF/DD Notification Form. The CalOptima Health LTSS department shall close the active LTC authorization.
- D. The Nursing Facility/ICF/DD 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.

IV. ATTACHMENT(S)

- A. CalOptima Health Long Term Care Authorization Request Form (ARF)
- B. ICF/DD, ICF/DD-H, and ICF/DD-N Notification Form

V. REFERENCE(S)

- A. CalOptima Health Long-Term Care Provider Resource Manual
- 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. CalOptima Health Policy GG.1810: Bed Hold, Long-Term Care
- G. Department of Health Care Services (DHCS) All Plan Letter (APL) 15-004: Medi-Cal Managed Care Health Plan Requirements for Nursing Facility Services in Coordinated Care Initiative Counties for Beneficiaries not Enrolled in Cal MediConnect
- H. Department of Health Care Services (DHCS) All Plan Letter 24-009: Skilled Nursing Facilities -- Long Term Care Benefit Standardization and Transition of Members to Managed Care (Supersedes APL 23-004)
- I. Department of Health Care Services (DHCS) All Plan Letter 24-011: Intermediate Care Facilities for Individuals with Developmental Disabilities – Long Term Care Benefit Standardization and Transition of Members to Managed Care (Supersedes APL 23-023)
- J. Department of Health Care Services (DHCS) All Plan Letter 24-010: Subacute Care Facilities – Long Term Care Benefit Standardization and Transition of Members to Managed Care (Supersedes 23-027)
- K. Health and Safety Code, §1250
- L. Medi-Cal Provider Manual: Patients Plans of Care for Long-Term Care
- M. 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

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
06/30/2016	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
01/07/2025	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	01/01/1998	GG.1811	Leave of Absence, Long Term Care	Medi-Cal
Revised	03/01/2007	GG.1811	Leave of Absence, Long-Term Care	Medi-Cal
Revised	04/01/2016	GG.1811	Leave of Absence, Long-Term Care	Medi-Cal OneCare Connect
Revised	06/01/2017	GG.1811	Leave of Absence, Long-Term Care	Medi-Cal OneCare Connect
Revised	09/01/2018	GG.1811	Leave of Absence, Long-Term Care	Medi-Cal OneCare Connect
Revised	11/01/2019	GG.1811	Leave of Absence, Long-Term Care	Medi-Cal OneCare Connect
Revised	07/01/2020	GG.1811	Leave of Absence, Long-Term Care	Medi-Cal OneCare Connect
Revised	06/01/2021	GG.1811	Leave of Absence, Long-Term Care	Medi-Cal OneCare Connect
Revised	12/31/2022	GG.1811	Leave of Absence, Long-Term Care	Medi-Cal
Revised	05/01/2023	GG.1811	Leave of Absence, Long-Term Care	Medi-Cal

Action	Date	Policy	Policy Title	Program(s)
Revised	11/01/2023	GG.1811	Leave of Absence, Long-Term Care	Medi-Cal OneCare
Revised	11/01/2024	GG.1811	Leave of Absence, Long-Term Care	Medi-Cal OneCare

IX. GLOSSARY

Term	Definition
Developmentally Disability (DD)	As defined by the Lanterman Developmental Disabilities Services Act (1977) at W&I section 4512(a)(1), a disability that originates before an individual attains 18 years of age, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual. This term includes intellectual disability, cerebral palsy, epilepsy, and autism. This term also includes disabling conditions found to be closely related to intellectual disability but shall not include other handicapping conditions that are solely physical in nature.
Intermediate Care Facility/Developmentally Disabled (ICF/DD)	A facility that provides twenty-four (24)-hour personal care, habilitation, developmental, and supportive 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 four (4) to fifteen (15) beds that provides twenty-four (24)-hour personal care, habilitation, developmental, and supportive health services to fifteen (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.
Intermediate Care Facility/Developmentally Disabled – Nursing (ICF/DD-N)	A facility with a capacity of four (4) to fifteen (15) beds that provides twenty-four (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.
Long Term Care (LTC)	<p><u>Medi-Cal</u>: Specialized rehabilitative services and care provided in a Skilled Nursing Facility (SNF), subacute facility, pediatric subacute facility, Intermediate Care Facility/Developmentally Disabled (ICF/DD), ICF/DD-Habilitative (ICF/DD-H), or ICF/DD-Nursing (ICF/DD-N) homes.</p> <p><u>OneCare</u>: A variety of services that help Members with health or personal needs and activities of daily living over a period of time. Long Term Care (LTC) may be provided at home, in the community, or in various types of facilities, including nursing homes and assisted living facilities.</p>
Member	A beneficiary enrolled in a CalOptima Health program.
Nursing Facility (NF)	Refers to Nursing Facility Level A and Nursing Facility Level B.
Nursing Facility Level A (NF-A)	Known as the Immediate 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.
Plan of Care	An individual written Plan of Care completed, approved, and signed by a Physician and maintained in the Member's medical records according to Title 42, Code of Federal Regulations (CFR).

Term	Definition
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>
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 CDPH 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.