4116 Bed Hold Guidelines – Funding for Community Care Placements during hospitalizations or Temporary Health Care Placements or Other Extended Absences

When clients are hospitalized for a temporary period or temporarily placed in a health care facility, discharge planning must begin as soon as the admission occurs, based on the individual's needs. Part of the planning includes possible payment to the community care provider for a short period of time referred to as a bed hold. Title 17 regulations address the issue as follows:

Per Title 17, Chapter 3, Subchapter 6, Article 6, Section 56917(h): "The established rate shall be paid for the full month when the consumer is temporarily absent from the facility 14 days or less per month. 1) When the consumer's temporary absence (from a community care residential facility) is due to the need for in-patient care in a health facility as defined in Health and Safety Code Section 1250(a) or (c), the regional center shall continue to pay the established rate as long as no other consumer occupies the vacancy created by the consumer's temporary absence, or until the ID team has determined that the consumer will not return to the facility."

It is possible for the Regional Center as payee (under certain circumstances) to be reimbursed for a portion of their expenses through Social Security. Therefore, the *Supervisorfor Client Benefits Coordination (CBC) of the Regional Center must be notified immediately of the change in placement.* The service coordinator will be instructed and assisted by the Supervisor or staff in that section on the necessary steps to be taken regarding that individual's circumstances for maximum reimbursement of generic funds.

The form #507 (to notify Social Security Administration) should be completed with any 24-hour move and given to the Accounts Receivable (Client Benefits Coordination) Unit.

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Within 10 days of moving to a Long-Term Care Health Facility (skilled nursing, intermediate care facility, etc.), a physician's statement, (SSA form #7 95) needs to be signed by the attending physician stating that the individual will be returning to the community care facility within 90 days. If it is not completed, the client is only entitled to one calendar month of full benefits. Then the Regional Center must pay subsequent bed hold costs.

Additionally, if the client's stay in the health facility extends past one calendar month, the service coordinator or manager is responsible for requesting a review by the Client Consultation Committee to determine whether or not the bed hold should be continued.

These guidelines do not apply to **non-medical** absences, i.e., mental health hospitalizations, incarceration and/or vacations. Bed holds during such absences require 2nd level approval and shall be reviewed by the Client Consultation Committee if the leave exceeds 30 thirty days.