Department of Health and Human Services
Medicaid and Long Term Care and Division of Behavioral Health

SERVICE DEFINITION ADDENDUM

MEDICAL LEAVE DAYS: Beds in Psychiatric Residential Rehabilitation, Therapeutic Community, Intermediate Residential and Dual Disorder Residential Treatment and Secure Residential programs can be held up to 10 consecutive days per episode when a consumer is hospitalized for a period of medical/psychiatric stabilization and expected to return to the facility.

Individuals in ACT are allowed up to 10 consecutive days per episode when a consumer is hospitalized for a period of medical/psychiatric stabilization and the ACT team is actively involved in the planning for return to the community and the individual is expected to return to ACT.

Documentation of the need for stabilization is reflected in the consumer's treatment plan and file. The program will be reimbursed at the full program rate per day. This reimbursement is only available if the treatment placement is not used by another consumer. The Behavioral Health Managed Care Contractor must be notified within 24 hours of hospitalization and will reflect this information in the clinical database. More than 3 episodes in a calendar year will result in a Level of Care review. Leaves in excess of 10 consecutive days must be approved by the Department or its designee and requested through the Managed Care Contractor.

THERAPEUTIC LEAVE DAYS: Beds in Psychiatric Residential Rehabilitation, Secure Residential, Therapeutic Community, Intermediate Residential, Dual Diagnosis programs can be held up to 21 days annually (from the date of admission) when a consumer is on therapeutic leave for the purposes of testing ability to function at and transition to a lesser level of care. This reimbursement is only available if the treatment bed is not used by another consumer.

Individuals discharging from Assertive Community Treatment (ACT) may be allowed a 30 day period of transition when graduating and moving to a lower level of community service (outpatient therapy, medication management, community support mental health, community support substance abuse or day rehabilitation).

The therapeutic rationale and leave time period must be indicated in the treatment plan. Documentation of the outcome of the therapeutic leave and the need for continued residential level of care must be indicated in the consumer's record. The Department will reimburse at the full program rate per day. The Behavioral Health Managed Care Contractor must receive prior notification. Leave in excess of established time frames (21 days or 30 days for ACT per annum) must be approved by the Department or its designee and requested through the Managed Care Contractor.