

# Bed Hold Policy & Process

DSHS policy regarding Bed Holds is outlined in WAC 388-105-0045 (2) and WAC 388-105-0045 (7). You should notify the Case Manager as soon as possible when your resident has been admitted to a hospital or skilled nursing facility (SNF).

## **When you report that your resident has been admitted to a hospital or SNF and the client has NOT returned to your facility:**

### **DSHS staff will need to evaluate whether the resident is likely to return to your facility.**

- 1** If the client is likely to return to the facility, then:
  - a** DSHS staff will change the personal care authorization end date to the day PRIOR to client's discharge from the Adult Family Home (AFH). (i.e. client admits to hospital/SNF on 12/10/2021 from AFH, the auth service line for AFH personal care would end 12/9/2021).
  - b** DSHS staff will notify the client's financial worker of the client's hospitalization/SNF admission etc. and that a bed hold will be authorized. This is especially important as the amount that the client must pay you for their cost of care may change from what was assigned to your authorization at the beginning of that month of service.
  - c** Maintain communication with DSHS staff if you receive updates about plans for the client to return to your facility.
  - d** Once the outcome is known (client returns, client has been in the hospital or SNF for more than 20 days and the eligible bed hold period has expired, or it has been determined client is not returning) DSHS staff can authorize the bed hold line(s), and re-authorize residential services, if appropriate.
  - e** A bed hold will not be authorized before the outcome of the client's hospital/SNF admission is known or until after the eligible bed hold period has ended (20 days).
- 2** If the client is unlikely to return to the facility then:
  - a** DSHS staff will change the end date on the personal care authorization to reflect the day prior to the client's hospital or SNF admission.

## **If you report that your resident has been admitted to a hospital or SNF and the client has returned to your facility:**

- 1** DSHS staff will modify the client's residential authorization service lines to remove dates where the client was in the hospital or SNF. (The dates the client was in an institutional setting should no longer be reflected on the authorization.)

If you have already submitted claims for the month of service that is modified by DSHS you may need to adjust those paid claims as the application of the client's Client Responsibility may have changed.

- 2** DSHS staff can authorize a line(s) for bed hold.
- 3** DSHS staff will notify the client's financial worker of the client's hospitalization/SNF placement/etc. and that a bed hold will be authorized. This is especially important as the amount that the client must pay you for their cost of care may change from what was assigned to your authorization at the beginning of that month of service.

## Things to Remember:

- ➔ To ensure accurate payments you should notify the Case Manager as soon as possible that your client has admitted to a hospital setting.

If you notify the Case Manager after you have submitted paid claims, you may need to adjust those claims if Client Responsibility application has changed.

- ➔ **SA685 Bed hold days 1-7** are 70% of regular rate\*
- ➔ **SA686 Bed hold days 8-20** are a preset rate that will auto populate (\$15/day for AFH, \$11.66/day for ALF, ARC, EARC)\*

\*ESF rates auto populate for both days 1-7 and 8-20 at a rate of \$298/day.

- ➔ Bed holds are not allowed for jail, home, or client has left and whereabouts unknown.

## Frequently Asked Questions

- Q.** Shouldn't the case manager authorize Bed Hold as soon as the client is admitted to the medical institution?
- A.** No. Modifying the authorization multiple times increases the likelihood of error and increases workload. Workers are instructed to authorize Bed Hold only when the final disposition of the client is known.
- Q.** Instead of Bed Hold, can I claim Social Leave?
- A.** No. Social Leave is, by policy, only to be used when the client is staying outside of the facility for recreational or socialization purposes.
- Q.** My client was discharged from my facility to a hospital, and then was taken to jail. Can I get Bed Hold for all of the days my client was gone?
- A.** No. Bed Hold is only to be authorized for the dates on which the client was in the hospital as of midnight.
- Q.** My client was in jail, got sick, and was admitted to a hospital. Can I get Bed Hold for any of the dates my client was gone?
- A.** No. Bed Hold is not paid for dates the client was in jail. Bed Hold is only paid for dates the client was admitted to a medical institution from your residence, not from other settings (such as jail).
- Q.** My client was in the hospital and their case manager thought they would be discharging from the hospital/SNF back into my facility. Several days later, my client died in the hospital. Can I get paid for any of these dates?
- A.** Yes. Bed Hold can be authorized from the date the client was admitted to the medical institution to the date on which the case manager re-evaluated and determined that the client was unlikely to return, or the client died, whichever happened first.