TAR Criteria for Acute Administrative Days (AAD)

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This section addresses *Treatment Authorization Request* (TAR) documentation requirements and criteria for fee-for-service AAD. Refer to the *Administrative Days* section of the appropriate Part 2 provider manual for additional billing information regarding AAD. For instructions on how to complete a TAR for AAD, refer to the TAR Request for *Extension of Stay in Hospital (Form 18-1)* section of the Part 2 manual.

Definition

Acute Administrative Days (AAD) are inpatient stay days for Medi-Cal recipients who no longer require acute hospital care, and which may fall into one of the three types below.

Types of AAD

- 1. Nursing Facility (NF) Administrative Days (three types):
 - a. NF Level 1 Available at all general acute care hospitals
 - ❖ Awaiting placement in an Intermediate Care Facility (ICF), also known as NF-A
 - Awaiting placement in a Skilled Nursing Facility (SNF), also known as NF-B including a freestanding NF, distinct part NF, or a rural swing bed
 - b. NF Level 2 Available at private and Non-Designated Public Hospitals
 - ❖ Awaiting placement in a Subacute Nursing Facility
- 2. Obstetric Administrative Days Level 1
 - Obstetric (OB) administrative days are available for a pregnant patient who does not require an acute level of care but who has medical or nursing treatment needs that require medical and/or monitoring skills not available in any other setting
- 3. Tuberculosis Administrative Days Level 1
 - Tuberculosis (TB) administrative days are available for a patient with confirmed or suspected TB, who no longer meets an acute level of care but who continues to require isolation to prevent the transmission or spread of TB disease to the community

Eligible Aid Codes

Availability of AAD services for Medi-Cal recipients, differs for each type of AAD:

- NF Administrative Days Full scope aid codes and certain restricted aid codes with coverage for Long-Term Care (LTC) Services
- 2. OB Administrative Days Full scope aid codes and certain restricted aid codes with coverage for pregnancy-related services
- 3. TB Administrative Days Full scope aid codes and certain restricted aid codes with coverage for emergency services

For example, a Medi-Cal recipient who has a restricted aid code with coverage for LTC services may be able to receive services associated with NF Administrative Days, but not necessarily services associated with OB Administrative Days. Providers are reminded to verify eligibility prior to submitting TAR.

Criteria

Nursing Facility (NF) - Level 1 (Skilled Nursing Facility or Intermediate Care Facility)

Minimum required documentation to support the following should be submitted with the TAR:

- 1. Discontinuing acute level of care services
- 2. Intention to transfer (or discharge) to a NF Level 1 (either SNF or ICF)
- 3. Awaiting placement at a SNF or ICF
- 4. 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
 - AAD for NF Level 1 placement requires ten facility calls per weekday (Monday through Friday)
 - Placement calls are not required on weekends and on state holidays (Christmas Eve and New Year's Eve are not considered state holidays)
 - ❖ If there are no calls on Friday, or the call list is insufficient/incomplete, then Friday, Saturday, and Sunday may not be approved
 - 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

For more information on NF criteria, and the minimum required TAR documentation, refer to the *TAR Criteria for NF Authorization*

(Valdivia v. Coye) section of the appropriate Part 2 provider manual.

Nursing Facility (NF) - Level 2 (Subacute Care Facility)

Minimum required documentation to support the following should be submitted with the TAR:

- 1. Discontinuing acute level of care services
- 2. Intention to transfer (or discharge) to a Subacute Care Facility
- Awaiting Subacute Care Facility placement (call lists are <u>not</u> required for NF Level 2 AAD)

For more information on Subacute criteria, and the minimum required TAR documentation, refer to the <u>Subacute Care Programs: Adult</u> and <u>Subacute Care Programs: Pediatric</u> sections in the appropriate Part 2 provider manual.

Obstetric (OB) Administrative Days – Level 1

OB Administrative Days may be approved from the time of diagnosis of threatened pre-term labor or admission, until the patient transitions to active labor or stabilizes.

Minimum required documentation to support the following should be submitted with the TAR:

- 1. The patient's treatment plan requires services (access to OB care and prenatal monitoring) available only in the acute hospital setting for the safety of the patient.
- 2. Medical conditions that may meet OB Administrative days include, but are not limited to:
- Third semester vaginal bleeding
- Premature rupture of membranes
- Preterm labor protocol with diagnosis of cervical incompetence (expectant management rather than emergency cerclage)
- 3. The medical record should indicate medical or nursing needs, which require high level prenatal monitoring that is not available in any other setting.
- Factors that might support this include:
 - Home nursing services are not available in the community.
 - The patient resides in a remote community and immediate access to OB care is not available.

There is no requirement for preceding acute level of care day(s) for admission authorized by Medi-Cal.

Tuberculosis (TB) Administrative Days Level 1

AAD for TB may be approved if the medical records submitted provide supporting documentation that the patient.

- 1. Has confirmed or suspected TB and is under physician care for continued treatment and
- 2. Is no longer receiving an acute level of care and
- 3. A physician has deemed it unsafe to discharge the patient to the community regardless of discharge setting. Unsafe discharge means that there is no appropriate outpatient living arrangement that can provide isolation, when necessary, without exposing new contacts, young children, or immunosuppressed individuals. It could also include impediments to the patient's ability to receive directly observed therapy or an oral antimicrobial regimen of unusual complexity relative to available care resources or
- 4. The hospital is awaiting local public health officer approval of the discharge plan.

There is no relevance to the discharge facility type or level of care for TB administrative days. The concern is the public health risk to the community and minimizing the risk of spreading TB.

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
‹ ‹	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.