

SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE POLICY

NUMBER: BA046

NAME: APPROVED LEAVE OF ABSENCE FOR RESIDENTIAL SETTINGS

INITIAL APPROVAL DATE:	11/29/1994	BY: Sanilac CMH Board
(LAST) REVISION DATE:	05/03/2023	BY: CIO
(LAST) REVIEW DATE:	05/25/2023	BY: Policy Committee
DISCONTINUED DATE:	N/A	REPLACED BY: N/A

I. **PURPOSE**

Sanilac CMH shall assure that all leaves of absence from residential or alternative settings are authorized by the individual and legal representative; and shall assure that appropriate payment adjustments are made.

II. **APPLICATION**

Populations: **ALL**
Programs: **Direct - NONE**
Contracted - ALL

III. **POLICY**

It is the policy of Sanilac CMH to assure the availability of appropriate services for each individual and to assure maximum recoument of revenue. In view of this, all leaves of absence for individuals residing in a licensed foster care who are served under the Model Payments System, a unlicensed Community Living Supports Services (SIP) placement, or a licensed specialized residential contracts will conform to the outlined standards.

IV. **DEFINITIONS**

- A. Leave of Absence – Absence from a residential setting or authorized alternative setting without supervision by the Contract Provider or CMH staff.
- B. Provider – the licensed foster care home staff, SIP placement staff, or the specialized residential home staff.

V. **STANDARDS**

- A. The provider will assure that all leaves of absence are authorized by the individual and their legal representative if one has been appointed.
- B. The provider will advise the care manager of all leaves of absence. Notification will be in advance whenever possible. With unanticipated leaves such as surprise family visits or hospitalization, notification shall be as soon as possible. In those situations, a phone message may be left on the answering machine of the care manager.
- C. The provider will assure that a leave of absence form #0317 is completed by the placement/home for each leave of absence. This form is to be submitted with the residential/CLS invoice and filed with the billing documentation.

Sanilac County Community Mental Health Authority Policy Manual

- D. Care management will assure that Model Payment System end dating occurs as needed for leaves of absence related to factors such as hospitalization.
- E. The care manager will review and approve all leaves.

Adult Foster Care (AFC) providers receiving Model Payments shall be reimbursed in accordance with Model Payments guidelines.

Specialized Residential Providers and Community Living Supports (CLS) providers shall not be reimbursed for full leave of absence days when no service is provided. If the provider performs a service on the day the individual goes on leave or returns from leave, they can seek payment; except when the leave is due to the individual being placed in another facility setting. Payments received from the individual or individual's legal representative for room and board cost may be retained by the Provider except in those instances when the individual is placed in another licensed foster care facility.

- F. No contract monies or personal care monies will be authorized for days in which services are unavailable.

VI. **ATTACHMENTS**

VII. **REFERENCES**

Form # 0317 Leave of Absence Form