Provider Bulletin

Molina Healthcare of California
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Subacute care facilities – long-term care benefit under managed care – APL 26-011

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to the Medi-Cal line of business.

This notification is based on All-Plan Letter (APL) 26-011, which can be found in full on the Department of Health Care Services (DHCS) website.

What you need to know:

BACKGROUND

DHCS issued APL 26-011 to update requirements for Subacute Care Facility long-term care services under Medi-Cal managed care, replacing APL 24-010. The APL supports California Advancing and Innovating Medi-Cal (CalAIM) by standardizing coverage and clarifying managed care plan responsibilities for members receiving adult and pediatric subacute care services.

POLICY

MHC is responsible for ensuring medically necessary Subacute Care Facility services, including authorization, care coordination, continuity of care, network adequacy, transportation, reimbursement, and compliance with applicable long-term care requirements.

MHC will ensure Members requiring adult or pediatric Subacute Care services are placed at the appropriate level of care and have timely access to medically necessary services. MHC will also comply with applicable requirements for prior authorization, continuity of care, leave of absence and bed holds, including requirements related to Members who are transferred to an acute care hospital and subsequently require return to a Subacute Care Facility.

In addition, MHC will support applicable Preadmission Screening and Resident Review (PASRR) requirements and ensure that covered services and provider reimbursement are administered in accordance with DHCS requirements and the Member's authorization.

Bed hold

Molina does not require prior authorization for bed hold requests and will not process such requests in accordance with DHCS APL 26-010. Managed Care Plans (MCPs) must permit members to return to the same skilled nursing facility (SNF) where they previously resided, consistent with Medi-Cal leave of absence and bed hold requirements outlined in Title 22 CCR Sections 51535 and 51535.1. Once SNF services have been authorized, MCPs may not require a separate authorization for a bed hold, provided the member returns to the same SNF at the same level of care following an acute hospital stay of seven days or less.

When this is happening:

The APL was issued on **June 10, 2026**, and supersedes APL 24-010. It reflects ongoing CalAIM long-term care benefit requirements and extends applicable subacute care reimbursement provisions through **December 31, 2026**.

Provider Action

Providers should continue to follow MHC processes for authorization, care coordination, billing, and reimbursement of Subacute Care Facility long-term care services.

Please ensure compliance with applicable DHCS requirements and coordinate with MHC to support timely access to medically necessary care for our Members.

Providers should submit complete and timely clinical information and required documentation to support initial and continued authorization, including applicable PASRR documentation.

Providers should also promptly notify MHC of admissions, transfers, hospitalizations, discharges, and changes in the Member's level of care to support continuity of care and timely care coordination.

What if you need assistance?

If you have any questions regarding the notification, please contact your Molina Provider Relations Representative.