
(a) A medical assistance beneficiary at an intermediate care facility or skilled nursing facility may take therapeutic leave in accordance with this section without the facility losing reimbursement under the medical assistance program.

(b) The maximum amount of therapeutic leave days that may be taken in a calendar year by a medical assistance beneficiary are as follows:

(1) Ninety days for a beneficiary in an intermediate care facility.

(2) Sixty days for a beneficiary in a skilled nursing facility.

(c) No more than 15 consecutive days of therapeutic leave may be taken by a medical assistance beneficiary without the approval of one of the following:

(1) The Division of Health Benefits of the Department.

(2) The local management entity/managed care organization with which the beneficiary is enrolled under Chapter 122C of the General Statutes.

(3) The prepaid health plan with which the beneficiary is enrolled under Chapter 108D of the General Statutes. (1979, c. 925; 1981, c. 275, s. 1; 1985 (Reg. Sess., 1986), c. 1014, s. 120; 1991, c. 126, s. 1; 1997-443, s. 11A.118(a); 2019-81, s. 15(a); 2021-62, s. 3.1(a).)