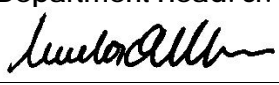
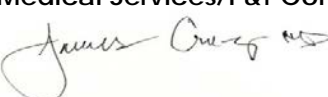


Policy Title: Long Term Care Services		POLICY #: 10.2.25	
		Line of business: Medi-Cal	
Department Name: Utilization Management	Original Date 4/11	Effective Date 5/19	Revision Date 12/18, 3/22, 9/22
Department Head: Sr. Director, UM 			Date: 10/22
Medical Services/P&T Committee: (If Applicable) PHP CMO 			Date: 10/22

**PURPOSE**

To establish mechanism for identification, authorization, and management of Blue Shield of California Promise Health Plan (Blue Shield Promise) Medi-Cal members requiring long term care services.

**POLICY**

1. Blue Shield Promise shall authorize utilization of nursing facility services for members when medically necessary. Blue Shield Promise shall maintain standards for determining levels of care and authorizing services for both Medicare and Medi-Cal services that are consistent with policies established by the federal Centers for Medicare and Medicaid Services (CMS) and in accordance with:
  - a. 22 CCR § 51335
    - Title 22. Social Security
    - Division 3. Health Care Services
    - Subdivision 1. California Medical Assistance Program (Refs & Annos)
    - Chapter 3. Health Care Services
    - Article 4. Scope and Duration of Benefits
    - § 51335. Skilled Nursing Facility Services
  
2. Blue Shield Promise will utilize the following Medical Necessity Criteria for Skilled LTC:
  - a. Medi-Cal Manual of Criteria R-15-98E Chapter 7.0 Titled " Criteria for Long Term Services at: [http://www.dhcs.ca.gov/services/medi-cal/Documents/ManCriteria\\_26\\_LTC.htm](http://www.dhcs.ca.gov/services/medi-cal/Documents/ManCriteria_26_LTC.htm)
  
3. The Blue Shield Promise authorization processes will be in alignment with:
  - a. Medi-Cal Provider Manual for – Long Term Care (LTC) [http://files.medi-cal.ca.gov/pubsdoco/manual/man\\_query.asp?wsearch=\(%23filename+\\* \\*100\\*.doc+OR+%23filename+\\* \\*100\\*.zip+OR+%23filename+\\* \\*z00\\*.doc+OR+%23filename+\\* \\*z00\\*.zip+OR+%23filename+\\* \\*z02\\*.doc+OR+%23filename+\\* \\*z02\\*.zip\)&wFLogo=Part+2+%26%23150%3B+Long+Term+Care+\(LTC\)&wFLogoH=52&wFLogoW=516&wAlt=&wPath=N](http://files.medi-cal.ca.gov/pubsdoco/manual/man_query.asp?wsearch=(%23filename+* *100*.doc+OR+%23filename+* *100*.zip+OR+%23filename+* *z00*.doc+OR+%23filename+* *z00*.zip+OR+%23filename+* *z02*.doc+OR+%23filename+* *z02*.zip)&wFLogo=Part+2+%26%23150%3B+Long+Term+Care+(LTC)&wFLogoH=52&wFLogoW=516&wAlt=&wPath=N)

**Defining Elements in Long Term Care Services**

1. **Long Term Care Facility** (LTC) means a licensed institution (other than a hospital) which meets all of the following requirements:
  - a. It must be qualified as a LTC and as a provider of services under Medicare;

- b. It must maintain on the premises all facilities necessary for medical care and treatment;
- c. It must provide such services under the supervision of physicians;
- d. It must provide services given by or supervised by a registered nurse; and
- e. It must keep medical records on all patients.

2. **Classification Categories:**

- a. Sub-acute Care: The member requires sub-acute care, which is more intense than skilled nursing care but less intense than acute hospitalization. Members at this level of care either can be short term, where there is potential for the member eventually being transferred to a lower level of care, or long term, when there is no potential for improvement in their medical condition.
- b. Short Term Care: The member may need a short term stay for a skilled nursing care need or short-term rehab services and expected to return to his/her previous living arrangement or alternate level of care.
- c. Long Term Care is: The member has been reviewed, assessed and determined that discharge potential is not possible, and placement is assumed for care in a facility for longer than the month of admission plus one month.

3. **Admission Types:**

- a. Concurrent discharge planning placement from acute care to LTC facility
- b. Admission from Home to Long Term Care Facility
- c. The member has exhausted Medicare benefits and is with Blue Shield Promise for Medi-Cal; or there is a Medicare coverage denial.
- d. The resident has become a Blue Shield Promise member while residing in the facility.
  - i. A newly enrolled Medi-Cal beneficiary from FFS assigned to Blue Shield Promise while residing in the LTC facility
  - ii. An existing Medi-Cal beneficiary has changed from another Medi-Cal Health Plan to Blue Shield Promise.

4. **Facility Therapy Services:** Federal Law states that “each resident must receive, and the facility must provide, the necessary care and services to attain or maintain the highest practicable physical, mental and psychological well-being, in accordance with the comprehensive assessment and plan of care.” In many cases, however, these therapy services can and should be performed as part of the nursing facility inclusive services (covered under the facility’s per diem rate) and, therefore, are not separately reimbursable.

- a. Therapy services provide to the recipient that are covered by the per diem rate include, but are not limited to:
  - i. Keeping recipients active and out of bed for reasonable periods of time, except when contraindicated by a physician’s order
  - ii. Supportive and restorative nursing and personal care needed to maintain maximum functioning of the recipient Care to prevent formation and progression of decubiti, contractures and deformities, including:
  - iii. Changing position of bedfast and chair-fast recipients
  - iv. Encouraging and assisting in self-care and activities of daily living
  - v. Maintaining proper body alignment and joint movement to prevent contractures and deformities

5. **Continuity of Care (COC)-** attempts to maintain continuity of care will be facilitated in recognizing any treatment authorizations made by DHCS for nursing facility services that were in effect when the beneficiary enrolled into Blue Shield Promise. This requirement is

established under W&I Code §14186.3(c)(3). COC for Medi-Cal is for a period of time up to 12 months.

6. **Change in beneficiary's Condition or Discharge** -W&I Code §14186.3(c)(4) applies to nursing facility services provided in CCI counties. Pursuant to this section, a nursing facility may modify its care of a beneficiary or discharge the beneficiary if the nursing facility determines that the following specified circumstances are present:
  - a. The nursing facility is no longer capable of meeting the beneficiary's health care needs,
  - b. The beneficiary's health has improved sufficiently so that he or she no longer needs nursing facility services, or
  - c. The beneficiary poses a risk to the health or safety of individuals in the nursing facility.
  - d. When these circumstances are present, Blue Shield Promise will arrange and coordinate a discharge of the beneficiary and continue to pay the nursing facility the applicable rate until the beneficiary is successfully discharged and transitioned into an appropriate setting.
7. **Leave of Absence and Bed-holds:** - Pursuant to, W&I Code §14186.1(c)(4), for nursing facility services provided through MMPs in CCI counties, MMPs shall include as a covered benefit any leave of absence or bed-hold that a nursing facility provides in accordance with the requirements of California Code of Regulations (CCR), Title 22, §72520 or California's Medicaid State Plan.

## **PROCEDURE**

1. The Blue Shield Promise contracted network of facilities are comprised of facilities providing the level of care most appropriate to the member's medical need and include Skilled Nursing Facilities, Sub-Acute Facilities, and Intermediate Care Facilities.
2. To determine admission to an appropriate nursing facility, a case manager shall assess the member's health care needs and an estimate that the member will most likely require long term placement at this level of care.
3. Considerations for placement:
  - a. Self-determined directive of the member/care giver for the placement
  - b. Geographical location of placement to maintain members in the community of their choice
  - c. The unique medical and psychosocial needs of the member
  - d. Exhaustion of community options/settings to safely maintain the members' health.
4. The LTC Staff are educated on LTC processes and utilize the Blue Shield Promise LTC Training Manual for the day-to-day processes in authorizing and coordinating services. **Attachment A 10.2.25 LTC Training Manual.**
5. In lieu of providing nursing facility services, Blue Shield Promise shall authorize home-and-community-based services. Please refer to P&Ps on CBAS, Long-Term Supports and Services (LTSS), and Multipurpose Senior Services Program (MSSP).

## **REFERENCES**

- Welfare and Institutions Code, Section 14186.3 (b)((4)(C)(c)(2)(4)
- Welfare and Institutions Code, Section 14186 (b)(8)
- 22 CCR § 51335
- Medi-Cal Provider Manual for – Long Term Care
- Medi-Cal Manual of Criteria R-15-98E Chapter 7.0 Long Term Services