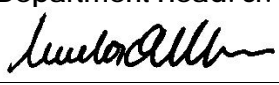
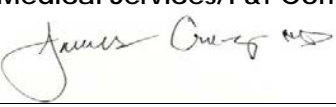


Policy Title: Long Term Care		POLICY #: 90.2.10	
		Line of business: CMC	
Department Name: Utilization Management	Original Date 7/13	Effective Date 6/19	Revision Date 12/18
Department Head: Sr. Director, UM 			Date: 3/21
Medical Services/P&T Committee: (If Applicable) PHP CMO 			Date: 3/21

**PURPOSE**

To establish mechanism for identification and management of Medicare Medicaid Program (MMP) members requiring long term care.

**DEFINITION:**

Long Term Care (LTC) is defined as assistance provided to a person in performing the basic necessities of life, such as dressing, eating, using a toilet, walking, bathing, and getting in and out of bed, all of which do not require skilled nursing for the treatment of disease, illness, accident or injury.

**POLICY**

Blue Shield of California Promise (Blue Shield Promise) will cover medically necessary nursing care for members in need of nursing facility services to provide the level of care most appropriate to the member's medical needs.

These 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.

**PROCEDURE**

1. 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.  
 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 member's health.
  
2. Blue Shield Promise shall maintain the standards for determining levels of care and authorization of services for both Medicare and Medi-Cal services that are consistent with policies established by the Federal Centers for Medicare and Medicaid Services and consistent with the criteria for authorization of Medi-Cal services specified in Section 51003 of Title 22 of the California Code of Regulations, which includes utilization of the

"Manual of Criteria for Medi-Cal Authorization, published in 1982, revised on April 11, 2011.

3. When Blue Shield Promise has authorized services in a facility and there is a change in the beneficiary's condition under which the facility determines that the facility may no longer meet the needs of the beneficiary, the beneficiary's health has improved sufficiently so the resident no longer needs the services provided by the facility, or the health or safety of individuals in the facility is endangered by the beneficiary, Blue Shield Promise shall arrange and coordinate a discharge of the beneficiary and continue to pay the facility the applicable rate until the beneficiary is successfully discharged and transitioned into an appropriate setting.
4. 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)