Policy:	GG.1804
Title:	**Admission to, Continued Stay in, and Discharge from Out-of-Network Subacute Facility, Nursing Facility Level A (NF-A) and Level B (NF-B)**
Department:	Medical Management
Section:	Long Term Services and Supports
CEO Approval:	*/s/ Michael Hunn 09/05/2024*
Effective Date:	06/01/1998
Revised Date:	09/01/2024
Applicable to:	☒ Medi-Cal ☒ OneCare ☐ PACE ☐ Administrative

I. PURPOSE

This policy defines the criteria for authorizing a Member's admission to, continued stay in, or discharge from a qualified, Out-of-Network Subacute, Long-Term Care Nursing Facility Level A (NF-A) and Level B (NF-B).

II. POLICY

A. CalOptima Health shall authorize room and board services for a Member's admission to, continued stay in, or discharge from, an Out-of-Network Qualified Subacute, Long-Term Care NF-A and NF-B Facility under any of the following conditions:

1. The placement is court ordered, or under the direction of a court appointed conservator; or

2. The placement is intended for short-term rehabilitation, or stabilization, until such time that travel will not jeopardize the Member's health.

B. If nursing facility beds are not available within CalOptima Health's network, CalOptima Health shall enter into a Letter of Agreement (LOA) or contract with an Out-of- Network Qualified Nursing Facility, in accordance with CalOptima Health Policy EE.1135: Long Term Care Facility Contracting.

C. If a Member resides in an Out-of-Network Long-Term Care Nursing Facility prior to enrollment, the Member shall remain in the Facility in accordance with CalOptima Health PoliciesMA.6021a: Continuity of Care for New Members, and GG.1325: Continuity of Care for Members Transitioning into CalOptima Health Services.

D. The CalOptima Health Long Term Services and Supports (LTSS) Department shall process all requests for admission to, continued stay in, or discharge from a Subacute –Adult, Subacute-Pediatric, NF-A and NF-B Facilities pursuant to Title 22, California Code of Regulations, §§51334, 51335, 51511 and the Department of Health Care Services (DHCS) standard clinical criteria for level of care.

E. CalOptima Health shall ensure that Members in need of nursing facility services are placed in a health care facility that provides the level of care most appropriate to the Member's medical needs. These health care facilities include Skilled Nursing Facilities, Subacute Facilities, Pediatric Subacute Facilities, and Intermediate Care Facilities.

F. If CalOptima Health is unable to render a decision within the required timeframe, it shall be considered a denial. CalOptima Health will notify the subacute, NF-A or NF-B facility in accordance with CalOptima Health Policies GG.1814: Appeals Process for Long Term Care Facility and GG.1510: Member Appeal Process.

G. CalOptima Health shall limit authorization to a Subacute-Adult, Subacute–Pediatric, NF-A and NF-B Facilities, that are licensed and certified by the California Department of Public Health (CDPH) and approved by the Department of Health Care Services (DHCS), in accordance with State and Federal regulations, and contracted with CalOptima Health in accordance with CalOptima Health Policy EE.1135: Long Term Care Facility Contracting.

H. CalOptima Health shall maintain a set of individuals as part of the Provider Relations Department to serve as the liaison for Long-Term Care (LTC) facilities.

1. LTSS Liaisons shall receive training on the full spectrum of rules and regulations pertaining to Medi-Cal covered LTC, including payment and coverage policies, prompt claims payment requirements, Provider resolution policies and procedures, and care management coordination and transition policies.

2. LTSS Liaisons shall assist facilities in addressing claims and payment inquiries and assist with care transitions among the LTSS Provider community to best support Member's needs. CalOptima Health shall identify these individuals and disseminate their contact information to relevant network Providers, including Skilled Nursing Facilities (SNFs) that are within the network.

3. LTSS Liaisons shall be engaged in the Member's Interdisciplinary Care Team (ICT), as appropriate for Member's accessing LTSS services.

III. PROCEDURE

A. A nursing facility shall notify the CalOptima Health LTSS Department by facsimile, mail, or telephone, of a Member's admission to a Subacute-Adult, Subacute-Pediatric, NF-A or NF-B facilities in accordance with CalOptima Health Policies GG.1800: Authorization Process and Criteria for Admission to, Continued Stay in, and Discharge from a Nursing Facility Level A (NF-A) and Level B (NF-B) and GG.1803: Authorization Process and Criteria for Admission to, Continued Stay in, and Discharge from a Subacute Facility-Adult/Pediatric.

B. The NF-A and NF-B facilities shall submit a reauthorization request prior to the expiration of the active LTC Authorization. The facility may submit the reauthorization request up to sixty (60) calendar days prior to expiration of the active Authorization. The reauthorization requests shall include a completed LTC ARF (Sections I, III, and IV) signed by the Physician, and medical records sufficient to determine the level of care and justify continued stay.

C. A Subacute Facility shall submit a reauthorization request prior to the expiration of the active LTC Authorization. The facility may submit the reauthorization request up to thirty (30) calendar days prior to expiration of the active LTC Authorization. The authorization requests shall include a copy of a signed MD Order for admission to the nursing facility or an ARF with MD signature and Section I, III and IV completed on the ARF. A signed 6200-A/6200 form, and medical records

sufficient to determine the level of care and justify a continued stay must be included with the completed ARF.

D. CalOptima Health shall utilize the DHCS standard clinical criteria in the LTC ARF evaluation process as stated in the Medi-Cal Manual of Criteria, Chapter 7, Criteria for Long Term Care Services.

E. If the LTC ARF and required attachments are incomplete, the Subacute, NF-A or NF-B Facility will be requested to resubmit ARF with additional requested information within fourteen (14) calendar days. If the nursing facility does not provide the requested documents after the initial fourteen (14) calendar days of the authorization request, the request shall be subject to denial. An extension of fourteen (14) calendar days may be granted if the Member or Member's Physician requests the extension; or the CalOptima Health Nurse Case Manager justifies a need for additional information and if the extension is in the Member's best interest. The extension period is to allow the Nursing Facility time to collect required documentation (*e.g.*, specialist consults, additional tests required, etc.). The CalOptima Health Nurse Case Manager will document the need for extension and how it is in the member's best interest in the member's electronic medical record.

F. The CalOptima Health LTSS Department shall issue a deferral notice (Delay letter) if CalOptima Health LTSS Department extends the timeframe an additional fourteen (14) calendar days, up to a maximum of twenty-eight (28) calendar days total from the day of initial notification.

G. Upon receipt of all information reasonably necessary and requested, CalOptima Health LTSS Department shall approve, modify, or deny the request for authorization within five (5) business days.

H. If the CalOptima Health LTSS Department is unable to approve the LTC ARF due to insufficient documentation of Medical Necessity, the CalOptima Health LTSS Department shall submit the LTC ARF and accompanying documentation to the CalOptima Health Medical Director, or physician Designee, for review and determination.

    1. If CalOptima Health's Medical Director, or physician Designee, approves the LTC ARF, the CalOptima Health LTSS Department shall send a copy of the approved LTC ARF to the Facility.

    2. If CalOptima Health's Medical Director, or physician Designee, denies the LTC ARF, the CalOptima Health LTSS Department shall notify the Subacute, NF-A or NF-B Facility within one business day, and the Member or Member's Authorized Representative within two business days in accordance with CalOptima Health Policies GG.1814: Appeals Process for Long Term Care Facility and GG.1510: Member Appeal Process.

H. CalOptima Health may dismiss an authorization request for a OneCare Member, either entirely or as to any stated issue, under any of the following circumstances:

    1. The Individual or entity making the request is not permitted to request an authorization under Title 42, Federal Code of Regulations, § 422.566(c).

    2. CalOptima Health determines the party failed to make a valid request for authorization.

    3. A Member or the Member's Authorized Representative files a request for an authorization but the Member dies while the request is pending, and both of the following apply:

a. The Member's surviving spouse or estate has no remaining financial interest in the case; and

b. No other individual or entity with a financial interest in the case wishes to pursue the organization determination.

4. A party filing the authorization request submits a timely request for withdrawal of their request for an organization determination.

I. CalOptima Health shall mail or otherwise transmit a written notice of dismissal of the authorization request to the parties. The notice must state all of the following:

1. The reason for dismissal;

2. The right to request that CalOptima Health vacate the dismissal action; and

3. The right to request reconsideration of the dismissal.

J. Transitional Care Services (TCS)

1. The CalOptima Health LTSS Department will provide TCS for LTC Members transferring from one setting or level of care to another, in accordance with CalOptima Health Policies GG.1357: Population Health Management Transitional Care Services (TCS) and GG.1822: Process for Transitioning CalOptima Health Members between Levels of Care.

2. CalOptima Health will ensure care managers are notified within twenty-four (24) hours when Members are admitted and discharged from LTC or transferred between facilities. LTC nursing facilities will notify CalOptima Health by Provider Portal to the LTSS Department.

3. The CalOptima Health LTSS Department will identify a care manager as a single point of contact for ensuring completion of all transitional care management services, including follow-up after discharge from LTC.

4. CalOptima Health will ensure Member transitions to and from LTC are timely and do not delay or interrupt any Medically Necessary services of care, and that all required transitional care activities are completed by meeting the following requirements, at a minimum:

a. Coordinate with facility discharge planners, care or case managers, or social workers to provide Case management and TCS during all transitions;

b. Assist Members being discharged or Members' parents, legal guardians, or Authorized representatives by evaluating all medical care needs and care settings available including, but not limited to, discharge to a home or community setting, and referrals and coordination with IHSS, Community Supports, LTSS and other Home and Community Based Services (HCBS);

c. Maintain contractual requirements for SNFs to share Minimum Data Sets (MDS) Section Q, have appropriate systems to import and store MDS Section Q data and incorporate MDS Section Q data into transition assessments;

d. Ensure Member outpatient appointments or other immediate follow-ups are scheduled prior to discharge;

e. Verify with facilities or at-home settings that Members arrive safely at the agreed upon care setting and have their medical needs met; and

f. Follow-up with Members, Members' parents, legal guardians, or Authorized Representatives, as appropriate, regarding the new care settings to ensure compliance with TCS requirements.

5. A discharge risk assessment will be completed prior to discharge to assess a Member's risk of re-institutionalization, re-hospitalization, destabilization of a mental health condition, and/or substance abuse relapse.

6. Discharge planning documents shall include, but are not limited to:

a. Pre-admission status, including living arrangements, physical and mental function, Substance Use Disorder (SUD) needs, social support, Durable Medical Equipment (DME) uses, and other services received prior to admission;

b. Pre-discharge factors, including the Member's medical condition, physical and mental function, financial resources, and social supports at the time of discharge;

c. The LTC facility to which the Member was admitted;

d. Specific agency or home recommended by the LTC facility after the Member's discharge based upon Member needs and preferences; specific services needed after the Member's discharge; specific description of the type of placement preferred by the Member, specific description of the type of placement agreed to by the Member, specific description of agency or Member's return to the home agreed to by the Member, and recommended pre-discharge counseling;

e. Summary of the nature and outcome of participation of the Member, Member's parents, legal guardians, or Authorized Representatives in the Discharge Planning process, anticipated problems in implementing post discharge plans, and further action completed by the LTC facility to be included in the Member's Medical Record; and,

f. Information regarding available care, services, and supports that are in the Member's community once the Member is discharged from the LTC facility.

7. The assigned care manager will ensure that Discharge Planning documents are shared with Members, Member's parents, legal guardians, or Authorized Representatives, and the treating Providers, including the PCP, the discharging facility, and the receiving facility or Provider to facilitate communication and information sharing of the Member's specific discharge plan.

8. Upon discharge from LTC, LTSS staff will follow-up with Member and provide referrals to other resources as needed, including, but not limited to: Case Management, Enhanced Care Management (ECM), and home and community supports.

K. Upon notification by the Nursing Facility of the Member's discharge, the CalOptima Health LTSS Department shall close the active LTC ARF effective the day of discharge:

1. The Nursing Facility shall notify CalOptima Health within one (1) business day of a Member's discharge by sending the Nursing Facility "Discharge Disposition Form" to the LTSS department.

2. The nursing facility shall send the Medi-Cal LTC Facility Discharge Notification Form (MC171) to the appropriate agencies.

L. CalOptima Health's LTSS Department shall notify the appropriate departments, and Health Network, for further Care Coordination.

IV. ATTACHMENT(S)

A. CalOptima Health Long Term Care Authorization Request Form (ARF)
B. CalOptima Health Nursing Facility Discharge Disposition Form
C. Medi-Cal LTC Facility Discharge Notification Form (MC171)
D. Information for Authorization/Reauthorization of Subacute Care Services-Adult Subacute Program (DHCS 6200-A)
E. Information for Authorization/Reauthorization of Subacute Care Services-Pediatric Subacute Program (DHCS 6200)

V. REFERENCE(S)

A. CalOptima Health Contract with the Department of Health Care Services
B. CalOptima Health Policy EE.1135: Long Term Care Facility Contracting
C. CalOptima Health Policy GG.1325: Continuity of Care for Members Transitioning into CalOptima Health Services
D. CalOptima Health Policy GG.1510: Member Appeal Process
E. CalOptima Health Policy GG.1357: Population Health Management Transitional Care Services (TCS)
F. CalOptima Health Policy GG.1800: Authorization Process and Criteria for Admission to, Continued Stay in, and Discharge from a Nursing Facility Level A (NF-A) and Level B (NF-B)
G. CalOptima Health Policy GG.1803: Authorization Process and Criteria for Admission to, Continued Stay in, and Discharge from a Subacute Facility-Adult/Pediatric
H. CalOptima Health Policy GG.1814: Appeals Process for Long-Term Care Facility
I. CalOptima Health Policy MA.6021a: Continuity of Care for New Members
J. CalOptima Health Utilization Management Program
K. CMS Nursing Home Quality Initiative MDS for Nursing Homes and Swing Bed Providers
L. Department of Health Care Services All Plan Letter (APL) 21-011: Grievance and Appeals Requirements, Notice and "Your Rights" Templates (Supersedes APL 17-006)
M. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-004: Skilled Nursing Facilities -- Long Term Care Benefit Standardization and Transition of Members to Managed Care (Supersedes APL 22-018)
N. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-027: Subacute Care Facilities – Long Term Care Benefit Standardization and Transition of Members to Managed Care
O. Manual of Criteria for Medi-Cal Authorizations, Medi-Cal Policy Division
P. Medi-Cal Provider Manual, Section: Admissions and Discharges
Q. Title 22, California Code of Regulations (CCR.), §§51003(e), 51006, 51118, 51120, 51120.5, 51121, 51124, 51124.5, 51124.6, 51212, 51134, 51335, 51335.5, 51335.6, and 51511
R. Title 42, Federal Code of Regulations, § 422.566(c), and 422.568.
S. Welfare and Institutions Code, §14103.6

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
05/26/2016	Department of Health Care Services (DHCS)	Approved as Submitted
09/23/2020	Department of Health Care Services (DHCS)	Approved as Submitted

Date	Regulatory Agency	Response
07/03/2023	Department of Health Care Services (DHCS)	Approved as Submitted
08/18/2023	Department of Health Care Services (DHCS)	Approved as Submitted
04/17/2024	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTION(S)

Date	Meeting
05/07/2020	Regular Meeting of CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	06/01/1998	GG.1804	Admission to, Continued Stay in, and Discharge from Out-of-State Skilled Nursing Facilities (SNF)	Medi-Cal
Revised	07/15/1998	GG.1804	Admission to, Continued Stay in, and Discharge from Out-of-State Skilled Nursing Facilities	Medi-Cal
Revised	02/01/2007	GG.1804	Admission to, Continued Stay in, and Discharge From Out-of-State Skilled Nursing Facilities	Medi-Cal
Revised	02/01/2016	GG.1804	Admission to, Continued Stay in, and Discharge from Out-of-State Nursing Facility Level A (NF-A) and Level B (NF-B)	Medi-Cal OneCare Connect
Revised	08/01/2016	GG.1804	Admission to, Continued Stay in, and Discharge from Out-of-Network Subacute Facility, Nursing Facility Level A (NF-A) and Level B (NF-B)	Medi-Cal OneCare Connect
Revised	08/01/2017	GG.1804	Admission to, Continued Stay in, and Discharge from Out-of-Network Subacute Facility, Nursing Facility Level A (NF-A) and Level B (NF-B)	Medi-Cal OneCare Connect
Revised	05/07/2020	GG.1804	Admission to, Continued Stay in, and Discharge from Out-of-Network Subacute Facility, Nursing Facility Level A (NF-A) and Level B (NF-B)	Medi-Cal OneCare Connect
Revised	08/01/2021	GG.1804	Admission to, Continued Stay in, and Discharge from Out-of-Network Subacute Facility, Nursing Facility Level A (NF-A) and Level B (NF-B)	Medi-Cal OneCare Connect
Revised	08/01/2022	GG.1804	Admission to, Continued Stay in, and Discharge from Out-of-Network Subacute Facility, Nursing Facility Level A (NF-A) and Level B (NF-B)	Medi-Cal OneCare Connect

Action	Date	Policy	Policy Title	Program(s)
Revised	12/31/2022	GG.1804	Admission to, Continued Stay in, and Discharge from Out-of-Network Subacute Facility, Nursing Facility Level A (NF-A) and Level B (NF-B)	Medi-Cal OneCare
Revised	05/01/2023	GG.1804	Admission to, Continued Stay in, and Discharge from Out-of-Network Subacute Facility, Nursing Facility Level A (NF-A) and Level B (NF-B)	Medi-Cal OneCare
Revised	11/01/2023	GG.1804	Admission to, Continued Stay in, and Discharge from Out-of-Network Subacute Facility, Nursing Facility Level A (NF-A) and Level B (NF-B)	Medi-Cal OneCare
Revised	09/01/2024	GG.1804	Admission to, Continued Stay in, and Discharge from Out-of-Network Subacute Facility, Nursing Facility Level A (NF-A) and Level B (NF-B)	Medi-Cal OneCare

IX. GLOSSARY

Term	Definition
Authorized Representative	A person who has the authority under applicable law to make health care decisions on behalf of adults or emancipated minors, as well as parents, guardians or other persons acting in loco parentis who have the authority under applicable law to make health care decisions on behalf of unemancipated minors.
Case Management	Medi-Cal: A systematic approach to coordination of care for a Member with special needs and/or complex medical conditions that includes the elements of assessment, care planning, intervention monitoring, and documentation. OneCare: A collaborative process of assessment, planning, facilitation, and advocacy for options and services to meet a Member's health needs through communication and available resources to promote quality cost-effective outcomes.
Interdisciplinary Care Team (ICT)	Medi-Cal: A team comprised of the Primary Care Provider and Care Coordinator, and other providers at the discretion of the Member, that works with the Member to develop, implement, and maintain the Individual Care Plan (ICP). OneCare: A team comprised of the Primary Care Provider and Care Coordinator, and other providers at the discretion of the Member, that works with the Member to develop, implement, and maintain the Individual Care Plan (ICP).
Long Term Care (LTC)	Medi-Cal: Specialized rehabilitative services and care provided in a Skilled Nursing Facility, and subacute care services that lasts longer than the remainder of the month of admission plus one (1) month. OneCare: A variety of services that help Members with health or personal needs and activities of daily living over a period of time. Long Term Care (LTC) may be provided at home, in the community, or in various types of facilities, including nursing homes and assisted living facilities.
Long-Term Care Nursing Facility	Any institution, place, building, or agency that is licensed as such by the Department of Public Health (DPH), as defined in Title 22, CCR, Section 51121(a); or a distinct part or unit of a hospital that meets the standards specified in Title 22, CCR, Section 51215 (except that the distinct part of a hospital does not need to be licensed as an SNF), and that has been certified by the Department of Public Health (DPH) for participation as a SNF in the Medi-Cal program.
Medically Necessary or Medical Necessity	Medi-Cal: Reasonable and necessary Covered Services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services shall include Covered Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity. For Members under 21 years of age, a service is Medically Necessary if it meets the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standard of medical necessity set forth in Section 1396d(r)(5) of Title 42 of

Term	Definition
	the United States Code, as required by W&I Code 14059.5(b) and W&I Code Section 14132(v). Without limitation, Medically Necessary services for Members under 21 years of age include Covered Services necessary to achieve or maintain age-appropriate growth and development, attain, regain or maintain functional capacity, or improve, support or maintain the Member's current health condition. CalOptima Health shall determine Medical Necessity on a case-by-case basis, taking into account the individual needs of the child. OneCare: Reasonable and necessary medical services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services includes Medi-Cal Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity.
Medical Record	Medi-Cal: The record of a Member's medical information including but not limited to, medical history, care or treatments received, test results, diagnoses, and prescribed medications. OneCare: A medical record, health record, or medical chart in general is a systematic documentation of a single individual's medical history and care over time. The term 'Medical Record' is used both for the physical folder for each individual patient and for the body of information which comprises the total of each patient's health history. Medical records are intensely personal documents and there are many ethical and legal issues surrounding them such as the degree of third-party access and appropriate storage and disposal.
Member	A beneficiary enrolled in a CalOptima Health program.
Nursing Facility Level A (NF-A)	Known as the Intermediate Care level. NF-A level of care is characterized by scheduled and predictable nursing needs with a need for protective and supportive care, but without the need for continuous, licensed nursing.
Nursing Facility Level B (NF-B)	Known as the Long-Term Care Nursing Facility level. NF-B level of care is characterized by an individual requiring the continuous availability of skilled nursing care provided by a licensed registered or vocational nurse yet does not require the full range of health care services provided in a hospital as hospital acute care or hospital extended care.
Out-of- Network	For purposes of this policy, refers to a Non-Contracted Long-Term Care Facility Provider
Qualified Nursing Facility	For purposes of this policy, refers to Subacute, Nursing Facility Level A (NF-A), Nursing Facility Level B (NF-B). The facility is licensed by the State, meets acceptable quality standards and accepts Medicaid rates for Medicaid services and Medicare rates for Medicare services.
Provider	Medi-Cal: Any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is licensed or certified to do so. OneCare: Any Medicare provider (e.g., hospital, skilled nursing facility, home health agency, outpatient physical therapy, comprehensive outpatient rehabilitation facility, end-stage renal disease facility, hospice, physician, non-physician provider, laboratory, supplier, etc.) providing Covered Services under Medicare Part B. Any organization, institution, or individual that provides Covered Services to Medicare members. Physicians, ambulatory

Term	Definition
	surgical centers, and outpatient clinics are some of the providers of Covered Services under Medicare Part B.
Skilled Nursing Facility (SNF)	As defined in Title 22 CCR Section 51121(a), any institution, place, building, or agency which is licensed as a SNF by the California Department of Public Health or is a distinct part or unit of a hospital, meets the standard specified in Section 51215 of these regulations (except that the distinct part of a hospital does not need to be licensed as a SNF) and has been certified by DHCS for participation as a SNF in the Medi-Cal program. Section 51121(b) further defines the term "Skilled Nursing Facility" as including terms 'skilled nursing home', 'convalescent home', 'nursing home', or 'nursing facility'.
Subacute Facility	For purposes of this policy, refers to Subacute Adult and Pediatric facilities.
Subacute Facility-Adult	A health facility that meets the standards set forth in Title 22, Section 51215.8 as an identifiable unit of a SNF accommodating beds including continuous room, a wing, a floor, or a building that is approved by the DPH for such purpose and has been certified by the DHCS for participation in the Medi-Cal program.
Subacute Facility-Pediatric	A health facility that meets the standards set forth in Tile 22, Section 51215.8, as an identifiable unit of a certified nursing facility licensed as a SNF meeting the standards for participation as a provider under the Medi-Cal program, accommodating beds including contiguous rooms, a wing, a floor, or a building that is approved by the DHCS for such purpose.