Policy:	GG.1815
Title:	**Long Term Services and Support Quality of Care Reporting**
Department:	Medical Management
Section:	Quality Improvement
CEO Approval:	*/s/ Michael Hunn 10/31/2024*
Effective Date:	01/01/1996
Revised Date:	10/01/2024
Applicable to:	☒ Medi-Cal ☒ OneCare ☐ PACE ☐ Administrative

I. PURPOSE

This policy outlines the reporting mechanism for concerns regarding occurrences, situations, or Complaints that potentially affect the safety and well-being of Members participating in the Long Term Services and Supports (LTSS) Program, including Community-Based Adult Services (CBAS), In-Home Supportive Services (IHSS), Multi-Purpose Senior Services Program (MSSP) and Members residing in a Skilled Nursing Facility (SNF) for Nursing Facility Level A (NF-A), Nursing Facility Level B (NF-B), Subacute Facility-Adult and Subacute Facility-Pediatric.

II. POLICY

A. Upon identification of a Critical Incident, a Nursing Facility or CBAS provider is responsible for submitting a complete Critical Incident Report to the CalOptima Health Quality Improvement (QI) Department within twenty-four (24) business hours.

B. Upon notification from a Nursing Facility and/or CBAS Center of a Critical Incident, CalOptima Health LTSS staff shall ensure a Critical Incident Report is completed and submitted to CalOptima Health Quality Improvement (QI) Department within the same business day.

C. Upon identification of a Critical Incident, CalOptima Health MSSP Staff shall ensure a Critical Incident Report is completed and submitted to CalOptima Health Quality Improvement (QI) Department within the same business day.

D. A Member or Authorized Representative has the right to file a Complaint or Grievance directly with CalOptima Health's Grievance and Appeals Resolution Services (GARS) Department, and/or the assigned Ombudsman Program for Medi-Cal or Medicare covered benefits and services in accordance with CalOptima Health Policies MA.9002: Enrollee Grievance Process, HH.1102: Member Grievance, GG.1834: Multipurpose Seniors Services Program (MSSP) Appeals, Grievances and Complaints. Upon identification of a Complaint that potentially affects the safety and well-being of a Member; the CalOptima Health GARS Department shall review and investigate Grievances and/or Complaints. If the Complaint is identified as a potential quality of care (QOC) issue, it will be forwarded to CalOptima Health QI Department for review, in accordance with CalOptima Health Policy GG.1611: Potential Quality Issue Review Process.

III. PROCEDURE

A. The CalOptima Health QI Department shall collect and track all Incident and Critical Incident Reports.

   1. All Incident Reports shall be reviewed for Potential Quality Issues (PQI), and an investigation will be opened in accordance with CalOptima Health Policy GG.1611: Potential Quality Issue Review Process.

B. The CalOptima Health QI Department shall notify the LTSS Department of any unusual patterns and trends and LTSS will intervene as necessary.

C. The CalOptima Health QI Department shall report at least annually the trends related to Incident and Critical Incident reporting.

IV. ATTACHMENT(S)

A. CalOptima Health QI Critical Incident Report – CBAS
B. CalOptima Health QI Critical Incident Report – MSSP and LTC/SNF

V. REFERENCES

A. CalOptima Health Contract with the Department of Health Care Services
B. CalOptima Health Policy GG.1611: Potential Quality Issue Review Process
C. CalOptima Health Policy GG.1621: Community-Based Adult Services (CBAS) Quality Assurance and Site Visits
D. CalOptima Health Policy GG.1816: Quality Improvement Activities, Long-Term Services and Supports
E. CalOptima Health Policy GG.1834: Multipurpose Seniors Services Program (MSSP) Appeals, Grievances and Complaints Process
F. CalOptima Health Policy HH.1102: Member Grievance
G. CalOptima Health Policy MA.9002: Enrollee Grievance Process
H. CalOptima Health Quality Improvement Program
I. 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)
J. Title 17, California Code of Regulations (C.C.R.), § 50603 (a)(b)(d)
K. Title 22, California Code of Regulations (C.C.R.), §§ 51121, 51212, 51215, 51215.5, 51215.8, 76079, 76345, and 76853
L. Welfare and Institutions Code, §§ 15600 and 15630

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
05/26/2016	Department of Health Care Services (DHCS)	Approved as Submitted
07/03/2023	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	01/01/1996	GG.1815	Occurrence Reporting to Licensing & Certification	Medi-Cal
Revised	03/01/2007	GG.1815	Occurrence Reporting to Licensing & Certification	Medi-Cal
Revised	03/01/2008	GG.1815	Occurrence Reporting to Licensing & Certification	Medi-Cal
Revised	02/01/2016	GG.1815	Long Term Services and Supports Quality of Care Reporting	Medi-Cal OneCare Connect
Revised	02/01/2017	GG.1815	Long Term Services and Supports Quality of Care Reporting	Medi-Cal OneCare Connect
Revised	04/01/2018	GG.1815	Long Term Services and Supports Quality of Care Reporting	Medi-Cal OneCare Connect
Revised	07/01/2019	GG.1815	Long Term Services and Supports Quality of Care Reporting	Medi-Cal OneCare Connect
Revised	04/01/2020	GG.1815	Long Term Services and Supports Quality of Care Reporting	Medi-Cal OneCare Connect
Revised	06/01/2021	GG.1815	Long Term Services and Supports Quality of Care Reporting	Medi-Cal OneCare Connect
Revised	08/01/2022	GG.1815	Long Term Services and Supports Quality of Care Reporting	Medi-Cal OneCare Connect
Revised	12/31/2022	GG.1815	Long Term Services and Supports Quality of Care Reporting	Medi-Cal OneCare
Revised	05/01/2023	GG.1815	Long Term Services and Supports Quality of Care Reporting	Medi-Cal OneCare
Revised	10/01/2024	GG.1815	Long Term Services and Supports Quality of Care Reporting	Medi-Cal OneCare

IX. GLOSSARY

Term	Definition
Authorized Representative	Medi-Cal: Any individual appointed in writing by a competent Member or Potential Member, to act in place or on behalf of the Member or Potential Member for purposes of assisting or representing the Member or Potential Member with Grievances and Appeals, State Fair Hearings, Independent Medical Reviews and in any other capacity, as specified by the Member or Potential Member. OneCare: Has the meaning given to the term Personal Representative in section 164.502(g) of Title 45 of, Code of Federal Regulations. 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 and as further described in CalOptima Health Policy HH.3009: Access by Member's Authorized Representative.
Community-Based Adult Services (CBAS)	Skilled nursing, social services, therapies, personal care, family/caregiver training and support, nutrition services, transportation, and other services provided in an outpatient, facility-based program, as set forth in the California Advancing and Innovating Medi-Cal (CalAIM) Terms and Conditions, or as set forth in any subsequent demonstration amendment or renewal, or successive demonstration, waiver, or other Medicaid authority governing the provision of CBAS services.
Complaint	Medi-Cal: A complaint is the same as a Grievance. If CalOptima Health is unable to distinguish between a Grievance and an Inquiry, it must be considered a Grievance. OneCare: Any expression of dissatisfaction to CalOptima Health, a Provider, or the Quality Improvement Organization (QIO) by a Member made orally or in writing. A Complaint may also involve CalOptima Health's refusal to provide services to which a Member believes he or she is entitled. A Complaint may be a Grievance or an Appeal, or a single Complaint could include both.
Credentialing and Peer Review Committee (CPRC)	The Credentialing and Peer Review (CPRC) Committee makes decisions, provides guidance, and provides peer input into the CalOptima Health provider selection process and determines corrective action necessary to ensure that all practitioners and providers who provide services to CalOptima Health Members meet generally accepted standards for their profession in the industry. The CPRC meets at least quarterly and reports to the CalOptima Health Quality Improvement Health Equity Committee (QIHEC).
Critical Incident	Critical incident refers to any actual or alleged event or situation that creates a significant risk of substantial harm to the physical or mental health, safety or well-being of a member.

Term	Definition
Grievance	Medi-Cal: Any expression of dissatisfaction about any matter other than an Adverse Benefit Determination (ABD), and may include, but is not limited to the Quality of Care or services provided, aspects of interpersonal relationships with a Provider or CalOptima Health's employee, failure to respect a Member's rights regardless of whether remedial action is requested, and the right to dispute an extension of time proposed by CalOptima Health to make an authorization decision. A complaint is the same as Grievance. An inquiry is a request for more information that does not include an expression of dissatisfaction. Inquiries may include, but are not limited to, questions pertaining to eligibility, benefits, or other CalOptima Health processes. If CalOptima Health is unable to distinguish between a Grievance and an inquiry, it must be considered a Grievance. OneCare: An expression of dissatisfaction with any aspect of the operations, activities or behavior of a plan or its delegated entity in the provision of health care items, services, or prescription drugs, regardless of whether remedial action is requested or can be taken. A grievance does not include, and is distinct from, a dispute of the appeal of an organization determination or coverage determination or an LEP determination.
In-Home Supportive Services (IHSS)	Services provided to Members by a county in accordance with the requirements set forth in W&I Code sections 12300 et seq., 14132.95, 14132.952, and 14132.956.
Intermediate Care Facility (ICF)	Medi-Cal: A residential facility certified and licensed by the State to provide medical services at a lower level of care than is provided at Skilled Nursing Facilities (SNFs), and meets the standards specified in 22 CCR section 51212. OneCare: A facility that primarily provides health-related care and services above the level of custodial care but does not provide the level of care available in a hospital or Skilled Nursing Facility.
Intermediate Care Facility/Developmentally Disabled (ICF/DD)	A facility that provides 24-hour personal care, habilitation, developmental, and supportive health services to developmentally disabled clients whose primary need is for developmental services and who have a recurring but intermittent need for skilled nursing services.
Intermediate Care Facility/ Developmentally Disabled –Habilitative (ICF/DD-H)	A facility with a capacity of 4 to 15 beds that provides 24-hour personal care, habilitation, developmental, and supportive health services to 15 or fewer developmentally disabled persons who have intermittent recurring needs for nursing services, but have been certified by a physician and surgeon as not requiring availability of continuous skilled nursing care.
Intermediate Care Facility/ Developmentally Disabled – Nursing (ICF/DD-N)	A facility with a capacity of 4 to 15 beds that provides 24-hour personal care, developmental services, and nursing supervision for developmentally disabled persons who have intermittent recurring needs for skilled nursing care but have been certified by a physician and surgeon as not requiring continuous skilled nursing care. The facility shall serve medically fragile persons who have developmental disabilities or demonstrate significant developmental delay that may lead to a developmental disability if not treated.

Term	Definition
Long Term Services and Supports (LTSS)	Medi-Cal: Services and supports designed to allow a Member with functional limitations and/or chronic illnesses the ability to live or work in the setting of the Member's choice, which may include the Member's home, a worksite, a Provider-owned or controlled residential setting, a nursing facility, or other institutional setting, and includes both LTC and Home and Community Based Services, and carved-in and carved-out services. OneCare: A wide variety of services and supports that help Members meet their daily needs for assistance and improve the quality of their lives. LTSS are provided over an extended period, predominantly in homes and communities, but also in facility-based settings such as nursing facilities. LTSS includes all of the following: 1. Community-Based Adult Services (CBAS); 2. Multipurpose Senior Services Program (MSSP) services; 3. Skilled Nursing Facility services and subacute care services; and 4. In-Home Supportive Services (IHSS).
Member	A beneficiary enrolled in a CalOptima Health program.
Multi-Purpose Senior Services Program (MSSP)	The Waiver program that provides social and health care management to a Member who is sixty-five (65) years or older and meets a nursing facility level of care as an alternative to nursing facility placement in order to allow the Member to remain in their home, pursuant to the Medi-Cal 2020 Waiver.
Nursing Facility (NF)	Refers to Nursing Facility Level A (NF-A) and Nursing Facility Level B (NF-B) facilities.
Nursing Facility Level A (NF-A)	Known as the Immediate 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.
Quality Improvement (QI)	Systematic and continuous actions that lead to measurable improvements in the way health care is delivered and outcomes for Members.
Skilled Nursing Facility (SNF)	Medi-Cal: Any facility, place, building, agency, skilled nursing home, convalescent hospital, nursing home, or nursing facility as defined in 22 CCR section 51121, which is licensed as a SNF by California Department of Public Health (CDPH) or is a distinct part or unit of a hospital, meets the standard specified in 22 CCR 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 and enrolled for participation as a SNF in the Medi-Cal program. OneCare: A facility that meets specific regulatory certification requirements that primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative

Term	Definition
	services but does not provide the level of care or treatment available in a hospital.
Subacute Facility-Adult	A health facility that meets the standards set forth in Title 22, Section 51215.5, as an identifiable unit of a SNF accommodating beds including contiguous rooms, 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 Title 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.