



Policy: GG.1808  
Title: **Plan of Care, Long-Term Care**  
Department: Medical Management  
Section: Long Term Services and Supports

*CEO Approval: /s/ Michael Hunn 09/24/2024*

Effective Date: 01/01/1996

Revised Date: 09/01/2024

Applicable to: ☒ Medi-Cal  
☒ OneCare  
☐ PACE  
☐ Administrative

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## **I. PURPOSE**

This policy delineates requirements for an individually written Plan of Care for Members admitted to a Long-Term Care (LTC) facility, including a Skilled Nursing Facility for Nursing Facility (NF-A), Nursing Facility (NF-B) Level of Care, and Subacute Facility-Adult/Pediatric and to ensure CalOptima Health Members receive coordinated care across continuum of services including medical, behavioral health, and long-term services and supports.

## **II. POLICY**

- A. CalOptima Health Members admitted to an LTC facility shall have an individually written Plan of Care completed, approved, and signed by a physician.
- B. An LTC facility shall maintain a Member's Plan of Care in the Member's Medical Record at the LTC facility.
- C. CalOptima Health or a Health Network shall participate in the Member's Interdisciplinary Care Team (ICT) meeting, as appropriate.

## **III. PROCEDURE**

- A. An LTC facility shall incorporate the Member's transferring Medical Records, previous facility discharge plan, and Health Risk Assessment (HRA), if applicable, in the Member's current Plan of Care.
- B. A CalOptima Health or Health Network case manager shall contact the LTC facility staff when appropriate to:
  - 1. Request a Member's ICT meeting schedule;
  - 2. Inform the LTC facility staff that the case manager would like to participate and obtain permission to attend Member's ICT;
  - 3. Provide a copy of Member's completed HRA to the facility staff;
  - 4. Provide additional resources and care coordination as appropriate; and

5. Document ICT participation and findings in the Member's Medical Record.
- C. An LTC facility ICT case conference may include physician(s), nurse(s), therapist(s), social worker(s), and other health care professionals. The Members of the ICT shall contribute to and establish the written Plan of Care for a Member. The Plan of Care shall include, but is not limited to the following:
1. Diagnoses, symptoms, complaints, and complications;
  2. Description of the functional and cognitive level of the Member;
  3. Psychosocial status;
  4. Caregiver involvement and support system;
  5. Objectives for the Member during the facility stay;
  6. Any orders for:
    - a. Medications;
    - b. Treatments;
    - c. Restorative and rehabilitative services;
    - d. Activities;
    - e. Therapies;
    - f. Social services;
    - g. Diet;
    - h. Special procedures recommended for the health and safety of the Member; and
    - i. Special procedures designed to meet the objectives of the Plan of Care.
  7. Plans for continuing care, including review and modification of the Plan of Care;
  8. Plans for discharge; and
  9. Plans for leaves of absence, if applicable.
- D. The attending physician, or Primary Care Provider (PCP), and other health care professional involved in the Member's care, shall review, discuss care goals with the Member and/or the Member's Authorized Representative, and sign each Plan of Care. In addition, the attending physician or PCP, and other personnel involved in the Member's care, must review, update as appropriate, and sign each Plan of Care at least every sixty (60) calendar days.
- E. The Member or the Member's Authorized Representative must be offered their Plan of Care, as well as any amendments to it if applicable, by the LTC Facility staff. If assistance with translation is required, the LTC Facility or CalOptima Health can provide translation services as needed.

F. CalOptima Health LTSS, or Health Network staff, may review the Member's Plan of Care as a Member's health condition changes or to provide additional care coordination, including but not limited to Member events such as:

1. Visit(s) to the emergency room;
2. Admission(s) to an acute hospital;
3. Significant increases in Polypharmacy; and
4. Findings from Health Risk Assessments.

#### **IV. ATTACHMENT(S)**

Not Applicable

#### **V. REFERENCE(S)**

- A. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- B. CalOptima Health Policy GG.1323: Seniors and Persons with Disabilities and Health Risk Assessment
- C. Medi-Cal Provider Manual: Patients Plans of Care for Long-Term Care
- D. Title 22, California Code of Regulations (CCR), §§ 51118, 51120, 51121, 51124, 51164-51164.2, 51212, 51215, 51215.5, 51215.8, 51343(g), 51343.1(f), 51343.2(h), 76079, 76345 and 76853
- E. Title 42, Code of Federal Regulations (CFR), §§ 456.80 and 456.380

#### **VI. REGULATORY AGENCY APPROVAL(S)**

Date	Regulatory Agency	Response
05/26/2016	Department of Health Care Services (DHCS)	Approved as Submitted
09/22/2020	Department of Health Care Services (DHCS)	Approved as Submitted

#### **VII. BOARD ACTION(S)**

Date	Meeting
08/06/2020	Regular Meeting of the CalOptima Board of Directors

#### **VIII. REVISION HISTORY**

Action	Date	Policy	Policy Title	Program(s)
Effective	01/01/1996	GG.1808	Plan of Care, Long- Term Care	Medi-Cal
Revised	07/01/2007	GG.1808	Plan of Care, Long- Term Care	Medi-Cal
Effective	07/01/2015	CMC.1808	Plan of Care, Long- Term Care	OneCare Connect
Revised	02/01/2016	GG.1808	Plan of Care, Long- Term Care	Medi-Cal OneCare Connect
Retired	03/08/2016	CMC.1808	Plan of Care, Long Term Care	OneCare Connect
Revised	10/01/2016	GG.1808	Plan of Care, Long- Term Care	Medi-Cal OneCare Connect
Revised	12/01/2017	GG.1808	Plan of Care, Long- Term Care	Medi-Cal OneCare Connect
Revised	08/06/2020	GG.1808	Plan of Care, Long- Term Care	Medi-Cal

<b>Action</b>	<b>Date</b>	<b>Policy</b>	<b>Policy Title</b>	<b>Program(s)</b>
				OneCare Connect
Revised	07/01/2021	GG.1808	Plan of Care, Long- Term Care	Medi-Cal OneCare Connect
Revised	12/31/2022	GG.1808	Plan of Care, Long- Term Care	Medi-Cal
Revised	07/01/2023	GG.1808	Plan of Care, Long- Term Care	Medi-Cal
Revised	09/01/2024	GG.1808	Plan of Care, Long- Term Care	Medi-Cal OneCare

## IX. GLOSSARY

<b>Term</b>	<b>Definition</b>
Authorized Representative	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.
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.
Health Network	For purposes of this policy, a Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network
Health Risk Assessment (HRA)	An assessment required for Seniors and Persons with Disabilities. Effective January 1, 2023, HRA assessment requirements for Seniors and Persons with Disabilities are simplified, while specific member protections are kept in place.
Home and Community-Based Services (HCBS)	Home and Community- Based Services (HCBS) benefit is defined by the services listed in Title 42, Code of Federal Regulations, Section 440.182(c).
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.
Interdisciplinary Care Team (ICT)	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)	Specialized rehabilitative services and care provided in a Skilled Nursing Facility (SNF), subacute facility, pediatric subacute facility, Intermediate Care Facility/Developmentally Disabled (ICF/DD), ICF/DD-Habilitative (ICF/DD-H), or ICF/DD-Nursing (ICF/DD-N) homes.
Medical Record	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.
Medically Necessary or Medical Necessity	<p>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&amp;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.</p> <p>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 the United States Code, as required by W&amp;I Code 14059.5(b) and W&amp;I Code Section 14132(v). Without limitation, Medically Necessary services for Members under 21 years of age include Covered Services necessary to</p>

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	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.
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 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	Refers to Nursing Facility Level A and Nursing Facility Level 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.
Plan of Care	An individual written plan of care completed, approved, and signed by a Physician and maintained in the member's medical records according to Title 42, Code of Federal Regulations (CFR).
Polypharmacy	For the purposes of this policy, the simultaneous use of multiple medications by a single Member, for one (1) or more conditions which may increase the risk for drug interactions and adverse drug reactions.
Primary Care Provider (PCP)	A person responsible for supervising, coordinating, and providing initial and Primary Care to patients; for initiating referrals; and for maintaining the continuity of patient care. A PCP may be a Primary Care Physician or Non-Physician Medical Practitioner.
Skilled Nursing Facility (SNF)	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.
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.