



Policy: GG.1816
Title: **Quality Improvement Activities, Long-Term Services and Supports**
Department: Medical Management
Section: Long Term Services and Supports

CEO Approval: /s/ Michael Hunn 01/09/2025

Effective Date: 06/01/1998

Revised Date: 11/01/2024

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

I. PURPOSE

This policy defines the scope of quality improvement activities related to Members participating in the Long-Term Services and Supports (LTSS) Program, including Community-Based Adult Services (CBAS), Multi-Purpose Senior Services Program (MSSP) and Members residing in Skilled Nursing Facility (SNF) for Nursing Facility Level A (NF-A) and Level B (NF-B), Subacute Facility-Adult, Subacute Facility- Pediatric, and Intermediate Care Facility/Developmentally Disabled (ICF/DD), ICF/DD-Habilitative (ICF/DD-H), and ICF/DD-Nursing (ICF/DD-N) Level of Care.

II. POLICY

A. CalOptima Health shall comply with state and federal requirements for Long-Term Services and Supports (LTSS).

1. The CalOptima Quality Improvement Program shall provide the necessary infrastructure, to evaluate, improve quality of care, and coordinate care with Primary Care Providers, Specialty Care Providers, and other Providers, for Members residing in Long Term Care (LTC) facilities and contracted ICF-DD homes, as well as for Members receiving Home and Community-Based Services (HCBS).
2. The CalOptima Health LTSS, Quality Analytics (QA) and Quality Improvement (QI) Departments shall provide direct oversight of LTSS QI activities and report quality improvement project outcomes and measures to the CalOptima Health Quality Improvement Health Equity Committee (QIHEC) as part of the CalOptima Quality Improvement and Health Transformation Program (QIHETP, in accordance with CalOptima Health Policy GG. 1629: Quality Improvement and Health Equity Transformation Program (QIHETP).
3. CalOptima Health Quality Improvement Program responsibilities for LTSS may include, but are not limited to:
 - a. Identifying barriers for keeping Members safely in their own homes or in the community, developing solutions, making appropriate recommendations to improve discharge planning process, and preventing inappropriate admissions;

- b. Evaluating the performance, success, and challenges of LTSS program Providers for the following services: CBAS, MSSP, and other Home and Community Based Services (HCBS);
 - c. Monitoring the important aspects of quality of care, quality of services, and patient safety by collecting and organizing data for all selected indicators;
 - d. Providing input on enhancing the capacity and coordination among LTSS providers, community-based organizations, housing providers, and managed care plans to care for individuals discharged from institutions; and
 - e. Identifying and recommending topics for LTSS provider workshops, education and training.
- B. The CalOptima Health LTSS and QI Departments shall collaborate on LTSS quality activities which may include:
 - 1. Nursing Facility quality measures;
 - 2. ICF-DD home quality measures;
 - 3. Member satisfaction surveys;
 - 4. CBAS, Nursing Facility and ICF-DD home site visits;
 - 5. Corrective Action Plans (CAPs);
 - 6. California Department of Public Health (CDPH) Licensing and Certification; and
 - 7. Department of Health Care Services (DHCS) and California Department of Aging (CDA) audit results.
- C. The CalOptima Health QI Department shall collaborate with the CDPH Licensing and Certification Program DHCS regarding Nursing Facilities; and, CDA regarding CBAS providers. The QI Department shall provide oversight to ensure CBAS providers and Nursing Facilities correct the deficiencies identified by the regulatory agencies.
- D. CalOptima Health QI and LTSS Departments shall participate in CalOptima's quality improvement activities, quality improvement program development, and quality improvement program implementation, as applicable, in accordance with contractual requirements.
- E. CalOptima Health shall assist in the identification and communication of potential quality of care issues with other agencies directly involved in coordination of services for Members in LTSS program, including but not limited to:
 - 1. Orange County Regional Center;
 - 2. Orange County Social Services Agency;
 - 3. CDPH Licensing and Certification;
 - 4. Centers for Medicare & Medicaid Services (CMS);
 - 5. Medi-Cal Operations Division;

6. Department of Health Care Services (DHCS);
7. Office of Statewide Health Planning and Development (OSHPD); and
8. Ombudsman Offices:
 - a. Cal MediConnect;
 - b. Long-Term Care;
 - c. Medi-Cal; and
 - d. CDA.

III. PROCEDURE

- A. CalOptima Health shall monitor the quality of care provided to Members participating in the LTSS program and shall report it to the Quality Improvement Committee. Monitoring shall include, but is not limited to:
 1. Member Grievance trends;
 2. Provider Grievance trends;
 3. Case review of potential quality of care issue referrals triggered by unusual occurrences, Grievances, or utilization management activities;
 4. Quality measures as identified by CMS for each Nursing Facility;
 5. Claims data for SNF residents, including but not limited to emergency room visits, healthcare associated infections requiring hospitalization, and potentially preventable readmissions as well as DHCS supplied WQIP data via a template provided by DHCS on a quarterly basis;
 6. Efforts supporting Member community integration;
 7. Critical Incident reports; and
 8. CDPH, DHCS, and CDA audits.
- B. The CalOptima Health LTSS Department shall conduct focused reviews of topics, including those specifically related to special needs populations, such as Members participating in LTSS programs, in accordance with the annual CalOptima Quality Improvement Program.
- C. The CalOptima Health LTSS Department staff shall identify topics for review through the monitoring process or through the use of Healthcare Effectiveness Data and Information Set (HEDIS[®]) indicators for preventive care services, as appropriate by criteria.
- D. The CalOptima Health LTSS and Quality Improvement (QI) Departments shall comply with federal requirements and shall report Managed Long-Term Services and Supports Measures selected annually by DHCS and the External Quality Review Organization (EQRO).
- E. The CalOptima Health LTSS Department staff shall collaborate with QI Department on LTSS Plan Do Study Acts (PDSA) involving the LTSS programs.

- F. The CalOptima Health QI Department shall monitor the Plan of Correction (POC) for LTC and CBAS from California Department of Public Health (CDPH) and California Department of Aging (CDA) respectively.

IV. ATTACHMENT(S)

- A. CalOptima QI Critical Incident Report to Quality Improvement – MSSP/LTC/SNF
B. CalOptima QI Incident Report to Quality Improvement– CBAS

V. REFERENCE(S)

- A. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
B. CalOptima Health Policy GG.1629: Quality Improvement and Health Equity Transformation Program (QIHETP)
C. CalOptima Quality Improvement Program
D. Department of Health Care Services (DHCS) All Plan Letter (APL) 24-004: Quality Improvement and Health Equity Transformation Requirements (Superseded APL 19-017)..
E. Department of Health Care Services (DHCS) All Plan Letter (APL) 24-009: Skilled Nursing Facilities -- Long Term Care Benefit Standardization and Transition of Members to Managed Care (Supersedes APL 23-004)
F. Department of Health Care Services (DHCS) All Plan Letter (APL) 24-010: Subacute Care Facilities - Long Term Care Benefit Standardization and Transition of Members to Managed Care (Supersedes APL 23-027)
G. Department of Health Care Services (DHCS) All Plan Letter (APL) 24-011: Intermediate Care Facilities for Individuals with Developmental Disabilities – Long Term Care Benefit Standardization and Transition of Members to Managed Care (Supersedes 23-023)
H. Title 22, California Code of Regulations (CCR), §§ 51212, 51120, 51121, 51124 and 51215

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
05/26/2016	Department of Health Care Services (DHCS)	Approved as Submitted
07/05/2023	Department of Health Care Services (DHCS)	Approved as Submitted
04/17/2024	Department of Health Care Services (DHCS)	Approved as Submitted
01/07/2025	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	06/01/1998	GG.1816	Quality Improvement Activities, Long-Term Care	Medi-Cal
Revised	10/01/1998	GG.1816	Quality Improvement Activities, Long-Term Care	Medi-Cal
Revised	02/01/2007	GG.1816	Quality Improvement Activities, Long-Term Care	Medi-Cal

Action	Date	Policy	Policy Title	Program(s)
Revised	03/01/2008	GG.1816	Quality Improvement Activities, Long-Term Care	Medi-Cal
Revised	02/01/2016	GG.1816	Quality Improvement Activities, Long-Term Services and Supports	Medi-Cal OneCare Connect
Revised	08/01/2016	GG.1816	Quality Improvement Activities, Long-Term Services and Supports	Medi-Cal OneCare Connect
Revised	11/01/2017	GG.1816	Quality Improvement Activities, Long-Term Services and Supports	Medi-Cal OneCare Connect
Revised	08/01/2019	GG.1816	Quality Improvement Activities, Long-Term Services and Supports	Medi-Cal OneCare Connect
Revised	07/01/2020	GG.1816	Quality Improvement Activities, Long-Term Services and Supports	Medi-Cal OneCare Connect
Revised	06/01/2021	GG.1816	Quality Improvement Activities, Long-Term Services and Supports	Medi-Cal OneCare Connect
Revised	12/31/2022	GG.1816	Quality Improvement Activities, Long-Term Services and Supports	Medi-Cal OneCare
Revised	05/01/2023	GG.1816	Quality Improvement Activities, Long-Term Services and Supports	Medi-Cal OneCare
Revised	11/01/2023	GG.1816	Quality Improvement Activities, Long-Term Services and Supports	Medi-Cal OneCare
Revised	11/01/2024	GG.1816	Quality Improvement Activities, Long-Term Services and Supports	Medi-Cal OneCare

IX. GLOSSARY

Term	Definition
Community-Based Adult Service (CBAS)	An outpatient, facility-based program that delivers skilled nursing care, social services, therapies, personal care, family / caregiver training and support, nutrition services, transportation, and other services as defined in the California Bridge to Reform Waiver 11-W-00193/9, Special Terms and Conditions, Paragraph 91, to eligible Members who meet applicable eligibility criteria.
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.
Grievance	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.
Healthcare Effectiveness Data and Information Set (HEDIS®)	The set of standardized performance measures sponsored and maintained by the National Committee for Quality Assurance (NCQA).
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).
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)	<p>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. As described in Welfare and Institutions Code section 14186.1, Medi-Cal covered LTSS includes all of the following:</p> <ol style="list-style-type: none"> 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).
Long-Term Services and Supports Quality Improvement Sub Committee (LTSS QISC)	CalOptima QI subcommittee that is responsible for LTSS activities and processes.
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 (NF)	Refers to Nursing Facility Level A (NF-A) and Nursing Facility Level B (NF-B) facilities.
Nursing Facility Level A (NF-A)	Level of care 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)	Level of care 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.
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 Primary Care Provider may be a Primary Care Physician or Non-Physician Medical Practitioner.
Skilled Nursing Facility (SNF)	As defined in California Code of Regulations, Title 22 section 51121(a), any institution, place, building, or agency which is licensed as a SNF by the California Department of Public Health (CDPH) 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 hospital", "nursing home", or "nursing facility".
Specialty Care Provider	Provider of Specialty Care given to Members by referral by other than a Primary Care Provider.