



## SFHP Long-Term Care (LTC) Criteria Guidelines

<b>Department Owner:</b>	Clinical Operations
<b>Lines of Business:</b>	Medi-Cal
<b>Related Policy:</b>	CO-02 Members Admitted to LLOC Facility
<b>Related Documents:</b>	APL 22-018 SNF--LTC Benefit Standardization & Transition of Members to Managed Care  APL 23-027 Subacute Care Facilities--LTC Benefit Standardization & Transition of Members to Managed Care
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## Definitions

1. Custodial Care services are services and supplies furnished to a person mainly to help him or her with activities of daily life. These services are commonly for patients whose health is not expected to improve. Custodial care differs from skilled home health nursing care in that home health nursing is the provision of intermittent skilled professional services to a member in the home for the purpose of restoring and maintaining the Member's maximal level of function and health. Services are rendered in lieu of hospitalization, confinement in an extended care facility or going outside of the home for the service. Nursing services provided are not primarily for the comfort or convenience of the Member or custodial in nature (Aetna, 2021).
2. Custodial care serves to assist an individual in the activities of daily living (including assistance in walking, getting in and out of bed, bathing, dressing, feeding, and using the toilet), preparation of special diets and supervision of medication that is usually self-administered. Custodial care is personal care that does not require the continuing attention of trained medical or paramedical personnel (Medicare, 2014).
3. Subacute care patients are medically fragile and require special services, such as inhalation therapy, tracheotomy care, intravenous tube feeding, and complex wound management care. Members at this level of care either can be short term, where there is potential for the member eventually being transferred to a lower level of care; or long term, when there is no potential for improvement in their medical condition.
  - Adult subacute care is a level of care that is defined as a level of care needed by a patient who does not require hospital acute care but who requires more intensive licensed skilled nursing care than is provided to the majority of patients in a skilled nursing facility.
  - Pediatric subacute care is a level of care needed by a person less than 21 years of age who uses a medical technology that compensates for the loss of a vital bodily function. (DHCS, 2023)

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## Coverage Criteria

Medical conditions may qualify for long-term care depending on the degree of severity and the patient's ability to participate responsibly in personal care. Decisions regarding the appropriate level of care are based on the definitions set forth in Title 22, California Code of Regulations (CCR) Sections 51118, 51120, 51120.5, 51121, 51124, 51124.5, and 51124.6, and the criteria for admission set forth in Sections 51335,

51118, 51120, 51335.5, 51334, 51335.6, and referenced sections of 51003 (e). These Title 22 Medi-Cal guidelines are used to determine the medical necessity for continued placement in a long-term care facility.

In order to qualify for long-term care, a Long-Term Care (LTC) Request Form must be initiated by the member's treating physician. Requests for reauthorization may be approved for up to 12 months based on medical necessity.

Alternative settings other than subacute facilities, skilled nursing facilities (SNF) and home-related services such as Community Based Adult Services (CBAS) and In-Home Supportive Services (IHSS) should be considered first in meeting the members' physical and functional needs and to determine if the member can safely reside at home.

A short term (i.e., 3 month) placement in a SNF may be considered while suitability for in-home services is being evaluated. Home placement with wraparound services or extension of the SNF placement could occur at the end of the short-term period.

### Adult Subacute Level

The adult member (21 and older) must need one of the following:

1. Tracheostomy care with continuous mechanical ventilation for at least 50 percent of the day; or
2. Tracheostomy care with suctioning and room air mist or oxygen as needed, and one of the treatment procedures listed below; or
3. Administration of any three of the treatment procedures listed below.

#### Treatment Procedures

- a. Total parenteral nutrition
- b. Inpatient physical, occupational, and/or speech therapy, at least two hours per day, five days per week
- c. Tube feeding (nasogastric or gastrostomy)
- d. Inhalation therapy treatments every shift and a minimum of four times per 24-hour period
- e. I.V. therapy involving:
  - i. the continuous administration of a therapeutic agent, or
  - ii. the need for hydration, or
  - iii. frequent intermittent I.V. drug administration via a peripheral and/or central line (for example, with Heparin lock)
- f. Debridement, packing and medicated irrigation with or without whirlpool treatment

### Pediatric Subacute Level

The pediatric member (under 21) must need one of the following:

1. Tracheostomy care with dependence on mechanical ventilation for a minimum of six hours each day.
2. Tracheostomy care requiring suctioning at least every six hours, and room air mist or oxygen as needed, and dependence on one treatment procedure listed in (b) through (e) below:
3. Dependence on total parenteral nutrition or other intravenous nutritional support, and dependence on one treatment procedure listed in (a) through (e) below;
4. Dependence on skilled nursing care in the administration of any three treatment procedures listed in (a) through (e) below:

#### Treatment Procedures

- a. Intermittent suctioning at least every eight hours, and room air mist or oxygen as needed;
- b. Continuous intravenous therapy including administration of therapeutic agents necessary for hydration or of intravenous pharmaceuticals; or intravenous pharmaceutical administration of more than one agent, via a peripheral or central line, without continuous infusion;
- c. Peritoneal dialysis treatments requiring at least four exchanges every 24 hours;
- d. Tube feeding, naso-gastric or gastrostomy tube;
- e. Other medical technologies required continuously, which in the opinion of the attending physician and the Medi-Cal consultant require the services of a professional nurse.

### Skilled Nursing Facility - Routine Custodial Care

The Member's physical functional incapacity may exceed patient care capability of available home health resources. Examples are:

1. Bedbound Members (Members requiring extensive assistance with personal care and activities of daily living)
2. Quadriplegic or severe paralysis cases which may be at increased risk of skin breakdown, respiratory compromise, or require increased personal assistance
3. Members unable to feed themselves or complete independent ADLs

### Skilled Nursing Facility - Prolonged Custodial Care

Members with the above physical limitations will likely require prolonged care. Presence of at least two (2) of the following medical/functional factors should be considered in determining the need for prolonged care:

1. Comatose or semi-comatose states; and/or
2. Debilitating conditions including extreme age which indicate a need for preventive nursing care and supervision to avoid skin breakdown, nutritional deficiency, or infectious conditions; and/or
3. Cases in which the documented history gives clear indication that changes in the Member's usual condition would likely lead to the requirement for higher levels of care
4. Cases in which documented history and/or diagnosis gives clear indication of progressive incapacitation.

### Scope of Custodial Care

Services provided in custodial care include, but are not limited to the following (California Code of Regulations, Title 22 , Anthem 2020):

1. Basic care of chronic, stable, clean wound
2. Care of an ostomy (created more than 6 months prior) requiring routine care
3. Care of a tracheostomy (created more than 6 months prior) requiring no special care such as suctioning
4. In-house supplies
5. Management of bowel/bladder functions
6. Meals (including special diets)
7. Assistance with activities of daily living such as feeding, ambulation, range of motion, personal/grooming care, and comfort measures
8. Routine Foley catheter care (i.e., no irrigation)
9. Social services
10. Standard durable medical equipment (DME) use (e.g., wheelchairs, walkers, commodes, geriatric chairs)
11. Periodic turning and positioning in bed
12. Prophylactic and palliative skin care
13. Stable bolus feeding by nasogastric, gastrostomy or jejunostomy tube

14. General supervision of exercises which have been taught to the Member and do not require skilled rehabilitation personnel for their performance such as assisted walking or passive exercises to maintain range of motion in paralyzed extremities or repetitive exercises to maintain function, improve gait or maintain strength or endurance; and
15. Chronic uncomplicated oral or tracheal suctioning.

### Home-Related Services

Community Based Adult Services (CBAS) can provide services such as physical/occupational/ speech therapy, mental health services, nutrition counseling and nursing supervision up to five days a week. Members can also receive In Home Support Services (IHSS). Depending on the need of the applicant, IHSS may aid with meal preparation and clean-up, food shopping, bathing, dressing, personal care, house cleaning, assistance with medications and certain other paramedical assistance (with physician approval). Please refer to SFHP's [Community-Based Adult Services \(CBAS\) Manual](#) for more information

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## Coverage Exclusions

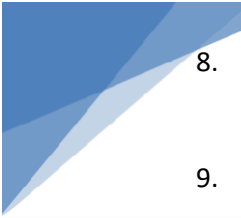
### Medicare and Healthy Worker HMO Exclusion

Custodial care is determined on the basis of the level of care and medical supervision required. Institutional care that is below the level of care covered by a skilled nursing facility (SNF) is custodial care. Custodial care is excluded from Medicare and Healthy Worker HMO coverage.

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## References

1. California Department of Health Care Services (DHCS) 2004. Manual of Criteria for MediCal Authorization, Chapter 7. Criteria for Long-Term Care Services.
2. Cal. Code Regs. Tit. 22, § 51335 - Skilled Nursing Facility Services
3. Cal. Code Regs. Tit. 22, § 51124.6 - Pediatric Subacute Care Services
4. Cal. Code Regs. Tit. 22, § 51124.5 - Subacute Level of Care
5. Cal. Code Regs. Tit. 22, § 51215.5 - Subacute Care Unit
6. [Medi-Cal Long Term Care Provider Manual](#)
7. Aetna Medical Clinical Policy Bulletin 2021. 0201 Skilled Home Health Care Nursing Services.



[http://www.aetna.com/cpb/medical/data/200\\_299/0201.html](http://www.aetna.com/cpb/medical/data/200_299/0201.html). Accessed November 2, 2021.

8. Anthem Clinical UM Guideline 2020. CG-MED-19 Custodial Care.  
[https://www.anthem.com/dam/medpolicies/abcbs\\_va/active/guidelines/gl\\_pw\\_a053757.html](https://www.anthem.com/dam/medpolicies/abcbs_va/active/guidelines/gl_pw_a053757.html).  
Accessed November 2, 2021.
9. [https://www.dhcs.ca.gov/formsandpubs/publications/Documents/MediCal\\_PDFs/Manual\\_of\\_Criteria.pdf](https://www.dhcs.ca.gov/formsandpubs/publications/Documents/MediCal_PDFs/Manual_of_Criteria.pdf). Accessed November 2, 2021.
10. Medicare Benefit Policy Manual. Chapter 16 – General Exclusions from Coverage, revision 198, 11/6/2014. Section 110-Custodial Care. <https://www.cms.gov/Regulations-andGuidance/Guidance/Manuals/Downloads/bp102c16.pdf>. Accessed November 2, 2021.