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<tr><td colspan="3">Policy Title:
Long-Term Care Services</td><td colspan="2">POLICY #: 10.2.25
Line of business: Medi-Cal</td></tr>
<tr><td>Department Name:
Utilization Management</td><td>Original Date
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<tr><td colspan="4">VP Approval:
Tracy Alvarez, VP, Medical Care Solutions</td><td>Date of Approval:
3/12/2024</td></tr>
<tr><td colspan="4">Medical Services/P&T Committee: (If Applicable)
Jennifer Nuovo, MD</td><td>Date of Committee Review: 3/12/2024</td></tr>
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A. PURPOSE

To provide guidance on how Blue Shield of California Promise Health Plan (Blue Shield Promise) will establish a mechanism for identification, authorization, and management of Blue Shield Promise Medi-Cal members requiring Long-Term Care services, including the standardization on Subacute Care Facilities and Skilled Nursing Facility (SNF) Long-Term Care (LTC) Benefits as specified in the California Department of Health Care Services (DHCS) contract section 2.31. Prior Authorizations and Review Procedures are in accordance with California Health & Safety Code (HSC) section 1367.01.

B. DEFINITIONS

I. **Adult subacute care** is defined as a level of care needed by a patient who does not require hospital care but who requires more intensive licensed skilled nursing care than is provided to the majority of patients in a skilled nursing facility.

II. **Continuity of Care (COC)**: attempts to maintain continuity of care by recognizing any treatment authorizations made by DHCS for nursing facility services that were in effect when the Medi-Cal member enrolled into Blue Shield Promise. This requirement is established under W&I Code §14186.3(c)(3). COC for Medi-Cal is for a period of time up to twelve (12) months.

III. **Long-Term Care (LTC)**: The provision of medical, social, and personal care services in either an institution or private home. Most LTC services are provided in skilled nursing facilities (SNFs) or subacute facilities. Long-term care is a continuous admission exceeding the month of admission and the entire following month. The primary purpose of LTC is to assist the member with activities

of daily living. To quality for LTC, members must require 24-hour long- or short-term medical care and must be eligible to receive services in a SNF.

IV. **Long-Term Care Facility (LTC)** means a licensed institution (other than a hospital) which meets all of the following requirements:

a. It is a qualified LTC provider.
b. It provides all necessary services for medical care and treatment on site.
c. It provides medical care and treatment under the supervision of physicians.
d. It provides services given by or supervised by a registered nurse.
e. It keeps medical records on all patients.

V. **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.

C. POLICY

I. Effective January 1, 2024, DHCS will require non-dual and dual LTC Members (including those with a Share of Cost) receiving institutional LTC services in a Subacute Care Facility to be enrolled in a managed care plan (MCP).

a. Members who are admitted into a Subacute Care Facility will remain enrolled in Medi-Cal managed care instead of being disenrolled to Medi-Cal FFS.

i. Blue Shield Promise will ensure that Members in need of adult or pediatric subacute care services are placed in a health care facility that provides the level of care most appropriate to the Member's medical needs, as outlined in the Blue Shield Promise Contract and as documented by the Member's Provider(s).

ii. Blue Shield Promise will ensure that if a Member needs adult or pediatric subacute care services, they are placed in a health care facility that is under contract for subacute care with DHCS' Subacute Contracting Unit (SCU) or is actively in the process of applying for a contract with DHCS' SCU.

II. The Blue Shield Promise contracted network of facilities is comprised of facilities providing the level of care most appropriate to the member's medical need and include skilled nursing facilities, subacute care facilities, and intermediate care facilities.

III. As specified in the DHCS contract §5.3.7 G. Long-Term Care Services, Blue Shield Promise will place members in LTC facilities that are licensed and certified by the California Department of Public Health (CDPH). Blue Shield Promise will ensure that contracted LTC facilities have not been decertified by CDPH or otherwise excluded from participation in the Medi-Cal program.

IV. To determine admission to an appropriate long-term care facility, a case manager will assess the member's health care needs and estimate that the member will most likely require long-term placement at this level of care.

V. Blue Shield Promise will authorize utilization of nursing facility services for members when medically necessary in a timely manner consistent with regulatory requirements.

Blue Shield Promise will maintain standards for determining levels of care and authorizing services for Medi-Cal services that are consistent with policies established by the federal Centers for Medicare and Medicaid Services (CMS) and in accordance with:

a. 22 CCR §§ 51335 & 51335.5
b. APL 23-004: Skilled Nursing Facilities – Long Term Care Benefit Standardization and Transition of Members to Managed Care
c. APL 23-027: Subacute Care Facilities – Long Term Care Benefit Standardization and Transition of Members to Managed Care
d. DHCS LTC Medi-Cal Manual of Criteria

VI. Blue Shield Promise will authorize and cover Medically Necessary adult and pediatric subacute care services (provided in both freestanding and hospital-based facilities).
   a. Blue Shield Promise will determine medical necessity consistent with definitions in 22 Code of California Regulations (CCR) sections 51124.5 and 51124.6, Welfare and Institutions Code (W&I) section 14132.25, and the Medi-Cal Manual of Criteria.

VII. Admission Types:
   a. Concurrent discharge planning placement from acute care to long-term care (LTC) or subacute care facility
   b. Admission from home to long-term care facility
   c. Blue Shield Promise is the primary payor of services
   d. The resident has become a Blue Shield Promise member while residing in the facility.
      i. A newly enrolled Medi-Cal member from FFS assigned to Blue Shield Promise while residing in the LTC facility
      ii. An existing Medi-Cal member has changed from another Medi-Cal Health Plan to Blue Shield Promise.

VIII. Classification Categories:
   a. Subacute Care: Subacute Care Facility services include those provided to both adult and pediatric populations, that are provided by a licensed general acute care hospital with distinct skilled nursing beds, or by a freestanding certified nursing facility. In each case, the facility must have the necessary contract with DHCS. Subacute care patients are medically fragile and require special services, such as inhalation therapy, tracheotomy care, intravenous tube feeding, and complex wound management care.
   b. Adult subacute care is defined as a level of care needed by a patient who does not require hospital care but who requires more intensive licensed skilled nursing care than is provided to the majority of patients in a skilled nursing facility.
   c. 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.
   d. Short Term Care: The member may need a short term stay for a skilled nursing care need or short-term rehab services and expected to return to his/her previous living arrangement or alternate level of care.
   e. Long-Term Care: The member has been reviewed, assessed, and determined that discharge potential is not possible, and placement is assumed for care in a facility for longer than the month of admission plus one month.

IX. Change in member's Condition or Discharge - W&I Code §14186.3(c)(4) applies to nursing

facility services provided in Coordinated Care Initiative (CCI) counties. Pursuant to this section, a nursing facility may modify its care of a

a. Medi-Cal member or discharge the member if the nursing facility determines that the following specified circumstances are present:
b. The nursing facility is no longer capable of meeting the member's health care needs,
c. The member's health has improved sufficiently so that he or she no longer needs nursing facility services, or
d. The member poses a risk to the health or safety of individuals in the nursing facility.
    i. When these circumstances are present, Blue Shield Promise will arrange and coordinate a discharge of the member and continue to pay the nursing facility the applicable rate until the member is successfully discharged and transitioned into an appropriate setting.
    ii. Blue Shield Promise will cover a member stay in a facility with availability regardless of medical necessity if placement in a medically necessary appropriate lower level of care is not available.

X. Blue Shield Promise will ensure all Medi-Cal managed care members, including those using subacute, SNF, and LTC services, will have access to a comprehensive set of services based on the members needs and preferences across the continuum of care, including Basic Population Health Management (BPHM), care management programs, and community support.

XI. Considerations for placement:
   a. Self-determined directive of the member/caregiver for the placement
   b. Geographical location of placement to maintain members in the community of their choice
   c. The unique medical and psychosocial needs of the member
   d. Exhaustion of community options/settings to safely maintain the members' health.
   e. Services will be directed to an in-network provider. If unable to redirect to an in-network provider, services will be directed to a non-contracting facility that meets the member's needs.

XII. The LTC staff are educated on LTC processes and utilize the Blue Shield Promise LTC Training Manual for the day-to-day processes in authorizing and coordinating services. See UM Policy & Procedure 10.2.25 Long-Term Care Services Training Manual and the Blue Shield Promise Pre-Service Nursing Long Term Custodial Care Process.

XIII. In lieu of providing nursing facility services, Blue Shield Promise will authorize home-and-community-based services. Please refer to UM P&Ps 10.02.23 Community Based Adult Services (CBAS), 10.02.27 Managed Long-Term Supports and Services (MLTSS) Care Coordination, and 10.02.21 Referral Process for Managed Long Term Services and Supports (MLTSS) and Social Services P&P 70.27.1.3 Social Services Coordination of Managed Long-Term Services and Supports.

D. PROCEDURE

I. Continuity of Care (COC) Requirements:

Facility Placement:

a. Effective January 1, 2024, through June 30, 2024, for Members residing in a Subacute Care Facility and transitioning from Medi-Cal FFS to Medi-Cal managed care, Blue Shield Promise will automatically provide 12 months of continuity of care for the Subacute Care Facility placement. Automatic continuity of care means that if the Member is currently residing in a Subacute Care Facility, they do not have to request continuity of care to continue to reside in that facility. While Members must meet Medical Necessity criteria for adult or pediatric subacute care services, Blue Shield Promise will automatically ensure the provision of continuity of care. Blue Shield Promise will allow members to stay in the same Subacute Care Facility if all of the following apply:
   i. The facility is contracted or actively in the process of being contract by DHCS' SCU;
   ii. The facility is licensed by the CDPH;
   iii. The facility is enrolled as a Medi-Cal provider;
   iv. The facility and Blue Shield Promise agree to payment rates; and
   v. The facility meets Blue Shield Promise's professional standards and has no disqualifying quality-of-care issues.

b. Blue Shield Promise will determine if Members are eligible for automatic continuity of care before the transition from Medi-Cal FFS to Medi-Cal managed care by identifying the Member's Subacute Care Facility residency and pre-existing relationship through historical utilization data or documentation provided by DHCS, such as Medi-Cal FFS utilization data, or by using information from the Member or Provider. A pre-existing relationship means that the Member has resided in the Subacute Care Facility at some point during the 12 months prior to the date of the Member's enrollment in the MCP.

c. Following their initial 12-month automatic continuity of care period, Members may request an additional 12 months of continuity of care pursuant to the process established by APL 23-022, Continuity of Care for Medi-Cal Beneficiaries Who Newly Enroll in Medi-Cal Managed Care from Medi-Cal Fee-for-Service, on or After January 1, 2023, or any superseding APL.

d. A member residing in a subacute care facility who newly enrolls in Blue Shield Promise on or after July 1, 2024, does not receive automatic continuity of care

and must instead request continuity of care, following the process established by APL 23-022, or any superseding APL. Pursuant to APL 23-022, or any superseding APL, Blue Shield Promise will notify the Member or their authorized representative of the Member's right to request continuity of care and furnish a copy of the notification to the subacute care facility in which the Member resides.

e. If a Member is unable to access continuity of care as requested, Blue Shield Promise will provide the Member or their authorized representative with a written Notice of Action of an adverse benefit determination in accordance with APL 21-011, Grievance and Appeals Requirements, Notice and "Your Rights" Templates, or any superseding APL. A copy of the notification will also be provided to the Subacute Care Facility in which the Member resides. Blue Shield Promise will comply with continuity of care and discharge requirements in HSC section 1373.96 and W&I section 14186.3(c)(4).
f. For additional information on timeframes for completion of eligible covered services and on the Blue Shield Promise Continuity of Care Program, see UM Policy & Procedure 10.2.40 Continuity of Care for Medi-Cal Members.

Medi-Cal Covered Services for Subacute Care Members with Existing Treatment Authorization Requests:

a. Effective January 1, 2024, for Members residing in a Subacute Care Facility and transitioning from Medi-Cal FFS to Medi-Cal managed care, Blue Shield Promise will cover treatment authorization requests (TARs) that are approved by DHCS and provided under the Subacute Care Facility per diem rate for a period of six months after enrollment in Blue Shield Promise, or for the duration of the TAR approval, whichever is shorter. Blue Shield Promise will honor and cover the service(s) under the DHCS-approved TAR without a request by the Member, authorized representative, or Provider in accordance with the requirements in APL 23-022, or any superseding APL.
b. Blue Shield Promise may approve subsequent reauthorizations for up to six months. Reauthorizations may be approved for one year for Members who have been identified or meet the criteria of "prolonged care." Prolonged Care classification recognizes that the medical condition of selected Members requires a prolonged period of skilled nursing care.
c. A new assessment is considered complete by Blue Shield Promise if the Member has been seen in-person and/or via synchronous Telehealth by a Network Provider and the Provider has reviewed the Member's current condition and completed a new treatment plan that includes assessment of the services specified by the pre-transition TAR approval.
d. Approval for pediatric subacute services cease once the Member turns 21 years of age. Discharge planning to an adult subacute care facility must be completed at least two months prior the Member turning 21 years of age.

Treatment Authorization Requests for Other Services:

a. Effective January 1, 2024, for Members residing in a Subacute Care Facility and transitioning from Medi-Cal FFS to Medi-Cal managed care, Blue Shield Promise will cover all other services in TARs approved by DHCS (except for supplemental rehabilitation therapy services and ventilator weaning services for Members in pediatric Subacute Care Facilities, as discussed below) provided in a Subacute Care Facility exclusive of the Subacute Care Facility per diem rate for a period of six months after enrollment in Blue Shield Promise, or for the duration of the TAR, whichever is shorter. Blue Shield Promise will honor and cover the service(s) under the DHCS-approved TAR without a request by the Member, authorized representative, or Provider in accordance with the

requirements in APL 23-022, or any superseding APL.

b. Blue Shield Promise may approve subsequent reauthorizations for up to six months. Reauthorizations may be approved for one year for Members who have been identified or meet the criteria of "prolonged care." Prolonged Care classification recognizes that the medical condition of selected Members requires a prolonged period of skilled nursing care.
c. A new assessment is considered complete by Blue Shield Promise if the Member has been seen in-person and/or via synchronous Telehealth by a Network Provider and the Provider has reviewed the Member's current condition and completed a new treatment plan that includes assessment of the services specified by the pre-transition TAR approval.
d. Approval for pediatric subacute services cease once the Member turns 21 years of age. Discharge planning to an adult subacute care facility must be completed at least two months prior the Member turning 21 years of age.

Treatment Authorization Requests for Pediatric Supplemental Rehabilitation Therapy and Ventilator Weaning Services

a. Supplemental rehabilitation therapy services and ventilator weaning services may be separately authorized and reimbursed for eligible pediatric subacute patients. Reimbursement for these services is in addition to the per diem rate for pediatric subacute level of care services. An approved TAR is required for these services and is the responsibility of the nursing facility.
b. Effective January 1, 2024, for pediatric Members residing in a Subacute Care Facility who are transitioning from Medi-Cal FFS to Medi-Cal managed care, Blue Shield Promise will cover supplemental rehabilitation therapy services and ventilator weaning services for TARs approved by DHCS in a Subacute Care Facility for a period of three months after enrollment in Blue Shield Promise. Blue Shield Promise will honor and cover the service(s) under the DHCS-approved TAR without a request by the Member, authorized representative, or Provider in accordance with the requirements in APL 23-022, or any superseding APL.
c. Blue Shield Promise may approve subsequent reauthorizations for up to three months. A new assessment is considered complete by Blue Shield Promise if the Member has been seen in-person and/or via synchronous Telehealth by a Network Provider and the Provider has reviewed the Member's current condition and completed a new treatment plan that includes assessment of the services specified by the pre-transition TAR approval.
d. Approval for pediatric subacute care services ceases once the Member turns 21 years of age. Discharge planning to an adult Subacute Care Facility must be completed at least two months prior to the Member turning 21 years of age.

Expedited Prior Authorization:

a. Effective January 1, 2024, Blue Shield Promise will expedite Prior Authorization requests for Members who are transitioning from an acute care hospital to a Subacute Care Facility. Blue Shield Promise will make all authorization decisions in a timeframe appropriate for the nature of the Member's condition and all authorization decisions wil be made within 72 hours after Blue Shield Promise receives relevant information needed to make an authorization decision.

Treatment Authorizations for SNFs:

a. For Members residing in a SNF and transitioning from MediCal FFS to Medi-Cal managed care, Blue Shield Promise is responsible for treatment

authorization requests (TAR) approved by DHCS for SNF services provided under the SNF per diem rate for a period of 12 months after enrollment in the MCP, or for the duration of the TAR, whichever is shorter.

b. For Members residing in a SNF who are transitioning from Medi-Cal FFS to Medi-Cal managed care, Blue Shield Promise is responsible for all other DHCS-approved TARs for services in a SNF exclusive of the SNF per diem rate for a period of 90 days after enrollment in Blue Shield Promise, or until Blue Shield Promise is able to reassess the Member and ensure provision of Medically Necessary services.
c. Prior authorization requests for Members who are transitioning from an acute care hospital are to be considered expedited, requiring a response time of no greater than 72 hours, including weekends.

II. **Facility Therapy Services**: Federal Law states that "each resident must receive, and the facility must provide, the necessary care and services to attain or maintain the highest practicable physical, mental and psychological well-being, in accordance with the comprehensive assessment and plan of care." In many cases, however, these therapy services can and should be performed as part of the nursing facility inclusive services (covered under the facility's per diem rate) and, therefore, are not separately reimbursable.

a. Therapy services provide to the recipient that are covered by the per diem rate include, but are not limited to:
    i. Keeping recipients active and out of bed for reasonable periods of time, except when contraindicated by a physician's order
    ii. Supportive and restorative nursing and personal care needed to maintain maximum functioning of the recipient
    iii. Care to prevent formation and progression of decubiti, contractures, and deformities, including:
    iv. Changing position of bedfast and chair-fast recipients
    v. Encouraging and assisting in self-care and activities of daily living
    vi. Maintaining proper body alignment and joint movement to prevent contractures and deformities

III. **Leaves of Absence and Bed-holds:** Blue Shield Promise will provide continuity of care for Members that are transferred from a subacute care facility or LTC to a general acute care hospital, and then require a return to a subacute care facility or LTC level of care due to medical necessity. Requirements regarding leave of absence, bed hold, and continuity of care policies apply.

a. Blue Shield Promise will ensure the provision of a leave of absence/bed hold that a subacute care facility or LTC provides in accordance with the requirements of 22 CCR § 72520 or California's Medicaid State Plan.
b. Blue Shield Promise will allow the Member to return to the same subacute care facility or LTC where the Member previously resided under the leave of absence/bed hold policies subject to medical necessity in accordance with the Medi-Cal requirements for leave of absence and bed hold, which are detailed in 22 CCR §51535 and 51535.1.
    i. Blue Shield Promise will ensure that members have the right to return to the subacute care facility and to the same bed, if available, or at a minimum to the next available room in the facility, regardless of the duration of the hospitalization, pursuant to 42 Code of Federal Regulations (CFR) § 483.15(e).
c. Blue Shield Promise will ensure that the subacute care facility or LTC notifies the

Member or the Member's authorized representative in writing of the right to exercise the bed hold provision.

d. Blue Shield Promise will regularly review all denials of bed holds and Leave of Absences.

IV. **Long-Term Services and Supports Liaison**

a. Blue Shield Promise will identify an individual or set of individuals as part of their Provider Relations or related functions to serve as the liaison for LTSS Providers

b. Liaisons receive training on the full spectrum of rules and regulations pertaining to Medi-Cal covered subacute care facility or LTC, including payment and coverage policies, prompt claims payment requirements, Provider resolutions policies and procedures, and care management, coordination and transition policies.

c. LTSS liaisons assist facilities in addressing claims and payment inquiries and assist with care transitions among the LTSS Provider community to best support Members' needs.

d. LTSS liaisons do not have to be clinical licensed professionals; they may be fulfilled with non-licensed staff. Blue Shield Promise will identify these individuals and disseminate their contact information to relevant Network Providers, including subacute care facilities and SNFs that are within Network.

V. **Population Health Management (PHM) Requirements**: Blue Shield Promise has implemented a PHM program that ensures all members, including those using LTC and adult or pediatric subacute care services, have access to a comprehensive set of services based on their needs and preferences across the continuum of care, including BPHM, transitional care services (TCS), case management programs, and community supports.

a. As part of the PHM program, Blue Shield Promise shall provide strengthened TCS that will be implemented in a phased approach.

   i. Blue Shield Promise will implement timely prior authorizations for all members, and know when all members are admitted, discharged, or transferred from LTC and subacute care facilities.

   ii. Blue Shield Promise will ensure that all TCS are completed for all high-risk members, including assigning a single point of contact, referred to as a care manager, to assist Members throughout their transition and ensure all required services are complete.

   iii. Blue Shield Promise care managers will ensure Member transitions to and from a LTC or Subacute Care Facility are timely and do not delay or interrupt any Medically Necessary services or care, and that TCS are completed.

b. Care Management programs beyond transitions including Complex Care Management (CCM) and Enhanced Care Management (ECM) will be provided. If a Member is enrolled in either CCM or ECM, TCS will be provided by the Member's assigned care manager from those programs.

c. For more information about PHM, please refer to the DHCS PHM website; the PHM Policy Guide; APL 22-024, or any superseding APL; and the operative Blue Shield Promise Contract (as amended).

VI. Blue Shield Promise will validate members are engaged with their assigned Primary Care Providers, including arranging transportation.

a. Blue Shield Promise will provide Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation to Members, including those residing in a subacute care facility or SNF, in accordance with APL 22-008, or any superseding APL.
b. NEMT services will be provided if the Member is being transferred from an emergency room or acute care hospital to a subacute care facility or SNF, without prior authorization.
c. For Blue Shield Promise covered services requiring recurring appointments, Blue Shield Promise will provide authorization for NEMT for the duration of the recurring appointments, not to exceed 12 months
d. The Member must have an approved Physician Certification Statement form authorizing NEMT by the Provider.
e. For more information, see Medical Care Solutions Policy 10.31.1 Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) Services and Related Travel Expenses.

VII. **Preadmission Screening and Resident Review (PASRR) Requirements:** To prevent an individual from being erroneously admitted or retained in a Subacute Care Facility, federal law requires proper screening and evaluation before such placement. These PASRR requirements are for all Medicaid-certified nursing facilities for all admissions to ensure that Members who may be admitted into a nursing facility for a long-term stay be preliminarily assessed for serious mental illness and/or intellectual/developmental disability or related conditions
   a. Blue Shield Promise will work with DHCS and Network Providers, including discharging facilities or admitting nursing facilities to obtain documentation validating PASRR process completions and will follow any further implementation guidance published by DHCS.
   b. For more information, refer to UM Policy 10.02.55 Skilled Nursing Facility,

E. MONITORING

Blue Shield Promise maintains a comprehensive Quality Assurance Performance Improvement (QAPI) program for long-term care services provided. Blue Shield Promise has a system in place to collect quality assurance and improvement findings from the CDPH, to include, but not limited to, survey deficiency results, site visit findings, and complaint findings.

Blue Shield Promise's comprehensive QAPI program incorporates the following:

- Contracted subacute care facility's and SNF's QAPI programs, which includes the five key elements identified by CMS.
- Claims data for subacute care facility and SNF residents, including but not limited to emergency room visits, healthcare associated infections requiring hospitalization, and potentially preventable readmissions as well as DHCS supplied Workforce and Quality Incentive Program (WQIP) data via a template provided by DHCS on a quarterly basis.
- Mechanisms to assess the quality and appropriateness of care furnished to members using LTSS, including assessment of care between care settings and a comparison of services and supports received with those set forth in the Member's treatment/service plan.

- Efforts supporting Member community integration.
- DHCS and CDPH efforts to prevent, detect, and remediate identified critical incidents.

F. REPORTING

I. Blue Shield Promise will report on LTC measures within the Managed Care Accountability Set (MCAS) of performance measures.

II. Blue Shield Promise will calculate the rates for each MCAS LTC measure for each subacute care facility and SNF within its network for each reporting unit according to the quality and enforcement standards detailed in APL 19-017 and APL 23-012, respectively, or any superseding APLs.

III. Blue Shield Promise will annually submit QAPI program reports with outcome and trending data as specified by DHCS.

G. REFERENCES & ATTACHMENTS

1. 22 CCR §§ 51124.5, 51124.6, 51335, 51335.5, 51535, 51535.1, 72520
2. HSC §§ 1367.01, 1373.96
3. APL 19-017
4. APL 21-011
5. APL 22-008
6. APL 22-024
7. APL 23-004
8. APL 23-012
9. APL 23-022
10. APL 23-027
11. Medi-Cal Manual of Criteria R-15-98E Chapter 7.0 Long-Term Services
12. Medi-Cal Provider Manual for – Long-Term Care
13. W&I Code §§ 14132.25, 14186 (b)(8), 14186.3(c)(3), 14186.3 (b)(4)(C), 14186.3 (c)(2), 14186.3(c)(4)
14. 42 CFR § 483.15(e)
15. CalAIM: Population Health Management (PHM) Policy Guide
16. 10.2.55 Skilled Nursing Facility
17. 10.2.40 Continuity of Care for Medi-Cal Members
18. 10.2.25 Long-Term Care Services
19. 10.02.23 Community Based Adult Services (CBAS)
20. 10.2.27 Managed Long-Term Supports and Services (MLTSS) Care Coordination
21. 10.31.1 Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) Services and Related Travel Expenses
22. 70.27.1.3 Social Services Coordination of Managed Long-Term Services and Supports
23. DHCS LTC Medi-Cal Manual of Criteria
24. DHCS contract §5.3.7 G. Long-Term Care Services

H. REVISION HISTORY

Date	Modification (Reviewed and/or revised)	E-Filing Number
3/2024	2024 Annual Review	

	• Updated regulatory requirements per DHCS • Formatting updates	
11/2023	Updated Regulatory Requirements APL 23-027	
10/2022	Updated Regulatory Requirements APL 22- 018	
2/2023	Updated Regulatory Requirements DHCS	
3/2023	Regulatory update	
8/2023	AIR Update: Non-Contracting Providers	