



IEHP UM Subcommittee Approved Authorization Guideline			
Guideline	Custodial Care for Medi-Cal Members	Guideline #	UM_OTH 10
		Original Effective Date	11/08/17
Section	Other	Revision Date	11/7/2025
		Committee Approval Date	11/17/2025
		Effective Date	12/1/2025

## COVERAGE POLICY

Medical conditions may qualify for custodial care depending on the degree of severity and the patient's ability to participate responsibly in personal care (DHCS, 2004). Therefore, alternative settings for custodial care other than 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 Members' physical and functional needs and to determine if the Member can safely reside at home.

In order to qualify for custodial care, a prior authorization request must be initiated by the Member's physician within 30 days after a face-to-face visit has been completed by the physician. The physician must submit clinical documentation explaining why the services are medically necessary or submit supporting clinical documentation indicating medical necessity. Requests for reauthorization of routine custodial care or prolonged custodial care may be approved for up to six (6) months based on medical necessity.

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.

## COVERAGE CRITERIA

### 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

### 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; and/or
4. Cases in which documented history and/or diagnosis gives clear indication of progressive incapacitation.

## **COVERAGE LIMITATIONS AND EXCLUSIONS**

### **Mental Limitations**

Severe incapacitation by mental illness or intellectual disability may exceed patient care capability of available home health resources. Coverage in such cases for Members between 22 and 64 years of age is a carve-out to county Mental Health Services or Inland Regional Center. Members between 18 and 21 years and 65 years of age and older receive custodial care in specialized institutions for mental disease also known as IMD. Members 18 to 21 years of age and 65 years of age and older must have a conservator in order to receive custodial care in these facilities.

## **ADDITIONAL INFORMATION**

### **Scope of Custodial Care**

Services provided in custodial care include, but are not limited to the following (California Code of Regulations, Title 22, Anthem 2021):

1. Assistance in dressing, eating, and toileting;
2. Periodic turning and positioning in bed;
3. Prophylactic and palliative skin care, including bathing and application of creams, or treatment of minor skin problems;
4. Stable bolus feeding by nasogastric, gastrostomy or jejunostomy tube (**Note:** skilled care, supervision or observation may be required if feedings are not stable);
5. Routine care of the incontinent individual, including use of diapers and protective sheets;
6. Routine services to maintain satisfactory functioning of indwelling bladder catheters (this would include emptying containers and cleaning them, and clamping tubing);
7. General maintenance care of colostomy and ileostomy;
8. General supervision of exercises, which have been taught to the individual and do not require skilled rehabilitation personnel for their performance. This includes, but is not limited to:
  - a. repetitive exercises to maintain function, improve gait, or maintain strength or endurance; or
  - b. passive exercises to maintain range of motion in paralyzed extremities, or
  - c. assisted walking.
9. Daily supervision and assistance with dressing, eating and hygiene for an individual with severe and persistent mental illness with findings such as cognitive impairment, delusions and hallucinations that interfere with an individual's ability to live in the community.
10. Changes of dressings for non-infected postoperative or chronic conditions;
11. General maintenance care in connection with a plaster cast (skilled supervision or observation may be required where the individual has pre-existing skin or circulatory conditions or needs to have traction adjusted);
12. Routine care in connection with braces and similar devices;

13. Use of heat as a palliative and comfort measure, such as whirlpool or steam pack;
14. Routine administration of medical gases after a regimen of therapy has been established (i.e., administration of medical gases after the individual has been taught how to institute therapy);
15. Administration of routine oral medications, eye drops, and ointments (the fact that an individual cannot be relied upon to take such medications himself/herself or that state law requires all medications be dispensed by a nurse to those individuals in an institutions would not change this service to a skilled service);
16. Chronic uncomplicated oral or tracheal suctioning (**Note:** skilled care, supervision or observation may be required if suctioning is complicated).

### **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 provide assistance 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).

## **CLINICAL/REGULATORY RESOURCE**

### **Medicare 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 coverage. (Medicare, 2014).

## **DEFINITION OF TERMS**

### **Custodial Care**

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).

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, 2022).

## **REFERENCES**

1. Aetna Medical Clinical Policy Bulletin 04/08/2022.  
0201 Skilled Home Health Care Nursing Services  
[https://www.aetna.com/cpb/medical/data/200\\_299/0201.html#dummyLink1](https://www.aetna.com/cpb/medical/data/200_299/0201.html#dummyLink1)  
Accessed. 11/7/2025
2. Anthem Clinical UM Guideline  
[https://www.anthem.com/medpolicies/abc/active/gl\\_pw\\_a053757.html](https://www.anthem.com/medpolicies/abc/active/gl_pw_a053757.html)

Accessed 11/07/2025

3. California Code of Regulations, Title 22, Division 3, Subdivision 1, Chapter 3, Article 4 § 51335. Skilled Nursing Facility Services.  
<https://www.dhcs.ca.gov/services/medical/Documents/22%20CCR%20Section%2051335.pdf>  
Accessed 11/7/2025
4. California Department of Health Care Services (DHCS) 2004. Manual of Criteria for Medi-Cal Authorization, Chapter 7. Criteria for Long-Term Care Services.  
[https://www.dhcs.ca.gov/formsandpubs/publications/Documents/Medi-Cal\\_PDFs/Manual\\_of\\_Criteria.pdf](https://www.dhcs.ca.gov/formsandpubs/publications/Documents/Medi-Cal_PDFs/Manual_of_Criteria.pdf)  
Accessed 11/07/2025
5. Medicare Benefit Policy Manual. Chapter 16 – General Exclusions from Coverage, revision 198, 11/6/2014. Section 110-Custodial Care. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c16.pdf> Accessed 11/07/2025.
6. Custodial Care vs. Skilled Care Reference Guide.  
<https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/infograph-CustodialCarevsSkilledCare-%5BMarch-2016%5D.pdf> Accessed 11/07/2025
7. California Code of Regulations, Title 22, Social Security Division 3, Health Care Services Subdivision 1, Chapter 3 Health Care Services, Article 1.3 General Provisions, Section 5103. Treatment Authorization Requests (TARS)  
<https://regulations.justia.com/states/california/title-22/division-3/subdivision-1/chapter-3/article-1-3/section-51003/> Accessed 11/07/2025.

## **DISCLAIMER**

IEHP Clinical Authorization Guidelines (CAG) are developed to assist in administering plan benefits, they do not constitute a description of plan benefits. The Clinical Authorization Guidelines (CAG) express IEHP's determination of whether certain services or supplies are medically necessary, experimental and investigational, or cosmetic. IEHP has reached these conclusions based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). IEHP makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in the Clinical Authorization Guidelines (CAG). IEHP expressly and solely reserves the right to revise the Clinical Authorization Guidelines (CAG), as clinical information changes.