



IEHP UM Subcommittee Approved Authorization Guideline			
Guideline	Congregate Living Health Facilities	Guideline #	UM OTH 15
		Original Effective Date	8/8/2018
Section	Other	Revision Date	10/25/23

COVERAGE POLICY:

- A. Congregate Living Health Facilities (CLHFs) are residential medical care facilities that provide inpatient care in a home-like, communal environment. Levels of care include skilled and subacute levels.
- B. IEHP has elected to offer the Congregate Living Health Facilities (CLHF) benefit to select Members for subacute level of care only. CLHFs are routinely covered by the Home and Community Based Alternatives (HCBA) waiver . IEHP Members may qualify for admission to a Congregate Living Health Facility depending on the degree of severity or medical complexity of the Member. Members who meet the criteria for subacute facility level of care can be evaluated for admission to a CLHF under the IEHP benefit.
- C. Members may qualify for admission to a CLHF under at least one of the following medical complexities:
 - 1. Catastrophic illness (traumatic brain injury, anoxic brain injury)
 - 2. Chronic neurocognitive deficit (cerebral palsy)
 - 3. Advanced stage neurological disease (e.g., Spinal Muscular Atrophy, Duchenne Muscular Dystrophy)
 - 4. Quadriplegia, hemiplegia or paraplegia
 - 5. Recent severe neurologic illness (e.g., cerebrovascular event) occurring ≤ 30 days prior with sequelae
 - 6. Dependence on medical technology (mechanical ventilators, hemodialysis) with other co-morbidities.
 - 7. A Member with a condition such as traumatic brain injury (TBI) which makes the Member difficult to place in a skilled nursing facility.
- AND**
- D. Care at CLHFs is provided for IEHP Members who require at least two of the following services:
 - 1. Continuous (24-hour) skilled nursing and supportive care provided by licensed healthcare professionals under the supervision and direction of a board-certified Medical Director (MD/DO)
 - 2. Frequent, intermittent vital signs, neurologic and/or vascular monitoring requiring 24-hour care
 - 3. Ventilator or tracheostomy dependence/ complex pulmonary care that cannot be provided at a lower level of care
 - 4. Intermittent Respiratory Therapy services for oxygen delivery, suctioning, CPAP or BiPAP
 - 5. Dietary care including tube feeding or total parenteral nutrition (TPN) with other medical co-morbidities not manageable at a lower level of care

6. Gastrostomy or ileostomy care (created \leq 90 days prior) not manageable at a lower level of care
 7. Complex wound care (debridement, packing, extensive dressing) requiring an extended time period ($>$ 30 minutes) or intravenous analgesia prior to care
 8. Medication monitoring of intravenous antibiotics or 5 or more medications
 9. Physically disabled persons requiring assistance with ADLs, IADLs and/or medical skilled needs
 10. Psychosocial support provided by licensed clinical social workers and therapists
 11. Subacute rehabilitation for physical, occupational and recreational therapy provided by licensed physical therapists at least 2 hours per day, five days per week
 12. Complex teaching services to the individual or caregiver requiring 24-hour facility setting
 13. Skin care, oral care and position changes that cannot be provided at a lower level of care
- E. A prior authorization request must be initiated by the Member's healthcare team which can be at the short-term acute hospital, the long-term acute care hospital or a traditional subacute care facility. Requests are approved for 6 months and are re-evaluated for continued medical necessity for up to an additional 6 months. The Member will be discharged to a lower level of care (e.g., home, SNF) when medical necessity criteria for CLHFs are no longer met.

COVERAGE LIMITATIONS AND EXCLUSIONS:

- A. An attempt will be made to place Members who meet criteria for skilled nursing or custodial levels of care in a nursing facility first. If placement in a nursing facility is unsuccessful, the Member will be considered for a CLHF if the Member meets criteria and Sections II. B and C do not apply.
- B. Members with remaining Medicare skilled days are not eligible to receive this benefit under IEHP.
- C. Members with severe behavioral health diagnoses who may be at risk to self or to others exceed the patient care capacity and physical environment of the CLHF due to the communal setting. Members with severe persistent mental illness will be referred to the County Department of Behavioral Health for post-acute care placement options.
- D. Members will be eligible to remain in the CLHF under the Health Plan benefit for up to one year. Members will be required to complete the Home and Community Based Alternatives (HCBA) waiver as required by Medi-Cal for ongoing eligibility of benefits.

ADDITIONAL INFORMATION:

- A. Congregate Living Health Facilities (CLHFs) are residential medical care facilities that provide inpatient care on the level of a subacute facility but in a home-like, communal environment. CLHFs do not provide long term acute care on the level of an intensive care unit or an acute hospital. Individuals who reside at CLHFs are medically fragile and/or medically complex, and would otherwise reside in subacute care facilities, acute care hospitals or other non-residential medical institutions.
- B. Due to the need for additional beds at the subacute level of care and the medical and/or therapeutic benefit that some Members may receive in a home-like setting, the Health Plan will cover this benefit for a defined period of time for select IEHP Members who meet criteria.
- C. Congregate Living Health Facilities provide subacute level skilled nursing care on a recurring, intermittent, extended, or continuous basis for patients with complex medical conditions. This care allows IEHP Members whose medical complexity requires care that is more intense than that provided in basic skilled nursing facilities or at home to transition down to a lower level of care

from general acute care hospitals (short term acute care (STACH) and long-term acute care hospitals (LTACH).

DEFINITION OF TERMS:

- A. The CA Department of Public Health defines a Congregate Living Health Facility as a residential home with a capacity of no more than 18 beds that provides inpatient care, including the following basic services: medical supervision, 24-hour skilled nursing and supportive care, pharmacy, dietary, social, recreational, and at least one type of the following services:
 1. Services for persons who are mentally alert, physically disabled and may be ventilator dependent
 2. Services for persons who have a diagnosis of terminal illness, a diagnosis of a life-threatening illness, or both
 3. Services for persons who are catastrophically and severely disabled.
- B. The primary need of Congregate Living Health Facility residents shall be for availability of skilled nursing care on a recurring, intermittent, extended, or continuous basis. This care is generally less intense than that provided in general acute care hospitals but more intense than that provided in skilled nursing facilities.
- C. Adjusted Clinical Groups (ACG) - The ACG System includes a number of special population markers to identify patient populations requiring specialized care. These markers enhance the clinical screening process by providing meaningful filtering criteria and clinical context. This is an extremely useful tool when trying to stratify risk by populations.

REFERENCES:

1. ACG System version 11.0 Technical Reference Guide. Published 12/9/2014 Copyright 2018, The John Hopkins University. Chapter 7: Risk Modeling pp, 110-126.
2. Assisted Living Waiver <https://www.dhcs.ca.gov/services/ltc/Pages/AssistedLivingWaiver.aspx>. Last accessed October 25, 2023.
3. California State Health and Safety Code (HSC) Section 1250(i)(1) https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=1250.&lawCode=HSC. Last accessed October 25, 2023
4. California Code of Regulations, Title 22, Division 3, Subdivision 1, Chapter 3, Article 4, § 51335. Skilled Nursing Facility Services. Last accessed October 25, 2023.
5. California Department of Health Care Services (DHCS) 2004. Manual of Criteria for Medi-Cal Authorization, Chapter 7 – Section III. Criteria for Long-Term Care Services – Subacute Level of Care. https://www.dhcs.ca.gov/formsandpubs/publications/Documents/Medi-Cal_PDFs/Manual_of_Criteria.pdf. Last accessed October 25, 2023.
6. Home and Community-Based Services (HCBS) Billing Codes and Reimbursement Rates. https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/2F1C6A6A-98C6-4E83-9308-CA1BBC16669C/homecd.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO. Last access October 25, 2023
7. Medi-Cal Provider Manual, “Home and Community-Based Services (HCBS)” https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/AC206DE8-32EC-492C-AD7B-8511D77DB074/home.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO. Last accessed October 25, 2023.

DISCLAIMER

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