

CalAIM: Subacute Care Facilities 101 for Managed Care Plans Webinar

September 13, 2023

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Agenda

Topics	Time
Welcome and Introductions	10:00 – 10:03 AM
Subacute Facilities Carve-In: Background and Overview	10:03 – 10:13 AM
Subacute Care Facilities Carve-In: Policy Requirements and Implementation Plan and Q&A	10:13 – 10:35 AM
Subacute Care Facilities Carve-In: Policy Requirements and Implementation Plan (Continued) and Q&A	10:35 – 10:50 AM
How Can MCPs Prepare for the Transition?	10:50 – 10:57 AM
Member Communications and Timeline	10:57 – 10:59 AM
Next Steps & Closing	10:59 – 11:00 AM

Subacute Care Facilities Carve-In: Background and Overview

CalAIM Long-Term Care Carve-In

- » On January 1, 2023, MCPs in all counties began covering the LTC benefit in Skilled Nursing Facilities (SNFs).
 - [APL 23-004](#) (supersedes APL 22-018) was released on March 14, 2023.
- » On January 1, 2024, MCPs in all counties will cover the LTC benefit in ICF/DDs, ICF/DD-Hs, ICF/DD-Ns, Subacute Care Facilities, and Pediatric Subacute Care Facilities.
 - [APL 23-023](#) was released on August 18 and focuses on the ICF/DD carve-in.
 - An APL specific to the Subacute Care Facility Carve-In is forthcoming.

Subacute Care in Managed Care Today

- » In 22 County Operated Health Systems (COHS) counties, MCPs provide coverage for both adult and pediatric subacute care services.
- » In five non-COHS counties, only adult subacute care services are currently covered.
- » In the remaining 31 counties, MCPs are only responsible for medically necessary services for the month of a person's admission and the following month (up to two months).
 - After the second month, MCPs must disenroll the member into Medi-Cal Fee-For-Service (FFS).

See Appendix F for detailed list of counties and associated MCPs.

What is Changing?

- » All Medi-Cal only and dual eligible beneficiaries in Medi-Cal FFS residing in a Subacute Care Facility on January 1, 2024 will be enrolled in a Medi-Cal MCP effective January 1, 2024.
- » Members who enter a Subacute Care Facility and would otherwise have been disenrolled from the Medi-Cal MCP will remain enrolled in managed care ongoing.
 - This also includes Medi-Cal members with other health coverage, including private coverage and Share of Cost (SOC) Medi-Cal beneficiaries in LTC aid codes.

What is Changing?

- » Adult subacute care services will be newly transitioning from Medi-Cal FFS to Medi-Cal managed care in 31 counties:
 - Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, El Dorado, Fresno, Glenn, Imperial, Inyo, Kern, Kings, Madera, Mariposa, Mono, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, Sierra, Stanislaus, Sutter, Tehama, Tulare, Tuolumne, and Yuba

- » Pediatric subacute care services will be newly transitioning from Medi-Cal FFS to Medi-Cal managed care in 36 counties:
 - Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, El Dorado, Fresno, Glenn, Imperial, Inyo, Kern, Kings, Los Angeles, Madera, Mariposa, Mono, Nevada, Placer, Plumas, Riverside, Sacramento, San Benito, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara, Sierra, Stanislaus, Sutter, Tehama, Tulare, Tuolumne, and Yuba

Subacute Care Facility Carve-In Overview

» Effective January 1, 2024:

- Medi-Cal MCPs in all counties will cover adult and pediatric subacute care services under the institutional LTC services benefit for **approximately 1,700 Medi-Cal members** currently in Fee-For-Service.
- Enrollment in Medi-Cal managed care will be mandatory for all Medi-Cal members residing in a Subacute Care Facility.

» Subacute Care Facility Carve-In Goals:

- Standardize Subacute Care Facility services coverage under managed care statewide.
- Advance a more consistent, seamless, and integrated system of managed care that reduces complexity and increases flexibility.
- Increase access to comprehensive care coordination, care management, and a broad array of services for Medi-Cal members in Subacute Care Facilities.

What is Subacute Care?



What is Subacute Level of Care?

Subacute patients require more intensive licensed skilled nursing care than is provided to the majority of patients in a skilled nursing facility.

- » Subacute patients are medically fragile and require special services, such as inhalation therapy, tracheotomy care, intravenous tube feeding, and complex wound management care.
- » **Adult subacute care** is 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. (CCR Title 22 Section 51124.5(a))
- » **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. (CCR Title 22 Section 51124.6 (a))

Subacute Level of Care

- » Subacute level of care refers to more intensive, licensed, skilled nursing care provided in Distinct-Part/Nursing Facilities Level B (DP/NF-B) in acute care hospitals, or in Free-Standing Nursing Facilities Level B (FS/NF-B) to patients who meet criteria for subacute care.
 - Swing beds cannot be contracted for Medi-Cal Subacute Care.
- » Patients in acute care beds determined to be at the subacute level of care and require a subacute bed will continue to receive authorization for acute care until placement in a subacute bed.

Subacute Care Facilities Carve-In: Policy Requirements and Implementation Plan

Network Readiness Requirements

MCPs must develop sufficient network capacity to enable Member placement in Subacute Care facilities within five (5) business days, seven (7) business days, or 14 calendar days of a request, depending on the county.

- » MCPs are required to make every effort to assess providers currently serving Members residing in Subacute Care Facilities and maintain an adequate Network with them to ensure care is not disrupted and Members receive timely care.
- » MCPs must attempt to contract with all adult Subacute Care Facilities in the MCP's county and pediatric Subacute Care Facilities statewide and attest that they will meet timely access standards.
 - The MCP must attempt contracting with facilities where their Medi-Cal members reside.

Network Readiness Requirements: By Subacute Facility Type

Adult Subacute Care Facility Network Readiness Requirements

- » MCPs must attempt to contract with all adult Subacute Care Facilities in the MCP's county.
 - If there are insufficient facilities available within the MCP's county, MCP must attempt to contract with all Subacute Care facilities within the MCP's state region (Northern California, Central California, and Southern California).
 - If the MCP does not have any available Subacute Care facilities within the State's region level, then the MCP must extend contracting efforts statewide.

Pediatric Subacute Care Facility Network Readiness Requirements

- » MCPs must attempt to contract with all pediatric Subacute Care Facilities (provided in both freestanding and hospital-based facilities) statewide.
 - If a MCP cannot contract with all pediatric facilities statewide, the MCP must submit documentation indicating the reasons and provide explanations as to why the MCP was unable to secure a contract.

More specifics on the adult vs. pediatric subacute care network requirements are in the Network Readiness Guide

Network Readiness Requirements: Contracting with DHCS' Subacute Contracting Unit (SCU)

MCPs must offer a contract to all Subacute Care Facilities within the MCP's service area(s) that have a Subacute Care Contract with DHCS' SCU or are actively in the process of applying for a contract.

- » To ensure access to care during the upcoming transition, DHCS SCU will process applications for new contracts as quickly as possible and will post a list of facilities that have applied for a contract on the [DHCS SCU website](#) to allow plans to continue to reimburse those facilities during the application process.
 - Once an application has been received by DHCS SCU, the provider will be added to the pending application list and will be considered to be "in the process of applying for a contract" until the application has been processed and a contract issued, or the application denied due to the facility's inability to meet requirements for participation in the Medi-Cal Subacute Care Program.
 - MCPs may instruct non-DHCS contracted Subacute Care Facilities that they must contract with DHCS or be actively in the process of applying for a Medi-Cal Subacute Care Facility contract in order to receive payment.

Medi-Cal Subacute Contracting Unit

- » Ensure facilities are properly licensed and vetted for the provision of life support (subacute care) prior to issuing Provider Participation Agreements (Contracts).
- » Process applications and issue Contracts for the provision of subacute care in free standing (FS) skilled nursing facilities and distinct part (DP) units of hospitals.
- » Conduct annual on-site facility visits to monitor compliance to Medi-Cal subacute regulations.
- » Provide assistance to both contracted and potential providers regarding the Subacute Care Program.
- » Investigate complaints regarding Medi-Cal Subacute Care Units.

Medi-Cal Subacute Contracting Unit

- » Current Medi-Cal Subacute Care providers:
 - 118 contracted adult subacute providers (4,423 beds)
 - 10 contracted pediatric providers (348 beds)
- » Available beds on August 31, 2023:
 - 600+ adult beds
 - 50+ pediatric beds

Continuity of Care

MCPs must automatically provide 12 months of continuity of care for the Subacute Care Facility placement for Members residing in a Subacute Care Facility and transitioning from Medi-Cal FFS to Medi-Cal managed care.

- » This continuity of care protection is **automatic** – Members do not need to request to stay in their facility.
- » Following their initial continuity of care period, Members or their representatives may request an additional 12 months of continuity of care.

Continuity of Care: Members with Existing Treatment Authorization Requests

Effective January 1, 2024, for Members residing in a Subacute Care Facility and transitioning from Medi-Cal FFS to Medi-Cal managed care, MCPs are responsible for covering treatment authorization requests (TARs) that are approved by DHCS for up to 3, 6, or 12 months, depending on the type of TAR.

- » The next slides review the following types of TARs:
 1. TARs for adult and pediatric subacute services under the per diem rate
 2. TARs for adult and pediatric subacute services exclusive of the per diem rate (except for pediatric supplemental rehabilitation therapy services and ventilator weaning services)
 3. TARs for pediatric supplemental rehabilitation therapy services and ventilator weaning services
- » Note: MCPs in all counties must expedite Prior Authorization requests for Members who are transitioning from an acute care hospital to a Subacute Care Facility.
 - Prior authorization requests for members who are transitioning from an acute care hospital must be considered expedited, requiring a response time no greater than 72 hours, including weekends.

Continuity of Care: Members with Existing Treatment Authorization Requests

1. For Adult and Pediatric Subacute Care Services Under Per Diem Rate

- » MCPs are responsible for covering TARs that are approved by DHCS for a period of six months after enrollment in the MCP, or for the duration of the TAR approval, whichever is shorter.

2. For Other Services Exclusive of the Per Diem Rate

- » MCPs are responsible for covering all other services in TARs approved by DHCS for a period of six months after enrollment in the MCP, or for the duration of the TAR, whichever is shorter.

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- Subsequent reauthorizations may be approved 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.
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Continuity of Care: Members with Existing Treatment Authorization Requests

3. For Pediatric Supplemental Rehabilitation Therapy and Ventilator Weaning Services

- » MCPs are responsible for covering 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 the MCP.
 - Subsequent reauthorizations may be approved for up to three months.

Leave of Absence or Bed Hold Requirements

MCPs must allow the Member to return to the same Subacute Care Facility where they previously resided under the LOA/bed hold policies subject to Medical Necessity in accordance with the Medi-Cal requirements for LOA and bed hold.

- » MCPs must authorize:
 - Up to **73 days per calendar year** for a leave of absence.
 - Up to **7 days per hospitalization** for a bed hold.
- » MCPs must provide continuity of care for Members that are transferred from a Subacute Care Facility to a general acute care hospital, and then require a return to a Subacute Care Facility level of care due to Medical Necessity.
- » MCPs must 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 in accordance with federal regulations.

Leave of Absence or Bed Hold Requirements

- » MCPs must ensure that a Subacute Care Facility notifies the Member or the Member's authorized representative in writing of the right to exercise the bed hold provision.
- » MCPs are required to regularly review all denials of bed holds.
- » MCPs must ensure that the Subacute Care Facility and its staff have appropriate training on LOA and bed hold requirements, including knowledge of the required clinical documentation to exercise these rights.

Questions?

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Facility Payment

» MCPs in counties where extended coverage of adult or pediatric subacute care services is ***newly transitioning*** from Medi-Cal FFS to Medi-Cal managed care on January 1, 2024, must reimburse Network Providers of adult or pediatric subacute care services for those services at **exactly** the applicable Medi-Cal FFS per diem rates.

» MCPs in counties where adult or pediatric subacute care services are ***already*** Medi-Cal managed care Covered Services must reimburse Network Providers of adult or pediatric subacute care services for those services at **no less than the Medi-Cal FFS per-diem rates** applicable to that particular type of institutional LTC provider.

Payments for Medi-Cal Covered Services for Members Residing in a Subacute Care Facility

- » The state-directed payment requirements do not apply to any other services provided to a Member receiving adult or pediatric subacute care services such as, but not limited to, subacute services provided by an Out-of-Network Provider or non-subacute care services.
 - There will be a list of adult and pediatric subacute care services that are included and excluded in the per diem rate, in Attachment A at the end of the forthcoming APL.

Payment Processes Including Timely Payment of Claims

- » MCPs are required to pay timely, in accordance with the prompt payment standards within their respective Contracts and [APL 23-020](#) Requirements for Timely Payment of Claims, or any superseding APL.
 - DHCS expects MCPs to pay clean claims within 30 days of receipt.
 - MCPs must ensure that providers of adult or pediatric subacute care services receive reimbursement in accordance with these requirements for all qualifying services regardless of any subcontractor arrangements.
- » MCPs must have a process for Subacute Care Facilities to submit electronic claims and receive claims electronically.

The Preadmission Screening and Resident Review (PASRR)

MCPs are required to work with DHCS and Network Providers, including discharging facilities or admitting nursing facilities, to obtain documentation validating PASRR process completions.

- » 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.
- » PASRR requirements are applicable for all admissions at Medicaid-certified nursing facilities.
 - Required to ensure that individuals 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.

Population Health Management Requirements

MCPs must implement a PHM Program that ensures all Members have access to a comprehensive set of services based on their needs and preferences across the continuum of care, including Basic Population Health Management (BPHM), transitional care services (TCS), care management programs, and Community Supports, as appropriate.

- » MCPs are required to ensure that prior authorizations are rendered in a timely manner for all Members, and know when all Members are admitted, discharged, or transferred from Subacute Care Facilities.
- » MCPs must ensure that all TCS are completed for all high-risk members, which include members receiving (LTSS), including subacute care services.

MCP Quality Monitoring

MCPs are responsible for maintaining a comprehensive Quality Assurance Performance Improvement (QAPI) program for long term care services provided.

- » QAPI takes a systematic, comprehensive, and data-driven approach to maintaining and improving safety and quality in nursing homes.
- » MCPs must have a system in place to collect quality assurance and improvement findings from CDPH to including survey deficiency results, site visit findings, and complaint findings.

Overview of Transitional Care Services

Care Transitions Definition:

When a member transfers from one setting or level of care to another, including but not limited to, discharges from hospitals, institutions, other acute care facilities, and skilled nursing facilities to home or community-based settings, post-acute care facilities, or long-term care settings.

Goals for Transitional Care

- ✓ Members can transition to the least restrictive level of care that meets their needs and is aligned with their preferences in a timely manner without interruptions in care.
- ✓ Members receive the needed support and coordination to have a safe and secure transition with the least burden on the Member as possible.
- ✓ Members continue to have the needed support and connections to services that make them successful in their new environment.

Workforce & Quality Incentive Program (WQIP)

- » DHCS will provide directed payments to facilities to incentivize workforce and quality, through the [WQIP Program](#).
- » Any eligible provider furnishing qualifying skilled nursing services to Medi-Cal managed care enrollees may earn performance-based directed payments from the Medi-Cal MCPs they contract with.
- » Freestanding pediatric subacute care facilities and distinct part facilities are not eligible.

Long-Term Services and Supports Liaison

MCPs must identify an individual, or individuals, to serve as the liaison to the Long-Term Services and Supports (LTSS) community, including Subacute Care Facilities.

- » The LTSS Liaison must serve as a single point of contact for service providers in both a Provider representative role and to support care transitions.
- » LTSS liaisons are required to receive training on the full spectrum of rules and regulations pertaining to Medi-Cal covered LTC, including resident rights under State and federal law.
- » The Liaison is intended to assist service providers with:
 - Addressing claims and payment inquiries, and
 - Care transitions among the LTSS provider community to support Members' needs.
- » MCPs will share their LTSS Liaisons' contact information with their Network Providers and update Providers regarding any changes to LTSS Liaison assignments.

Questions?

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How Can MCPs Prepare for the Transition?

Best Practices from the SNF Carve-In

Communications & Outreach

- » MCPs and Subacute Care Facilities should meet ahead of the transition to conduct joint planning for the transition.
- » MCPs should build internal capacity and familiarity ahead of the transition.
 - Ensure key MCP staff (call center, billing, care management, etc.) understand the LTC benefit and the Subacute Care Facility population.
- » Develop communication channels between MCPs and facilities.

Preparing for the Transition

Now – December 2023

Communication & Outreach

- Begin outreach efforts to Subacute Care Facilities to start building relationships
- Share the following key information with facilities:
 - Contact information for the MCP's LTSS Liaison
 - Authorization processes
 - Billing and payment policies and processes
 - Any education and training opportunities and events

Contracting with SCU

- Ensure Subacute Care Facilities have a contract with DHCS' SCU in order to obtain Medical subacute care reimbursement.
- Refer facilities to DHCS SCU (Subacute2@dhcs.ca.gov) if contract is still needed.

Treatment Authorizations & Continuity of Care

- » MCPs should be proactive in identifying ancillary services and contracting with those providers to expand provider network and ensure no disruption in care for members.
 - DHCS will provide transition data in November 2023.
 - For example, when Medically Necessary, it is the MCP's responsibility to cover a Member's transportation to dialysis, as well as dialysis services provided outside the Subacute Care Facility.
- » MCPs should present easily understandable and readily available descriptions of the plan's authorization request process and timeframe for LTC services.
 - MCPs should consider developing clear, specific, and available MCP escalation contacts for facilities and and/or members to escalate concerns when there are authorization delays.
 - Creating and sharing retroactive authorization policies that allow providers more time to submit authorization requests.

Preparing for the Transition

Now – December 2023

Continuity of Care

- Work with Facilities to identify where Members may be receiving ancillary or other services from providers who are not in-network so that MCPs can work to contract with those providers.
- Identify any potential continuity of care issues for Medi-Cal benefits not included in the per-diem rate, including medical supplies and transportation to ensure members have day-one coverage.

Care Transitions

- Develop and share MCP forms and processes for authorizing bed holds and leaves of absence (if any).
- Ensure LTSS Liaison is trained to assist with coordinating care in Subacute Care Facilities and understands differences between SNFs and Subacute Care Facilities.

Timely Payments & Clean Claims

- » Subacute Care Facilities do not have the same financial reserves or diverse payer mix as other providers.
 - LTC facilities rely on prompt payment from the Medi-Cal program through their MCPs to sustain services to members.
- » MCP and DHCS contracts specifies that the MCP shall pay 90 percent of all clean claims from Providers, within 30 calendar days of the date of receipt, and 99 percent of all clean claims from Providers' claims, within 90 calendar days of the date of receipt.
- » For rejected claims and invoices, MCPs must include sufficient detail on the additional information and/or appropriate billing codes the Provider needs to submit a clean claim for the MCP's review.
- » MCPs must ensure that all Providers are afforded education and training on their billing, invoicing, and clean claims submission protocols.

Preparing for the Transition

Now – December 2023

Billing and Payment

- Offer trainings and opportunities to educate facilities on claims processes, particularly clean claims requirements.
- If a Subacute Care Facility anticipates cash flow challenges, discuss payment timeframes and options that may be available to facilities.
- MCP LTSS Liaisons could potentially support and help resolve any claims challenges.

Member Communications and Outreach

Member Communications and Outreach

- » DHCS will be mailing member notices directly to the affected individuals and a link to a Notice of Additional Information (NOAI) that will be posted on the DHCS and HCO website and accessible through a Quick Reference (QR) code will be included in the notices.
 - 60-day and 30-day member notices will be mailed before January 1, 2024.
 - Member notices will also be mailed to authorized representatives documented within the Medi-Cal Eligibility Data Systems (MEDS).
- » DHCS will publish member notices and NOAI on the Subacute Carve-In Member Information webpage.
- » Member call campaign will begin in November 2023 and continue through January 2024.
- » DHCS is also providing training to HCO, Medi-Cal Managed Care Ombudsman, LTC Ombudsman, Medi-Cal Help Line (CA-MMIS), Medicare Medi-Cal Ombudsman to help answer member questions on the transition.

Upcoming Webinars

Topic	Target Audience	Date and Time
Subacute Carve-In 101 for Subacute Care Facilities	Subacute Care Facilities	September 15, 2023, 9:30 – 10:30am
Billing & Payment	Subacute Care Facilities and MCPs	November 29, 2023, 3 – 4pm
How Medi-Cal Supports ICF/DD and Subacute Care Facility Residents	Subacute Care Facilities and MCPs	December 15, 2023, 2 – 3pm

Additional Resources

- » [Subacute Care Facility Carve-In Transition](#): Information on the transition, policy guidance documents including the APL and forthcoming FAQs, as well as webinar information.
- » [Long-Term Care Carve-In Transition](#): Information on the LTC Carve-In initiative and SNF transition information.
- » [DHCS' Subacute Contracting Unit](#): DHCS webpage on Subacute Contracting Unit with list of contracted adult and pediatric Subacute Care Facilities.
- » [California Long-Term Services and Supports Dashboard](#): DHCS webpage on public-facing LTSS data dashboard to track demographic, utilization, quality, and cost data related to LTSS.
- » [MLTSS and Duals Integration Stakeholder Workgroup](#): Registration information for bi-monthly stakeholder workgroup meetings.

Thank you!

If you have additional questions that were not addressed during this webinar, please email: LTTransition@dhcs.ca.gov



Appendix

Appendix A: Subacute Contracting Unit



Medi-Cal Subacute Care Program Criteria for Participation

- » Generator and electrical wiring meeting life support codes.
- » Resident rooms that meet federal room size requirements.
- » Medicare and Medi-Cal Certification.
- » Licensed DP or FS SNF beds.
- » History of providing adequate care to SNF residents.
- » Enough staff who meet competency requirements to provide subacute care at regulated levels.

Medi-Cal Subacute Care Program Application Process

- » Facility requests, completes, and submits an application.
- » The SCU reviews the application.
- » Additional information/documentation is requested of the facility by SCU, if applicable.
- » Once all required information/documentation is obtained, an onsite review is conducted.
- » If the facility meets all requirements of participation, a contract is issued.
- » SCU will work with any facilities who fail to meet requirements of participation until they qualify for or decide not to pursue a contract.

Medi-Cal Subacute Care Program Readiness for Inclusion in Managed Care

- » Members who qualify for Medi-Cal Subacute Care must be placed in:
 - Facility currently contracted with DHCS for Medi-Cal Subacute Care - the lists of the 128 currently contracted providers are available on the Medi-Cal Subacute website: <https://www.dhcs.ca.gov/services/medi-cal/Pages/Subacute.aspx>.
 - Facility actively pursuing a Medi-Cal Subacute Care Contract (a list of facilities actively pursuing a Medi-Cal Subacute Care Contract will be posted by January 1, 2024 and will be updated regularly).
- » MCPs may instruct non-Medi-Cal Subacute Care contracted providers that they should contact the Subacute Contracting Unit (SCU) at Subacute2@dhcs.ca.gov.

Appendix B: Subacute Level of Care



Adult Subacute Care

- » Subacute units in Free-Standing NFs must provide a minimum daily average of 3.8 actual hours of licensed nursing and 2.0 actual CNA hours per patient day.
- » Units in Distinct-Part NFs must provide a minimum daily average of 4.0 actual hours of licensed nursing and 2.0 actual CNA hours per patient day.
 - Subacute units that do not use CNAs must employ sufficient licensed nursing staff to provide 4.8 hours of licensed nursing per patient day
- » Twenty-four-hour nursing care must be provided by an RN
 - A minimum of one RN must be on each shift and dedicated to the subacute unit

Pediatric Subacute Care

- » 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
 - There are 10 contracted pediatric subacute care units.
- » The pediatric subacute care unit shall utilize nursing staff in at least the following minimum ratios:
 - A minimum daily average of 5.0 actual unduplicated licensed nursing hours per patient day and 4 actual certified nurse aide hours per patient day.
- » Each pediatric subacute unit shall provide an RN as the pediatric subacute unit's head nurse/nurse manager.
 - A minimum of one RN per shift, not including the unit's head nurse/nurse manager.

Pediatric Subacute Care

- » A Licensed Respiratory Care Practitioner must be present in the nursing facility 24 hours a day.
- » A pediatric registered dietician shall provide a comprehensive nutrition assessment within seven working days of the child's admission to the pediatric subacute unit.
- » Each pediatric subacute care unit must define, implement and maintain a system for assessing and meeting patient needs for all appropriate physical, occupational and speech therapy services including supportive and maintenance programs.

Appendix C: Continuity of Care Additional Information



Summary: Continuity of Care for Members with Existing Treatment Authorization Requests

TAR Category	Continuity of Care Requirements for Existing TARs	Reauthorization
Adult/Pediatric Subacute Care Services Under Per Diem Rate	MCPs are responsible for covering services in TARs approved by DHCS for six (6) months after enrollment in the MCP, or for the duration of the TAR, whichever is shorter	MCPs may approve reauthorizations for up to 6 months , or up to one year for members who have been identified/meet the criteria of prolonged care
Adult Subacute Care Services Outside Per Diem Rate and Pediatric Subacute Services Outside Per Diem Rate (except for supplemental rehabilitation therapy service and ventilator weaning services)	MCPs are responsible for covering all other services in TARs approved by DHCS exclusive of the per diem rate for six (6) months after enrollment in the MCP, or for the duration of the TAR, whichever is shorter	MCPs may approve reauthorizations for up to six (6) months , or up to one year for members who have been identified/meet the criteria of prolonged care
Pediatric Supplemental Rehabilitation Therapy Service and Ventilator Weaning Services	MCPs are responsible for covering supplemental rehabilitation therapy services and ventilator weaning services for TARs approved by DHCS for three (3) months after enrollment in the MCP	MCPs may approve reauthorizations for up to three (3) months

Appendix D: Facility Payment Additional Information



Facility Payment

- » MCPs in counties where **extended** coverage of adult or pediatric subacute care services is **newly transitioning** from the FFS delivery system to the managed care delivery system, must reimburse Network Providers of adult or pediatric subacute care services for those services at **exactly the Medi-Cal FFS per-diem rates** applicable to that particular type of institutional LTC provider.

Newly transitioning counties include:

- » New to adult and pediatric subacute services: Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, El Dorado, Fresno, Glenn, Imperial, Inyo, Kern, Kings, Madera, Mariposa, Mono, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, Sierra, Stanislaus, Sutter, Tehama, Tulare, Tuolumne, and Yuba
- » New to pediatric subacute services: Los Angeles, Riverside, San Bernardino, San Diego, and Santa Clara

Facility Payment

- » MCPs in counties where ***extended*** adult or pediatric subacute care services were *already* Medi-Cal managed care covered services must reimburse Network Providers of adult or pediatric subacute services for those services at **no less than the Medi-Cal FFS per-diem rates** applicable to that particular type of institutional LTC provider.

Counties that already provide subacute care services under Medi-Cal managed care include:

- » Del Norte, Humboldt, Lake, Lassen, Los Angeles, Marin, Mendocino, Modoc, Merced, Monterey, Napa, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Siskiyou, Solano, Sonoma, Trinity, Ventura, and Yolo

Adult Subacute Care Long-Term Care Carve-In: Summary of Inclusive Services

Below is summary of services included in the per diem rate for adult and pediatric subacute care services, per state guidelines. These tables are not meant to be exhaustive. Please see sources for additional information.

Included Services in Adult Subacute Per Diem Rate

Summary: All services, equipment and supplies necessary for the administration of the treatment procedures listed in the patient care criteria

Oxygen and all equipment necessary for administration including:

- Positive pressure apparatus (e.g., biphasic positive airway pressure)
- Oxygen conserving devices (e.g., Oxyimizer)
- Nebulizers (e.g., Pulmoaide)

Ventilators, including humidifiers, in-line condensers, and in-line temperature measuring devices, calibration and maintenance

Feeding pumps and equipment necessary for tube feedings (nasogastric or gastrostomy), including formula

Ventilators, including humidifiers, in-line condensers, and in-line temperature measuring devices, calibration and maintenance

Included Services in Adult Subacute Per Diem Rate (continued)

Speech therapy and language and audiology services

Occupational therapy services

Physical therapy

Equipment and supplies necessary for the care of a tracheostomy, including tracheostomy speaking valves

Respiratory and inhalation therapy services administered by other than a physician

Technical components of laboratory, pathology, and radiology

Equipment and supplies for continuous intravenous therapy

Equipment and supplies necessary for debridement, packing and medicated irrigation with or without whirlpool treatment

Pediatric Subacute Care Long-Term Care Carve-In: Summary of Inclusive Services

Included Services in Pediatric Subacute Per Diem Rate

Summary: All services, equipment and supplies necessary for the administration of the treatment procedures listed in the patient care criteria

Oxygen and all equipment necessary for administration including:

- Positive pressure apparatus
- Oxygen conserving devices (e.g., Oxyimizer)
- Nebulizers (e.g., Pulmoaide)

Ventilators, including humidifiers, in-line condensers, and in-line temperature measuring devices, calibration and maintenance

Feeding pumps and equipment necessary for tube feedings (nasogastric or gastrostomy), including formula.

Registered Dietician consultant services

Included Services in Pediatric Subacute Per Diem Rate (*continued*)

Physical, occupational and speech therapy services provided within a supportive maintenance program (Note: Per the Medi-Cal Provider Manual, supportive or maintenance interventions included in the Pediatric Subacute per diem are therapy services that are part of routine daily care provided by nurses based on instructions from licensed therapists. These interventions are part of the pediatric subacute level of care services (covered in the nursing facility's per diem rate) and, therefore, are not separately reimbursable.)

Equipment and supplies necessary for the care of a tracheostomy, including tracheostomy speaking valves

Respiratory and inhalation therapy services administered by other than a physician

Equipment and supplies for continuous intravenous therapy

Developmental services

Service Coordinator activities

Portable imaging services provided by freestanding providers (for free-standing Pediatric Subacute facilities)

Unlisted supplies and materials used by physicians in non-surgical procedures (Current Procedural Terminology, CPT®, Code 99070)

Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory (CPT Code 99000)

Adult Subacute Care Long-Term Care Carve-In: Summary of Exclusive Services

Below is summary of services excluded from the per diem rate for adult and pediatric subacute care services.

Excluded Services in Adult Subacute Per Diem Rate

Allied health services ordered by the attending physician, excluding respiratory therapy

Alternating pressure mattresses/pads with motor

Blood, plasma and substitutes

Dental services

Durable medical equipment (DME), including custom wheelchairs, as specified in 22 CCR section 51321(h) (except as specified)

Insulin

Intravenous trays, tubing and blood infusion sets

Laboratory services (except as specified)

Excluded Services in Adult Subacute Per Diem Rate

Legend drugs

MacLaren or Pogon Buggy

Medical supplies as specified in the list established by DHCS

Nasal cannula

Osteogenesis stimulator device

Parts and labor for repairs of DME if originally separately payable or owned by the beneficiary

Physician services

Portable aspirator

Excluded Services in Adult Subacute Per Diem Rate

Precontoured structures (VASCO-PASS, cut out foam)

Prescribed prosthetic and orthotic devices for exclusive use of patient

Reagent testing sets

Therapeutic air/fluid support systems/beds

Transportation

Traction equipment and accessories

Variable height beds

X-rays (except as specified)

Not included in the payment rate nor in the Medi-Cal schedules of benefits are personal items such as cosmetics, tobacco products and accessories, dry cleaning, beauty shop services (other than shaves or shampoos performed by the facility staff as part of patient care and periodic hair trims) and television rental.

Pediatric Subacute Care Long-Term Care Carve-In: Summary of Excluded Services

Excluded Services in Pediatric Subacute Per Diem Rate

Alternating pressure mattresses/pads with motor
Blood, plasma and substitutes
Dental services
DME as specified in 22 CCR section 51321(h) (except as specified)
Insulin
Intravenous trays, tubing and blood infusion sets
Laboratory services (except as specified)
Legend drugs
MacLaren or Pogon Buggy
Medical supplies as specified in the list established by DHCS
Nasal cannula
Osteogenesis stimulator device

Excluded Services in Pediatric Subacute Per Diem Rate (continued)

Parts and labor for repairs of DME if originally separately payable or owned by the beneficiary

Physician services

Portable aspirator

Precontoured structures (VASCO-PASS, cut out foam)

Prescribed prosthetic and orthotic devices for exclusive use of patient

Reagent testing sets

Therapeutic air/fluid support systems/beds

Traction equipment and accessories

Transportation

Variable height beds

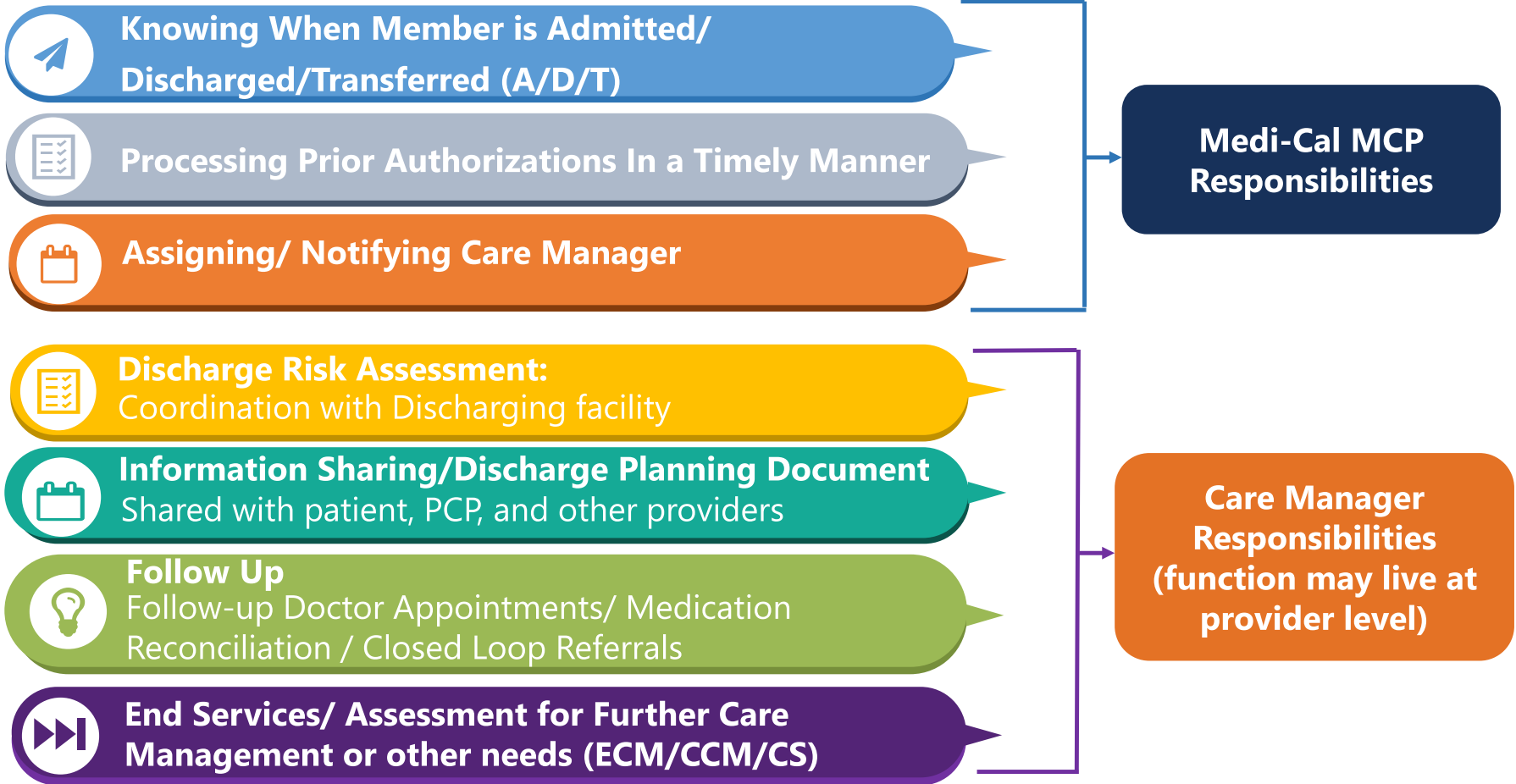
X-rays (except as specified)

Not included in the payment rate nor in the Medi-Cal schedules of benefits are personal items such as cosmetics, tobacco products and accessories, dry cleaning, beauty shop services (other than shaves or shampoos performed by the facility staff as part of patient care and periodic hair trims) and television rental.

Appendix E: Population Health Management and MCP Quality Monitoring: Additional Information



Medi-Cal MCP PHM Requirements on Transitional Care Services



Policy Guidance on Phased Transitional Care Implementation

Starting on 1/1/23, Medi-Cal MCPs are required to provide transitional care services to all high-risk members, including those who receive LTSS or are in a SNF.

Formal Guidance on Phased Implementation of Transitional Care Services

By 1/1/23	<ul style="list-style-type: none">• Medi-Cal MCPs must ensure all transitional care services are complete (including having a care manager/single point of contact) for <u>all high-risk members</u>¹ as defined in the PHM Policy Guide.• Medi-Cal MCPs must implement timely prior authorizations and know when members are admitted, discharged or transferred for <u>all members</u>.• Medi-Cal MCPs must develop and execute a plan to ramp up transitional care services. The plan must address how the Medi-Cal MCPs will meet the timeline and requirements.
By 1/1/24	<ul style="list-style-type: none">• Medi-Cal MCPs are required to ensure all transitional care services are complete for <u>all members</u>. As noted in the PHM Policy Guide, Medi-Cal MCPs are strongly encouraged to contract with hospitals, Accountable Care Organizations, PCP groups, or other entities to provide transitional care services, particularly for lower- and medium-rising- risk members.

1. High risk members are defined as any population listed under Section D. Understanding Risk, 2) Assessment to Understand Member Needs Section of the [PHM Policy Guide](#), including but not limited to: any "high risk" members as identified through the Medi-Cal MCPs' Risk Stratification and Segmentation (RSS) mechanisms or through the PHM Service once the statewide RSS and risk tiers are available; any other populations who require assessments, such as those in ECM or CCM, those who received LTSS, Children with Special Health Care Needs (CSHCN), Pregnant Individuals, Seniors and Persons with disabilities who meet the definition of "high risk" as established in existing APL requirements, etc.

QAPI Program

- » MCP's comprehensive QAPI program must incorporate:
 - Contracted Subacute Care Facility's QAPI programs, which should include [five key elements identified by CMS](#).
 - Claims data for Subacute Care Facility residents, including but not limited to emergency room visits, health care 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.
 - Mechanisms to assess the quality and appropriateness of care furnished to enrollees 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.

Monitoring and Reporting

- » MCPs are required to report on LTC measures within the Managed Care Accountability Set (MCAS) of performance measures.
- » MCPs are required to calculate rates for each MCAS LTC measure for each Subacute Care Facility within their network for each reporting unit.
- » MCPs will be held to quality and enforcement standards in [APL 19-017](#) and [APL 22-015](#).
- » MCPs are also required to annually submit QAPI program reports with outcome and trending data as specified by DHCS.

Appendix F: Adult and Pediatric Subacute Care Carve-In by County and MCP



California Counties and 2023 and 2024 MCPs

County	Adult Subacute Carve-In on 1/1/24*	Pediatric Subacute Carve-In on 1/1/24*	2023 MCPs	2024 MCPs
Alameda	x	x	Anthem Blue Cross Partnership Plan	Alameda Alliance for Health
			Alameda Alliance for Health	Kaiser Permanente
Alpine	x	x	Anthem Blue Cross Partnership Plan	Anthem Blue Cross Partnership Plan
			California Health & Wellness	Health Plan of San Joaquin
Amador	x	x	Anthem Blue Cross Partnership Plan	Anthem Blue Cross Partnership Plan
			California Health & Wellness	Health Net Community Solutions Inc.
			Kaiser Permanente	Kaiser Permanente
Butte	x	x	Anthem Blue Cross Partnership Plan	Partnership Health Plan of California
			California Health & Wellness	
Calaveras	x	x	Anthem Blue Cross Partnership Plan	Anthem Blue Cross Partnership Plan
			California Health & Wellness	Health Net Community Solutions Inc.
Colusa	x	x	Anthem Blue Cross Partnership Plan	Partnership Health Plan of California
			California Health & Wellness	

County	Adult Subacute Carve-In on 1/1/24*	Pediatric Subacute Carve-In on 1/1/24*	2023 MCPs	2024 MCPs
Contra Costa	x	x	Anthem Blue Cross Partnership Plan	Contra Costa Health Plan
			Contra Costa Health Plan	Kaiser Permanente
Del Norte			Partnership Health Plan of California	Partnership Health Plan of California
El Dorado	x	x	Anthem Blue Cross Partnership Plan	Anthem Blue Cross Partnership Plan
			California Health & Wellness	Health Plan of San Joaquin
			Kaiser Permanente	Kaiser Permanente
Fresno	x	x	Anthem Blue Cross Partnership Plan	Anthem Blue Cross Partnership Plan
			CalViva Health	CalViva Health
				Kaiser Permanente
Glenn	x	x	Anthem Blue Cross Partnership Plan	Partnership Health Plan of California
			California Health & Wellness	
Humboldt			Partnership Health Plan of California	Partnership Health Plan of California
Imperial	x	x	California Health & Wellness	Community Health Plan of Imperial Valley
			Molina Healthcare of California	Kaiser Permanente

County	Adult Subacute Carve-In on 1/1/24*	Pediatric Subacute Carve-In on 1/1/24*	2023 MCPs	2024 MCPs
Inyo	x	x	Anthem Blue Cross Partnership Plan	Anthem Blue Cross Partnership Plan
			California Health & Wellness	Health Net Community Solutions Inc.
Kern	x	x	Health Net Community Solutions Inc.	Anthem Blue Cross Partnership Plan
			Kern Family Health Care	Kern Family Health Care
				Kaiser Permanente
Kings	x	x	Anthem Blue Cross Partnership Plan	Anthem Blue Cross Partnership Plan
			CalViva Health	CalViva Health
				Kaiser Permanente
Lake			Partnership Health Plan of California	Partnership Health Plan of California
Lassen			Partnership Health Plan of California	Partnership Health Plan of California
Los Angeles		x	Health Net Community Solutions Inc.	Health Net Community Solutions Inc.
			L.A. Care Health Plan	Molina Healthcare of California
				L.A. Care Health Plan
				Kaiser Permanente
Madera	x	x	Anthem Blue Cross Partnership Plan	Anthem Blue Cross Partnership Plan
			CalViva Health	CalViva Health
				Kaiser Permanente

County	Adult Subacute Carve-In on 1/1/24*	Pediatric Subacute Carve-In on 1/1/24*	2023 MCPs	2024 MCPs
Marin			Partnership Health Plan of California	Partnership Health Plan of California Kaiser Permanente
Mariposa	x	x	Anthem Blue Cross Partnership Plan California Health & Wellness	Central California Alliance for Health Kaiser Permanente
Mendocino			Partnership Health Plan of California	Partnership Health Plan of California
Merced			Central California Alliance for Health	Central California Alliance for Health
Modoc			Partnership Health Plan of California	Partnership Health Plan of California
Mono	x	x	Anthem Blue Cross Partnership Plan California Health & Wellness	Anthem Blue Cross Partnership Plan Health Net Community Solutions Inc.
Monterey			Central California Alliance for Health	Central California Alliance for Health
Napa			Partnership Health Plan of California	Partnership Health Plan of California Kaiser Permanente
Nevada	x	x	Anthem Blue Cross Partnership Plan California Health & Wellness	Partnership Health Plan of California
Orange			CalOptima Health	CalOptima Health Kaiser Permanente

County	Adult Subacute Carve-In on 1/1/24*	Pediatric Subacute Carve-In on 1/1/24*	2023 MCPs	2024 MCPs
Placer	x	x	Anthem Blue Cross Partnership Plan	Partnership Health Plan of California
			California Health & Wellness	Kaiser Permanente
			Kaiser Permanente	
Plumas	x	x	Anthem Blue Cross Partnership Plan	Partnership Health Plan of California
			California Health & Wellness	
Riverside		x	Molina Healthcare of California	Molina Healthcare of California
			Inland Empire Health Plan	Inland Empire Health Plan
				Kaiser Permanente
Sacramento	x	x	Aetna Better Health of California	Anthem Blue Cross Partnership Plan
			Anthem Blue Cross Partnership Plan	Health Net Community Solutions Inc.
			Health Net Community Solutions Inc.	Molina Healthcare of California
			Molina Healthcare of California	Kaiser Permanente
			Kaiser Permanente	
San Benito	x	x	Anthem Blue Cross Partnership Plan	Central California Alliance for Health
			Medi-Cal Fee For Service	

County	Adult Subacute Carve-In on 1/1/24*	Pediatric Subacute Carve-In on 1/1/24*	2023 MCPs	2024 MCPs
San Bernadino		x	Molina Healthcare of California	Molina Healthcare of California
			Inland Empire Health Plan	Inland Empire Health Plan Kaiser Permanente
San Diego		x	Aetna Better Health of California	Blue Shield of California Promise Health Plan
			Blue Shield of California Promise Health Plan	Community Health Group Partnership
			Community Health Group Partnership	Kaiser Permanente
			Health Net Community Solutions Inc.	Molina Healthcare of California
			Kaiser Permanente	
San Francisco	x	x	Anthem Blue Cross Partnership Plan	Anthem Blue Cross Partnership Plan
			San Francisco Health Plan	San Francisco Health Plan Kaiser Permanente
			Health Net Community Solutions Inc.	Health Net Community Solutions Inc.
San Joaquin	x	x	Health Plan San Joaquin	Health Plan San Joaquin
				Kaiser Permanente

County	Adult Subacute Carve-In on 1/1/24*	Pediatric Subacute Carve-In on 1/1/24*	2023 MCPs	2024 MCPs
San Luis Obispo			CenCal Health	CenCal Health
San Mateo			Health Plan of San Mateo	Health Plan of San Mateo
				Kaiser Permanente
Santa Barbara			CenCal Health	CenCal Health
Santa Clara		x	Anthem Blue Cross Partnership Plan	Anthem Blue Cross Partnership Plan
			Santa Clara Family Health Plan	Santa Clara Family Health Plan
				Kaiser Permanente
Santa Cruz	x	x	Central California Alliance for Health	Central California Alliance for Health
				Kaiser Permanente
Shasta			Partnership Health Plan of California	Partnership Health Plan of California
Sierra	x	x	Anthem Blue Cross Partnership Plan	Partnership Health Plan of California
			California Health & Wellness	
Siskiyou			Partnership Health Plan of California	Partnership Health Plan of California
Solano			Partnership Health Plan of California	Partnership Health Plan of California
				Kaiser Permanente

County	Adult Subacute Carve-In on 1/1/24*	Pediatric Subacute Carve-In on 1/1/24*	2023 MCPs	2024 MCPs
Sonoma			Partnership Health Plan of California	Partnership Health Plan of California Kaiser Permanente
Stanislaus	x	x	Health Net Community Solutions Inc.	Health Net Community Solutions Inc.
			Health Plan of San Joaquin	Health Plan of San Joaquin Kaiser Permanente
Sutter	x	x	Anthem Blue Cross Partnership Plan	Partnership Health Plan of California
			California Health & Wellness	Kaiser Permanente
Tehama	x	x	Anthem Blue Cross Partnership Plan	Partnership Health Plan of California
			California Health & Wellness	
Trinity	x	x	Partnership Health Plan of California	Partnership Health Plan of California
Tulare	x	x	Anthem Blue Cross Partnership Plan	Anthem Blue Cross Partnership Plan
			Health Net Community Solutions Inc.	Health Net Community Solutions Inc. Kaiser Permanente

County	Adult Subacute Carve-In on 1/1/24*	Pediatric Subacute Carve-In on 1/1/24*	2023 MCPs	2024 MCPs
Tuolumne	x	x	Anthem Blue Cross Partnership Plan	Anthem Blue Cross Partnership Plan
			California Health & Wellness	Health Net Community Solutions Inc.
Ventura			Gold Coast Health Plan	Gold Coast Health Plan
				Kaiser Permanente
Yolo			Partnership Health Plan of California	Partnership Health Plan of California
				Kaiser Permanente
Yuba	x	x	Anthem Blue Cross Partnership Plan	Partnership Health Plan of California
			California Health & Wellness	Kaiser Permanente

* Indicates that MCPs will authorize and cover Medically Necessary adult and/or pediatric care services starting 1/1/24. Currently, these MCPs cover Medically Necessary adult subacute services and/or pediatric subacute care services for Members from the time of admission into a Subacute Care Facility and up to one month after the month of admission. Counties that do not have an X are those that currently provide coverage for adult and/or pediatric subacute services under the institutional LTC services benefit.