IEHP UM Subcommittee Approved Authorization Guideline			
Guideline	Custodial Care for Medi-Cal Members	**Guideline #**	UM_OTH 10
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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).

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