

# San Diego County Funded Long-Term Care Criteria

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## San Diego County Funded Long-Term Care Criteria

Long-Term Care (LTC) for San Diego County Medi-Cal eligible individuals over the age of 18 may take place in several types of facilities. All are approved and funded by the County of San Diego's Department of Behavioral Health Services. The County of San Diego contracts with Optum as their Administrative Service Organization (ASO) to clinically review and authorize reimbursement for admission and continued treatment in LTC facilities.

### The following guiding principles apply to all LTC levels of care:

- **Care Should Promote the Client's Recovery:** Clients have the right to be treated with respect and recognition of their dignity, strengths, preferences, right to privacy, and unique path to recovery. Clients also have the right to information that will inform decision-making, promote participation in treatment, enhance self-management, and support broader recovery goals.
- **Care Should Be Accessible:** Optimal clinical outcomes result when access to the most appropriate and available level of care is facilitated at admission and when transitioning between levels of care. A Client's transition between levels of care should be timely and occur in a safe manner, and pertinent clinical information should be communicated to provider at the next level of care.
- **Care Should Be Appropriate:** Optimal clinical outcomes result when evidence-based treatment is provided in an appropriate level of care, and the proposed care stems from the Client's current condition. The level of care should be structured and intensive enough to safely and adequately treat a Client's presenting problem and support his/her recovery.

Treatment planning should take into account significant variables such as the Client's current clinical need, age and level of development, whether the proposed services are covered in the Client's benefit plan, whether the proposed forms of treatment are evidence-based, whether the proposed services are available in or near the Client's community, whether community resources such as self-help and peer support groups, consumer-run services, and preventive health programs can augment treatment, and whether a less restrictive setting in which a client may be effectively treated is unavailable.

- **Care Should Be Effective:** There must be a reasonable expectation that evidence-based treatment delivered in the appropriate level of care will improve the Client's presenting problems within a reasonable period of time. Improvement in this context is measured by weighing the effectiveness of treatment and the risk that the Client's condition is likely to deteriorate or relapse if treatment in the current level of care were to be discontinued. Improvement must also be understood within a recovery framework where services support movement toward a full life in the community.



**Institute of Mental Disease (IMD):** A 24-hour institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, and care of persons with mental disorders.

*The client must meet the following required criteria for a county funded IMD bed:*

1. Is a current resident of the State of California and has Medi-Cal eligibility for the County of San Diego and currently receives Social Security Income (SSI) or a copy of completed SSI application is submitted.
2. Is between the ages of 18-64.
3. Is not entitled to comparable services through other systems, i.e. Veterans Affairs (VA), Regional Center, or private insurance.
4. Cannot be safely managed in a less restrictive level of care. Documentation is provided to show that all other alternatives including ASP Board and Care, traditional Board and Care, FSP case management, and case management have been attempted or there is documentation that these alternatives are not able to meet the client's needs.
5. Has the potential to be helped by a residential psychosocial rehabilitation treatment program and the potential to progress to a less restrictive level of care.
6. Is gravely disabled as determined by the establishment of a temporary or permanent, public or private LPS Conservatorship by Superior Court.
7. Is currently being treated in an LPS psychiatric hospital or is in a Secure Facility/Long Term Care (SF/LTC) bed currently funded by San Diego County.
8. Is assigned to or will be assigned to a Case Management program funded by the County of San Diego.
9. Has an adequately documented Title 9, DSM IV-TR Primary diagnosis of a serious, persistent, major mental disorder or an eating disorder; the primary diagnosis cannot be a substance abuse related disorder.
  - a. The symptoms must not be primarily a manifestation of a developmental disorder, dementia, or TBI.
  - b. May have a substance abuse diagnosis as a concurrent diagnosis.
  - c. May also have a concurrent Personality Disorder diagnosis, but diagnosis alone is not sufficient to meet criteria.
10. Is not at imminent risk of serious harm to self or others.
11. Has a tuberculosis (TB) clearance within thirty days of application.
12. Is medically appropriate as determined by applicable IMD and MHRC regulations.

*And the client must meet at least one of the following clinical criteria (these criteria are not intended for use solely as a long-term solution to maintain stability acquired during treatment in a residential facility/program):*

- a. The client's psychosocial functioning has deteriorated to the degree that the client is at risk for being unable to safely and adequately care for themselves in the community or at a less restrictive setting and there is a reasonable expectation that treatment will produce a higher level of functioning.



- b. A lower level of care in which a client may be effectively treated is unavailable, an intensified schedule of ambulatory care or a change in the treatment plan has not proven effective, or community support services that might augment ambulatory mental health services and pre-empt the need for IMD level of care is unavailable, insufficient, or inadequate.

Exceptions to criteria may be made by Optum Medical Director after consultation with County Medical Director and COR.



**San Diego County Funded Skilled Nursing Facility (SNF):** A healthcare facility with the staff and equipment to provide skilled nursing care, rehabilitation, custodial care, and other related health services to patients who need nursing care, but do not require hospitalization.

*The client must meet the following required criteria for San Diego County funded SNF:*

1. Is a current resident of the State of California and has Medi-Cal eligibility for the County of San Diego.
2. Is at least 18 years of age.
3. Is not entitled to comparable services through other systems, i.e. Veterans Affairs (VA), Regional Center, Medi-Care, or private insurance.
4. Cannot be safely managed in a less restrictive level of care. Documentation is provided to show that all other alternatives including Augmented Service Program Board and Care, traditional Board and Care, Full Service Partnership case management, and traditional case management have been attempted or there is documentation that these alternatives alone are not able to meet the client's needs.
5. Clients that appear to meet criteria to be covered by a MCP must be referred to the MCP for determination prior to be considered for County Funded SNF. Clients with no or minimal medical acuity conditions will not require prior denial determination from the MCP.
6. Client's primary focus of treatment is not a physical health condition that would require skilled nursing care.
7. Is currently being treated in an LPS psychiatric hospital or is in an SNF/LTC bed currently funded by San Diego County.
8. Requires 24/7 residential care with both a nursing component and a psychiatric component.
  - a. IMD level of care was deemed as inappropriate level of care due to physical health needs, age, or not currently able to participate in a 21 hour per week psychosocial rehabilitation program.
9. Has exhibited the need for this level of care based on the client either being gravely disabled as determined by the establishment of a temporary or permanent, public or private LPS Conservatorship by the Superior Court or is assigned to or will be assigned to a Case Management program funded by the County of San Diego.
10. Has an adequately documented Title 9, DSM IV-TR Primary diagnosis of a serious, persistent, major mental disorder or an eating disorder; the primary diagnosis cannot be a substance abuse related disorder.
  - a. The symptoms must not be primarily a manifestation of a developmental disorder, dementia, or TBI.
  - b. May have a substance abuse diagnosis as a concurrent diagnosis.
  - c. May also have a concurrent Personality Disorder diagnosis, but diagnosis alone is not sufficient to meet criteria.
11. Is not at imminent risk of serious harm to self or others.
12. Has a tuberculosis (TB) clearance within thirty days of application.



*And the client must meet at least one of the following clinical criteria:*

- a. The client's psychosocial functioning has deteriorated to the degree that the client is at risk for being unable to safely and adequately care for themselves in the community or at a less restrictive setting.
- b. A lower level of care in which a client may be effectively treated is unavailable, an intensified schedule of ambulatory care or a change in the treatment plan has not proven effective, or community support services that might augment ambulatory mental health services and pre-empt the need for SNF Treatment is unavailable, insufficient, or inadequate.

Exceptions to criteria may be made by Optum Medical Director after consultation with County Medical Director and COR.



**San Diego County Skilled Nursing Facility (SNF) Patch:** An additional daily rate paid by San Diego County to contracted SNFs that have agreed to provide additional mental health services to San Diego County beneficiaries.

*The client must meet the following required criteria for San Diego County funded SNF Patch:*

1. Is a current resident of the State of California, has Medi-Cal eligibility for the County of San Diego, and has either Medi-Cal Managed Care Plan (MCP) or County Funded SNF program which will pay the daily rate for the SNF level of care.
2. Is at least 18 years of age.
3. Is not entitled to comparable services through other systems, i.e. Veterans Affairs (VA), Regional Center, Medi-Care, or private insurance.
4. Cannot be safely managed in a less restrictive level of care. Documentation is provided to show that all other alternatives including ASP Board and Care, traditional Board and Care, FSP case management, and case management have been attempted or there is documentation that these alternatives are not able to meet the client's needs.
5. Documentation from the LPS facility showing attempts were made to place client at all other appropriate SNF facilities.
6. Is currently being treated in an LPS psychiatric hospital or is in an SF/LTC bed currently funded by San Diego County.
7. Requires 24/7 residential care with both a nursing component and a psychological component.
  - a. IMD level of care was deemed as inappropriate level of care due to physical health needs, age, or not currently able to participate in a 21 hour per week psychosocial rehabilitation program.
8. Is gravely disabled as determined by the establishment of a temporary or permanent, public or private LPS Conservatorship by Superior Court.
9. Is assigned to or will be assigned to a Case Management program funded by the County of San Diego.
10. Has an adequately documented Title 9, DSM IV-TR Primary diagnosis of a serious, persistent, major mental disorder or an eating disorder; the primary diagnosis cannot be a substance abuse related disorder.
  - a. The symptoms must not be primarily a manifestation of a developmental disorder, dementia, or TBI.
  - b. May have a substance abuse diagnosis as a concurrent diagnosis.
  - c. May also have a concurrent Personality Disorder diagnosis, but diagnosis alone is not sufficient to meet criteria.
11. Is not at imminent risk of serious harm to self or others.
12. Has a tuberculosis (TB) clearance within thirty days of application.
13. Has the potential to benefit from psychosocial programming offered by the SNF.





*And the client must meet at least one of the following clinical criteria (these criteria are not intended for use solely as a long-term solution to maintain stability acquired during treatment in a residential facility/program):*

- a. The client's psychosocial functioning has deteriorated to the degree that the client is at risk for being unable to safely and adequately care for themselves in the community or at a less restrictive setting and there is a reasonable expectation that treatment will produce a higher level of functioning.
- b. A lower level of care in which a client may be effectively treated is unavailable, an intensified schedule of ambulatory care or a change in the treatment plan has not proven effective, or community support services that might augment ambulatory mental health services and pre-empt the need for SNF Treatment is unavailable, insufficient, or inadequate.

Exceptions to criteria may be made by Optum Medical Director after consultation with County Medical Director and COR.



**Neurobehavioral Health Patch:** A Skilled Nursing Facility that provides specialized neurobehavioral treatment and care for San Diego residents who are diagnosed with Traumatic Brain Injury (TBI) or Neuro-Cognitive Impairment (NCI) and a severe and persistent mental illness. An additional daily rate is paid to the facility by San Diego County.

*The client must meet the following required criteria for a San Diego County funded NBU Patch:*

1. Is a current resident of the State of California, has Medi-Cal eligibility for the County of San Diego, and has either a Medi-Cal Managed Care Plan (MCP) or the County Funded SNF program which will pay the daily rate for the SNF level of care.
2. Is at least 18 years of age.
3. Is not entitled to comparable services through other systems, i.e. Veterans Affairs (VA), Regional Center, or private insurance.
4. Cannot be safely managed in a less restrictive level of care. Documentation is provided to show that all other alternatives including ASP Board and Care, traditional Board and Care, FSP case management, and case management have been attempted or there is documentation that these alternatives are not able to meet the client's needs.
5. Is currently being treated in an LPS psychiatric hospital or is in a SF/LTC bed currently funded by San Diego County. Documentation from the LPS facility showing attempts were made to place client at all other appropriate SNF facilities including SNF Patch placement.
6. Requires 24/7 residential care with both a nursing component and a psychological component.
  - a. IMD level of care was deemed as inappropriate level of care due to physical health needs, age, or not currently able to participate in a 21 hour per week psychosocial rehabilitation program.
7. Is gravely disabled as determined by the establishment of a temporary or permanent, public or private LPS Conservatorship by Superior Court.
8. Is assigned to or will be assigned to a Case Management program funded by the County of San Diego.
9. Has an adequately documented Title 9, DSM IV-TR Primary diagnosis of a serious, persistent, major mental disorder or an eating disorder; the primary diagnosis cannot be a substance abuse related disorder.
  - a. The symptoms must not be primarily a manifestation of a developmental disorder, dementia, or TBI.
  - b. May have a substance abuse diagnosis as a concurrent diagnosis.
  - c. May also have a concurrent Personality Disorder diagnosis, but diagnosis alone is not sufficient to meet criteria.
10. Is not at imminent risk of serious harm to self or others.
11. Has a tuberculosis (TB) clearance within thirty days of application.
12. Have a diagnosis of Traumatic Brain Injury (TBI) or Neuro-Cognitive Impairment (NCI) and a pre-existing diagnosis of a severe and persistent mental illness. There must be documented evidence that the mental health diagnosis existed prior to the TBI or NCI.



*And the client must meet at least one of the following clinical criteria (these criteria are not intended for use solely as a long-term solution to maintain stability acquired during treatment in a residential facility/program):*

- a. The client's psychosocial functioning has deteriorated to the degree that the client is at risk for being unable to safely and adequately care for themselves in the community or at a less restrictive setting.
- b. A lower level of care in which a client may be effectively treated is unavailable, an intensified schedule of ambulatory care or a change in the treatment plan has not proven effective, or community support services that might augment ambulatory mental health services and pre-empt the need for SNF Treatment is unavailable, insufficient, or inadequate.

Exceptions to criteria may be made by Optum Medical Director after consultation with County Medical Director and COR.



**Specialized Residential Treatment:** A Residential Facility for San Diego residents who are diagnosed with a severe and persistent mental illness. These facilities are licensed as an Adult Residential Facility (ARF) and provide a higher level of care than an Augmented Services Board and Care. These facilities provide psychosocial programming and have clinicians on staff.

*The client must meet the following required criteria for continued stay at a Specialized Residential Treatment facility:*

1. Is a current resident in a County funded LTC residential program (IMD, SNF Patch, County Funded SNF, NBU Patch, or State Hospital).
2. Is referred by the treatment team at the County funded LTC residential program.
3. Is a current resident in the State of California and have Medi-Cal eligibility for the County of San Diego.
4. Has SSI funding.
5. Is not entitled to comparable services through other systems, i.e. Veterans Affairs (VA), Regional Center, or private insurance.
6. Is assigned to a Case Management program funded by the County of San Diego.
7. Documentation is provided to show that all other alternatives including ASP Board and Care, traditional Board and Care, FSP case management, and case management have been attempted or there is documentation that these alternatives are not able to meet the client's needs.
8. Is not able to be maintained at a less restrictive level of care.
9. Has an adequately documented Title 9, DSM IV-TR Primary diagnosis of a serious, persistent, major mental disorder or an eating disorder; the primary diagnosis cannot be a substance abuse related disorder.
  - a. The symptoms must not be primarily a manifestation of a developmental disorder, dementia, or TBI.
  - b. May have a substance abuse diagnosis as a concurrent diagnosis.
  - c. May also have a concurrent Personality Disorder diagnosis, but diagnosis alone is not sufficient to meet criteria.
10. Has the potential to participate in an intensive psychosocial rehabilitation treatment program and the potential to progress to a less restrictive level of care.
11. Is gravely disabled as determined by the establishment of a temporary or permanent, public or private LPS Conservatorship by Superior Court.
12. Has a tuberculosis (TB) clearance within thirty days of application.
13. Has absence of current extreme dangerousness to self or others. This includes absence of chronic or recurrent episodes of assaultive behavior.

*And the client must meet at least one of the following clinical criteria (these criteria are not intended for use solely as a long-term solution to maintain stability acquired during treatment in a residential facility/program):*



- a. The client's psychosocial functioning has deteriorated to the degree that the client is at risk for being unable to safely and adequately care for themselves in the community or at a less restrictive setting.
- b. A lower level of care in which a client may be effectively treated is unavailable, an intensified schedule of ambulatory care or a change in the treatment plan has not proven effective, or community support services that might augment ambulatory mental health services and pre-empt the need for SNF Treatment is unavailable, insufficient, or inadequate.

Exceptions to criteria may be made by Optum Medical Director after consultation with County Medical Director and COR.



**State Hospital:** A California State operated psychiatric hospital for adults. The hospital provides evaluation and treatment for individuals with serious and persistent mental illness. This is the highest level of care available to San Diego County beneficiaries and serves clients who are unable to be maintained at all other levels of care.

*The client must meet the following required criteria for San Diego County funded bed at a California State Hospital:*

1. Is a current resident of the State of California and has Medi-Cal eligibility for the County of San Diego.
2. Is at least 18 years of age.
3. Is not entitled to comparable services through other systems, i.e. Veterans Affairs (VA), Regional Center, or private insurance.
4. Cannot be safely managed in a less restrictive level of care.
5. Is currently being treated in an LPS psychiatric hospital or is in a SF/LTC bed currently funded by San Diego County.
6. Is on LPS Permanent Conservatorship.
7. Is assigned to or will be assigned to a Case Management program funded by the County of San Diego.
8. Has an adequately documented Title 9, DSM IV-TR Primary diagnosis of a serious, persistent, major mental disorder or an eating disorder; the primary diagnosis cannot be a substance abuse related disorder.
  - a. The symptoms must not be primarily a manifestation of a developmental disorder, dementia, or TBI.
  - b. May have a substance abuse diagnosis as a concurrent diagnosis.
  - c. May also have a concurrent Personality Disorder diagnosis, but diagnosis alone is not sufficient to meet criteria.
9. Is a current or recurrent danger to self or others, which includes chronic or recurrent episodes of assaultive or suicidal behavior. Documentation must show that assaultive behavior is a result of psychosis that has been resistant to treatment rather than antisocial behavior, Dementia, or Traumatic Brain Injuries (TBI).
10. Has a tuberculosis (TB) clearance within thirty days of application.
11. Has been tried on multiple medication trials and they have been insufficient to resolve or reduce the presenting symptoms to the point the client could be placed at a lower level of care.
12. Is approved for admission to State Hospital by the San Diego County LTC Coordinator.

*And the client must meet at least one of the following clinical criteria (these criteria are not intended for use solely as a long-term solution to maintain stability acquired during treatment in a residential facility/program):*

- a. The client's psychosocial functioning has deteriorated to the degree that the client is at risk for being unable to safely and adequately care for themselves in the community or at



a less restrictive setting and there is a reasonable expectation that treatment will produce a higher level of functioning.

- b. A lower level of care in which a client may be effectively treated is unavailable, an intensified schedule of ambulatory care or a change in the treatment plan has not proven effective, or community support services that might augment ambulatory mental health services and pre-empt the need for State Hospital Treatment is unavailable, insufficient, or inadequate.

Exceptions to criteria may be made by Optum Medical Director after consultation with County Medical Director and COR.



## Continued Stay Criteria by Level of Care

### Continued Stay Criteria: IMD, NBU Patch, SNF Patch, Specialized Residential Treatment, and State Hospital

Facilities will submit review documentation to Optum on a quarterly basis for all clients at this level of care to request continued stay authorization.

*The client must meet all of the following required criteria for continued stay in a San Diego County Funded SF/LTC facility:*

1. The client continues to meet the admission criteria for the current level of care.
2. The client continues to present with symptoms and/or history that demonstrate a significant likelihood of deterioration in functioning/relapse if transitioned to a less intensive level of care.
3. The treatment being provided is appropriate and of sufficient intensity to address the client's condition and support the client's movement toward recovery.
4. The client is actively participating in treatment or is reasonably likely to participate after an initial period of stabilization and/or motivational support.
5. The treatment plan is accompanied by ongoing documentation that the client's symptoms are being addressed by active interventions; the interventions focus on specific, realistic, achievable treatment and recovery goals that are appropriate to the client's strengths, problems and situation; and designed to prevent relapse and measure progress toward discharge.
6. Measurable and realistic progress has occurred or there is clear compelling evidence that continued treatment at the current level of care is required to prevent acute deterioration or exacerbation that would then require a higher level of care. Lack of progress is being addressed by an appropriate change in the treatment plan or other intervention to engage the client.
7. The client requires the current level of care in order to move toward recovery.
8. There is an appropriate discharge plan to a less restrictive level of care or for termination of treatment that takes into account the client's recovery goals and preferences, and allows for treatment gains to be maintained/enhanced.

*And the client must meet at least one of the following clinical criteria (these criteria are not intended for use solely as a long-term solution to maintain stability acquired during treatment in a residential facility/program):*

- a. The client's psychosocial functioning has deteriorated to the degree that the client is at risk for being unable to safely and adequately care for themselves in the community or at a less restrictive setting and there is a reasonable expectation that treatment will produce a higher level of functioning.
- b. A lower level of care in which a client may be effectively treated is unavailable, an intensified schedule of ambulatory care or a change in the treatment plan has not proven effective, or community support services that might augment ambulatory mental health services and pre-empt the need for this level of care is unavailable, insufficient, or inadequate.

Exceptions to criteria may be made by Optum Medical Director after consultation with County Medical Director and COR.





### **Continued Stay Criteria: County Funded SNF**

**Initial concurrent review will be conducted 90 days from date of admission. Subsequent concurrent reviews will be at a frequency determined based on clinical presentation. The review will be no less than 30 days and no more than 180 days from last review; dependent on clinical documentation, level of impairment, and progress towards discharge plan.**

*The client must meet all of the following required criteria for continued stay in a San Diego County Funded SF/LTC facility:*

1. The client continues to meet the admission criteria for the current level of care.
2. The client continues to present with symptoms and/or history that demonstrate a significant likelihood of deterioration in functioning/relapse if transitioned to a less intensive level of care.
3. The treatment being provided is appropriate and of sufficient intensity to address the client's condition and support the client's movement toward recovery.
4. The treatment plan is accompanied by ongoing documentation that the client's symptoms are being addressed by active interventions; the interventions focus on specific, realistic, achievable treatment and recovery goals that are appropriate to the client's strengths, problems and situation; and designed to prevent relapse and measure progress toward discharge.
5. Measurable and realistic progress has occurred or there is clear compelling evidence that continued treatment at the current level of care is required to prevent acute deterioration or exacerbation that would then require a higher level of care.
6. The client requires the current level of care in order to move toward recovery.
7. There is an appropriate discharge plan to a less restrictive level of care or for termination of treatment that takes into account the client's recovery goals and preferences, and allows for treatment gains to be maintained/enhanced.
8. Responsible Managed Care Plan re-evaluated client, as clinically indicated or as appropriate, and written documentation is provided indicating that the client does not meet the Managed Care Plan's SNF Level of Care criteria.
9. Client's primary focus of treatment is not a physical health condition that would require skilled nursing care.

*And the client must meet at least one of the following clinical criteria.*

- a. The client's psychosocial functioning has deteriorated to the degree that the client is at risk for being unable to safely and adequately care for themselves in the community or at a less restrictive setting and there is a reasonable expectation that treatment will produce a higher level of functioning.
- b. A lower level of care in which a client may be effectively treated is unavailable, an intensified schedule of ambulatory care or a change in the treatment plan has not proven effective, or community support services that might augment ambulatory mental health services and pre-empt the need for this level of care is unavailable, insufficient, or inadequate.

Exceptions to criteria may be made by Optum Medical Director after consultation with County Medical Director and COR.