



KERN HEALTH SYSTEMS

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POLICY AND PROCEDURES					
SUBJECT: Long-Term Care Plan of Care				POLICY #: 19.15-P	
DEPARTMENT: Population Health Management					
Effective Date: 1/1/2023	Review/Revised Date: 8/21/2023	DMHC		PAC	
		DHCS	X	QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

Emily Duran
Chief Executive Officer

Date _____

Chief Medical Officer

Date _____

Chief Operating Officer

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Chief Compliance and Fraud Prevention Officer

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Director of Enhanced Care Management

Date _____

Director of Claims

Date _____

Director of Member Services

Date _____

Director of Utilization Management

Date _____

Director of Population Health Management

Date _____

PURPOSE:

To define the requirements for an individually written Plan of Care for each Member admitted to a Long-Term Care (LTC) facility, including a Skilled Nursing Facility for Nursing Facility (NF-A), Nursing Facility (NF-B) Level of Care, and Subacute Facility-Adult/Pediatric. The Plan of Care serves as the basis for LTC member coordinated care across continuum of services.

POLICY:

1. Kern Health System Members admitted to a LTC facility shall have an individually written Plan of Care completed, approved, and signed by a physician.
2. The LTC facility shall maintain a Member’s Plan of Care in the Member’s Medical Record at the LTC facility.
3. The KHS LTC case manager shall participate in Member’s Interdisciplinary Care Team (ICT) meeting, as appropriate.

DEFINITIONS:

Plan Of Care	<p>1. Individual written plan of care in each patient’s medical record. Institutional providers such as Nursing Facility Level A (NF-A) and Nursing Facility Level B (NF-B) must include a written plan of care individual written plans are required by CFR Title 42 , Chapter IV , Subchapter G , Part 483 to be approved and signed by a physician. Plans should include:</p> <ul style="list-style-type: none">• Diagnosis, symptoms, complaints, and complications,• Description of individual’s functional level,• Objectives,• Orders for medication, treatments, restorative and rehabilitative services, activities, therapies, social services, diet, and special procedures,• Plans for continuing care, and• Plans for discharge.
Minimum Data Set (MDS)	<p>The MDS is a standardized, comprehensive assessment of an adult's functional, medical, psychosocial, and cognitive status. It is commonly used in long-term care facilities and outpatient and home-based social service programs for older adults.</p>
Nursing Facility Level A (NF-A)	<p>Known as the Intermediate Care Level. NF-A level of care is characterized by scheduled and predictable nursing needs with a need for protective and supportive care, but without the need for continuous, licensed nursing.</p>
Nursing Facility Level B (NF-B)	<p>Known as the Long-Term Care Nursing Facility level. NF-B level of care is characterized by an individual requiring the continuous availability of skilled nursing care provided by a licensed registered or vocational nurse, yet does not</p>

	require the full range of health care services provided in a hospital as hospital acute care or hospital extended care
Sub-acute Facility	Facilities with a level of care that is less intensive than acute care but is more intensive than skilled care.
Long Term Care	<p>Long-Term Care, also known as extended care or custodial care, and is recommended for patients who require longer stays when their care needs are no longer able to be met at a lower level of care. Patients with a chronic disease or debilitating medical condition such as Alzheimer's, heart disease, or stroke may require ongoing long-term care to improve their quality of life. This type of care provides patients with 24-hour care designed to support individual medical needs and may include a combination of a customized diet, restorative exercise, and assistance with daily activities.</p> <p>Long Term Care is: The member has been reviewed, assessed, and determined that discharge potential is not possible, and placement is assumed for care in a facility for longer than the month of admission plus one month.</p>

PROCEDURE:

1. The LTC facility shall incorporate the Member's transferring Medical Records, previous facility discharge plan, and Health Risk Assessment (HRA), if applicable, in the Member's current Plan of Care.
2. The KHS LTC case manager shall contact the LTC facility staff when appropriate to:
 - a. Request a Member's ICT meeting schedule,
 - b. Inform the LTC facility staff that the case manager would like to participate and obtain permission to attend Member's ICT,
3. Provide a copy of Member's completed HRA to the facility staff.
4. Provide additional resources and care coordination as appropriate.
5. Document ICT participation and findings in the LTC Case Management Module member case file.
6. The LTC facility ICT case conference may include physician(s), nurse(s), therapist(s), social worker(s), and other health care professionals.
7. The Members of the ICT shall contribute to and establish the written Plan of Care for a Member.
8. The Plan of Care shall include, but is not limited to the following:
 - a. Diagnosis, symptoms, complaints, and complications,
 - b. Description of individual's functional level,
 - c. Objectives,
 - d. Orders for medication, treatments, restorative and rehabilitative services, activities, therapies, social services, diet, and special procedures,
 - e. Plans for continuing care,
 - f. Plans for discharge,
 - g. Caregiver involvement and support system,
 - h. Objectives for the Member during the facility stay,
 - i. Special procedures recommended for the health and safety of the Member,
 - j. Special procedures designed to meet the objectives of the Plan of Care,

- k. Plans for continuing care, including review and modification of the Plan of Care,
 - l. Plans for leaves of absence, if applicable.
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- 9. The attending physician, or Primary Care Provider (PCP), and other health care professional involved in the Member's care, shall review, discuss care goals with the Member and/or the Member's Authorized Representative, and sign each Plan of Care.
 - 10. In addition, the attending physician or PCP, and other personnel involved in the Member's care, must review, update as appropriate, and sign each Plan of Care at least every sixty (60) calendar days.
 - 11. The Member or the Member's Authorized Representative must be offered their Plan of Care, as well as any amendments to it if applicable, by the LTC Facility staff.
 - 12. If assistance with translation is required, the LTC Facility or KHS will provide translation services as needed.
 - 13. REQUIRED Plan of Care revisions-updates:
 - a. A change in the Member's health condition
 - b. changes to provide additional care coordination, including but not limited to Member events such as:
 - i. Visit(s) to the emergency room,
 - ii. Admission(s) to an acute hospital,
 - iii. Significant increases in Polypharmacy,
 - iv. Findings from Health Risk Assessments, and
 - v. Falls and injuries.

REFERENCE:

Revision 2022.11: Policy created for DHCS APL 22-018. Policy submitted with LTC 6 deliverables. DHCS approval issued on 2/6/2023.

- 1. Medi-Cal Provider Manual: Patients Plans of Care for Long-Term Care
- 2. Title 22, California Code of Regulations (CCR), §§ 51118, 51120, 51121, 51124, 51164-51164.2, 51212, 51215, 51215.5, 51215.8, 51343(g), 51343.1(f), 51343.2(h), 76079, 76345 and 76853
- 3. Title 42, Code of Federal Regulations (CFR), §§ 456.80 and 456.380