



KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
Policy Title	Long-Term Support Services (LTSS) Liaison Policy	Policy #	19.52-P
Policy Owner	Population Health Management	Original Effective Date	01/01/2026
Revision Effective Date		Approval Date	01/06/2026
Line of Business	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Corporate		

I. PURPOSE

This policy establishes the roles, responsibilities, training requirements, and operational procedures for Long-Term Support Services (LTSS) Liaisons to ensure compliance with Department of Health Care Services (DHCS) requirements and to support effective coordination and communication between Kern Health Systems (KHS), LTSS providers, and Members.

The policy emphasizes that the LTSS Liaison serves as the single point of contact for providers and is familiar with the appropriate internal plan resources to engage in addressing the needs of providers.

II. POLICY

KHS shall maintain an LTSS Liaison, who serve as the single point of contact for LTSS providers. The Liaison shall facilitate timely communication, care coordination, claims and payment inquiries, and dispute resolution in accordance with applicable Medi-Cal rules and regulations.

This policy applies to all KHS departments responsible for the provision and oversight of LTSS services.

III. DEFINITIONS

TERMS	DEFINITIONS
N/A	

IV. PROCEDURES

A. LTSS Liaison Roles and Responsibilities

1. Training Requirements:

LTSS Liaisons shall receive comprehensive training on the full spectrum of applicable Medi-Cal and DHCS rules and regulations, including but not limited to:

- a. Referral requirements and processes for LTSS
- b. Care management and care transition protocols
- c. Authorization processes for LTSS
- d. Timely claims payment requirements in accordance with DHCS standards
- e. The provider dispute resolution (PDR) process, including related DHCS and internal policies and procedures

2. Knowledge Areas:

LTSS Liaisons must be trained in and maintain knowledge of the following areas:

- a. Medi-Cal LTC services rules and regulations, including payment and coverage policies
- b. Ensuring claims are processed within DHCS timelines
- c. Timely claims payment requirements including statutory and regulatory payment timelines.
- d. KHS and DHCS procedures for resolving claims and payment disputes
- e. The PDR process including PDR submission, review, timelines, and resolution procedures.
- f. Policies supporting care transitions and coordination among LTSS providers to effectively meet Members' needs
- g. Assisting LTSS facilities and providers with claims payment issues
- h. Disseminating liaison contact information to LTSS providers
- i. Assisting Provider Network Management (PNM) Department in promptly notifying providers of any changes to LTSS Liaison assignments to ensure continuity of service
- j. Understanding and utilizing KHS internal resources (e.g., Claims Department, Utilization Management Department, Member Services Department, Quality Improvement Department) to serve as a single point of contact and ensure efficient issue resolution

3. Ongoing Responsibilities:

LTSS Liaisons shall:

- a. Act as the primary point of contact for LTSS providers to assist with inquiries related to care coordination, claims, authorizations, and dispute resolution
- b. Provide guidance to providers regarding timely claims payment requirements and the PDR process, directing providers to appropriate internal departments or subject-matter experts when issues exceed the LTSS Liaison's scope
- c. Provide clear instructions and support to providers regarding KHS policies and procedures
- d. Facilitate timely communication between providers and internal departments
- e. Coordinate with care management teams to support Members receiving LTSS, ensuring seamless transitions and appropriate access to services
- f. Maintain documentation of all provider interactions, claims assistance, and dispute resolutions in accordance with KHS record retention policies

4. ATTACHMENTS

Attachment A:	N/A
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5. REFERENCES

Reference Type	Specific Reference
Other KHS Policies	Long Term Care Services Program Policy #3.80
Regulatory	Medi-Cal Managed Care Plans 2024 Primary Operations Contract Scope of Work
Other	California Department of Health Care Services. (n.d.). <i>Assisted Living Waiver (ALW)</i> . https://www.dhcs.ca.gov/services/ltc/Pages/AssistedLivingWaiver.aspx
Regulatory	California Department of Health Care Services. (2024, August). <i>Transitional care services for members with long-term services and supports needs: A technical assistance resource for Medi-Cal managed care plans</i> . https://www.dhcs.ca.gov/CalAIM/Documents/TCS-TA-Resource-for-LTSS-Transitions.pdf
Other	California Health Care Foundation. (2023, March). <i>Medi-Cal managed care and long-term services and supports: Opportunities and considerations under CalAIM</i> . https://www.chcf.org/wp-content/uploads/2023/03/ManagedLongTermServices2023.pdf

6. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Effective	2026-01	The policy was created to ensure compliance with DHCS requirements and to support effective coordination and communication between KHS, LTSS providers, and Members.	PHM
Revised			
Retired			

7. APPROVALS

Committees Board (if applicable)	Date Reviewed	Date Approved
Choose an item.		
Choose an item.		

Regulatory Agencies (if applicable)	Date Reviewed	Date Approved
Choose an item.		
Choose an item.		
Choose an item.		