



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.

Referral Criteria by Level of Care

San Diego County Referral Criteria for Mental Health Rehabilitation Center (MHRC) / Special Treatment Program (STP)

Mental Health Rehabilitation Center (MHRC) / Special Treatment Program (STP): 24-hour facilities that primarily provide diagnosis, treatment, and care of persons with mental disorders which are licensed to provide such services.

The client must meet the following required criteria for county funding while at a MHRC or STP:

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 that has been approved by the County Case Manager.
2. Is between the ages of 18-64 for an MHRC, and 18 and above for an STP.
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 fully or partially 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 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 use disorder 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 submitting application.
12. Is medically appropriate as determined by the receiving facility and by applicable MHRC or STP regulations.

San Diego County Referral Criteria for Mental Health Rehabilitation Center (MHRC) / Special Treatment Program (STP) (*continued*)

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):

1. 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.
2. There is no appropriate lower level of care in which a client may be effectively treated, 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 MHRC/STP level of care is unavailable, insufficient, or inadequate.

Exceptions to criteria may be made by the Optum Medical Director. County consultation may be requested by Optum.

San Diego County Referral Criteria for County Funded Skilled Nursing Facility (CO-SNF)

San Diego County Funded Skilled Nursing Facility (CO-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. MHRC/STP 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.

San Diego County Referral Criteria for County Funded Skilled Nursing Facility (CO-SNF) (*continued*)

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 tuberculosis (TB) clearance within thirty days of application.

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

1. 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.
2. 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 the Optum Medical Director. County consultation may be requested by Optum.

San Diego County Referral Criteria for Skilled Nursing Facility (SNF) Patch

San Diego County Funded 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. MHRC/STP 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.

San Diego County Referral Criteria for County Skilled Nursing Facility (SNF) Patch (*continued*)

12. Has 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):

1. 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.
2. 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 preempt the need for SNF Treatment is unavailable, insufficient, or inadequate.

Exceptions to criteria may be made by the Optum Medical Director. County consultation may be requested by Optum.

San Diego County Referral Criteria for Neurobehavioral Health (NBU) Patch

San Diego County Funded Neurobehavioral Health (NBU) 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. MHRC/STP 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 tuberculosis (TB) clearance within thirty days of application.

San Diego County Referral Criteria for Neurobehavioral Health (NBU) Patch (continued)

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):

1. 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.
2. 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. County consultation may be requested by Optum.

San Diego County Referral Criteria for State Hospital

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.

San Diego County Referral Criteria for State Hospital (*continued*)

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):

1. 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.
2. 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 preempt the need for State Hospital Treatment is unavailable, insufficient, or inadequate.

Exceptions to criteria may be made by the Optum Medical Director. County consultation may be requested by Optum.

Continued Stay Criteria by Level of Care

San Diego County Concurrent Review Criteria for MHRC/STP, SNF Patch, NBU Patch, 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 the following required criteria for continued stay and San Diego County Funding while at a 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 relapses 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.

San Diego County Concurrent Review Criteria for MHRC/STP, SNF Patch, NBU Patch, and State Hospital (*continued*)

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):

1. 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.
2. There is no appropriate lower level of care in which a client may be effectively treated, 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 the Optum Medical Director. County consultation may be requested by Optum.

San Diego County Concurrent Review Criteria for County Funded Skilled Nursing Facility (CO-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 the following required criteria for continued stay in a San Diego County Funded Skilled Nursing Facility (CO-SNF):

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/relapses 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 relapses 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.

San Diego County Concurrent Review Criteria for County Funded Skilled Nursing Facility (CO-SNF) (*continued*)

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

1. 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.
2. 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 preempt the need for this level of care is unavailable, insufficient, or inadequate.

Exceptions to criteria may be made by the Optum Medical Director. County consultation may be requested by Optum.

Long Term Care Administrative Days

San Diego County Funded Long Term Care (LTC) Administrative Day Criteria (Less than full rate)

Administrative Day criteria apply to levels of care at facilities in which County pays the bed day: Mental Health Rehabilitation Centers (MHRCs), Bradley Court STP, and County Funded Skilled Nursing Facilities (CO-SNF). Administrative Day criteria do not apply levels of care at facilities in which Medi-Cal pays the bed day: STP, SNF Patch, NBU Patch.

LTC facilities (MHRC/STP, County Funded SNF) may submit a request form when Optum has issued a Notice That Continued Stay Criteria Is Not Met (denial) at least two weeks prior to the last authorized day, and the client needs additional days past the last authorized day due to typical barriers to discharge. Conversely, before a Notice That Continued Stay Criteria is Not Met (denial) has been issued, facility and Optum may come to an agreement during the regular concurrent review to move a client from regular LTC days to administrative days. This applies only when a facility is funded for the actual stay (bed day) by the County. If the facility bills Medi-Cal independently, they continue to do so, but without any associated patch (no admin days needed).

Facility must provide documentation supporting that the discharge plan appears reasonable, and also that criteria for either circumstance 1 or 2 is applicable as outlined below:

1. Facility provides documentation clearly supporting that there are barriers to discharge such as (must meet 1 item from a-c below):
 - a. Behavioral disturbance delaying the accepting provider's ability to lock in a solid date for step down (although they confirm they will still accept client)
 - b. Legal barriers, e.g., PC 290 sex offender status, arson, etc.
 - c. Resistance to discharge from client or others, e.g., family doesn't want them discharged
2. Facility provides documentation to Optum clearly supporting the discharge plan and actions are being taken to secure discharge (documentation required to support all items a-c below):
 - a. Active discharge efforts are clear, as shown by 5 placement calls per month
 - b. Documentation provided is recent, from the last couple weeks, (not the same as previous submissions or "cut and paste") including who was contacted (including phone number), when the contacts were made and what was discussed.
 - c. Weekly outreach is documented with current Case Management (CM), or if no current CM, referral has been submitted and follow up is occurring weekly.

For additional days beyond the initial granting of administrative days, the administrative day extension request must be submitted prior to the end of the current authorization for administrative days outlining the above efforts to find an appropriate placement.

Long Term Care (LTC) Criteria Exceptions and Reconsiderations of Administrative Days

San Diego County Funded Long Term Care (LTC) Criteria Exceptions and Reconsiderations of Administrative Days

I. Purpose

This document establishes the process for reviewing San Diego County funded LTC authorization exceptions, including requests to move a client from standard authorization review to exception status, requests involving court-ordered placements, and requests to move a client from administrative days back to the full rate.

A criteria exception may be used when a client does not meet standard authorization criteria, or when payer, eligibility, legal status, or placement responsibility is unclear, but Behavioral Health Services (BHS) determines that temporary or continued LTC placement review is required due to legal, clinical, or system-of-care circumstances.

Exceptions are not automatic approvals. Each request remains subject to BHS and/or Optum review, clinical appropriateness, documentation provided, available funding authority, and alignment with applicable program requirements.

II. Scope

This process applies to County funded LTC placements and continued-stay authorization requests, including MHRC, STP, SNF Patch, NBU Patch, County funded SNF, and court-ordered open/unlocked SNF or closed/locked SNF/MHRC treatment placements when a standard authorization pathway does not fully apply.

This process may also apply to Public Conservatees when there is a valid court order requiring LTC placement, but the individual does not clearly meet standard LTC authorization criteria or there is a dispute or uncertainty regarding payer responsibility, benefits, or placement authority.

III. General Exception Review Requirements

1. A facility or Optum may request review for exception status when documentation submitted on the usual authorization timeline indicates the request no longer meets or does not meet San Diego County Funded LTC Criteria, but placement or continued placement may be warranted based on one or more circumstances described below.
2. The exception request must be supported by current documentation. At minimum, the request should include:
 - a. Current clinical information supporting the requested level of care or continued placement.
 - b. Conservatorship orders.
 - c. The reason standard authorization criteria are not met or cannot be completed.
 - d. The requested facility type and whether the setting is open/unlocked or closed/locked.
 - e. Current payer, benefits, and eligibility status, including Medi-Cal, Supplemental Security Income (SSI), Cash Assistance Program for Immigrants (CAPI), Managed Care Plan (MCP) involvement, pending applications, appeals, denials, or other funding sources.
 - f. Documentation of placement barriers, including Lower Level Of Care (LLOC) denials, legal barriers, conservatorship limitations, or clinical acuity/risk factors.
 - g. Anticipated next steps, responsible party, and expected review timeframe.

San Diego County Funded Long Term Care (LTC) Criteria Exceptions and Reconsiderations of Administrative Days (*continued*)

3. Exceptions should be time-limited and subject to periodic review. Active exceptions should be reviewed quarterly (or up to four months for STP) if there is a change in benefits, court status, clinical presentation, payer responsibility, or available placement option.
4. Optum shall not approve an exception outside standard exception authorization criteria without documented County direction when the case requires BHS review or falls outside the ordinary authorization process.

IV. Criteria Exceptions Warranting Full Rate

A request may be considered for exception status and full-rate authorization when one or more of the following circumstances is documented and the barrier is beyond the facility's control but precludes placement at a lower level of care (LLOC) or other appropriate step-down option. Full-rate approval still requires clinical appropriateness, funding authority, and County/Optum approval.

A. Conservatorship, Legal Status, or Court-Ordered Placement

1. A criteria exception may be considered when a conservatorship/legal barrier or valid court order prevents movement to a LLOC or requires continued LTC placement.
2. For Public Conservatees, a conservatee may not meet criteria under Optum's standard LTC authorization process; however, when the conservatorship documents require a LTC placement, Optum shall review the case through the LTC Placement Exception Process. Approval shall be based on the conservatorship document, available clinical documentation, placement appropriateness, funding responsibility, and documented County direction by the Service Line Oversight Team if additional review is needed.
3. Required supporting documentation includes (as applicable):
 - a. Copy of the court order, or formal written communication from the Conservator's Office confirming that LLOC will not be authorized by the court or conservator.
 - b. Explanation of the reason LLOC is not authorized and whether there is a timeline for reconsideration.
 - c. Current clinical documentation supporting the requested level of care or continued placement.
 - d. Documentation of payer/funding status and any unresolved MCP, Medi-Cal, SSI, CAPI, or other funding issues.
 - e. With each authorization request, the facility should include documentation confirming whether the legal barrier remains active. Confirmation may come from the Conservator's Office, County Case Manager, or other designated County representative. For ongoing legal barriers, formal reaffirmation should be obtained at least annually or sooner if court status changes.

San Diego County Funded Long Term Care (LTC) Criteria Exceptions and Reconsiderations of Administrative Days (*continued*)

B. SSI/Medi-Cal/CAPi Eligibility or SSI/Medi-Cal/CAPi Appeal Barrier

1. A criteria exception may be considered when SSI, Medi-Cal, or CAPi eligibility is pending, under appeal, denied, or otherwise unresolved, and the lack of benefits prevents a viable step-down placement or alternate payer source.
2. Required supporting documentation includes proof for a and b below (and c if applicable), with each authorization request, that the facility completed the applicable steps during the most recent review period:
 - a. Verified with the County Case Manager the date the application or appeal was submitted and whether the submission met eligibility or appeal criteria.
 - b. Verified with the County Case Manager that the application or appeal remains active/pending.
 - c. If the application or appeal was denied, provided documentation of the reason for denial and the plan for resubmission, appeal, or pursuit of other options, if available.
3. If SSI was applied for prior to or within 14 days of MHRC/STP or SNF admission, and an SSI appeal is pending, the facility must provide proof of active follow-up with the County Case Manager during each review period.

C. No Available Funding for a County Step-Down Option

1. A criteria exception may be considered when no funding is available for any San Diego County step-down option, including situations involving lack of citizenship documentation, lack of CAPi eligibility, denial of SSI/CAPi, or other verified funding barriers.
2. Required supporting documentation includes proof, with each authorization request, that the facility completed all applicable steps during the most recent review period (as applicable):
 - a. Verified with the County Case Manager that SSI, CAPi, Medi-Cal, or other applicable benefit applications have been submitted, or obtained confirmation of ineligibility.
 - b. Provided documentation supporting that SSI or CAPi has been denied, the client is ineligible, or eligibility remains unresolved.
 - c. Verified that other possible funding sources are unavailable or are being actively pursued but will take additional time, such as Assertive Community Treatment funding or another identified funding pathway.
 - d. Identified the current barrier preventing placement in a lower or alternate level of care.

D. High Acuity/Risk When Standard LTC Criteria Are Not Clearly Met

1. A criteria exception may be considered when the client's clinical status reflects high acuity or risk, but the request does not clearly meet San Diego County Funded LTC Criteria because the client does not currently appear able to benefit from a residential psychosocial rehabilitation treatment program and does not currently demonstrate potential to progress to a less restrictive level of care.
2. Examples may include clients unable to participate in programming due to behavioral disturbance or refractory symptoms, or clients who are possible or actual State Hospital referrals.

San Diego County Funded Long Term Care (LTC) Criteria Exceptions and Reconsiderations of Administrative Days (*continued*)

3. The facility must provide supporting documentation clearly demonstrating subsection a, b, or c:
- a. Episodes of significant physical aggression within the last 60 days; or
 - b. Severe and refractory symptoms resulting in elopement behaviors within the last 60 days, such as checking exits, elopement attempts, or a clearly stated and realistic plan to elope; or
 - c. Unsuitability for placement at lower or adjacent levels of care, including repeated denials from potential accepting placements due to clinical severity or legal status. Documentation should include at least five placement contacts or denials per month when such placements are being pursued.

E. Other LTC Exception Circumstances

This section would be for other circumstances not listed above which may be considered only with BHS review and documented BHS approval. The request must clearly identify why standard criteria are not met, why the exception is being requested, what documentation supports the request, and the desired level of care.

1. Internal Case Conference and County Direction

- a. In limited circumstances where BHS/Health Care Oversight (HCO) requests an exception outside the standard authorization process, an Internal Case Conference with selected subject matter experts (SMEs) shall be arranged promptly by HCO.
- b. The case conference should identify the legal, clinical, funding, placement, and operational issues requiring exception review.
- c. The decision shall be documented and conveyed to Optum via email.
- d. Final County direction shall be documented before Optum authorizes an exception that falls outside standard authorization criteria.

2. Managed Care Plan (MCP) Responsibility Dispute or Refusal to Authorize

- a. A criteria exception may be considered when Medi-Cal MCP will not authorize or pay for placement/treatment despite the client requiring a placement option for a skillable nursing need.
- b. This may include clients with primary and standalone neurocognitive issues and no prior mental health diagnosis when the MCP will not authorize or pay for the SNF Med-Cal bed day.
- c. At each quarterly review, required supporting documentation from facility (from within the last quarter) includes:
 - i. MCP determination, denial, refusal to authorize, or documentation showing the payer dispute.
 - ii. Current clinical information supporting the requested placement.
 - iii. Documentation from MCP of whether escalation, dispute resolution, or transition planning is required.

San Diego County Funded Long Term Care (LTC) Criteria Exceptions and Reconsiderations of Administrative Days (*continued*)

Approval of a County funded LTC criteria exception under this section is temporary and does not waive, replace, or assume any MCP, Medi-Cal, or other third-party payer responsibility. When an MCP responsibility dispute exists, the facility shall document continued MCP escalation, dispute resolution, reimbursement pursuit, or transition planning, as applicable. County funded authorization may be reconsidered, modified, or discontinued if payer responsibility is resolved or an alternate appropriate funding pathway becomes available.

F. Clinical Decompensation Warranting Reconsideration of Administrative Days (back to full rate)

A facility may request Optum review to move a client from administrative days back to the full rate when the client's clinical presentation or circumstances have changed and the request now meets San Diego County Funded LTC Criteria, or when the client now meets one of the criteria exception circumstances outlined below.

1. A request for reconsideration may be considered when a client on LTC administrative days has sustained decompensation for at least two weeks, with no documented improvement, such that a Lower Level Of Care (LLOC) is not viable within the next 45 days.
2. For MHRC or STP clients, the decompensation should reflect a presentation requiring Level 2 or above, when applicable.
3. The facility must submit documentation supporting subsection below a and b, and either c or d:
 - a. The request currently meets authorization criteria under the San Diego County Funded LTC Criteria; and
 - b. The facility submits clinical documentation supporting the request; and
 - c. Stabilization and return to prior or baseline functioning has not occurred; or
 - d. The client had a recent psychiatric hospitalization within the last two weeks.

V. Tracking and Closure of Exceptions

1. Optum shall track approved/active exceptions currently authorized and deliver with monthly reports to BHS (the Clinical Director, HCO Deputy Director, Services Line Oversight (SLO) Team/LTC lead, and/or designated County contract or clinical lead).
2. Public Conservator shall document exception approvals in the conservatee's record in Panosoft when the exception involves a Public Conservatee.
3. Each active exception should be tracked and identify: the reason for the exception, approval date, review date, case manager name (if applicable), and anticipated next steps.
4. The status would change from "exception" back to regular authorization criteria when the client meets County Funded LTC criteria, benefits/funding are resolved, the court order changes or expires, the client transitions to another appropriate payer or level of care, or BHS determines the exception is no longer appropriate.

San Diego County Funded Long Term Care (LTC) Criteria Exceptions and Reconsiderations of Administrative Days (*continued*)

VI. Review Standard

Each request will be reviewed on a case-by-case basis. The circumstances listed in this document do not guarantee approval. Final determinations remain subject to San Diego County Behavioral Health Services and/or Optum review, clinical appropriateness, documentation provided, available funding authority, and alignment with applicable program requirements and funding guidelines.