

County Funded SNF and County Funded SNF Patch Criteria

<u>San Diego County Funded Skilled Nursing Facility (SNF):</u> 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 serious and persistent primary DSM/ICD diagnosis. The primary diagnosis cannot be a substance use disorder.
 - a. The symptoms must not be primarily a manifestation of a developmental disorder, dementia, or TBI.
 - b. May have a substance use disorder as a concurrent diagnosis.
 - c. May also have a concurrent personality disorder diagnosis, but this 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 care for themselves safely and adequately 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/additional services 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 care for themselves safely and adequately 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. Rev 5.5.23