



IEHP UM Subcommittee Approved Authorization Guideline			
Guideline	Care Plan Option	Guideline #	UM_OTH 16
		Original Effective Date	11/14/18
Section	Other	Revision Date	

COVERAGE POLICY

IEHP provides its IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan) Members Care Plan Option (CPO) service at its sole discretion and in accordance with the Member’s individualized care plan, as determined by the Member’s Care Team. CPO services may include, but are not limited to, those listed on the attached Care Plan Option Service Grid. This grid also describes the criteria for each CPO service.

COVERAGE LIMITATIONS AND EXCLUSIONS

Please see the attached Care Plan Option Service Grid.

ADDITIONAL INFORMATION

N/A

CLINICAL/REGULATORY RESOURCE

CCI 3-Way Contract, Section 2.4.3, effective January 1, 2018.

DEFINITION OF TERMS

Care Plan Option (CPO) Services – A CPO service is optional under the Member’s Individualized Care Plan (ICP). A CPO service is designed to only supplement, not replace, the required Medi-Cal services under the Member’s ICP. CPO services are offered entirely at the health plan’s discretion.

REFERENCES

CCI 3-Way Contract, Section 2.4.3, effective January 1, 2018.

DISCLAIMER

IEHP Clinical Authorization Guidelines (CAG) are developed to assist in administering plan benefits, they do not constitute a description of plan benefits. The Clinical Authorization Guidelines (CAG) express IEHP's determination of whether certain services or supplies are medically necessary, experimental and investigational, or cosmetic. IEHP has reached these conclusions based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-

based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). IEHP makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in the Clinical Authorization Guidelines (CAG). IEHP expressly and solely reserves the right to revise the Clinical Authorization Guidelines (CAG), as clinical information changes.

Care Plan Option Service Grid

IMPORTANT: The Member’s Care Team shall determine whether the Member may benefit from CPO services.

CPO Service	Description of Service	Criteria	Recommended Limitations
Nutrition (Meals)	Enteral sustenance deemed necessary for health	<ul style="list-style-type: none"> • Member is non-ambulatory and does not have a caregiver who is able to prepare meals; or • Member is unable to meet basic needs due to <ol style="list-style-type: none"> 1. Member has special nutritional needs (pureed, renal, gluten free, diabetic, heart healthy, low sodium, vegetarian) <u>and</u> the Member and/or caregiver demonstrates a lack of knowledge/ability to prepare these meals; and 2. Member is disabled, elderly and in poor health. <p><u>And</u></p> <ul style="list-style-type: none"> • Member has a current physical home address and working phone number; and • Member has the ability to accept delivery of the prepared meals or can make arrangements for another adult to do so; and • Member has ability to properly store and preserve meals 	Two (2) meals per day and not to exceed ninety (90) consecutive days of meals per benefit period.

CPO Service	Description of Service	Criteria	Recommended Limitations
Transportation	Movement or transfer from location to location outside of the covered benefit	<ul style="list-style-type: none"> • CM referral; and • Addressing social determinants of health; and • Does not meet criteria for transportation benefit as defined in the APL, DPL or UM Subcommittee transportation criteria 	At the recommendation of the ICT/Care Team and per the CPO Approval Threshold Grid
Habilitation (Training to persons with disabilities to meet their daily living needs)	For Member to gain skills that allow them to reside in the community	Any one (1) of the following: <ul style="list-style-type: none"> • Retraining after traumatic brain injury • Training for cognitive disability • Intellectual disability diagnosis 	Length of treatment: up to six (6) consecutive months of treatment
Home modification	Services aimed to support safety and activity performance in the home	Member with access and functional needs who are at risk for institutionalization, and home modification will allow them to remain in the community	Limited to the cost of one (1) month of custodial care in a facility.
Respite Care (in home or out-of-home)	Short term or temporary care of the sick or disabled, designed to provide relief to the regular caregiver	Members who meet criteria for Nursing Facility (NF) level of care.	One hundred and sixty (160) hours per benefit year. Member must have the ability to go in or out-of-home.
Personal Care and Chore Type Services	Assistance in dressing, grooming, and hygiene beyond those covered by In-Home Supportive Services (IHSS)	Members who preliminarily meet IHSS criteria and pending County assessment.	Hours necessary to keep Member at least restrictive level of care and/or to prevent acute readmission.

CPO Service	Description of Service	Criteria	Recommended Limitations
<p>Assistive devices as defined by the State Personal emergency response systems; assistive technology</p>	<p>Devices designed, made, or adapted to assist a person perform a particular task.</p>	<p>Personal emergency response systems</p> <ul style="list-style-type: none"> • Member is identified as at risk for falls; and • Member is appropriate for around the clock supervision <p>Assistive technology Must provide reasonable expectation that technology will assist Member to avoid a more restrictive care level and meet health goals.</p>	<p>Limited to the cost of one (1) month of custodial care in a facility (estimated at \$4,500).</p>
<p>Other There may be items/services identified by the ICT which is not specifically listed above.</p>	<p>Any additional identified services deemed reasonable by the ICT to support the Member’s health and safety goals</p>	<p>Must provide reasonable expectation that service/item will assist Member avoid a more restrictive care level and meet health goal.</p>	<p>Limited to the cost of one (1) month of custodial care in a facility (estimated at \$4,500).</p>