L.A. Care HEALTH PLAN®

MLTSS Programs Guide

Managed Long Term Services and Supports (MLTSS)

MLTSS are services that help members with chronic or serious illnesses living with cognitive and functional limitations who need assistance with their activities of daily living so they can remain in their community or in the most appropriate setting. The MLTSS team also helps members access Community Supports when members need caregiver support, home modifications for safety, or nursing facility services.

When to Refer to MLTSS:

- **In-Home Supportive Services (IHSS)**
- **Community-Based Adult Services (CBAS)**
- **Multipurpose Senior Services Program (MSSP)**
- **Long-Term Care (LTC)**
  - Custodial Care
  - Subacute Care
  - Intermediate Care Facility for Developmentally Disabled (ICF/DD)
- **Palliative Care**
- **CalAIM Community Supports (CS)**
  - Personal Care and Homemaker Services (PCHS)
  - Respite Services for caregivers
  - Environmental Accessibility Adaptations (EAA)
    - Home Modifications
    - Personal Emergency Response Systems (PERS)
  - Nursing Facility Transition/Diversion (NFTD) to Assisted Living Facilities (ALF)
  - Community Transition Services (CTS) from Nursing Facility to Home

Note: There are 14 CS programs total. In addition to the five above, you may find information on other programs available to members here: **Community Health Services | L.A. Care Health Plan (lacare.org).**

In-Home Supportive Services (IHSS)

In-Home Supportive Services (IHSS) helps pay for services provided to seniors and persons with disabilities, including children, so they can live safely at home. With IHSS, members hire someone to help take care of the member. Members can hire a family member or a friend. IHSS helps with daily home tasks like cleaning, making meals, washing clothes and buying food; personal care like bathing, dressing, and feeding; basic medical needs like help with medicine, testing blood sugar levels, and some exercise. Other services include help getting to the doctor and care for people with dementia or other mental conditions.

To qualify, members must have Medi-Cal (MCLA or D-SNP) and:

- Be a U.S. citizen or permanent resident alien
- Be a California resident
- Live at home
- Qualify for Supplemental Security Income/State Supplemental Payment (SSI/SSP) or Medi-Cal benefits **AND**
- Be 65 years old or older, blind, **OR** disabled under Social Security rules

To make a Referral:

Complete the **MLTSS Referral Form:** Manuals and Forms | L.A. Care Health Plan (lacare.org) under Managed Long Term Services and Supports

Phone: **855.427.1223** | Fax: **213.438.4866** | Email: **mltss@lacare.org**

Community-Based Adult Services (CBAS)

Community-Based Adult Services (CBAS) is a day program that offers health services, therapeutic activities, and social supports in an adult day health care center. CBAS helps members with nursing care and medications; physical, occupational, and speech therapy; social services; group activities; healthy and balanced meals; getting to the CBAS center and back home.

To qualify, members must have Medi-Cal (MCLA or D-SNP) and:

- **Be 18 years old or older and meet one of the following:**
  - Qualify for nursing home placement
  - Have an organic, acquired or traumatic brain injury and/or chronic mental health condition(s) **AND** need help with daily tasks/activities
  - Have a moderate to severe cognitive disorder such as Alzheimer's disease or other dementia **AND** need help with daily tasks/activities
  - Have a mild cognitive impairment **AND** need help with tasks/daily activities
  - Have a developmental disability **AND** need help with daily tasks/activities

To make a Referral:

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Phone: **855.427.1223** | Fax: **213.438.4866** | Email: **mltss@lacare.org**

Multipurpose Senior Services Program (MSSP)

Multipurpose Senior Services Program (MSSP) provides services and support to help members stay at home for as long as possible. MSSP helps with case management, minor home repairs, getting to your member to doctor appointments, meals at home, home chore service, personal care help for hygiene, personal safety and daily activities, housing, respite, and other services not free of charge in the community.

To qualify, members must have Medi-Cal (MCLA or D-SNP) and:

- Be at least 65 years old
- Meets nursing facility level of care, be at risk of going in to a nursing home
- Live within L.A. County

To make a Referral:

Complete the **MLTSS Referral Form:** Manuals and Forms | L.A. Care Health Plan (lacare.org) under Managed Long Term Services and Supports

Phone: **855.427.1223** | Fax: **213.438.4866** | Email: **mltss@lacare.org**

Long-Term Care (LTC)

Long-Term Care (LTC) Nursing Facilities help with services for people with physical or mental conditions who need constant care. Services include but are not limited to ongoing care such as assistance with dressing, tracheostomy care, colostomy care, and medication management.

To qualify, members must have Medi-Cal (MCLA or D-SNP) and:

- Live at home, at risk in community
- Need 24 hr. care/assistance with ADLs
- Have the members doctor or other health care provider make a request to L.A. Care that explains why they need this level of care (Physician's order)

To make a Referral:

Complete the **MLTSS Referral Form:** Manuals and Forms | L.A. Care Health Plan (lacare.org) under Managed Long Term Services and Supports

Phone: **855.427.1223** | Fax: **213.438.4866** | Email: **mltss@lacare.org**

Intermediate Care Facility for Developmentally Disabled (ICF/DD)

Effective January 1, 2024, all Managed Care Plans (MCP) became responsible for full LTC benefit at the following Intermediate Care Facility (Home) Types:

- *Intermediate Care Facility for the Developmentally Disabled (ICF/DD)*
- *Intermediate Care Facility for Developmentally Disabled Habilitative (ICF/DD-H)*
- *Intermediate Care Facility for the Developmentally Disabled-Nursing (ICF/DD-N)*

These community homes provide 24-hour care, licensed by California Department of Public Health (CDPH) and certified by the Centers for Medicare & Medicaid Services (CMS).

To qualify, members must have Medi-Cal (MCLA or D-SNP) and:

- Meet ICF/DD level of care requirements by their Regional Center
  - If members need help with locating a Regional Center, they can go to the Department of Health Care Services (DHCS) website and use their look up tool: https://www.dds.ca.gov/rc/lookup-rcs-by-county/ or contact L.A. Care for further assistance at **855.427.1223**

To request for Authorization:

Complete the **Prior Authorization Request Form (ARF):** Manuals and Forms | L.A. Care Health Plan (lacare.org) under Utilization Management

Phone: **877.431.2273** | Fax: **213.438.4877**

Palliative Care (PC)

Palliative Care is a service that provides an extra layer of support to help members and their loved ones deal with the stress, symptoms, and practical challenges of living with serious illness. Members receive support at home from a care team that includes doctors, nurses, social workers, chaplain, and other specialists.

To qualify, members must have Medi-Cal (MCLA or D-SNP) and:

- Meet disease specific criteria:
  - CHF
  - COPD
  - Advanced cancer
  - Ends stage liver disease
  - Other advanced illness with decline

To make a Referral:

Complete the **Palliative Care Referral & Screening Tool:** Manuals and Forms | L.A. Care Health Plan (lacare.org) under Managed Long Term Services and Supports

Phone: **855.427.1223** | Fax: **213.438.4877** | Email: mltss@lacare.org

Community Supports: Personal Care and Homemaker Services (PCHS)—*for the Member*

Personal Care and Homemaker Services (PCHS) are for members who need assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) who could otherwise not remain at home.

When to Refer to PCHS:

- Member is in the In-Home Supportive Services (IHSS) waiting period **AND**
- Needs assistance with Activities of Daily Living (ADLs) and/or Instrumental Activities of Daily Living (IADLs) **AND**
- Member does not have adequate support
- To prevent institutionalization

To qualify, members must have Medi-Cal (MCLA or D-SNP) and meet one of the following:

- Have applied for In-Home Supportive Services (IHSS) for the first time and are in the waiting period **OR**
- Have approved In-Home Supportive Services (IHSS) hours, but need additional hours beyond what DPSS approved due to change in condition or above and beyond approved IHSS hours **OR**
- Not eligible (denied) to receive IHSS and to avoid a short-term stay in a skilled nursing facility (not to exceed 60 days).

To make a Referral:

Complete the **Caregiver Support Services Authorization Request (SAR) Form:**
Manuals and Forms | L.A. Care Health Plan (lacare.org) under Managed Long Term Services and Supports

Phone: **855.427.1223** | Fax: **213.985.1835** | Email: mltss@lacare.org

Community Supports: Respite Services—*for the Caregiver*

Respite Services are non-medical in nature for members, who require intermittent, temporary supervision due to primary caregiver's absence. Respite Services are for the caregiver and provided on a short term, episodic basis. A temporary caregiver will help take care of a member's basic self-help needs and Activities of Daily Living (ADLs), including interaction, socialization, and daily routines, while the original caregiver is away

To qualify, members must have Medi-Cal (MCLA or D-SNP) and:

- Live in the community and need help with Activities of Daily Living (ADLs) who:
  - Are dependent upon a qualified caregiver who provides most of their support
  - Require caregiver relief to avoid institutional placement
- Members with Complex Care Needs

To make a Referral:

Complete the **Caregiver Support Services Authorization Request (SAR) Form:** Manuals and Forms | L.A. Care Health Plan (lacare.org) under Managed Long Term Services and Supports

Phone: **855.427.1223** | Fax: **213.985.1835**

Community Supports: Environmental Accessibility Adaptations (EAA) —*Also known as Home Modifications*

EAA is also known as Home Modifications and offers two services for L. A. Care Members:

1. ***Home Modifications*** or physical changes to the member's home necessary to ensure health and safety, helping members function with greater independence and preventing institutionalization. Examples include, but not limited to:
   - **Custom** ramps and grab-bars to assist Members in accessing the home
   - Doorway widening for Members who require a wheelchair
   - Mechanical stair lifts
   - Making a bathroom and shower wheelchair accessible
2. ***Personal Emergency Response Systems (PERS)*** for members who are alone for significant parts of the day without a caregiver or are at risk for falls, and who require routine supervision.

To qualify, members must have Medi-Cal (MCLA or D-SNP) and:

- Be at risk for hospitalization or placement in a nursing facility
- Have an order from the Member's treating physician with clinical documentation supporting medical necessity of modifications or equipment
- NOT have requested services already covered under Durable Medical Equipment (DME) Medi-Cal benefit

To make a Referral:

Complete the **Environmental Accessibility Adaptations (EAA) Services Authorization Request (SAR) Form** if treating provider **OR**

Environmental Accessibility Adaptations (EAA) Qualified Lead Form if not treating provider:
Manuals and Forms | L.A. Care Health Plan (lacare.org) under Managed Long Term Services and Supports

Phone: **855.427.1223** | Fax: **213.985.1835**

An order is required from Member's treating physician and can be also be found above.
Name of form: **Environmental Accessibility Adaptations (EAA) Physician Order Form**

Community Supports: Nursing Facility Transition or Diversion to Assisted Living Facilities (NFTD/ALF)

*The goal of Nursing Facility Transition or Diversion (NFTD) to Assisted Living Facilities (ALF) is to **transition** members living in a nursing facility to a community setting in an Assisted Living Facility (ALF), Residential Care Facility for Elderly (RCFE) or Adult Residential Facility (ARF).*

*NFTD also prevents nursing facility placement for members living at home who have an imminent need for nursing facility level of care by **diverting** to an Assisted Living Facility setting, instead.*

To qualify, members must have Medi-Cal (MCLA or D-SNP) and:

I. Meet the following to be eligible for Transition

- Currently residing in a Nursing Facility for 60+ days; **AND**
- Willing to live in an assisted living setting as an alternative to a Nursing Facility; **AND**
- Able to reside safely in an assisted living facility with appropriate supports

II. Meet the following to be eligible for Diversion

- Interested in remaining in the community **AND**
- Willing and able to reside safely in an assisted living facility with appropriate and cost-effective supports; **AND**
- Currently receiving or meets minimum criteria for medically necessary nursing facility Level of Care (LOC); **AND**
- Chooses to remain in the community to receive medically necessary nursing facility Level of Care (LOC) services at an Assisted Living Facility

To make a Referral:

Complete the **Nursing Facility Transition/Diversion to Assisted Living Facility (NFTD) and Community Transition Services/Nursing Facility Transition to a Home (CTS) Service Authorization Request (SAR) Form:**
Manuals and Forms | L.A. Care Health Plan (lacare.org) **under** Managed Long Term Services and Supports

Phone: **855.427.1223** | Fax: **213.985.1835**

Community Supports: Community Transition Services (CTS)/ Nursing Facility Transition to a Home

The goal of Community Transition Services (CTS) is to transition eligible members living in a nursing facility back to a HOME setting (private residence).

What Are Community Transition Services (CTS)?

- Non-recurring, set-up expenses for transition from licensed facility to private residence
- Members are directly responsible for his or her living expenses

CTS consists of:

- Assessing member housing needs and presenting options
- Assisting in searching for and securing housing, including completing applications and getting required documentation
- Communicating with the landlord and coordinating the move
- Establishing procedures and contacts to retain housing
- Identifying, coordinating, securing, or funding non-emergency, non-medical transportation to assist Member
- Identifying the need for and coordinating home modifications for Member's accessibility

To qualify, members must have Medi-Cal (MCLA or D-SNP) and be a member who is:

- Living in a nursing facility or medical respite setting for 60+ days; **AND**
- Receiving nursing facility level of care services; **AND**
- Interested in moving back to the community, choosing to transition to a home setting instead of staying in the nursing facility; **AND**
- Able to reside safely in the community with appropriate supports; **AND**
- Willing and able to pay for their own living expenses.

To make a Referral:

Complete the **Nursing Facility Transition/Diversion to Assisted Living Facility (NFTD) and Community Transition Services/Nursing Facility Transition to a Home (CTS) Service Authorization Request (SAR) Form:** Manuals and Forms | L.A. Care Health Plan (lacare.org) under Managed Long Term Services and Supports

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