Clinical Policy: Prevention of Long Term Institutionalization

Reference Number: NJ.CP.MP.502 Coding Implications
Date of Last Revision: 01/24 Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

This policy describes the medical necessity requirements for identification and benefits for the prevention of long term institutionalization program. A comprehensive program has been developed to target prevention of long term institutionalization through identification of members at risk through; application of strategies aimed at prevention of institutionalization; and evaluation and measurement of program effectiveness in compliance with the State of New Jersey Managed Care and Quality Assurance & Performance Improvement (QAPI) activities.

Policy/Criteria

I. It is the policy of Fidelis Care of New Jersey that benefits under the prevention of long term institutionalization program are **medically necessary** when the following indications are met:

A. *Identification of Members Identified as At Risk for Long Term Institutionalization:* Members are identified for risk of long-term institutionalization through use of the IHS, CNA, the Institutional Risk Screen, and/or the New Jersey Choice Assessment Tool. Additional internal sources include New Jersey LAW or external sources such as referral by a PCP, specialist, state agency, or self. Referrals are made to the Managed Long Term Service and Supports Program to allow for additional services and supports specific to this program and designed to assist in maintaining the member in the least restrictive environment (e.g., Personal Emergency Response System [PERS], respite care, 40+ personal care assistant [PCA] hours weekly, home delivered meals, Assisted Living Program, home modification).

1. Care Managers will review member eligibility and benefits including need for PT/OT/ST and DME (e.g., over toilet commode, walker, shower chair, etc.).
2. Assess member needs utilizing a Comprehensive Needs Assessment, New Jersey Choice or MCM within the Fidelis Care medical management platform and determine care level;
3. Develop plan of care with member/caregiver/physician involvement;
4. Coordinate member's personal care benefit to maximize independence and care at home to avoid long term institutionalization;
5. Document all contacts related to member in electronic record;
6. Coordinate member's medical services with PCP and/or specialist;
7. Hold regular interdisciplinary care rounds (at a minimum bi-weekly);
8. Coordinate appropriate referrals;
9. Identify and establish working relationships for coordinating care and services with external organizations that interact with its members, including State agencies, social service organizations, consumer organizations, and civic/community group and local health departments*;

10. Perform a Geriatric Depression Scale (GDS) Screen for all members >65 years of age, utilizing the Hartford Institute for Geriatric Nursing GDS Screening tool;
11. Perform falls risk assessment as indicated;
12. Educate significant caregivers on Safety for Cognitively Impaired members;
13. Provide members and caregivers information regarding care management services, Fidelis benefit information, and overall health related education;
14. Provide educational programming for significant caregivers which emphasizes community based care and support systems for caregivers;
15. Provide educational materials for clinical providers in the best practices of managing cognitive impairments;
16. Ensure adherence to all company and client policies and procedures to ensure confidentiality, regulatory, or contractual mandates for the State of New Jersey.

* For examples of agencies CM will assist in coordinating care for members, visit http://www.state.nj.us/humanservices/doas/services/

B. *Identification of Members At Risk for Long Term Institutionalization*
Internal New Jersey Family Care Members with any of the following conditions/diagnoses that place an aged member at risk for long term institutionalization will be referred to Care Management through the New Jersey LAW data mining report:

1. Cognitive disorders;
2. Division of Developmental Disabilities (DDD) members;
3. Progressive neuromuscular disorders;
4. Multiple co-morbid conditions;
5. Non-compliance with healthcare recommendations;
6. Lack of social and/or caregiver support;
7. Frequent Emergency Department utilization;
8. Frequent inpatient utilization;
9. Transfer to rehabilitation facilities;
10. Homelessness;
11. Members with a recent history of falls;
12. Recent decline in health status as evidenced by a decline in SF-12 score;
13. Members receiving supportive home or community based services (e.g., personal care assistant [PCA], Private Duty Nursing [PDN], Medical Day Care [MDC]).

Members referred to care management as indicated above will be further screened for risk of institutionalization using the *Institutional Risk Screen*. A report identifying all members with a positive Institutional Risk Screen will be generated monthly and distributed to the management group for appropriate follow up.

Internal New Jersey MLTSS Members will be screened initially for risk of institutionalization through the Clinical Assessment Protocol (CAP) Institutional Risk triggered by responses entered into the NJ Choice Assessment tool. MLTSS members will also be identified when there is a significant change in condition requiring a follow up assessment such as post hospital/rehab admission, ED visit, fall in the home etc.

A report identifying members who have triggered the Institutional Risk CAP will be run monthly and distributed to the management group for appropriate follow up

External. The Institutional Risk Screen is distributed to Fidelis Care par physicians and PCPs for use during member visits as an additional means of identifying members at risk for long term institutionalization. Once completed by the providers, the screening tools will be faxed to Fidelis Care for scanning into the electronic care management record. Members identified at risk through the screening tool will be referred to care management as indicated above and included in the monthly tracking report. Member status will be tracked monthly and updates will be provided to the referring physician semi-annually or quarterly.

C. *Intervention for Members Identified as At Risk for Long Term Institutionalization*
Members in Medicaid care management identified at risk for institutionalization will be referred to the MLTSS Program to provide for additional supports and services that are designed to help maintain the members in the least restrictive environment. Members awaiting enrollment will receive Care Management support until full MLTSS enrollment has been determined by the State. Members who are ineligible for the MLTSS program (e.g., DDD) will remain with their existing care manager. In addition:

1. The Care Manager will provide care management services and targeted interventions to members identified as at risk for long term institutionalization.
2. The Care Manager will develop a comprehensive plan of care based on assessed needs and member's desire to avoid institutionalization focusing on home based supports, management of identified chronic conditions, prevention of hospitalization, home safety, and care giver support.
3. Members will receive a comprehensive falls assessment and a Geriatric Depression Screen (GSD).
4. Fidelis Care will identify and establish working relationships for coordinating care and services with external organizations that interact with its members, including State agencies, social service organizations, consumer organizations, and civic/community groups (e.g., Hispanic Coalition, local health departments and caregiver support organizations).
5. The Care Manager will assign members to a care level for frequency of outreach, develop a care plan, and facilitate and coordinate the care of each member according to needs. With input from the member and/or caregiver and the member's PCP, the Care Manager will jointly create a care plan with short/long-term care management goals, specific actionable objectives, and measurable quality outcomes.
6. Care Management will utilize supplemental materials for addressing cognitive impairments from organizations such as the American Psychological Association (APA).
7. Members that are unable to contact or refuse to work with the Care Manager for care management will be followed for care monitoring (with the exception of DDD and MLTSS) throughout the continuum of care (i.e., inpatient and ambulatory settings)

including outreach to the member's PCP and other providers as necessary to coordinate age appropriate services and ensure continuity of care. Unable to contact members will be outreached quarterly and members that refuse services will be outreached at a minimum of twice a year, and with new trigger events.

8. Quality compliance audits will be performed at least quarterly to ensure appropriateness of care plans.

Examples of Educational Material for Member/Caregiver:

Fidelis Care utilizes Krames for educational resources. A sample of available resources is noted below; resources are for members at risk for long term institutionalization and their caregivers (list is not all-inclusive):

- For Caregivers: Safety Tips for Dementia Patients
- Understanding Reversible Dementias
- Communicating with Dementia Patients
- For Caregivers: Coping Tips
- Dementia: Coping Tips
- For Caregivers: Daily Care for Dementia Patients
- For Caregivers: Future Planning for Persons with Dementia
- Preventing Falls in the Home
- Preventing Falls: Are You At Risk of Falling
- Exercises to Prevent Falls
- Preventing Falls: How to Prepare and What to Do
- Taking Medicine Safely
- A Guide to Preventing Falls: simple Steps to Reduce Your Risk

These educational guides will also be made available to providers for use with members who have refused to participate in care management or are unable to contact.

Background

A comprehensive program has been developed to target prevention of long term institutionalization through identification of members at risk through; application of strategies aimed at prevention of institutionalization; and evaluation and measurement of program effectiveness in compliance with the State of New Jersey Managed Care and Quality Assurance & Performance Improvement (QAPI) activities. The current process shall not prohibit or delay a member's access to nursing facility services when these services are medically necessary but is designed to support the member's desire to remain in the community when appropriate.

Members at risk of institutionalization must meet at least three of the following:

- Prior history of nursing home placement in the last five years
- Reported impaired decision making

- Short term memory deficit
- Impaired ability to make self-understood or to understand
- Member exhibits behavioral issues (e.g., wandering, verbal abuse, physical abuse, inappropriate social behavior, resists care).
- Member requires assistance with Activities of Daily Living (ADLs).
- Member has had a decline in ADL status within the last 90 days.
- Member and/or family report bladder incontinence.
- Member requires assistance with ambulation or transfers.
- Wheelchair is the member's primary mode of transportation.
- Member has a diminished ability to leave the house.
- Member has been diagnosed with Alzheimer's disease.
- Member has a history of falling within last 90 days.

NOTE: Non-DDD members determined to be at-risk will be referred to MLTSS; please utilize the applicable internal referral form.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2023, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT®* Codes	Description
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument
96161	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument
99071	Educational supplies, such as books, tapes, and pamphlets, for the patient's education at cost to physician or other qualified health care professional

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code(s) requiring an additional character

HCPCS Code	Description
T2010	Preadmission screening and resident review (PASRR) level I identification screening, per screen

HCPCS Code	Description
T2011	Preadmission screening and resident review (PASRR) level II evaluation, per evaluation

Reviews, Revisions, and Approvals	Date	Approval Date
Original approval date	3/2/2017	3/2/2017
Approved by MPC. No changes.	2/1/2018	2/1/2018
Approved by MPC. No changes.	2/7/2019	2/7/2019
Approved by MPC. No changes.	3/10/2020	3/10/2020
Transitioned policy to new state specific template and sent to market for ownership, Policy number changed from HS-320 to NJ.CP.MP.502.	09/20	
Policy template and references updated-sent to market for ownership	08/23	
Annual review per health plan.	10/23	
Policy retired.		11/23
Policy reinstated.	1/24	

References

1. State of New Jersey Department of Human Services. Administrative Codes and Regulations. New Jersey Administrative Code (NJAC). Title 10 Human Services, Chapter 54 Physician Services: 10:54-5.36 Rehabilitative Services; physical therapy. https://www.lexisnexis.com/hottopics/njcode/layout.htm?. Published February 5, 2001. Accessed August 25, 2023.
2. State of New Jersey DHSS Division of Aging. Preadmission Screening and Resident Review (PASRR) http://www.state.nj.us/humanservices/doas/services/pasrr/. Accessed August 25, 2023.
3. New Jersey Family Care Medicaid Contract. Amended July 2023.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

 Providers, members, and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.