



IEHP UM Subcommittee Approved Authorization Guideline			
Guideline	Custodial Care for Medi-Cal Members	Guideline #	UM_OTH 10
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COVERAGE POLICY

Medical conditions may qualify for custodial care depending on the degree of severity and the patient’s ability to participate responsibly in personal care (DHCS, 2004). Therefore, alternative settings for custodial care other than skilled nursing facilities (SNF) and home-related services such as Community Based Adult Services (CBAS) and In-Home Supportive Services (IHSS) should be considered first in meeting Members’ physical and functional needs and to determine if the Member can safely reside at home.

In order to qualify for custodial care, a prior authorization request must be initiated by the Member’s physician. Requests for reauthorization of routine custodial care or prolonged custodial care may be approved for up to six (6) months or 12 months, respectively, based on medical necessity.

A short term (i.e., 3 month) placement in a SNF may be considered while suitability for in-home services is being evaluated. Home placement with wraparound services or extension of the SNF placement could occur at the end of the short-term period.

COVERAGE CRITERIA

Routine Custodial Care

The Member’s physical functional incapacity may exceed patient care capability of available home health resources. Examples are:

1. Bedbound Members (Members requiring extensive assistance with personal care and activities of daily living)
2. Quadriplegic or severe paralysis cases which may be at increased risk of skin breakdown, respiratory compromise, or require increased personal assistance
3. Members unable to feed themselves

Prolonged Custodial Care

Members with the above physical limitations will likely require prolonged care. Presence of at least two (2) of the following medical/functional factors should be considered in determining the need for prolonged care:

1. Comatose or semi-comatose states; and/or
2. Debilitating conditions including extreme age which indicate a need for preventive nursing care and supervision to avoid skin breakdown, nutritional deficiency or infectious conditions; and/or
3. Cases in which the documented history gives clear indication that changes in the Member’s usual condition would likely lead to the requirement for higher levels of care; and/or

4. Cases in which documented history and/or diagnosis gives clear indication of progressive incapacitation.

COVERAGE LIMITATIONS AND EXCLUSIONS

Mental Limitations

Severe incapacitation by mental illness or intellectual disability may exceed patient care capability of available home health resources. Coverage in such cases for Members between 22 and 64 years of age is a carve-out to county Mental Health Services or Inland Regional Center. Members between 18 and 21 years and 65 years of age and older receive custodial care in specialized institutions for mental disease also known as IMD. Members 18 to 21 years of age and 65 years of age and older must have a conservator in order to receive custodial care in these facilities.

ADDITIONAL INFORMATION

Scope of Custodial Care

Services provided in custodial care include, but are not limited to the following (DHCS Title 22 Section 51335, Anthem 2017):

1. Basic care of chronic, stable, clean wound;
2. Care of an ostomy (created more than 6 months prior) requiring routine care;
3. Care of a tracheostomy (created more than 6 months prior) requiring no special care such as suctioning;
4. In-house supplies;
5. Management of bowel/bladder functions;
6. Meals (including special diets);
7. Assistance with activities of daily living such as feeding, ambulation, range of motion, personal/grooming care and comfort measures;
8. Routine Foley catheter care (i.e., no irrigation);
9. Social services;
10. Standard durable medical equipment (DME) use (e.g., wheelchairs, walkers, commodes, geriatric chairs);
11. Periodic turning and positioning in bed;
12. Prophylactic and palliative skin care;
13. Stable bolus feeding by nasogastric, gastrostomy or jejunostomy tube;
14. General supervision of exercises which have been taught to the Member and do not require skilled rehabilitation personnel for their performance such as assisted walking or passive exercises to maintain range of motion in paralyzed extremities or repetitive exercises to maintain function, improve gait or maintain strength or endurance; and
15. Chronic uncomplicated oral or tracheal suctioning.

Home-Related Services

Community Based Adult Services (CBAS) can provide services such as physical/occupational/speech therapy, mental health services, nutrition counseling and nursing supervision up to five days a week. Members can also receive In Home Support Services (IHSS). Depending on the need of the applicant, IHSS may provide assistance with meal preparation and clean-up, food shopping, bathing, dressing, personal care, house cleaning, assistance with medications and certain other paramedical assistance (with physician approval).

CLINICAL/REGULATORY RESOURCE

Medicare Exclusion

Custodial care is determined on the basis of the level of care and medical supervision required. Institutional care that is below the level of care covered by a skilled nursing facility (SNF) is custodial care. Custodial care is excluded from Medicare coverage. (Medicare, 2003).

DEFINITION OF TERMS

Custodial Care

Custodial care serves to assist an individual in the activities of daily living (including assistance in walking, getting in and out of bed, bathing, dressing, feeding and using the toilet), preparation of special diets and supervision of medication that is usually self-administered. Custodial care is personal care that does not require the continuing attention of trained medical or paramedical personnel (Medicare, 2003).

Custodial care differs from skilled home health nursing care in that home health nursing is the provision of intermittent skilled professional services to a member in the home for the purpose of restoring and maintaining the Member's maximal level of function and health. Services are rendered in lieu of hospitalization, confinement in an extended care facility or going outside of the home for the service. Nursing services provided are not primarily for the comfort or convenience of the Member or custodial in nature (Aetna, 2017).

REFERENCES

1. Aetna 2017. "Skilled Home Health Care Nursing Services". Last reviewed 6/13/2017. http://www.aetna.com/cpb/medical/data/200_299/0201.html
2. Anthem 2017. "Custodial Care" Last reviewed 2/2/2017. https://www.anthem.com/medicalpolicies/guidelines/gl_pw_a053757.htm
3. California Code of Regulations, Title 22, Division 3, Subdivision 1, Chapter 3, Article 4, § 51335. Skilled Nursing Facility Services.
4. California Department of Health Care Services (DHCS) 2004. Manual of Criteria for Medical Authorization, Chapter 7. Criteria for Long-Term Care Services. Last reviewed 8/5/2004. http://www.dhcs.ca.gov/formsandpubs/publications/Documents/Medi-Cal_PDFs/Manual_of_Criteria.pdf
5. Medicare Benefit Policy Manual. Chapter 16 – "General Exclusions from Coverage", revision 198, Section 110. Last reviewed 11/6/2014. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS012673.html>

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