

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

Policy/Procedure Number: MCUP3051 (previously UP100351)			Lead Department: Health Services	
Policy/Procedure Title: Long Term Care SSI Regulation (previously Long Term Care Admissions)			<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 01/17/2001		Next Review Date: 05/08/2025 Last Review Date: 05/08/2024		
Applies to:	<input checked="" type="checkbox"/> Medi-Cal		<input type="checkbox"/> Employees	
Reviewing Entities:	<input checked="" type="checkbox"/> IQI		<input type="checkbox"/> P & T	
	<input type="checkbox"/> OPERATIONS		<input type="checkbox"/> EXECUTIVE	
Approving Entities:	<input type="checkbox"/> BOARD		<input type="checkbox"/> COMPLIANCE	
	<input type="checkbox"/> CEO		<input type="checkbox"/> COO	
		<input type="checkbox"/> CREDENTIALING		<input type="checkbox"/> DEPT. DIRECTOR/OFFICER
Approval Signature: Robert Moore, MD, MPH, MBA			Approval Date: 05/08/2024	

I. RELATED POLICIES:

MCUG3038 – Review Guidelines for Member Placement in Long Term Care (LTC) Facilities

II. IMPACTED DEPTS:

- A. Health Services
- B. Claims

III. DEFINITIONS:

- A. SSI: Supplemental Security Income
- B. SSA: Social Security Administration
- C. MC171 Form: Medi-Cal Long Term Care Facility Admission and Discharge Notification form

IV. ATTACHMENTS:

- A. N/A

V. PURPOSE:

To ensure that Long Term Care (LTC) facilities notify the Social Security Administration (SSA) and Partnership Health Plan of California of an admission to the LTC facility of a Partnership member with Supplemental Security Income (SSI).

VI. POLICY / PROCEDURE:

- A. Notification to Social Security Administration
 - 1. For Partnership members with SSI, the LTC facility is required to submit the MC171 form to the SSA within two weeks of admission to the facility. A copy of the form must be sent to Partnership. The form must be filled out completely and accurately.
 - 2. Partnership's Long Term Care (LTC) Nurse Coordinators confirm the receipt of the MC171 form for all Partnership members with SSI. If a facility does not submit the MC171 form, the TAR is denied for "information requested not received" and the facility is notified.

VII. REFERENCES:

Medi-Cal Provider Manual/ Guidelines: Admissions and Discharges ([admis](#))

VIII. DISTRIBUTION:

- A. Partnership Provider Manual
- B. Partnership Department Directors

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IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Health Services Officer

X. REVISION DATES: 02/20/02; 08/20/03; 02/08/05; 10/15/08; 11/18/09; 01/18/12; 01/20/16; 10/19/16; 10/18/17; *02/13/19; 03/11/20; 03/10/21; 05/11/22; 05/10/23; 05/08/24

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO: N/A

In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.