

12. Additional Service Specific Information

12.1 Service Authorizations for SNFs

Service Authorizations for SNFs are generated by the KP Continuum of Care team as part of discharge planning and case management processes and with consideration of the Member's benefits, eligibility and, if any, other healthcare coverage. SNFs may also request a service Authorization/reauthorization by contacting:

Northern California SNF Complex Hub
NCALSNFServiceDirMgr@kp.org
(510) 675-5090

12.2 General Assistance for SNFs

SNFs can contact their local KP Skilled Nursing Department for general assistance and requesting Authorizations for ancillary services to Members. Please refer to the Skilled Nursing Facility Coordinator contact list in section 2.4, KP Facility Listing.

12.2.1 Requesting Ancillary Services for SNFs

Members residing in SNFs may require ancillary services during their stay. These services may include, but are not limited to, therapies, physician specialty consultation, vision, hearing, podiatry, imaging, and lab services.

Once a Provider has written an order for an ancillary service, an Authorization should be requested by contacting your local KP Skilled Nursing Facility Coordinator (see Section 2.4, KP Facility Listing, of this Provider Manual). KP will work with you to determine the most appropriate provider and venue for providing the requested ancillary service to the Member.

12.2.2 Supplies, Drugs, Equipment and Services Excluded from the Long Term Care SNF Per Diem

SNFs should follow the procurement and reimbursement protocol for supplies, drugs, equipment and services excluded from the Long Term Care SNF per diem as directed in their Agreement.

12.2.3 Laboratory Services Ordering For SNFs

Below is information that will assist contracted SNFs, KP SNF managers, and KP's contracted laboratory vendors in managing claims for laboratory services provided to Members at SNFs as efficiently as possible.

Members receive covered services of a SNF under either their “skilled” or Long Term Care (i.e., “custodial”) benefit. Identifying the Member’s benefit is essential to processing the claim correctly. Lab services are paid in the following manner depending on the Member’s benefit and whether the service has been authorized by a Plan Physician:

Benefit Category	Payment Responsibility
Skilled	Lab services are SNF responsibility
Custodial, if authorized by Plan Physician	KP responsibility
Custodial, not authorized by Plan Physician	CMS if patient has Medicare Part B coverage, or patient, or other responsible party

When a Member receives lab services at the SNF, the Member's benefit as described above, should be noted on the lab requisition form. This benefit is usually found in the patient’s chart or in the SNF census reports.

12.3 Psychiatric Care Settings

KP authorizes psychiatric services for Members at different levels of care, depending on the Member’s clinical conditions. Authorizations must be obtained as set forth in Section 4.4 of this Provider Manual.

The primary types of settings in which KP authorizes Members’ care are:

Inpatient Hospitalization. This represents the highest level of control (involuntary) and treatment. Hospitalization is intended for interventions requiring very high frequency or intense treatment.

Psychiatric Health Facility. This is an inpatient-like setting, but not in an acute care hospital. This type of licensed facility provides a restrictive setting (involuntary) for high frequency or intense treatment.

23 Hour Observation. This level of care provides a restrictive setting for voluntary or involuntary patients and provides a high degree of safety and security for patients who may be dangerous to themselves or others. This level of care allows for an extended diagnostic assessment to permit a more targeted referral to the appropriate level of care and provides active crisis intervention and triage.

Partial Hospitalization. This level of care provides structured treatment and treatment comparable to that of an inpatient unit, however patients live and sleep at home. This level of care provides daily supervision of high risk patients, medication monitoring, milieu therapy, and other interventions.

Hospital Alternative Program. This is a hospital diversion program in a residential setting for voluntary patients. This level of care is less restrictive than inpatient and 23-hour holding units, but allows for relatively intensive or frequent interventions, and provides 24 hour monitoring and supervision by behavioral health clinicians with physician case supervision and consultation.

Intensive Outpatient Program. This level of care provides a short-term comprehensive program designed as an alternative to psychiatric hospitalization and is generally appropriate for persons at risk for hospitalization or recently discharged from an inpatient hospital and at risk for re-hospitalization.

12.4 Addiction Medicine and Recovery Services

Addiction Medicine and Recovery Services are offered at all KP Medical Centers. At 9 KP Medical Centers, comprehensive and intensive programming is available through KP’s Addiction Medicine Recovery Services. Residential Recovery Services are authorized through Addiction Medicine and Recovery Services and are based on a determination of appropriateness and indication after evaluation by a department provider.

The 8 levels of addiction medicine and recovery services are listed below. It is important that you contact Addiction Medicine and Recovery Services in your sub-region for provision of services. All services are offered based on appropriateness and indication and in accordance with the patient's Evidence of Coverage (EOC).

Service	Description
Residential Recovery Services – Inpatient Detoxification	Residential/ “inpatient” detoxification, 3-5 days in a medical facility with nursing-level care overseen by a physician
Residential Recovery Services – Brief Residential Detoxification (BRD)	Brief residential treatment, 3-7 days, in a non-medical setting where Members may be dispensed detox medications within a sober living environment.
Residential Recovery Services – Residential Treatment Program (RTP)	Provides 24 hour/day residential programming with counseling and educational services. Medical support for detoxification may be offered with nursing-level care overseen by a physician. Length of stay is determined by appropriateness and indication but is typically 30 days.
Residential Recovery Services – Transitional Residential Recovery Services (TRRS)	Provides 24 hour/day non-medical residential programming with counseling and educational services. Length of stay is based on appropriateness and indication but is typically 30 days.
Day Treatment Program	Daily outpatient program, typically 14-21 days in length, providing therapy and educational services 6-8 hours each day

Service	Description
Intensive Recovery Program (IRP)	An 8 week program of outpatient therapy and educational services provided at least 4 days/week for 2-3 hours each day
Early Recovery Program	A program of outpatient therapy and educational services provided at least 1-3 days/week for 1-2 hours each day
Medication Assisted Treatment (MAT)	A program of office-based therapy, including Opioid agonist treatment using methadone therapy which is provided outside KP by contractors upon referral. Buprenorphine treatment and other medications as indicated are provided by KP.

Levels of Care and Description of Addiction Medicine and Recovery Services Provided by KP

Early Intervention Program. This is a 6 week program for individuals who are unsure whether they have a serious problem with substances, even though there is some evidence suggesting that they do. This program consists of at least one process group per week and is designed to help patients evaluate their relationship with addictive chemicals. If a patient decides at any time that the problem is indeed serious, they may transfer immediately to the appropriate level of treatment. The program may vary slightly by sub-region.

Family and Codependency Programs. These are a series of programs ranging from brief education for family members to intensive treatment for serious codependency issues. These programs are available to Members regardless of whether the chemically dependent person is in treatment.

Adolescent Treatment Program. This is a multilevel program designed to help adolescents and their parents evaluate the extent of their problems with psychoactive chemicals, to decide what steps they are willing to take to address these problems, and to provide more intensive treatment. The program may include adolescent groups, parent groups, multifamily groups, and individual and family sessions with a therapist.

12.5 KP Direct Mental Health Network

The KP Direct Mental Health Network (KP Direct) consists of behavioral health providers contracted with and credentialed by KP to expand access to outpatient mental health services. KP's local mental health clinics first conduct evaluations with KP Members seeking care to determine appropriate care and proper placement, including referral to contracted providers.

KP promotes measurement-based Feedback Informed Care, prioritizing the patient voice in their mental health treatment. To that end, KP provides KP Direct providers with access to Lucet's digital platform where KP Direct providers can:

- Create and update a practice profile of patient facing information;
- Manage availability and facilitate scheduling of new referrals;
- Administer Treatment Progress Indicator (TPI) assessments at every session;
- Complete documentation of key care points, including initial evaluation, discharge summary, clinical reviews when requested, safety plan when clinically appropriate and free form notes as appropriate;
- Partner with our clinical quality review consultants to ensure members are engaged in treatment supporting improved patient outcomes;
- Facilitate referral renewals.

12.6 Special Needs Plan (SNP)

KFHP offers a Medicare Advantage Special Needs Plan (SNP) enrolling beneficiaries who are eligible for Medicare and full benefits under Medi-Cal. As a Special Needs Plan Sponsor, KFHP is required to provide a Model of Care (MOC) that addresses the special needs of these Members. All SNP MOCs must include the following elements:

- Description of Overall SNP Population
- Description of Subpopulation – Most Vulnerable Beneficiaries
- SNP Staff Structure
- Health Risk Assessment Tool
- Interdisciplinary Care Team
- Care Transition Protocols
- Specialized Expertise for Provider Network
- Use of Clinical Practice Guidelines and Care Transitions Protocols
- Training for the Provider Network
- Quality Improvement Performance Plan
- Measurable Goals and Health Outcomes
- SNP Member Satisfaction
- Ongoing Performance Evaluation of MOC
- Dissemination of SNP Quality Performance

SNPs must collect data on quality indices as required and in concert with the KP program plan..

Please contact your local SNP clinical lead or team members if you have additional questions about the program or your SNP patients.

12.7 Autism Spectrum Disorder (ASD) Services

If Provider provides covered services encompassing Behavioral Health Treatment (as defined by California Health and Safety Code Section 1374.73(c)(1), including applied behavior analysis and evidence-based behavior intervention programs for pervasive developmental disorder or autism, Provider shall provide such Behavioral Health Treatment in accordance with the requirements set forth in California Health and Safety Code Section 1374.73, including providing Services under a treatment plan described and administered by Qualified Autism Service Providers, Qualified Autism Service Professionals and/or Qualified Autism Service Paraprofessionals (as those terms are defined by California Health and Safety Code Section 1374.73(c)(3)). Providers must provide documentary evidence to KP upon request to demonstrate the criteria set forth in California Health and Safety Code Section 1374.73 for all Qualified Autism Service Providers, Qualified Autism Service Professionals and Qualified Autism Service Paraprofessionals have been met, including but not limited to making treatment plans available as required by California Health and Safety Code Section 1374.73(c)(1)(D).