

ALAMEDA ALLIANCE FOR HEALTH

Long-Term Care Services for Medi-Cal Members

Member Frequently Asked Questions (FAQs)

Overview

Effective Sunday, January 1, 2023, Alameda Alliance for Health (Alliance) will be responsible for covering long-term care (LTC) services for Medi-Cal members. Long-term care includes both skilled and custodial care provided in Skilled Nursing Facilities (SNF), and Intermittent Care Facilities (ICF).

Q: What is the effective date of this change?

A: Sunday, January 1, 2023.

Q: What are long-term care (LTC) services?

A: Long-term care (LTC) can range from simple assistance with activities in your own home or a residential care facility or it can mean highly skilled care in a nursing facility. Your LTC benefit includes skilled and custodial care provided in a skilled nursing facility when authorized by the Alliance.

Q: What is a nursing facility?

A: Also called a nursing home, a nursing facility is a place that provides care for people who cannot get care at home but who do not need to be in a hospital.

Q: What services will I receive in the nursing home?

A: The services provided in a nursing home can include:

- Nursing care
- Bed and board (daily meals)
- X-ray and lab work when needed
- Physical, speech, and occupational therapy
- Medicine prescribed by your doctor

Q: Who is eligible for long-term care in a nursing home?

A: Beginning Sunday, January 1, 2023, there are two (2) types of care Medi-Cal can approve for you to receive in a nursing home. One is skilled care and the other is custodial care.

If you can no longer safely care for yourself at home due to a medical condition you may qualify for custodial care in a nursing home. Custodial care involves help with daily activities like bathing and dressing and can be provided by non-licensed caregivers. Skilled care is medically-necessary care that can only be provided by or under the supervision of skilled or licensed medical personnel. For example, you may be recovering from an accident, surgery, or a serious illness and no longer need to be in a hospital but need speech, physical and occupational therapy at a skilled nursing facility before returning home.

Q: How can I find out if I am eligible to receive long-term care benefits at home?

A: If you have any questions about your long-term care benefits, please call:

Alliance Member Services Department
Monday – Friday from 8 am – 5 pm
Phone Number: **1.510.747.4567**
Toll-Free: **1.877.932.2738**
People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

Q: How do I get approved for long-term care in a nursing home?

A: Your doctor will send a request to the Alliance. If you are eligible, the Alliance will approve the request and work with your care team to find a place for you in a nursing home.

Q: How long will I be able to stay in the nursing home?

A: When you are approved for a nursing home, you will be told when that approval ends. If you still need care in a nursing home after that time, your doctor can ask for the time to be extended.

Q: What if I am already living in a nursing home but the home is not in the Alliance network?

A: If you live in a nursing home now, you can remain at your current nursing home for up to one (1) year, even if the facility is not in the Alliance network.

Q: Will I have to move to a new nursing home after the one (1) year of continuity of care ends?

A: After one (1) year, you may request an additional 12 months of continuity of care to remain in your current nursing home.

Q: What happens if, during my stay, my condition improves and I no longer meet the requirements to be a resident?

A: If during your stay you no longer meet the criteria, you may be allowed to stay longer so that you have time to get ready to return home safely.

Q: What if I disagree with a decision about my care?

A: You will receive a letter of the decision. This is called a Notice of Action (NOA) letter. You (or your doctor, nursing home, or an authorized representative) may appeal the decision.

Q: How do I submit an appeal?

A: You can file an appeal by phone, in writing, or online within 60 calendar days from the date of the Notice of Action letter.

By phone: Please call us and have your Alliance member ID card ready:

Alliance Member Services Department
Monday – Friday, 8 am – 5 pm
Phone Number: **1.510.747.4567**
Toll-Free: **1.877.932.2738**
People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

By mail: Please call the Alliance Member Services Department at the number above and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, Alliance member ID number, and the service you are appealing.

Mail the form to:

Alameda Alliance for Health
ATTN: Alliance Grievance and Appeals Department
1240 South Loop Road
Alameda, CA 94502

Your doctor's office will have appeal forms available.

Online: Visit the Alliance website at www.alamedaalliance.org

Q: How is a complaint or concern submitted?

A: You, or someone representing you, may file a complaint (grievance) by calling:

Alliance Member Services Department
Monday – Friday, 8 am – 5 pm
Phone Number: **1.510.747.4567**
Toll-Free: **1.877.932.2738**
People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

Q: How long will it take before I get an answer to my complaint or appeal?

A: Complaints relating to your care are considered either urgent or routine.

- If it is urgent, you should get an answer within 72 hours.
- If it is routine, you should get an answer within 30 calendar days.
- Complaints related to administrative, contractual, or claims processing are not considered urgent and will be resolved within 30 calendar days from receipt of the request.

Q: Will I get a bill if the Alliance approves my stay in a nursing home?

A: Alliance Medi-Cal members do not have to pay for covered services. You may get an Explanation of Benefits (EOB) or a statement from a provider. These are not bills.

