

## Marketplace National Regional Benefit Interpretation Document

Benefit Name	RESIDENTIAL CARE
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, Nevada, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	<p>This policy addresses residential care.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.</p> <p><b>A. FEDERAL/STATE MANDATED REGULATIONS</b></p> <p><b>Note: The most current federal/state mandated regulations for each state can be found in the links below.</b></p> <p><b>None</b></p> <p><b>B. STATE MARKET PLAN ENHANCEMENTS</b></p> <p><b>None</b></p> <p><b>C. COVERED BENEFITS</b></p> <p><b>IMPORTANT NOTE:</b> Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.</p> <p>Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.</p> <p><b>RESIDENTIAL CARE</b></p> <p><b>ALL STATES:</b></p> <p>Molina and Passport do cover Resident Care when the overnight stay is part of covered care in any of the following:</p>

- A Hospital
- A skilled nursing facility
- Inpatient respite care covered in the “Hospice Services” Benefit Policy
- A licensed facility providing crisis residential services covered under Mental Health Services (inpatient and Outpatient) Benefit Policy, or
- A licensed facility providing transitional residential recovery services covered under the **Substance Use Disorder (Inpatient and Outpatient)** Benefit Interpretation Policy

## MORE INFORMATION

Refer to Benefit Interpretation Policies titled **Hospice**, **Mental Health**, **Skilled Nursing** and **Substance Use Disorder**.

### D. NOT COVERED

Refer to the member’s Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

## RESIDENTIAL CARE

### ALL STATES:

**Residential Care:** Care in a facility where a Member’s stay overnight is not covered; however, this exclusion does not apply when the overnight stay is part of covered care listed in the Section C.

### E. DEFINITIONS

[See Glossary](#)

### F. POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
7/1/2023	<ul style="list-style-type: none"> <li>• Added NV 2024 EOC Language</li> </ul>

### Codification

[Marketplace Benefit Interpretation Policies Codification](#)

### Prior Authorization

For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:

- Covered and No PA Required
- Not Covered

You cannot use the MHI PA Matrix to make coverage determinations.

Approval	<a href="#">PA Lookup Tool</a>			
	Departments	Product	CIM	Clinical Management
	Date	11/16/2021	3/31/2022	11/29/2021
	Revised (for 1/1/2023)	12/13/2022	4/5/2023	12/13/2022
	Revised (for 1/1/2024)	11/30/2023	4/1/2024	12/8/2023
	Revised (for 1/1/2025)	11/12/2024	-	11/12/2024