

## Authorization Guide for Community or Home Transition Services

Community or Home Transition Services (formerly known as “Community Transition Services/Nursing Facility Transition to a Home”) helps individuals live in the community and avoid further institutionalization in a nursing facility.

Community or Home Transition Services support members in transitioning from a licensed nursing facility to a living arrangement in a private residence or public subsidized housing where the member is responsible for identifying funding for their living expenses. This service also covers set-up expenses necessary for a member to establish a basic household.

### Program overview

This service includes two components:

**1. Time-limited transition services and expenses** to enable a member to transition from a licensed facility to a private residence or public subsidized housing. Each transitional period will vary in length and services provided based on a member’s unique circumstances. Includes services such as:

- Assessing the member’s housing needs and presenting options.
- Assisting in searching for and securing housing, including the completion of housing applications and securing required documentation (e.g., Social Security card, birth certificate, prior rental history).
- Communicating with the landlord (if applicable) and coordinating the move.
- Establishing procedures and contacts to retain housing.
- Identifying, coordinating, securing or funding non-emergency, non-medical transportation to assist members’ mobility to ensure reasonable accommodations and access to housing options prior to transition and on move-in day.
- Identifying the need for and coordinating funding for environmental modifications to install necessary accommodations for accessibility.

**2. Non-recurring set-up expenses** are those necessary to enable a member to establish a basic household that does not constitute room and board, and include:

- Security deposits required to obtain a lease on an apartment or home. Security deposits should be in alignment with 25 AB-12, enacted in 2024;
- Set-up fees for utilities or service access and up to six months’ payment in utility arrears, as necessary to secure the unit;
- Services necessary for the individual’s health and safety, such as pest eradication and one-time cleaning prior to occupancy, and necessary repairs to meet Housing Choice Voucher program quality standards where those costs are not the responsibility of the landlord under applicable law;
- Air conditioner or heater;
- Adaptive aids designed to preserve an individual’s health and safety in the home, such as hospital beds, Hoyer lifts, bedside commode, shower chair, traction or non-skid strips, etc., that are necessary to ensure access and safety for the individual upon move-in to the home, when they are not otherwise available to the member under Medi-Cal (e.g., State Plan, HCBS waiver, etc.).

Required documentation
<ul style="list-style-type: none"> <li>• Physician order</li> <li>• Discharge assessment</li> <li>• Order for home health, DME and prescription medications</li> </ul>
Eligibility
<p>Members who:</p> <ul style="list-style-type: none"> <li>• Are currently receiving medically necessary nursing facility Level of Care (LOC) services and in lieu of remaining in the nursing facility or recuperative care setting are choosing to transition home and continue to receive medically necessary nursing facility LOC services; and</li> <li>• Have lived 60+ days in a nursing home and/or Recuperative Care setting; and</li> <li>• Are interested in moving back to the community; and</li> <li>• Are able to reside safely in the community with appropriate and cost-effective supports and services.</li> </ul>
Other programs and services
<p>A member can be eligible for the California Community Transitions (CCT) program,<sup>1</sup> Home &amp; Community Based Alternatives (HCBA) Waiver,<sup>2</sup> and/or the Multipurpose Senior Services Program (MSSP)<sup>3</sup> and Community or Home Transition Services. However, a member cannot be enrolled in more than one program at the same time.</p> <p>Members receiving Community or Home Transition Services may also be eligible for other Community Support services such as Housing Deposits and/or Housing Transition Navigation Services,<sup>4</sup> if eligible and available. Members may receive these Community Supports at the same time as Community Transition Services if the activities provided are distinct.</p> <p>To fund home modifications, members should first be connected to the Environmental Accessibility Adaptations (Home Modifications) Community Support if eligible and available. If a member reaches their lifetime maximum of the Environmental Accessibility Adaptations Community Support, funds for non-recurring set-up expenses may be used for similar modifications.</p> <p>The time-limited transition services offered through Community Transition Services are designed to complement Enhanced Care Management (ECM).<sup>5</sup></p>
Authorization
<p><b>Initial authorization</b> period varies based on needs.</p> <p><b>Reauthorization</b> varies based on needs.</p>
Restrictions
<ul style="list-style-type: none"> <li>• Community Transition Services do not include monthly rental or mortgage expenses, food, regular utility charges, and/or household appliances or items that are intended for purely diversionary/recreational purposes.</li> </ul>

<sup>1</sup>For more information, see the [DHCS CCT webpage](#).

<sup>2</sup>For more information, see the [DHCS HCBA Waiver webpage](#).

<sup>3</sup>For more information, see the [DHCS MSSP webpage](#).

<sup>4</sup>Refer to the Housing Deposits and Housing Transition Navigation Services definition located in [Volume 2](#) of the Community Supports Policy Guide.

<sup>5</sup>Refer to the [ECM Policy Guide](#) for additional details on scope of services available through ECM.

- Non-recurring set-up expenses are payable up to a total lifetime maximum amount of \$7,500.00. The transitional coordination cost is excluded from this total lifetime maximum. The only exception to the \$7,500.00 total maximum is if the member is compelled to move from a provider-operated living arrangement to a living arrangement in a private residence or public subsidized housing through circumstances beyond his or her control.
- Community Transition Services must be necessary to ensure the health, welfare and safety of the member, without which the member would be unable to move to the private residence or public subsidized housing and would then require continued or re-institutionalization.
- A member can be eligible for relevant waiver/demonstration programs (e.g., CCT, Home & Community Based Alternatives, etc.) and this Community Support; however, they cannot receive both at the same time if activities provided under each program are duplicative.

#### Codes

T2038 community transition, waiver, U5

**Unit of service:** Per service

#### Total lifetime maximum

The total lifetime maximum is \$7,500.

**Exception** to the limit of \$7,500 total maximum is if the member is compelled to move from a provider-operated living arrangement to a living arrangement in a private residence through circumstances beyond their control.

#### Allowable providers

The list is provided as an example of the types of providers Medi-Cal managed care plans may choose to contract with, but it is not an exhaustive list of providers who may offer the services.

- Case management agencies
- Home Health agencies
- County-operated or county-contracted behavioral health providers
- 1915c HCBA/ALW providers
- CCT/Money Follows the Person providers