

Authorization Guide for Nursing Facility Transition/Diversion to Assisted Living Facilities

Nursing Facility Transition/Diversion services facilitate member’s transition from a nursing facility back to a home-like, community setting and/or prevent skilled nursing admissions for members with an imminent need for nursing facility level of care (LOC).

The term “assisted living facility” (ALF) is used to describe a variety of facilities that provide both housing and personal care. They include “board and care homes,” which are often six bed facilities in residential housing as well as much larger facilities. Some facilities primarily serve adults under age 60 (Adult Residential Care Facilities) and others primarily serve adults age 60 and over (Residential Care Facilities for the Elderly – RCFEs).

Placement at a facility that is part of the Assisted Living Waiver (ALW) is encouraged, if available and appropriate for the member. To learn more about ALW, visit www.dhcs.ca.gov/services/ltc/Pages/AssistedLivingWaiver.aspx.

Members must meet the following criteria to qualify for Nursing Facility Transition/Diversion services:

Program Overview	Required documentation
<p>The service helps individuals live in the community and/or avoid institutionalization. The service is for individuals who are transitioning from a licensed health care facility to a living arrangement in a Residential Care Facility for the Elderly (RCFE) or an Adult Residential Facility (ARF).</p> <p>Services include:</p> <ul style="list-style-type: none"> ● Assistance with bathing, dressing, grooming, ambulating/transferring ● Meals/snacks ● Housekeeping and laundry ● Transportation ● Activities ● Assistance with medication ● Supervision/preventing wandering 	<ul style="list-style-type: none"> ● CS Referral Form ● Initial Assessment (Assessment form can be used from the CS Provider, ALF or ALW) ● Supporting documentation
Eligibility	
<p>For Nursing Facility Transition:</p> <ul style="list-style-type: none"> ● Enrolled in Medi-Cal; ● Meets the level of care provided in a nursing facility due to their medical needs; ● Has resided 60+ days in a nursing facility; ● Is willing to live in an assisted living setting as an alternative to a nursing facility; and ● Can reside safely in an assisted living facility with appropriate and cost-effective supports. 	

Community Health Plan of Imperial Valley (“CHPIV”) is the Local Health Authority (LHA) in Imperial County, providing services to Medi-Cal enrollees in Imperial County. CHPIV contracts with Health Net Community Solutions, Inc. to arrange health care services to CHPIV patients. *Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.

For Nursing Facility Diversion:

- Is interested in remaining in the community;
- Is willing and able to reside safely in an assisted living facility, with appropriate and cost-effective supports and services; and
- Must be currently receiving medically necessary nursing facility LOC or meet the minimum criteria to receive nursing facility LOC services and, in lieu of going into a facility, is choosing to remain in the community and continue to receive medically necessary nursing facility LOC services at an assisted living facility.

Authorization

Initial authorization will be issued for up to 6 months following receipt of all supporting documentation including the following:

1. Admission face sheet
2. Individual plan of care
3. *Copy of ALW application (*if Member has applied for the ALW*)

Reauthorization

If member needs additional time in an assisted living facility, a new referral form must be submitted and include the following:

1. Reason for authorization extension
2. Individual plan of care
3. *Status of ALW application (*if member has applied for the ALW*)

Restrictions

- Member is participating in duplicative state, local, or federally funded programs.
- Members who are directly responsible for paying their own living expenses.

State services to be avoided

Examples include but are not limited to skilled nursing facility services, inpatient hospital services, and psychiatric inpatient stays.

Allowable expenses (including but not limited to):

- Assessing the member’s housing needs and presenting options.¹
- Assessing the service needs of the member to determine whether the member needs enhanced on-site services at the RCFE/ARF.
- Assisting in securing a facility residence, including the completion of facility applications, and securing required documentation (e.g., Social Security card, birth certificate, prior rental history).
- Communicating with facility administration and coordinating the move.
- Establishing procedures and contacts to retain facility housing.
- Coordination to ensure that the needs of members who need enhanced services to be safely and stably housed in RCFE/ARF settings have Community Supports and/or enhanced care management services.

¹ Refer to Housing Transition/Navigation Services Community Supports for additional details.

Codes
<ul style="list-style-type: none">• T2038 U4 – Community transition• H2022 U5 – Community wraparound services
Total lifetime maximum
N/A
Eligible providers
<p>Allowable Community Supports providers:</p> <p>Providers must have experience and expertise with providing Nursing Facility Transition/Diversion to an Assisted Living Facility services in a culturally and linguistically appropriate manner. Provider must use best practices in rendering services.²</p>

² Examples of provider: case management agencies • home health agencies • Medi-Cal managed care plans • ARF/RCFE operators.