

# Nursing Facility Transition/Diversion to Assisted Living Facility Referral Form

Nursing Facility Transition/Diversion services facilitate a 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). For more information, review the **Nursing Facility Transition/Diversion to Assisted Living Facilities Authorization Guide**.

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](http://www.dhcs.ca.gov/services/ltc/Pages/AssistedLivingWaiver.aspx).

Complete and submit this referral form with the *Medi-Cal – Prior Authorization Request Form – Outpatient* either online (recommended) at **provider.healthnetcalifornia.com** or by **fax at 800-743-1655**.

| Select One: <input type="checkbox"/> Initial request <input type="checkbox"/> Extension request   |   |
|---|---|
| Select One: <input type="checkbox"/> Nursing facility transition (from facility to assisted living facility)<br><input type="checkbox"/> Nursing facility diversion (from community to assisted living facility)  |   |
| <input type="checkbox"/> Member consented to nursing facility transition/diversion to assisted living facility referral.<br><input type="checkbox"/> Member acknowledges responsibility for paying their own living expenses (room and board).  |   |
| Member Information  |   |
| Member name:  | Date of birth (DOB):  |
| Medi-Cal ID:  | Preferred language:   |
| Home address:   | Phone number:   |
| Contact name (if different than member):  | Relationship:   |
| Phone number:   | Preferred language:   |
| Member’s need for transition/diversion services (initial or extension request):   |   |
| Eligibility Criteria  |   |
| <b>Member must meet all the following criteria:</b>   |   |
| <b>For Nursing Facility Transition:</b><br><input type="checkbox"/> Enrolled in Medi-Cal.<br><input type="checkbox"/> Meets the LOC provided in a nursing facility due to their medical needs.<br><input type="checkbox"/> Has resided 60+ days in a nursing facility.<br><input type="checkbox"/> Is willing to live in an assisted living setting as an alternative to a nursing facility.<br><input type="checkbox"/> Can reside safely in an assisted living facility with appropriate and cost-effective supports. | <b>For Nursing Facility Diversion:</b><br><input type="checkbox"/> Is interested in remaining in the community.<br><input type="checkbox"/> Is willing and able to reside safely in an assisted living facility with appropriate and cost-effective supports and services.<br><input type="checkbox"/> 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. |

(continued)

## Required documents

### Submit documents with the Referral Form.

#### Initial Authorization:

- Initial assessment
- Admission face sheet
- Individual plan of care
- Copy of Assisted Living Waiver application (if member has applied for ALW)

#### Extension Request (Reauthorization):

- Reason for authorization extension
- Individual plan of care
- Status of Assisted Living Waiver application (if member has applied for ALW)

## Assisted Living Facility Information

Facility name:

Facility address:

Tax ID:

National Provider Identifier (NPI):

Is the facility part of the Assisted Living Waiver Program?  Yes  No

If no, explain why the member is not placed at an ALW facility.

Tier<sup>1</sup> – Level of Care Requested (based on the assessment):  1  2  3  4  5

(Members in Tier 5 may have extensive care needs beyond what the assisted living facility can provide.)

Staff name:

Title:

Phone number:

Fax number:

## Community Support Provider Information (Servicing Organization)

Check this box if the Assisted Living Facility is the same as Community Support Provider.

Organization name:

Tax ID:

NPI:

Staff name:

Title:

Phone number:

Fax number:

<sup>1</sup>Per [www.dhcs.ca.gov/services/ltc/Documents/Application-for-1915c-HCBS-Waiver-CA0431R0400-March2024.pdf](http://www.dhcs.ca.gov/services/ltc/Documents/Application-for-1915c-HCBS-Waiver-CA0431R0400-March2024.pdf): Assisted Living Services will be delivered to participants in one of five possible "tiers" of service. Participants will be assigned an ALW tier as determined by the Care Coordination Agency RN. ALW Assessment Tool is administered by the CCA RN to potential, new participants to the waiver, and repeated at each reassessment. The tool measures the need for assistance with ADLs, IADLs and the need for assistance in one or more of the seven functional categories: Cognitive Patterns, Behavioral Symptoms, Continence, Communications, Medications, Skin Conditions, or Other Treatments. Based on the combined need for assistance in these areas, the tool calculates a LOC eligibility and tier of service for the participant.

- Tier one services will be assigned to participants with the lowest level of support need;
- Tier two, tier three, and tier four services will be assigned to participants with more significant support needs, respectively; and;
- Tier five services will be assigned to participants who require intense, focused attention to ADLs and IADLs as a result of a severe traumatic brain injury. These participants will have a need for assistance beyond that provided in tiers one through four along with the additional residential habilitation services to successfully manage their care needs while residing in either an RCFE/ARF or PSH.