



IEHP UM Subcommittee Approved Authorization Guideline			
Guideline	Nursing Facility Transition/Diversion to Assisted Living Facilities	Guideline #	UM_CSS 02
		Original Effective Date	1/1/2022
Section	Community Support Services	Revision Date	11/1/2022

COVERAGE POLICY

Nursing Facility Transition/Diversion services assist Member who live in the community and/or avoid institutionalization when possible.

- A. This service is for individuals who are transitioning from a licensed health care facility to a living arrangement in a Residential Care Facility for Elderly (RCFE) and Adult Residential Facilities (ARF).
- B. Allowable expenses are those necessary to enable a person to establish a community facility residence (except room and board), including, but not limited to:
 1. Assessing the Member's housing needs and presenting options. For additional information, refer to the following UM Subcommittee Guidelines:
 - a. Housing Transition/Navigation
 - b. Housing Tenancy/Sustaining Services
 2. Assessing the service needs of the Member to determine if the Member needs enhanced onsite services at the RCFE/ARF so the Member can be safely and stably housed in an RCFE/ARF.
 3. 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).
 4. Communicating with facility administration and coordinating the move.
 5. Establishing procedures and contacts to retain facility housing.
 6. Coordinating with the Medi-Cal managed care plan to ensure that the needs of Members who need enhanced services to be safely and stably housed in RCFE/ARF setting have Community Supports and/or Enhanced Care Management services that provide the necessary enhanced services.
- C. Eligibility requirements for Nursing Facility Transitions:
 1. Member who have resided 60 + days in a nursing facility;
 2. Member's that are willing to live in an assisted living setting as an alternative to a Nursing Facility; and
 3. Member is able to reside safely in an assisted living facility with appropriate and cost-effective supports.
- D. Eligibility requirements for Nursing Facility Diversion:
 1. Member is interested in remaining in the community;
 2. Member is willing and able to reside safely in an assisted living facility with appropriate and cost-effective supports and services; and
 3. Member must be currently receiving medically necessary nursing facility level of care (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.

- E. Active IEHP Membership, excluding those Members for which IEHP is not at risk for entire medical and care management benefits (e.g., Kaiser Members). These services will be provided by Kaiser for Kaiser Members.

COVERAGE LIMITATIONS AND EXCLUSIONS

- A. Members are directly responsible for paying their own living expenses.
- B. Community supports shall supplement and not supplant services received by the Medi-Cal beneficiary through other State, local, or federally-funded programs, in accordance with the CalAIM STCs and federal and DHCS guidance

ADDITIONAL INFORMATION

The goal of this service is to both facilitate nursing facility transition back into a home-like, community setting and/or prevent skilled nursing admissions for Members with an imminent need for nursing facility LOC. Individuals have a choice of residing in an assisted living setting as an alternative to long-term placement in a nursing facility when they meet eligibility requirements.

Nursing facility transition/diversion services include wraparound services such as assistance with Activities of Daily Living (ADLs), and instrumental ADLs (IADLs) as needed, companion services, medication oversight and therapeutic social and recreational programming provided in a home-like environment. It also includes 24-hour direct care staff on-site to meet scheduled unpredictable needs in a way that promotes maximum dignity and independence, and to provide supervision, safety and security.

CLINICAL/REGULATORY RESOURCE

CalAIM is an initiative by the Department of Health Care Services (DHCS) to improve the quality of life and health outcomes of Medi-Cal beneficiaries by implementing broad delivery system, programmatic, and payment system reforms. A key feature of CalAIM is the introduction of a menu of Community Supports, that offer medically appropriate and cost-effective alternatives to services covered under the State Plan. Federal regulation allows states to permit Medicaid managed care organizations to offer Community Supports as an option to Members (Code of Federal Regulations).

DEFINITION OF TERMS

Institutionalization – the state of being placed or kept in a residential institution.

REFERENCES

State of California-Health and Human Services Agency, Department of Health Care Services, August 2022. . Medi-Cal Community Supports, or in Lieu of Services (ILOS), Policy Guide. Community Supports -Service Definitions.

DISCLAIMER

IEHP Clinical Authorization Guidelines (CAG) are developed to assist in administering plan benefits, they do not constitute a description of plan benefits. The Clinical Authorization Guidelines (CAG) express IEHP's determination of whether certain services or supplies are medically necessary, experimental and investigational, or cosmetic. IEHP has reached these conclusions based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). IEHP makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in the Clinical Authorization Guidelines (CAG). IEHP expressly and solely reserves the right to revise the Clinical Authorization Guidelines (CAG), as clinical information changes.