



IEHP UM Subcommittee Approved Authorization Guideline			
Guideline	Short-Term Post-Hospitalization Housing	Guideline #	UM_CSS 11
		Original Effective Date	1/1/2022
Section	Community Support Services	Revision Date	11/1/2022

COVERAGE POLICY

- A. Short-Term Post-Hospitalization housing provides Members who do not have a residence and who have high medical or behavioral health needs with the opportunity to continue their medical/psychiatric/substance use disorder recovery immediately after exiting an inpatient hospital (either acute or psychiatric or Chemical Dependency and Recovery hospital), residential substance use disorder treatment or recovery facility, residential mental health treatment facility, correctional facility, nursing facility, or recuperative care and avoid further utilization of State plan services.
 - 1. Up to ninety days of recuperative care is available under specified circumstances. Refer to UM Subcommittee Approved Authorization Guideline, Community Support Services-Recuperative Care.
- B. This setting provides Members with ongoing supports necessary for recuperation and recovery such as gaining (or regaining) the ability to perform activities of daily living, receiving necessary medical/psychiatric/substance use disorder care, case management and beginning to access other housing supports such as Housing Transition Navigation.
 - 1. For other housing supports, refer to UM Subcommittee Approved Authorization Guideline, Community Support Services-Transition Navigation Services.
- C. This setting may include an individual or shared interim housing setting where residents receive the services described above.
- D. Members must be offered Housing Transition Navigation supports during the period of Short-Term Post-Hospitalization Housing to prepare them for transition from this setting. These services should include a housing assessment and the development of individualized housing support plan to identify preferences and barriers related to successful housing tenancy after Short-Term Post-Hospitalization Housing.
 - 1. Development of a housing assessment and individualized support plan are discussed in UM Subcommittee Approved Authorization Guideline, Community Support Services-Transition/Navigation Services.
- E. Eligibility requirements for Short-Term Post Hospitalization:
 - 1. Members exiting recuperative care.
 - 2. Members exiting an inpatient hospital stay (either acute or psychiatric or Chemical Dependency and Recovery Hospital), residential substance use disorder treatment or recovery facility, residential mental health treatment facility, correctional facility, or nursing facility and who meet any of the following criteria:
 - a. Individuals who meet the Housing and Urban Development (HUD) definition of homelessness as defined in Section 91.5 of Title 24 of the Code of Federal Regulations (including those exiting institutions but not including any limits on the

number of days in the institution) and who are receiving enhanced care management, or who have one or more serious chronic conditions and/or serious mental illness and/or is at risk of institutionalization or requiring residential services as a result of a substance use disorder. For the purpose of this service, qualifying institutions include hospitals, correctional facilities, mental health residential treatment facility, substance use disorder residential treatment facility, recovery residences, Institution for Mental Disease and State Hospitals;

b. Members who meet the HUD definition of at risk of homelessness as defined in Section 91.5 of Title 24 of the Code of Federal Regulations.

F. In addition to meeting one of these criteria at a minimum, Members must have medical/behavioral health needs such that experiencing homelessness upon discharge from the hospital, substance use or mental health treatment facility, correctional facility, nursing facility, or recuperative care would likely result in hospitalization, re-hospitalization, or institutional readmission.

G. 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.

H. Presumptive Authorization

1. Short-Term Post-Hospitalization services may necessitate an authorization decision being made within 24 hours or less.

2. If a Community Support Provider believes that a Member meets eligibility criteria for Short-Term Post-Hospitalization and the need for the service occurs outside of normal IEHP business hours, the referring Provider can notify IEHP the next business day. The referring Provider can consider the Member pre-authorized for Short-Term Post-Hospitalization services for a period of less than 24 hours immediately and begin providing services to the Member.

COVERAGE LIMITATIONS AND EXCLUSIONS

A. Services are not covered for the following Members:

1. Members with an active California Children's Services (CCS) case

B. Short-Term Post-Hospitalization services are available once in a Member's lifetime and are not to exceed a duration of six (6) months (but may be authorized for a shorter period based on individual needs).

C. 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

N/A

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 Support Services, 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

Homelessness (Code of Federal Regulations):

1. An individual or family who:
 - a. Has an annual income below 30 percent of median family income for the area, as determined by HUD
 - b. Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or a supervised publicly or privately operated shelter designed to provide temporary living accommodations and meets one of the following conditions:
 - i. Has moved because of economic reasons two or more times during the sixty days immediately preceding the application for homelessness prevention assistance
 - ii. Is living in the home of another because of economic hardship
 - iii. Has been notified in writing that their right to occupy their current housing or living situation will be terminated within twenty-one days after the date of application for assistance
 - c. Lives in a hotel or motel and the cost of the hotel or motel is not paid by charitable organizations or by federal, State or local government programs for low-income individuals
 - d. Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the US Census Bureau
 - e. Is exiting a publicly-funded institution or system of care such as a health care facility, mental health facility, foster care or other youth facility or correction program or institution
 - f. Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness as identified in the recipient's approved consolidated plan.
2. A child or youth who does not qualify as homeless under this section but qualifies as homeless under section 387(3) of the Runaway and Homeless Youth Act (42 United State Code 5732a (3)), section 637(11) of the Head Start Act (42 U.S. Code 9832(11)), section 41403(6) of the Violence Against Women Act of 1994 (42 U.S. Code 14043e-2(6)), section 330 (h)(5)(A) of the Public Health Service Act (42 U.S. Code 254b(h)(5)(A)), section 3(m) of the Food and Nutrition Act of 2008 (7 U.S. Code 2012 (m)), or section 17(b)(15) of the Child Nutrition Act of 1966 (42 U.S. Code 1786(b)(15)) or
3. A child or youth who does not qualify as homeless under this section but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S. Code 11434a(2)) and the parent(s) or guardian(s) of that child or youth is living with her or him.
4. Individuals who are determined to be at risk of experiencing homelessness are eligible to receive Housing Transition Navigation services if they have significant barriers to housing stability and meet at least one of the following:
 - a. Have one or more serious chronic conditions
 - b. Have a serious mental illness
 - c. Are at risk of institutionalization or overdose or are requiring residential services because of a substance use disorder or have a serious emotional disturbance (children and adolescents)
 - d. Are receiving Enhanced Care Management

- e. Are Transition-Age Youth with significant barriers to housing stability such as one or more convictions, a history of foster care, involvement with the juvenile justice or criminal justice system and/or have serious mental illness and/or are children or adolescents with serious emotional disturbance and/or who have been victims of trafficking or domestic violence.

REFERENCES

Code of Federal Regulations, Title 24, Housing and Urban Development, Part 91-Consolidated Submissions for Community Planning and Development Programs, Subpart A-General, Section 91.5-Definitions. <https://www.govinfo.gov/content/pkg/CFR-2005-title24-vol1/pdf/CFR-2005-title24-vol1-sec91-5.pdf> Accessed November 18, 2021.

Code of Federal Regulations, Title 42, Part 438-Managed Care, Subpart A-General Provisions, Section 438.3(3)(2). <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-438>. Accessed November 19, 2021.

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.