

- D. For additional information, refer to UM Subcommittee Approved Authorization Guidelines Housing Deposits. Eligibility requirements for Community Transition Services/Nursing Facility Transition to a Home:
1. Member's who are currently receiving medically necessary nursing facility Level of Care (LOC) services and, in lieu of remaining in the nursing facility or Medical Respite setting, is choosing to transition home and continue to receive medically necessary nursing facility (LOC) services; and
 2. Member has lived 60+ days in a nursing home and/or Medical Respite setting; and
 3. Member is interested in moving back to the community; and
 4. Member is able to reside safely in the community with appropriate and cost-effective supports and services.
- 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. Community Transition Services do not include monthly rental or mortgage expense, food, regular utility charges, and/or household appliances or items that are intended for purely diversionary/recreational purposes.
- B. Community Transition Services are payable up to a total lifetime maximum amount of \$7,500.00. 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 through circumstances beyond his or her control.
- C. Community Transition Services must be necessary to ensure the health, welfare, and safety of the Member, and without which the Member would be unable to move to the private residence and would then require continued or re-institutionalization.
- D. 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 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

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