Inland Empire Health Plan

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**	12/27/2023

COVERAGE POLICY

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

A. The goal is 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 level of care (LOC). Individuals have a choice of residing in an assisted living setting as an alternative to long-term placement in a nursing placement in a nursing facility when they meet eligibility criteria.

B. The assisted living provider is responsible for meeting the needs of the Member, including Activities of Daily Living (ADLs) Instrumental ADLs (IADLs) meals transportation, and medication administration as needed.

C. 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.
   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.
   7. Managed care plans may also fund RCFE/ARF operators directly to provide these enhanced services.

D. 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 can reside safely in an assisted living facility with appropriate and cost-effective supports.

E. 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.
F. Active IEHP Membership.

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
1. State of California-Health and Human Services Agency, Department of Health Care Services, July 2023. . Medi-Cal Community Supports, or in Lieu of Services (ILOS), Policy Guide. Community Supports -Service Definitions.

DISCLAIMER

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