



IEHP UM Subcommittee Approved Authorization Guideline			
Guideline	Community Transition Services/Nursing Facility Transition to a Home	Guideline #	UM CSS 01
		Original Effective Date	1/1/2022
Section	Community Support Services	Revision Date	12/27/2023

COVERAGE POLICY

- A. Community Transition Services/Nursing Facility Transition to a Home helps individuals live in the community and avoid further institutionalization.
- B. Community Transition Services/Nursing Facility Transition to a Home are non-recurring set-up expenses for individuals who are transitioning from a licensed facility to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses.
- C. Allowable expenses are those necessary to enable a person to establish a basic household that do not constitute room and board and include:
 - 1. Assessing the Member’s housing needs and presenting options.
 - a. For additional information, refer to UM Subcommittee Approved Authorization Guidelines, Housing Transition/Navigation Services and Housing Tenancy/Sustaining Services.
 - 2. Assisting in searching for and securing housing, including the completion of housing applications and securing required documentation (e.g., Social Security card, birth certificate, prior rental history).
 - 3. Communicating with landlord (if applicable) and coordinating the move.
 - 4. Establishing procedures and contacts to retain housing.
 - 5. Identifying, coordinating, securing, or funding non-emergency, non-medical transportation to assist Members’ mobility to ensure reasonable accommodations and access to housing options prior to transition and on move-in day.
 - 6. Identifying the need for and coordinating funding for environmental modifications to install necessary accommodations for accessibility.
 - a. For additional information, refer to UM Subcommittee Approved Authorization Guidelines Environmental Accessibility Adaptations and/or Asthma Remediation.
 - 7. Identifying the need for and coordinating funding for services and modifications necessary to enable a person to establish a basic household that does not constitute room and board such as:
 - a. Security deposits required to obtain a lease on an apartment or home;
 - b. Set-up fees for utilities or service access;
 - c. First month coverage of utilities, including telephone, electricity, heating, and water;
 - d. Funds for services necessary for the individual’s health and safety, such as pest eradication and one-time cleaning prior to occupancy;
 - e. Funds for home modifications, such as an air conditioner or heater and other medically-necessary services to ensure access and reasonable accommodations.

- 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. Members 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 can reside safely in the community with appropriate and cost-effective supports and services.
- E. Active IEHP Membership.

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.

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

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.