

Declaration of "SNF Level of Care" Eligibility for CalAIM Community Support for Skilled Nursing Facility Diversion/Transition to Assisted Living by Primary Care Provider, Other Health Care Provider or Assigned Government Representative (APS, Public Guardian, etc.)

I, _____, in the capacity of
(professional designation - e.g., PCP, APS, Public Guardian, etc.) believe

Member Name:

Member Managed Care Plan I.D.:

Meets the definition for skilled nursing facility level of care (SNF LOC) for the CalAIM Community Support for SNF Diversion /Transition to Assisted Living (e.g. lacks adequate care support at home, requires more care than the allowable IHSS hours, is confused and "wanders", etc.) due to the following reasons:

Date:

Name:

Professional Title:

Hospital/Clinic Name/Organization:

Contact Phone Number:

E-mail:

Signature:

CalAIM Community Support (CS) for SNF Diversion/Transition Eligibility Criteria

Member must meet all the following criteria:

For Nursing Facility Transition:

- Enrolled in Medi-Cal.
- Meets the LOC provided in a nursing facility due to their medical needs.
- Has resided 60+ days in a nursing facility.
- Is willing to live in an assisted living setting as an alternative to a nursing facility.
- Can reside safely in an assisted living facility with appropriate and cost-effective supports.

For Nursing Facility Diversion:

- Is interested in remaining in the community.
- Is willing and able to reside safely in an assisted living facility with appropriate and cost-effective supports and services.
- Must be currently receiving medically necessary nursing facility 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.