



Community Supports Services and Eligibility Criteria Checklist
BSC Promise Health Plan
Los Angeles County

This guide provides information for both **General (Section A)** and **Service-Specific (Section B)** criteria for Community Supports (CS) under CalAIM.

A. GENERAL CRITERIA AND EXCLUSIONS

General Criteria for Community Supports (CS) Referrals: <ul style="list-style-type: none"> <input type="checkbox"/> Active Medi-Cal with Blue Shield Promise at the time of request for referral <input type="checkbox"/> Documentation of member's written or verbal consent for the CS referral
General Exclusions: <ul style="list-style-type: none"> <input type="checkbox"/> Member is receiving a similar or program and a referral for CS would be duplication of services. <input type="checkbox"/> If member is in facility-based care at the time of referral, the earliest start of Community Supports, if member meets eligibility criteria, will be at the time of discharge from the facility. <input type="checkbox"/> Member is unable to contact within 1 business day from the time of referral (Member can be re-referred at a later date, if appropriate).

B. SERVICE-SPECIFIC CRITERIA AND EXCLUSIONS

Environmental Accessibility Adaptations (Home Modifications) <p>Description: Environmental Accessibility Adaptations (EAAs, also known as Home Modifications) are physical adaptations to a home that are necessary to ensure the health, welfare, and safety of the individual, or enable the individual to function with greater independence in the home: without which the participant would require institutionalization. EAAs also include asthma remediation.</p>
Eligibility Criteria: <ul style="list-style-type: none"> <input type="checkbox"/> Documented need for physical adaptations to home based on initial assessment from the referring party <input type="checkbox"/> Confirmed risk of environmental safety hazards, homelessness, or institutionalization without physical adaptations to home <input type="checkbox"/> Demonstrated effort to exhaust available family and/or community-based services or options <input type="checkbox"/> Member has established permanent housing in place (own or rent)
Exclusion Criteria: <ul style="list-style-type: none"> <input type="checkbox"/> Member exhausted the maximum lifetime amount <input type="checkbox"/> If renting and the landlord or owner is not in agreement with a possible home modification

Housing Deposits
Description: Housing Deposits assist with identifying, coordinating, securing, or funding one-time services and modifications necessary to enable a person to establish a basic household that do not constitute room and board.
Eligibility Criteria:
<input type="checkbox"/> Homeless or at risk of homeless <input type="checkbox"/> Identified housing deposit need (first month's rent/deposit, utilities, services related to move in (pest control/cleaning)) <input type="checkbox"/> Must have source of income
Exclusion Criteria:
<input type="checkbox"/> Already receiving duplicative housing funds from another source/program <input type="checkbox"/> No income or other voucher (section 8) to support ongoing housing <input type="checkbox"/> Member exhausted the maximum lifetime amount (5,000)

Housing Tenancy and Sustaining Services	
Description: This service provides tenancy and sustaining services, with a goal of maintaining safe and stable tenancy once housing is secured	
Eligibility Criteria: Members must meet one criterion from the Homeless criteria and one from the High Utilizer/High Acuity criteria (High Utilizer/High Acuity criteria may be waived for members participating in Permanent Supportive Housing):	
Homeless Criteria:	High Utilizer/High Acuity Criteria:
Member must meet one of the following statuses: <ul style="list-style-type: none"> <input type="checkbox"/> Member who received Housing Navigation ILOS prior to entering housing; or <input type="checkbox"/> Member who met the HUD definition of homelessness¹ prior to entering housing and has been housed for less than six months; or <input type="checkbox"/> Member who has exited from an institution (such as jail, hospital, or SNF) after more than 90 days and was HUD homeless prior to entering an institution and has been housed for less than six months; or <input type="checkbox"/> Member who met HUD chronic homelessness² definition prior to entering housing and has been housed for less than two years. 	<ul style="list-style-type: none"> <input type="checkbox"/> Member is eligible or enrolled in ECM homeless population of focus; or <input type="checkbox"/> Member has two or more chronic conditions³; or <input type="checkbox"/> Member is a high utilizer, defined as: <ul style="list-style-type: none"> <input type="checkbox"/> 7 or more Emergency Department visits in prior 12-month period; or <input type="checkbox"/> 2 or more Inpatient visits and/or short-term skilled nursing facility in prior 12-month period; or <input type="checkbox"/> Total health care costs of at least \$50,000 in prior 12-month period
Or	
<input type="checkbox"/> Member is participating in a publicly funded permanent supportive housing resource ⁴ or program in Los Angeles County.	

¹ [HUD Definition of Homelessness](#)

² [HUD Definition of Chronic Homelessness](#)

³ Any 2 of the following conditions: asthma, coronary artery disease, chronic/congestive heart failure, chronic obstructive pulmonary disease, dementia, diabetes, hypertension, chronic liver disease, traumatic brain injury, bipolar disorder, major depressive disorder, psychotic disorder, alcohol use disorder, chronic kidney disease, other serious mental illness, other substance use disorders

⁴ Permanent Supportive Housing resources include programs to provide housing linked to supportive services in project-based or scattered site settings, and may include licensed residential facilities or shared housing if part of an ongoing County, City, or other government program.

Exclusion Criteria:
<ul style="list-style-type: none"> <input type="checkbox"/> Member is unable to live independently in housing and/or needs higher level care, such as skilled nursing. <input type="checkbox"/> Member is enrolled in a duplicative housing navigation or tenancy services program. <input type="checkbox"/> Member declines services. <input type="checkbox"/> Member has previously received Tenancy Services ILOS (limit of a single duration in the individual's lifetime; services may be approved one additional time with documentation as to what conditions have changed to demonstrate why services would be more successful on the second attempt).

Housing Transition Navigation Services	
Description: Housing Transition Navigation services assist beneficiaries with obtaining housing	
Eligibility Criteria: Members must meet <u>one</u> criterion from the Homeless criteria and <u>one</u> from the High Utilizer/High Acuity criteria (High Utilizer/High Acuity criteria may be waived for members successfully matched for Permanent Supportive Housing):	
Homeless Criteria:	High Utilizer/High Acuity Criteria:
<p>Member must meet <u>one</u> of the following homeless statuses:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Member who meets the HUD definition of homelessness⁵; or <input type="checkbox"/> Member is exiting an institution (such as jail, hospital, or SNF) after more than 90 days and was HUD homeless prior to entering an institution and would become homeless immediately upon release; or <input type="checkbox"/> Member who meets HUD definition of chronic homelessness⁶. 	<ul style="list-style-type: none"> <input type="checkbox"/> Member is eligible or enrolled in ECM homeless population of focus; or <input type="checkbox"/> Member has two or more chronic conditions⁷; or <input type="checkbox"/> Member is a high utilizer, defined as: <ul style="list-style-type: none"> <input type="checkbox"/> 7 or more Emergency Department visits in prior 12-month period; or <input type="checkbox"/> 2 or more Inpatient visits and/or short-term skilled nursing facility in prior 12-month period; or <input type="checkbox"/> Total health care costs of at least \$50,000 in prior 12-month period
OR	
<ul style="list-style-type: none"> <input type="checkbox"/> Member is matched to a publicly funded permanent supportive housing resource or program⁸ in Los Angeles County. 	
Exclusion Criteria:	
<ul style="list-style-type: none"> <input type="checkbox"/> Member is unable to live independently in housing and/or needs higher level care, such as skilled nursing. <input type="checkbox"/> Member is enrolled in a duplicative housing navigation or tenancy services program. <input type="checkbox"/> Member declines services. <input type="checkbox"/> Member has previously received Tenancy Services ILOS (limit of a single duration in the individual's lifetime; services may be approved one additional time with documentation as to what conditions have changed to demonstrate why services would be more successful on the second attempt). 	

⁵ [HUD Definition of Homelessness](#)

⁶ [HUD Definition of Chronically Homelessness](#)

⁷ Any 2 of the following conditions: asthma, coronary artery disease, chronic/congestive heart failure, chronic obstructive pulmonary disease, dementia, diabetes, hypertension, chronic liver disease, traumatic brain injury, bipolar disorder, major depressive disorder, psychotic disorder, alcohol use disorder, chronic kidney disease, other serious mental illness, other substance use disorders

⁸ Permanent Supportive Housing resources include programs to provide housing linked to supportive services in project-based or scattered site settings, and may include licensed residential facilities, or shared housing if part of an ongoing County, City, or other government program.

Meals/Medically Tailored Meals (MTM)
<p>Description: meals provided to the member at home that meet the unique dietary needs of those with chronic diseases. Medically Tailored meals are approved by a Registered Dietitian (RD) that reflect appropriate dietary therapy based on evidence-based nutrition practice guidelines to address a medical diagnosis, symptoms, allergies, medication management and side effects to ensure the best possible nutrition-related health outcomes.</p>
<p>Eligibility (Population Subset) Criteria: Includes the following populations:</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Individuals age 18 and over with Diabetes who have an HbA1c level equal to or greater than eight percent that are taking insulin greater than 200 units per 24 hour period, U500, or 3 or more oral anti-diabetes medications or non-insulin injectables; and <ul style="list-style-type: none"> <input type="checkbox"/> Have 2 or more inpatient hospitalizations in the prior 12 months with diabetes as primary or secondary diagnosis; or, <input type="checkbox"/> Have had 2 or more ED visits in the prior 12 months, with diabetes as primary or secondary diagnosis, or <input type="checkbox"/> Individuals age 18 and over with Chronic Kidney Disease (CKD) stage 3 and 4; and <ul style="list-style-type: none"> <input type="checkbox"/> Have 2 or more inpatient hospitalizations in the prior 12 months with CKD as primary or secondary diagnosis; or, <input type="checkbox"/> Have had 2 or more ED visits in the prior 12 months, with CKD as primary or secondary diagnosis.
<ul style="list-style-type: none"> <input type="checkbox"/> Individuals age 40 and over with Congestive Heart Failure (CHF); and <ul style="list-style-type: none"> <input type="checkbox"/> Have 2 or more inpatient hospitalizations in the prior 12 months with CHF as primary or secondary diagnosis; or, <input type="checkbox"/> Have had 2 or more ED visits in the prior 12 months, with CHF as primary or secondary diagnosis.
<p>Exclusion Criteria:</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Any of the following health conditions: Gestational Diabetes, Cancer, HIV, Dependence on Renal Dialysis, End-Stage Renal Disease (ESRD); or <input type="checkbox"/> Member is currently in another MTM program; or <input type="checkbox"/> Member does not have access to cold food storage; or <input type="checkbox"/> Member is in Hospice; or <input type="checkbox"/> Member is in Skilled Nursing Facility; or <input type="checkbox"/> Member is incarcerated.

Personal Care & Homemaker Services
<p>Description: Personal Care Services and Homemaker Services provided for individuals who need assistance with Activities of Daily Living (ADL) such as bathing, dressing, toileting, ambulation or feeding. Personal Care Services can also include assistance with Instrumental Activities of Daily Living (IADL) such as meal preparation, grocery shopping and money management. Homemaker/Chore services include help with tasks such as cleaning and shopping, laundry, and grocery shopping. Personal Care, Homemaker and Chore programs aids individuals who otherwise could not remain in their homes.</p>
<p>Eligibility Criteria (Must meet at least 1 of the following):</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Reported difficulty with at least 1 ADL/IADL and no identified supports (ex: IHSS/Care Giver) <input type="checkbox"/> Discharge from facility in last 3 months with short term care need identified <input type="checkbox"/> Risk factors for possible ER or admission (fall risk etc.) <input type="checkbox"/> Identified need for protective supervision
<p>Exclusion Criteria:</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Member must be in an outpatient home like setting- not in facility-based care or have a confirmed discharge date within 5 business days of the referral <input type="checkbox"/> Member not living in assisted living facility or a board and care or other that is providing assistance with personal care or homemaker services. <input type="checkbox"/> Member not in a duplicate program/receiving service through alternative Community Supports/Program <input type="checkbox"/> A higher level of care is needed for long term care

Recuperative Care (Medical Respite)

Description: Recuperative care, also referred to as medical respite care, is short-term residential care for individuals who no longer require hospitalization, but still need to heal from an injury or illness (including behavioral health conditions) and whose condition would be exacerbated by an unstable living environment. It allows individuals to continue their recovery and receive post-discharge treatment while obtaining access to primary care, behavioral health services, case management and other supportive social services, such as transportation, food, and housing

Eligibility Criteria:

In order to qualify, Members must:

- Be an active, homeless BSC Promise Medi-Cal or CMC member; **AND**
 - a. Homeless is defined as...
 - i. Members who meet the HUD definition of homelessness or
 - ii. Members who are exiting an institution (such as jail, hospital, or SNF) after more than 90 days and would become homeless immediately upon release
- Is post-hospitalization or post-skilled nursing facility; **AND**
- Have one of the following:
 - b. A defined home health skilled need, such as:
 - i. Physical therapy, occupational therapy or speech therapy
 - ii. Ongoing IV antibiotics
 - iii. Wound Care

OR

- Be in the midst of, or in need of, an outpatient treatment that if interrupted or delayed would cause undue harm.

Exclusion Criteria:

Members are not eligible if **any of the following apply:**

- Member is unable or unwilling to independently complete ADLs; except for short-term or limited assistance consistent with recuperative care facility capabilities;
- Member is dependent for medication administration;
- Member is incontinent of bladder and/or bowel and unable to self-care with adult briefs and/or other incontinence supplies;
- Member is gravely disabled;
- Members must be medically and psychiatrically stable enough that hospitalization or a different higher level of care (such as an LTACH or a residential treatment center) is not required;
- Member is cognitively impaired (e.g., needs constant supervision and monitoring and /or re-direction and verbal cues for basic functions/ADLs);
- Member has been recently combative, aggressive and/or threatening towards staff or other individuals;
- Member has a peripherally inserted central catheter ("PICC Line") and is on IV medications depending on other factors, e.g. type of medication administered, mobility, safety of Member and other guests, etc. Decisions about placement of Members with a PICC Line will be decided on a case-by-case basis;
- Member is unable to live independently in housing and/or needs licensed care, such as skilled nursing, 24/7 care and supervision, medication administration, Adult Residential Facility (ARF) / Residential Care Facility for the Elderly (RCFE), a.k.a. Board & Care services, or etc.;
- Member has tested positive for Covid-19 within the last 10 days and/or is still exhibiting symptoms;
- Active Tuberculosis/C-DIFF/MRSA of sputum (possibly of wound) or other communicable/contagious condition(s) may be a disqualifier;
- Members are generally ineligible with limited exceptions if member is oxygen dependent, has stage 3 or 4 decubitus, is actively detoxing or is quadriplegic. Decisions about placement of Members with these needs will be decided on a case-by-case basis.

Short-Term Post-Hospitalization Housing
<p>Description: Short-Term Post-Hospitalization housing provides beneficiaries 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, psychiatric or Chemical Dependency and Recovery hospital), residential Alcohol or Drug Abuse Recovery or Treatment facility, residential mental health treatment facility, correctional facility, nursing facility or recuperative care.</p>
<p>Eligibility Criteria (Must meet all criteria):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Member is homeless <input type="checkbox"/> 1 or more IP admission within 6 months from time of referral or at significant risk of hospitalization if not housed. <input type="checkbox"/> No identified family or other housing supports
<p>Exclusion Criteria:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Already housed <input type="checkbox"/> In a duplicate program/receiving housing through alternative community support/program <input type="checkbox"/> Member exhausted the maximum lifetime amount (not to exceed 6 months)

Respite Services
<p>Description: Respite services are provided to caregivers of participants who require intermittent temporary supervision. The services are provided on a short-term basis because of the absence or need for relief of those persons who normally care for and/or supervise them and are non-medical in nature. This service is distinct from medical respite/recuperative care and is rest for the caregiver only</p>
<p>Eligibility Criteria (Must meet all criteria):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Member must have an informal or formal caregiver at time of referral <input type="checkbox"/> Identified intermittent need for respite care for a limited time (ex: care giver going out of town for 1 week/caregiver having surgery and must recover for 1 month)
<p>Exclusion Criteria:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Member must be in an outpatient home like setting- not in facility-based care <input type="checkbox"/> Member not living in assisted living facility or a board and care <input type="checkbox"/> Member in a duplicate program/receiving services through alternative Community Supports/Program <input type="checkbox"/> Member's respite needs per clinical documentation are long term in nature (not intermittent) <input type="checkbox"/> Member exhausted the maximum amount per calendar year of 336 hours

Appendix A



Appendix C: Homeless Definitions

“Chronically homeless” – Member can meet HUD or AB 361’s Chronically homeless definition¹

Federal HUD Definition of “Chronically Homeless”

1. An individual who:
 - a. Is **homeless** and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter;
 - b. Has been living in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least twelve months or on at least four separate occasions in the last three years **where those occasions cumulatively total at least twelve months; AND**
 - c. Is diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, HIV or AIDS, or a chronic physical, mental, or emotional impairment expected to be long-continuing or of indefinite duration and significantly impedes the individual’s ability to live independently.
2. An individual who has been residing in an **institutional care** facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for **fewer than 90 days** and met all of the criteria in paragraph (1) of this definition, before entering that facility.
3. A **family** with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

AB 361 Definition of “Chronically Homeless”

1. A homeless individual who:
 - a. Has a condition limiting his or her activities of daily living;
 - b. Has been continuously homeless for a year or more, or had at least four episodes of homelessness in the last three years; OR
2. **Is living in transitional housing or supportive housing for less than two years and was chronically homeless prior to move-in.**
3. Does not include reference to families or individuals leaving institutional care.