



**Community Supports Services and Eligibility Criteria Checklist  
BSC Promise Health Plan  
San Diego 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**

<b>General Criteria for Community Supports (CS) Referrals:</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Active Medi-Cal with Blue Shield Promise at the time of request for referral</li> <li><input type="checkbox"/> Documentation of member's written or verbal consent for the CS referral</li> </ul>
<b>General Exclusions:</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Member is receiving a similar or program and a referral for CS would be duplication of services.</li> <li><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.</li> <li><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).</li> </ul>

**B. SERVICE-SPECIFIC CRITERIA AND EXCLUSIONS**

<b>Environmental Accessibility Adaptations (Home Modifications)</b>
<b>Description:</b> 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.
<b>Eligibility Criteria:</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Documented need for physical adaptations to home based on initial assessment from the referring party</li> <li><input type="checkbox"/> Confirmed risk of environmental safety hazards, homelessness, or institutionalization without physical adaptations to home</li> <li><input type="checkbox"/> Demonstrated effort to exhaust available family and/or community-based services or options</li> <li><input type="checkbox"/> Member has established permanent housing in place (own or rent)</li> </ul>
<b>Exclusion Criteria:</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Member exhausted the maximum lifetime amount</li> <li><input type="checkbox"/> If renting and the landlord or owner is not in agreement with a possible home modification</li> </ul>

<b>Housing Deposits</b>
<b>Description:</b> 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.
<b>Eligibility Criteria (Must meet all Criteria):</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Homeless or at risk of homeless</li> <li><input type="checkbox"/> Identified housing deposit need (first month's rent/deposit, utilities, services related to move in (pest control/cleaning)</li> <li><input type="checkbox"/> Must have source of income</li> </ul>
<b>Exclusion Criteria:</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Already receiving duplicative housing funds from another source/program</li> <li><input type="checkbox"/> No income or other voucher (section 8) to support ongoing housing</li> <li><input type="checkbox"/> Member exhausted the maximum lifetime amount (5,000)</li> </ul>

<b>Housing Tenancy and Sustaining Services</b>
<b>Description:</b> This service provides tenancy and sustaining services, with a goal of maintaining safe and stable tenancy once housing is secured
<b>Eligibility Criteria:</b> Members must meet one criterion from the Homeless criteria:
<b>Homeless Criteria:</b>
Member must meet <b>one</b> of the following statuses: <ul style="list-style-type: none"> <li><input type="checkbox"/> Member who received Housing Navigation Community Support prior to entering housing; or</li> <li><input type="checkbox"/> Member who met the HUD definition of homelessness<sup>1</sup> prior to entering housing and has been housed for less than six months; or</li> <li><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</li> <li><input type="checkbox"/> Member who met HUD chronic homelessness<sup>2</sup> definition prior to entering housing and has been housed for less than two years.</li> </ul>
<b>Or</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Member is participating in a publicly funded permanent supportive housing resource<sup>3</sup> or program in San Diego County.</li> </ul>
<b>Exclusion Criteria:</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Member is unable to live independently in housing and/or needs higher level care, such as skilled nursing.</li> <li><input type="checkbox"/> Member is enrolled in a duplicative housing navigation or tenancy services program.</li> <li><input type="checkbox"/> Member declines services.</li> <li><input type="checkbox"/> Member has previously received Tenancy Services Community Supports (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).</li> </ul>

<sup>1</sup> [HUD Definition of Homelessness](#)

<sup>2</sup> [HUD Definition of Chronic Homelessness](#)

<sup>3</sup> 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.

<b>Housing Transition Navigation Services</b>
<b>Description:</b> Housing Transition Navigation services assist beneficiaries with obtaining housing
<b>Eligibility Criteria:</b>
<input type="checkbox"/> Homeless or at risk of homeless
<input type="checkbox"/> Do not have stable housing
<input type="checkbox"/> Need for or inability to navigate housing system
<input type="checkbox"/> Member in agreement for services
<input type="checkbox"/> Documented need for transition/navigation services
<b>Exclusion Criteria:</b>
<input type="checkbox"/> In a duplicate program/receiving housing services through alternative Community Supports/Program (in RCU and getting housing navigation as part of that Community Supports)

<b>Medically Supportive Food/Meals (Food to support health-related situations for 4 to 12 weeks. Services approved on a month-to-month basis)</b>
<b>Description:</b> Meals delivered to the home: immediately following discharge from a hospital or nursing home when members are most vulnerable to readmission.
<b>Eligibility Criteria (Member must meet at least 1 criteria):</b>
<input type="checkbox"/> Recent discharge from the hospital or other inpatient healthcare facility and not physically able to obtain meals or prepare meals on their own after discharge
<input type="checkbox"/> Newly diagnosed illness
<input type="checkbox"/> Experiencing a health crisis
<input type="checkbox"/> Documented need for nutritional food support to avoid exacerbation of a health crisis condition or episode (example Major organ transplant)
<b>Exclusion Criteria:</b>
<input type="checkbox"/> Member has adequate caregiver support in place to obtain and prepare meals after discharge or other
<input type="checkbox"/> Member is enrolled in other meal programs (e.g., <i>lives at and Independent Living Facility (ILIF) which provides more than 7 meals per week to residents</i> )
<input type="checkbox"/> Unsheltered individuals or without stable housing for the duration of service
<input type="checkbox"/> Members with extreme food allergies
<b>Medically Tailored Meals (MTM)</b>
<b>Description:</b> 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
<b>Eligibility Criteria (Member must meet all criteria):</b>
<input type="checkbox"/> Must have Chronic Heart Failure (CHF), Diabetes (uncontrolled), Chronic Kidney Disease (CKD) diagnosis (stages 3-5 or on Dialysis), Cancer, Human Immunodeficiency Virus (HIV)
<input type="checkbox"/> If member has two or more qualifying conditions, must specify only one ICD Code for the primary reason for referral.
<input type="checkbox"/> Inpatient/SNF hospitalization or ER visit within the last 12 months
<input type="checkbox"/> Must have life expectancy of more than 1 year
<input type="checkbox"/> No Income requirement
<b>Exclusion Criteria:</b>
<input type="checkbox"/> Life expectancy less than 1 year
<input type="checkbox"/> Homeless or no stable housing in last 3 months
<input type="checkbox"/> No to low motivation to actively participate in program – can explore other meals programs

<input type="checkbox"/> Member is enrolled in other meal programs (ex: lives at ILF and provided more than 7 meals per week to residents)
<input type="checkbox"/> Members with extreme food allergies

<b>Personal Care &amp; Homemaker Services</b>
<b>Description:</b> 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.
<b>Eligibility Criteria (Must meet at least 1 of the following):</b>
<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
<b>Exclusion Criteria:</b>
<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

<b>Recuperative Care (Medical Respite)</b>
<b>Description:</b> 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
<b>Eligibility Criteria Must meet All Criteria):</b>
<input type="checkbox"/> Adult (18 years of age or older) and homeless
<input type="checkbox"/> Acute medical or psychiatric problem requiring short-term medical respite care with an identifiable end point of care for discharge
<input type="checkbox"/> Medically and behaviorally stable (not a risk to self/others, appropriate for group setting)
<input type="checkbox"/> Independent in Activities of Daily Living (mobility, transfer, toileting, feeding, dressing) and not known to be fall-risk
<input type="checkbox"/> Able to independently administer medications
<input type="checkbox"/> Agreeable to admission and receiving care from Recuperative Care staff
<input type="checkbox"/> Be willing to comply with medical recommendations and treatment plan goals
<input type="checkbox"/> Bladder and bowel continent
<input type="checkbox"/> Have scheduled subspecialty follow-up appointments as indicated
<b>Exclusion Criteria:</b>
<input type="checkbox"/> Unable to perform ADLS independently
<input type="checkbox"/> Active Tuberculosis (TB)
<input type="checkbox"/> Fecal and/or urinary incontinence without management plan (Member must have the ability to independently to change themselves etc.)

<input type="checkbox"/> Unstable medical or psychiatric conditions that require an inpatient level of care
<input type="checkbox"/> Dangerous to self or others; unable to live in a group environment
<input type="checkbox"/> Demonstrated history of using alcohol or illicit drugs onsite at a residential program, hospital, SNF, or similar program
<input type="checkbox"/> IV hydration ( <i>Individuals requiring IV antibiotics must be able to self-administer or the hospital must arrange a Home Health Nurse come to the Recuperative Care housing</i> )
<input type="checkbox"/> Contagious air-borne respiratory illness
<input type="checkbox"/> Substance use- not onsite or abstain depending on RCU
<input type="checkbox"/> In a duplicate program/receiving housing services through alternative Community Supports/Program

<b>Short-Term Post-Hospitalization Housing</b>
<b>Description:</b> 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.
<b>Eligibility Criteria (Must meet all criteria):</b>
<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
<b>Exclusion Criteria:</b>
<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)

<b>Respite Services</b>
<b>Description:</b> 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
<b>Eligibility Criteria (Must meet all criteria):</b>
<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)
<b>Exclusion Criteria:</b>
<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

<b>Sobering Centers</b>
<p><b>Description:</b> Sobering centers are alternative destinations for individuals who are found to be publicly intoxicated (alcohol and/or drug) and would otherwise be transported to the emergency department or jail. Sobering centers provide these individuals, primarily those who are homeless or those with unstable living situations, with a safe, supportive environment to become sober.</p> <p>Sobering centers provide services such as medical triage, lab testing, a temporary bed, rehydration and food service, treatment for nausea, wound and dressing changes, shower and laundry facilities, substance use education and counseling, and homeless care support services.</p>
<p><b>Eligibility Criteria (Must meet all criteria):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Publicly intoxicated due to alcohol and/or drugs but conscious, cooperative, able to walk, nonviolent, and free from any medical distress (including life-threatening withdrawal symptoms or apparent underlying symptoms) and who would otherwise be transported to the emergency department or a jail or who presented at an emergency department and are appropriate to be diverted to a Sobering Center</li> <li><input type="checkbox"/> 18 y/o and older</li> </ul>
<p><b>Exclusion Criteria:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Member is determined by medical and/or legal personnel to be transported to the ER or Jail.</li> <li><input type="checkbox"/> Member required services beyond 24 hours</li> <li><input type="checkbox"/> Individuals may not be receiving duplicative support from other State, local, or federally funded programs</li> </ul>