

Community Supports Authorization Guides and Referral Forms Are Updated to Align With the DHCS

Use the updated guides and forms to refer members to Community Supports services

The revised Community Supports (CS) services definitions and other updates will be effective on July 1, 2025.

CS services are part of the California Advancing and Innovating Medi-Cal (CalAIM) program through the Department of Health Care Services (DHCS). These services are intended to help improve the overall health and well-being of Medi-Cal members by addressing members' health-related social needs, help them live healthier lives and avoid higher, costlier levels of care. CS services include, but are not limited to:

- Support to secure and maintain housing,
- Access to medically tailored meals to support short-term recovery,
- Personal care, and
- A variety of other community-based services.

Note, the recuperative care and short-term post-hospitalization housing service duration and frequency went into effect on **January 1, 2025**.

Global cap on coverage of room and board services

Effective **January 1, 2025**, DHCS released guidance that a member may not receive more than a combined six months of Short-Term Post-Hospitalization Housing, Recuperative Care and Transitional Rent within a rolling 12-month period. All three of which are referred to as "Room and Board" services established as a "global cap" coverage waived by the DHCS. All authorization requests must adhere to the global cap.

Authorization guides and referral forms

Updates are **in progress** for the CS services authorization guides and referral forms listed below. Updates will include new program overviews, eligibility criteria, required documentation, authorization, allowable providers and more. Please check the [CalAIM Resources for Providers](#) web page for the latest guides and forms. For more details on services and key updates, refer to pages 3-6.

THIS UPDATE APPLIES TO:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers
- Community Supports (CS) Providers
- Enhanced Care Management (ECM) Providers
- Behavioral Health Providers

PROVIDER SERVICES

**CalViva Health Medi-Cal
(including ECM and CS providers) –**
888-893-1569

Behavioral health providers –
844-966-0298

PROVIDER PORTAL

provider.healthnetcalifornia.com

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- Assisted living facility (ALF) transitions
 - Asthma remediation
 - Community or home transition services
 - Medically tailored meals/medically supportive food
 - Recuperative care
 - Short-term post-hospitalization housing

How to access the guides and referrals

The guides and referral forms are available online at provider.healthnet.com > *CalAIM Resources* > *Forms & Tools* > *Community Supports (CS)*.

Additional information

Providers are encouraged to access the provider portal online at provider.healthnetcalifornia.com for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact CalViva Health at 888-893-1569.

Updated CS authorization guides and referral forms

The authorization guides and referral forms for the CS services listed below has been updated with new program overview, eligibility, required documentation, authorization, allowable providers and more. Below is an outline of key updates. **Be sure to use the updated guide and forms for these services:**

Document name	Description	Updates and changes
Assisted living facility (ALF) transitions		
Authorization guide for assisted living facility (ALF) transitions	<p>Formerly known as “Nursing Facility Transition/Diversion to Assisted Living Facilities,” such as residential care facilities for the elderly and adult residential facilities.</p> <p>ALF services assist members with living in the community and/or avoiding institutionalization when possible. The goal is to both facilitate nursing facility transition back into a community setting, like an assisted living facility, and/or prevent nursing home placement for members with an imminent need for nursing facility level of care. Assisted living providers support members with activities of daily living, meals, medications, and transportation.</p>	<p>Key updates:</p> <ul style="list-style-type: none">• Time-limited transition services and expenses are covered to enable a person to establish a residence in an ALF.• Members residing in the community and those currently receiving facility level health care services may be eligible for this Community Supports service.• Members transitioning from an acute setting to an ALF have a seven-day presumptive authorization period.
Assisted living facility (ALF) transitions referral form	<p>Complete and submit this referral form to refer members for ALF transitions.</p>	<ul style="list-style-type: none">• Program overview, eligibility, required documentation, authorization, eligible providers and more.

Updated CS authorization guides and referral forms, *continued*

Document name	Description	Updates and changes
Asthma remediation		
Authorization guide for asthma remediation	<p>Asthma remediation can prevent acute asthma episodes that could result in the need for emergency services and hospitalization.</p> <p>This service consists of supplies and/or physical modifications to a home environment that are necessary to ensure the health, welfare and safety of a member, or to enable a member to function in the home with reduced likelihood of experiencing acute asthma episode.</p>	<p>Key updates:</p> <ul style="list-style-type: none">• Pest infestations should be addressed through Integrated Pest Management approaches.• Only mechanical air cleaners certified by the California Air Resources Board should be provided. Air cleaners that are listed as "mechanical" are those that only use physical filtration, such as pleated or high-efficiency particulate air style filters and do not generate ozone or ions and are not classified as "electronic" which can generate ozone and other reactive compounds that harm health.• Until December 31, 2025 only, if the member is receiving the in-home environmental trigger assessment or asthma self-management education through the Asthma Remediation Community Support, they must:<ul style="list-style-type: none">○ Have poorly controlled asthma (defined as an emergency department visit or hospitalization), or○ Two sick or urgent care visits due to asthma in the past 12 months, or○ A score of 19 or lower on the Asthma Control Test, or○ Otherwise have a recommendation from a licensed health care provider (e.g. physician, nurse practitioner, or physician assistant) that the service will likely prevent asthma-related hospitalizations, emergency department visits, and/or other high-cost services.
Asthma remediation referral form	Complete and submit this referral form to refer members for asthma remediation.	<ul style="list-style-type: none">• Program overview, eligibility, required documentation, authorization, eligible providers and more.

Updated CS authorization guides and referral forms, *continued*

Document name	Description	Updates and changes
Community or home transition services		
Authorization guide for community or home transition services	<p>Formerly known as “Community Transition Services/Nursing Facility Transition to a Home.”</p> <p>This service helps members transition from a licensed nursing facility to a living arrangement in a private residence or public subsidized housing where the member is responsible for identifying funding for their living expenses.</p>	<p>Key updates:</p> <ul style="list-style-type: none"> One-time set-up expenses to establish or reestablish a household, such as security deposits, utility set up fees, one-time cleaning fees, and other medically necessary services. To fund home modifications, members should first be connected to the Environmental Accessibility Adaptations (Home Modifications) Community Supports service, if eligible and available. There are restrictions for enrollment in duplicative programs such as the California Community Transitions program, Home & Community Based Alternatives Waiver, and/or the Multipurpose Senior Services Program and Community or Home Transition Services.
Medically tailored meals/medically supportive food		
Authorization guide for medically tailored meals/medically supportive food	<p>This service is available to help members with chronic or serious health conditions who are nutrition-sensitive, aiming to improve members’ health outcomes and lower unnecessary medical costs.</p> <p>The service covers up to two meals per day or a weekly grocery box, for up to 12 weeks.</p>	<p>Key updates:</p> <ul style="list-style-type: none"> Medically “supportive” foods are intended to be supplemental to a member’s diet. Therefore, medically supportive foods will be offered as a step-down-only intervention to medically tailored foods where appropriate. Provider order signed by licensed health care provider or other appropriate clinician (such as physician, registered dietitian (RD), clinical nurse specialist (CNS), nurse practitioner (NP), pharmacist, or physician assistant (PA)) specifying the nutrition-sensitive condition. Medically tailored meals or groceries must meet at least two-thirds of the daily nutrient and energy needs of an average individual.
Medically tailored meals/medically supportive food referral form	Complete and submit this referral form to refer members for medically tailored meals/medically supportive food.	<ul style="list-style-type: none"> Program overview, eligibility, required documentation, authorization, eligible providers and more.

Updated CS authorization guides and referral forms, *continued*

Document name	Description	Updates and changes
Recuperative care		
Authorization guide for recuperative care	Recuperative care, also referred to as medical respite care, is for members who need a short-term residential setting in which to recover from an injury or illness.	Key updates: <ul style="list-style-type: none">• Requiring recovery in order to heal from an injury or illness AND experiencing or at risk of homelessness.• Effective January 1, 2025: Members can receive the service for a duration of six months per rolling 12-month period.• Reimbursement for presumptive authorization period - If authorization is denied, the presumptive authorization period is ineligible for reimbursement.
Recuperative care referral form	Complete and submit this referral form to refer members for recuperative care.	<ul style="list-style-type: none">• Program overview, eligibility, required documentation, authorization, eligible providers and more.

Short-term post-hospitalization housing

Short-term post-hospitalization housing	Short-term post-hospitalization housing provides members who are exiting an institution with an opportunity to continue their medical/psychiatric substance use disorder recovery immediately after exiting the institution.	Key updates: <ul style="list-style-type: none">• Members who are exiting an institution AND experiencing or at risk of homelessness AND have ongoing physical or behavioral health needs as determined by a qualified health professional who would otherwise require continued institutional care.• Effective January 1, 2025: Members can receive the service for a duration of six months per rolling 12-month period.• Reimbursement for presumptive authorization period - If authorization is denied, the presumptive authorization period is ineligible for reimbursement.
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