

## Assisted Living Facility Transitions Referral Form

Assisted Living Facility Transitions designed to assist individuals with living in the community and avoid institutionalization, whenever possible. The goal of the service is to facilitate nursing facility transition back into a home-like, community setting, and/or to prevent nursing facility admissions for Members living in the community. This Community Support is intended for Members with an imminent need for nursing facility level of care (LOC) and is intended to provide a choice of residing in an assisted living setting as an alternative to long-term placement in a nursing facility. [Assisted Living Facility \(ALF\) Transitions](#)

<b><u>Request Type</u></b>			
<input type="checkbox"/> Initial Request		<input type="checkbox"/> Extension	
<input type="checkbox"/> Member consented to ALF Transitions referral			
Member's First Name:		Last Name:	
Phone Number:		IEHP Number:	
Member's Address:			Zip Code:
Gender:	DOB:	Primary Language:	Responsible Party:
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English	Self <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Spanish	Power of Attorney <input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred pronoun:	Age:	<input type="checkbox"/> Other: _____	Public Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No
			Advance Directive <input type="checkbox"/> Yes <input type="checkbox"/> No
			Responsible Party Name and Contact:
Diagnosis (required):			ICD-Code:
<b><u>Eligibility Criteria</u></b>			
<b>Member must meet all the following criteria:</b>			
<input type="checkbox"/> Have resided 60+ days in a nursing facility			
<input type="checkbox"/> Are willing to live in an assisted living setting as an alternative to a nursing facility			
<input type="checkbox"/> Able to reside safely in ALF			
AND:			
<b>Members residing in the Community who:</b>			
<input type="checkbox"/> Are interested in remaining in the community; and			
<input type="checkbox"/> Are willing and able to reside safely in an ALF; and			
<input type="checkbox"/> Meet the minimum criteria to receive nursing facility LOC services and, in lieu of going into a facility, choose to remain in the community and continue to receive medically necessary nursing facility LOC services at an ALF.			
<input type="checkbox"/> Able to pay for their own living expenses			
<i>Please note, if box is <b>NOT</b> checked, <b>STOP</b>. Member does <b>not</b> meet eligibility criteria.</i>			
<b><u>Clinical and Supporting Attachments:</u></b>			
Supporting medical documentation should include:			
<ul style="list-style-type: none"> <li>• Medical Assessment for Residential Care Facilities for the Elderly (LIC6 02A) Form filled out by a licensed medical professional</li> <li>• SSI/SSDI Award Letter or form of income</li> </ul>			
<i>Please submit supporting documentation with the referral form.</i>			