Community or Home Transition Services Referral Form

Community or Home Transitions Services helps individual to live in the community and avoid further institutionalization in a nursing facility. Community or Home Transition Services support Members in transitioning 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. This service also covers set-up expenses necessary for a Member to establish a basic household. Community or Home Transition Services

Request Type

☐ Initial Request ☐ Extension ☐ Member consented to respite services referral

Member's First Name:	Last Name:	Phone Number:	IEHP Number:

Member's Address:	Zip Code:

Gender:	DOB:	Primary Language:	Responsible Party:
☐ Male ☐ Female ☐ Other: _____ Preferred pronoun:	Age:	☐ English ☐ Spanish ☐ Other: _____	Self ☐ Yes ☐ No Power of Attorney ☐ Yes ☐ No Public Guardian ☐ Yes ☐ No Advance Directive ☐ Yes ☐ No Responsible Party Name and Contact:

Diagnosis (required):	ICD-Code:

Eligibility Criteria

Member must meet all the following criteria:

☐ Are currently receiving medically necessary nursing facility Level of Care (LOC) services and in lieu of remaining in the nursing facility or Recuperative Care setting are choosing to transition home and continue to receive medically necessary nursing facility LOC services;
☐ Have lived 60+ days in a nursing home and/or Recuperative Care setting
☐ Are interested in moving back to the community
☐ Are able to reside safely in the community with appropriate and cost-effective supports and services.

*Please note, if box is **NOT** checked, **STOP**. Member does **not** meet eligibility criteria.*

Clinical and Supporting Attachments:

Supporting medical documentation should include:

- Documentation from support agencies indicating services/supports member needs or receives
- Documentation/office visit notes with diagnosis and identification of frailty
- Medication/treatment orders
- Itemized list outlining moving cost with totals

Please submit supporting documentation with the referral form.

Set- Up Expenses	
Security Deposit	$
Utilities	$
Cleaning/pest or other service required to move in (quote must be submitted)	$
Air Conditioner or Heater (Max $300)	$
Medically necessary adaptative aids and services (Medi-Cal DME Denial letter needs to be submitted)	$
Grand Total Including Taxes (must not exceed $7,500)	$