L.A. Care HEALTH PLAN®

L.A. Care Community Supports Quick Reference Guide For Providers

Community Supports Overview

Community Supports (CS) are community-based services and supports that address health-related social needs of eligible L.A. Care Members. CS are part of the Department of Health Care Services (DHCS) California Advancing and Innovating Medi-Cal (CalAIM) initiative and are medically appropriate and cost-effective alternatives to services that can be covered under Medi-Cal. L.A. Care offers all fourteen (14) Community Supports pre-approved by DHCS. Each CS has specific eligibility criteria summarized below. To submit a referral for a CS, complete the Service Authorization Request (SAR) form(s), accessible through the links below or by visiting: **www.lacare.org/providers/community-supports**

Community Supports	Summary of Services	Overview of Eligibility Criteria For a complete list of eligibility criteria, please visit the Community Health Services Homepage
Housing Transition Navigation Email: HHSS-Program@lacare.org Link: SAR Form	Assists individuals with obtaining housing.	• Member meets U.S. Department of Housing and Urban Development (HUD) definition of homelessness *and* meets acuity criteria *or* • Member meets U.S. Department of Housing and Urban Development (HUD) definition of at risk of homelessness *and* meets acuity criteria *or* • Member is prioritized for Permanent Supportive Housing (PSH) *and* meets acuity criteria
Housing Tenancy and Sustaining Services Email: HHSS-Program@lacare.org Link: SAR Form	Aims to help individuals maintain safe and stable tenancy once housing is secured	• Member received Housing Transition Navigation services *or* • Member meets U.S. Department of Housing and Urban Development (HUD) definition of homelessness and meets acuity criteria *or* • Member meets U.S. Department of Housing and Urban Development (HUD) definition of at risk of homelessness and meets acuity criteria *or* • Member is prioritized for Permanent Supportive Housing (PSH) and meets acuity criteria
Housing Deposits Email: HHSS-Program@lacare.org Link: SAR Form	Assists 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	• Member must also receive Housing Transition Navigation in conjunction with this service *and* • Member is prioritized for PSH and meets acuity criteria *or* • Member meets U.S. Department of Housing and Urban Development (HUD) definition of homelessness and meets acuity criteria

Sobering Centers Email: **SoberingCenterServices@lacare.org** *Referrals may only come from law enforcement, outreach teams, or emergency personnel*	Used as alternative destinations for individuals who are found to be publicly intoxicated and would otherwise be transported to the emergency department or jail	⁘ Member is 18 years of age or older and is found to be publicly intoxicated and would otherwise be transported to the emergency department or a jail or who presented at an emergency department *and* ⁘ Member is conscious, cooperative, able to walk, nonviolent, and free from any medical distress
Recuperative Care Email: **RecupCare@lacare.org** Link: **SAR Form**	Provides short-term integrated and clinical care for individuals who no longer require hospitalization but still need to heal from an injury or illness (including behavioral health conditions)	⁘ Member is homeless or has unstable housing and/or lack of support in their housing, *and* ⁘ Requires care that is not outside of limited or short-term assistance with Activities of Daily Living (ADL) *and* ⁘ Requires care necessary to achieve or maintain medical stability and prevent hospital admission or re-admission.
Respite Services Email: **mltss@lacare.org** Link: **SAR Form**	Short-term services provided to caregivers of those who require occasional temporary supervision to give relief to the caregiver.	⁘ Member lives in the community and is compromised in their ADLs and is therefore dependent upon a qualified caregiver who provides most of their support, and who requires caregiver relief to avoid insitutional placement.
Meals as Medicine Email: **MealsAsMedicine@lacare.org** Link: **SAR Form**	Help individuals achieve their nutrition goals at critical times to help them regain and maintain their health	⁘ Member with chronic conditions (ex. diabetes, cardiovascular disorders, congestive heart failure, stroke, chronic lung disorders, human immunodeficiency virus (HIV), cancer, gestational diabetes), or other high risk perinatal conditions, and chronic or disabling mental/behavioral health disorders *or* ⁘ Member being discharged from the hospital or a skilled nursing facility or at high risk of hospitalization or nursing facility placement *or* ⁘ Member with extensive care coordination needs.
Personal Care and Homemaker Services Email: **mltss@lacare.org** Link: **SAR Form**	Support members who need assistance with daily activities, such as bathing, getting dressed, personal hygiene, cooking, and eating.	⁘ Member is pending In-Home Support Services (IHSS) post-application decision *or* ⁘ Member is pending IHSS decision after a change in condition *or* ⁘ Member is seeking additional IHSS hours beyond the Department of Public Social Services (DPSS) *or* ⁘ Member was denied or determined ineligible of IHSS

Environmental Accessibility Adaptations Email: **mltss@lacare.org** Link: **SAR Form**	Provides physical adaptions 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.	• Member is at risk for hospitalization or institutionalization in a nursing facility.
Nursing Facility Transitions/ Diversion to Assisted Living Email: **mltss@lacare.org** Link: **SAR Form**	Help individuals live in the community by facilitating transitions from a nursing facility back into a home-like, community setting, or preventing nursing facility admissions for those with imminent need.	**Nursing Facility Transition** • Member has resided in a nursing facility for 60 days or longer; • Member is willing to live in an assisted living setting as an alternative to a nursing home; *and* • Member is able to reside safely in an assisted living facility with appropriate and cost-effective supports **Nursing Facility Diversion** • Member is able to reside safely in an assisted living facility with appropriate and cost-effective supports and services; *and* • Member is receiving medically necessary nursing facility level of care or meet the minimum criteria to receive nursing home services and in lieu of going into a facility, is choosing to remain in the community and continue to receive medically necessary services at an assisted living facility
Community Transition Services/ Nursing Facility Transition to a Home Email: **mltss@lacare.org** Link: **SAR Form**	Assist individuals to live in the community to avoid further institutionalization by providing non-recurring set-up expenses for individuals transitioning from a licensed facility to a living arrangement in a private residence.	• Member has lived at least 60 days in a nursing home or medical respite setting *and* • Member is interested in moving back to the community *and* • Member is able to safely live in the community with the support of appropriate supports and services *and* • Member is currently receiving medically necessary nursing home level of care and, in lieu of remaining in the nursing home setting, is choosing to transition to a home and continue to receive medically necessary services.
Short-term Post-Hospitalization Housing Email: **shorttermposthops@lacare.org** Link: **SAR Form**	Provides those who do not have a residence, and who have high medical or behavioral health needs, the opportunity to continue their medical, psychiatric, or substance use recovery immediately after exiting an inpatient institutional setting.	• Member must be exiting an institution (inpatient hospital stay, residential substance use disorder treatment or recovery facility, residential mental health treatment facility, correctional facility, or nursing facility) *and* • Member meets U.S. Department of Housing and Urban Development (HUD) definition of homelessness or at-risk of homelessness.

Day Habilitation Programs Email: DayHab-Program@lacare.org Link: SAR Form	Provides services in or out of a person's home to assist them in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to reside successfully in the community.	❖ Member meets the HUD definition of homeless; *or* ❖ Member exited homelessness and entered housing in the last 24 months; or ❖ Member meets the HUD definition of at risk of homelessness or institutionalization whose housing stability could be improved through participation in a day habilitation program.
Asthma Remediation Email: AsthmaRemediation@lacare.org Link: SAR Form	Provides physical modifications to a home environment that are necessary to ensure the health, welfare, and safety of the individual, or enable the individual to function in the home and without which acute asthma episodes could result in the need for emergency services and hospitalization.	❖ Member must have poorly controlled asthma, as determined by: • At least 1 emergency department visit with asthma-related symptoms in the past 12 months, *or* • At least 1 hospitalization with asthma-related symptoms in the past 12 months, *or* • At least 2 sick or urgent care visits in the past 12 months, *or* • A score of 19 or lower on the Asthma Control Test

For general CS inquiries, please email ILOS@lacare.org

SCAN HERE FOR MORE INFORMATION