

Asthma Remediation

Asthma Remediation services are changes made to a home to keep someone healthy and safe or help them live there more easily. Without these changes, asthma attacks are more likely and might lead to trips to the hospital.

Asthma Remediation services provide:

- Special covers for mattresses and pillows that keep allergens out
- Vacuums with special filters that trap tiny particles
- Services to get rid of pests, like bugs, in a safe way
- Machines that take moisture out of the air
- Cleaning up small amounts of mold

Restrictions/Limitations

- If another State Plan service, such as Durable Medical Equipment, is available and would accomplish the same goals of preventing asthma emergencies or hospitalizations.
- Asthma remediations must be conducted in accordance with applicable State and local building codes.
- Asthma remediations are payable up to a total lifetime maximum of \$7,500. The only exception to the \$7,500 total maximum is if the Member's condition has changed so significantly those additional modifications are necessary to ensure the health, welfare, and safety of the Member, or are necessary to enable the Member to function with greater independence in the home and avoid institutionalization or hospitalization.
- Asthma Remediation modifications are limited to those that are of direct medical or remedial benefit to the Member and exclude adaptations or improvements that are of general utility to the household. Remediations may include finishing (e.g., drywall and painting) to return the home to a habitable condition, but do not include aesthetic embellishments.
- Before commencement of a permanent physical adaptation to the home or installation of equipment in the home, such as installation of an exhaust fan or replacement of moldy drywall, the managed care plan must provide the owner and Member with written documentation that the modifications are permanent, and that the State is not responsible for maintenance or repair of any modification nor for removal of any modification if the Member ceases to reside at the residence. This requirement does not apply to the provision of supplies that are not permanent adaptations or installations, including but not limited to: allergen-impermeable mattress and pillow dust covers; high-efficiency particulate air (HEPA) filtered vacuums; de-humidifiers; portable air filters; and asthma-friendly cleaning products and supplies.

Community Supports shall supplement and not supplant services received by the Medi-Cal beneficiary through other State, local, or federally funded programs, in accordance with the CalAIM STCs and federal and DHCS guidance.

Community Transition Services/Nursing Facility Transition to a Home

Community Transition Services/Nursing Facility Transition to a Home are services for members who are in a nursing home or medical respite for more than 60 days and want to go home instead of staying there. The Member is able to live safely at home with the right help.

Community Transition Services provides:

- Find out what kind of home the Member needs and show them options.
- Talk to the landlord if needed and help with moving.
- Arrange rides for non-emergency travel to help the Member move around easily before and on moving day.
- Identify and fund for changes to the home to make it easier for the Member to live on their own.

Restrictions/Limitations

- Community Transition Services do not include monthly rental or mortgage expense, food, regular utility charges, and/or household appliances or items that are intended for purely diversionary/recreational purposes.
- Community Transition Services are payable up to a total lifetime maximum amount of \$7,500.00. The only exception to the \$7,500.00 total maximum is if the Member is compelled to move from a provider-operated living arrangement to a living arrangement in a private residence through circumstances beyond his or her control.
- Community Transition Services must be necessary to ensure the health, welfare, and safety of the Member, and without which the Member would be unable to move to the private residence and would then require continued or re- institutionalization.

Community Supports shall supplement and not supplant services received by the Medi-Cal beneficiary through other State, local, or federally funded programs, in accordance with the CalAIM STCs and federal and DHCS guidance.



Day Habilitation

This program assists Members currently or previously experiencing homelessness with training and help to develop or improve skills they need to live successfully in their environment.

Day Habilitation trainings include but are not limited to:

- How to use public transportation
- Conflict Resolution skills
- Cooking
- Cleaning
- Shopping

Restrictions/Limitations

Community Supports shall supplement and not supplant services received by the Medi-Cal beneficiary through other State, local, or federally-funded programs, in accordance with the CalAIM STCs and federal and DHCS guidance.

Environmental Accessibility Adaptations (Home Modifications)

Environmental Accessibility Adaptations (Home Modifications) are services that assist with home changes to keep someone healthy, safe, and independent at home. These changes help people stay out of places like nursing homes.

Home modifications services provide.

- Building ramps and installing grab-bars to help Members get into their homes.
- Making doorways wider for Members who use wheelchairs.
- Installing lifts for stairs.
- Changing bathrooms and showers to be wheelchair accessible, like having a roll-in shower.
- Putting in special electric and plumbing systems for medical equipment.
- Setting up a Personal Emergency Response System (PERS) Members who are often alone and need help quickly.

Restrictions/Limitations

- If another State Plan service such as Durable Medical Equipment, is available and would accomplish the same goals of independence and avoiding institutional placement, that service should be used.
- EAAs must be conducted in accordance with applicable State and local building codes.
- EAAs are payable up to a total lifetime maximum of \$7,500. The only exceptions to the \$7,500 total maximum are if the Member's place of residence changes or if the Member's condition has changed so significantly those additional modifications are necessary to ensure the health, welfare, and safety of the Member, or are necessary to enable the Member to function with greater independence in the home and avoid institutionalization or hospitalization.
- EAAs may include finishing (e.g., drywall and painting) to return the home to a habitable condition, but do not include aesthetic embellishments.
- Modifications are limited to those that are of direct medical or remedial benefit to the Member and exclude adaptations or improvements that are of general utility to the household. Adaptations that add to the total square footage of the home are excluded except when necessary to complete an adaptation (e.g., to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair).
- Before commencement of a physical adaptation to the home or equipment that is physically installed in the home (e.g., grab bars, chair lifts, etc.), the managed care plan must provide the owner and Member with written documentation that the modifications are permanent, and that the State is not responsible for maintenance or repair of any modification nor for removal of any modification if the Member ceases to reside at the residence.

Community Supports shall supplement and not supplant services received by the Medi-Cal beneficiary through other State, local, or federally funded programs, in accordance with the CalAIM STCs and federal and DHCS guidance.

Housing Deposits

CenCal Health will help members experiencing homelessness or at risk of homelessness find or pay for one-time services needed for your living space.

This includes things like:

- Security deposits to lease an apartment or home
- Utility set-up fees and first month bills (gas, telephone, electricity, heating, water, etc.)
- First and last month's rent, if required by landlord
- Services needed to make the space safe, if necessary (like pest control, and one-time cleaning)
- Items like A/C and Heater, and other medically necessary supplies (hospital beds, Hoyer lifts, air filters, or others)

Restrictions/Limitations

Housing Deposits are available once in an individual's lifetime. Housing Deposits can only be approved one additional time with documentation as to what conditions have changed to demonstrate why providing Housing Deposits would be more successful on the second attempt. Plans are expected to make a good faith effort to review information available to them to determine if individual has previously received services.

These services must be identified as reasonable and necessary in the individual's individualized housing support plan and are available only when the Member is unable to meet such expense.

Individuals must also receive Housing Transition/Navigation services (at a minimum, the associated tenant screening, housing assessment and individualized housing support plan) in conjunction with this service.

Community Supports shall supplement and not supplant services received by the Medi-Cal beneficiary through other State, local, or federally-funded programs, in accordance with the CalAIM STCs and federal and DHCS guidance.



Housing Tenancy and Sustaining Services

In this program, CenCal Health helps members at risk of losing their housing, keep housing and make sure it is safe.

Services include:

- Helping solve issues like late rent, hoarding, substance use, and other lease violations
- Offering education on member rights and responsibilities as a tenant
- Coaching on how members can be a successful tenant
- Coaching on independent living/life skills
- Working with the landlord on any issues
- Help with resolving disputes with landlord or neighbors to avoid eviction
- Referral to community resources to prevent eviction
- Helping with applications for other benefits
- Helping with annual housing recertification process
- Creating a personal housing support and crisis plan
- Providing health and safety visits

Restrictions/Limitations

These services are available from the initiation of services through the time when the individual's housing support plan determines they are no longer needed. They are only available for a single duration in the individual's lifetime. Housing Tenancy and Sustaining Services can be approved one additional time with documentation as to what conditions have changed to demonstrate why providing Housing Tenancy and Sustaining Services would be more successful on the second attempt. Plans are expected to make a good faith effort to review information available to them to determine if individual has previously received services. Service duration can be as long as necessary.

These services must be identified as reasonable and necessary in the individual's individualized housing support plan and are available only when the enrollee is unable to successfully maintain longer-term housing without such assistance.



Many individuals will have also received Housing Transition/Navigation services (at a minimum, the associated tenant screening, housing assessment, and individualized housing support plan) in conjunction with this service, but it is not a prerequisite for eligibility.

Community Supports shall supplement and not supplant services received by the Medi-Cal beneficiary through other State, local, or federally-funded programs, in accordance with the CalAIM STCs and federal and DHCS guidance.



Housing Transition Navigation Services

This program helps Members experiencing homelessness or at risk of homelessness obtain housing.

Housing Transition Navigation Services include:

- Discussing your living preferences and anything that is stopping you from having stable housing
- Creating a personal support plan
- Searching for housing options and giving you choices
- Helping you with housing applications
- And more

Restrictions/Limitations

Housing Transition/Navigation services must be identified as reasonable and necessary in the individual's individualized housing support plan. Service duration can be as long as necessary.

Community Supports shall supplement and not supplant services received by the Medi-Cal beneficiary through other State, local, or federally-funded programs, in accordance with the CalAIM STCs and federal and DHCS guidance.

Medically Tailored Meals Program/Medically Supportive Food

This service is available to members with chronic conditions and chronic or disabling mental/behavioral health disorders; members discharged from the hospital or skilled nursing facility or at a high-risk hospitalization or nursing facility placement; or members with extensive care coordination needs. The Medically Tailored Meals program provides members access to medically appropriate meals designed by registered dietitians. Members who qualify will be provided with two meals delivered to their homes for up to 12 weeks.

The Medically Tailored Meals Program provides meals to members who meet one of the following eligibility criteria:

- Has a chronic condition(s)
- Discharged from an inpatient hospital visit or emergency room visits
- Discharge from a Skilled Nursing Facility
- Has complex care coordination needs

Meals provided to each member are based on their medical needs and utilization of emergency rooms, hospitals, and skilled nursing facilities.

Restrictions/Limitations

- Up to two (2) meals per day and/or medically-supportive food and nutrition services for up to 12 weeks, or longer if medically necessary.
- Meals that are eligible for or reimbursed by alternate programs are not eligible.
- Meals are not covered to respond solely to food insecurities.

Community Supports shall supplement and not supplant services received by the Medi-Cal beneficiary through other State, local, or federally funded programs, in accordance with the CalAIM STCs and federal and DHCS guidance.



Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for Elderly (RCFE) and Adult Residential Facilities (ARF)

Helps members transition from a nursing facility back into a home-like, community setting. Helps prevent nursing facility admissions for those with imminent need.

Services include:

- Helping to find a facilitate residential place to live by filling out forms and getting important documents ready, such as a Social Security card, birth certificate, and rental history
- Help moving to a residential facility
- Improving the help we give at the RCFE/ARF to make sure Members have a safe and stable place to live after the transition.

Restrictions/Limitations

Individuals are directly responsible for paying their own living expenses.

Community Supports shall supplement and not supplant services received by the Medi-Cal beneficiary through other State, local, or federally-funded programs, in accordance with the CalAIM STCs and federal and DHCS guidance.

Personal Care and Homemaker Services

This program is for members who need help with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). This program includes In-Home Supportive Services and helps members to remain in their homes.

Personal Care and Homemaker Services provides help with:

- Eating and drinking
- Using the bathroom
- Meal preparation
- Bowel and bladder care
- Bathing
- Grocery Shopping
- Accompaniment to medical and mental health appointments

Restrictions/Limitations

This service cannot be utilized in lieu of referring to the In-Home Supportive Services program. Member must be referred to the In-Home Supportive Services program when they meet referral criteria.

If a Member receiving Personal Care and Homemaker services has any change in their current condition, they must be referred to In-Home Supportive Services for reassessment and determination of additional hours. Members may continue to receive the Personal Care and Homemaker Services Community Support during this reassessment waiting period.

Community Supports shall supplement and not supplant services received by the Medi-Cal beneficiary through other State, local, or federally funded programs, in accordance with the CalAIM STCs and federal and DHCS guidance.

Recuperative Care Program (RCP)

This is a service available for members experiencing homelessness who need medical services and resources after hospital discharge. The intent of the RCP is to improve health outcomes and decrease use of emergency room and hospital facilities. The RCP is available for those who meet criteria for up to 90 days after a hospital stay.

Some RCP services offered to members are:

- Temporary housing
- Medical care
- Case management
- Self-management support

Restrictions/Limitations

Recuperative care/medical respite is an allowable Community Supports service if it is 1) necessary to achieve or maintain medical stability and prevent hospital admission or re- admission, which may require behavioral health interventions, 2) not more than 90 days in continuous duration, and 3) does not include funding for building modification or building rehabilitation.

Community Supports shall supplement and not supplant services received by the Medi-Cal beneficiary through other State, local, or federally-funded programs, in accordance with the CalAIM STCs and federal and DHCS guidance.

Respite Services

These services are provided to members' caregivers. The services are provided on a short-term basis if the caregiver must be absent or needs relief.

Respite Services provides:

- Light cleaning
- Cooking
- Laundry services
- Rest for caregiver(s)

Restrictions/Limitations

In the home setting, these services, in combination with any direct care services the Member is receiving, may not exceed 24 hours per day of care.

Service limit is up to 336 hours per calendar year. The service is inclusive of all in-home and in-facility services. Exceptions to the 336 hour per calendar year limit can be made, with Medi-Cal managed care plan authorization, when the caregiver experiences an episode, including medical treatment and hospitalization that leaves a Medicaid Member without their caregiver. Respite support provided during these episodes can be excluded from the 336-hour annual limit.

This service is only to avoid placements for which the Medi-Cal managed care plan would be responsible.

Respite services cannot be provided virtually, or via telehealth.

Community Supports shall supplement and not supplant services received by the Medi-Cal beneficiary through other State, local, or federally-funded programs, in accordance with the CalAIM STCs and federal and DHCS guidance.

Short-term Post Hospitalization Housing

This program is for Members who do not have a residence and who have high medical or behavioral health needs. This program allows for members to continue their recovery immediately after exiting one of the following facilities:

- Inpatient hospital
 - Acute care hospital
 - Psychiatric hospital
 - Chemical Dependency and Recovery hospital
- Residential substance use disorder treatment or recovery facility
- Residential mental health treatment facility
- Correctional facility
- Nursing facility
- Recuperative care

Short-term Post Hospitalization Housing provides:

- Referrals to Housing Transition Navigation Services
- Ongoing support needed for healing and recovery
- Help with getting medical and/or behavioral health care
- Case Management services

Restrictions/Limitations

Short-Term Post-Hospitalization services are available once in an individual's lifetime and are not to exceed a duration of six (6) months (but may be authorized for a shorter period based on individual needs). Plans are expected to make a good faith effort to review information available to them to determine if individual has previously received services.

The service is only available if enrollee is unable to meet such an expense.

Community Supports shall supplement and not supplant services received by the Medi-Cal beneficiary through other State, local, or federally-funded programs, in accordance with the CalAIM STCs and federal and DHCS guidance.



Sobering Centers

CenCal Health helps members aged 18 years and older who are publicly intoxicated (due to alcohol and/or other drugs). Instead of going to the Emergency Room or jail, members can go to a different safe place to get sober. This program is mostly for Members who are homeless or who do not have a stable living situation.

Restrictions/Limitations

This service is covered for a duration of less than 24 hours.

Community Supports shall supplement and not supplant services received by the Medi-Cal beneficiary through other State, local, or federally funded programs, in accordance with the CalAIM STCs and federal and DHCS guidance.