



## Eligible AND Appropriate

During initial contact and review we must determine if the patient is appropriate for the program. There are key factors we must pay close attention to:

### Populations of Focus

For this program our patients may fall into several PoFs but the primary focus PoFs will be:

1. Nursing facility residents who want to transition to the community
2. Adults at risk for institutionalization who are eligible for long-term care services

Must be appropriate

- Our patients will also be older adults or those who have similar conditions and care needs of older adults.

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- Our patients will fit in and be fulfilled living in an Assisted Living Environment
- Our patients will not be disruptive to the lives of other residents at the Assisted Living
- Our patients MUST need ADL and/or ADL/IADL assistance
- Our patients must not be drug or alcohol seeking if former SUD
- Our patients may have SMI but it must be well controlled without excessive or disruptive behaviors
- Our patients must not be violent or put other residents at risk
- Our patient must not need excessive (read that expensive) medical services as ongoing support

### Criteria- who is eligible for this service?

#### Nursing Facility Diversion services to an Assisted Living Facility

- Is the member interested in remaining in the community?
- Are they willing and able to reside safely in an Assisted Living Facility with appropriate and cost-effective supports and services?
- Do they meet minimum criteria for Nursing Facility level of care (unable to complete ADLs without assistance)
- Are they able to pay for own living expenses?

#### Community Transition Services to a Home or Assisted Living Facility

- Is the member currently residing in a Nursing Facility and receiving medically necessary Nursing Facility services? (Unable to complete ADLs without assistance)
- Have they lived 60+ days in a Nursing Facility?
- Are they interested in moving back into the community?
- Are they willing and able to reside safely in a home?
- Are they willing to live in an Assisted Living Facility with appropriate and cost-effective supports and services?
- Are they willing and able to pay for own living expenses? (Room and board- has SSI or other income)
- If going home-Has appropriate housing and can afford to sustain this housing

### Assisted Living/RCFE's



Residential Care Facility for the Elderly is the licensed term for non-medical assisted living facilities. They vary from the very large CCRC to the micro 4 residential home.

*TIP: Don't use the f-word- Facility. Facility feels medical and sterile, Community is welcoming, more homelike, Assisted Living Providers prefer this term as they rent their apartments primarily to private pay residents.*

### Types of Care: Non-Medical or Custodial and Memory Care

All three can fall into a similar category that can be broken down by levels of care or level of assistance needed. This covers ADL's or activities of daily living, activities that are required to live daily, things we usually do for ourselves but after illness or with age become hard to do or even impossible without assistance. Here are some examples of ADL's

- Bathing, dressing, grooming, hygiene
- Toileting or incontinence care
- Meals- preparation and/or eating
- Medication reminders and management
- Transfer assistance- help getting in and out of bed, a chair or car etc.
- Housekeeping and laundry
- Transportation
- Making appointments
- Shopping

How much assistance you need with some, or all of these comes into play with the cost of care. This is often referred to as Level of Care.

Non "care" activities that are important for the social, emotional, and spiritual well-being are often included by senior living and senior care providers. Activities such as:

- Crafts
- Games
- Social gatherings
- Exercise class
- Movie Nights
- Outings
- Gardening
- Worship/religious services

### Memory Care Only or as a Separate Area in the Assisted Living

The care of persons with a diagnosis of memory impairment due to dementia, Alzheimer's or other similar illness. This category goes hand in hand with Non-Medical Care as often times those who are memory impaired need help with ADL's even if it is simply to be reminded when and how to do these things. Additionally, memory impaired individuals need extra care to assure safety in a secured environment. Memory Care specific communities or Caregivers who

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are specifically trained in Memory Care are usually the best option for memory impaired individuals. Some of the special needs of memory care impaired individuals are:

- Secured environment such as locked exterior/exit doors
- Memory care specific environment such easy to navigate spaces, soothing colors and familiar reminders of where they are to help keep the resident oriented
- Specialized activities to help improve brain function and memory
- Caregivers specially trained in dealing with behaviors through redirection

### IHSS, CBOs, County Supports and other CS providers

When transferring back to home and not an RCFE we will use a different set of providers. These include IHSS, Community Based Organizations, such as, senior centers, meals on wheels, religious organizations etc. Use of county programs that are free, and the referral to CS providers for things such as Environmental Accessibility Adaptations (EAA) Medically Tailored Meals (MTM). It also includes assisting in the coordination of the patients' personal supports, as they will be providing care.

### 602! The Golden Ticket:

Who fills this out? The SNF

Who Reviews and requests changed and clarification? Master•Care- Kathy for now!

### How to help when we can't

#### *If ineligible*

Let the referrer know why (wrong insurance) Let them know that the patient may choose a different Managed Care Plan. **BUT!** Still not guarantee as the person must also be appropriate.

#### *If not appropriate*

Let the referrer know why:

- Age + conditions: Solution have them refer the patient into ECM for their managed care plan.
- Conditions or care needs too high/complex: Solution Will the conditions improve or can they be improved with a different treatment plan and if the patient willing to participate in the treatment plan. If so once they have completed treatment and conditions have improved, we can work reevaluate.
- No pathway to income to pay room and board: Solution Have SW or other staff work with the patient to apply for SSI
- Unwilling to pay room and board: Solution No options unless the patient is willing. The program is voluntary and this is a requirement.

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