

Nursing Facility Transition/Diversion services assist individuals to live in the community and/or avoid institutionalization when possible. The goal is to both facilitate nursing facility transition back into a home-like, community setting and/or prevent skilled nursing admissions for Members with an imminent need for nursing facility level of care (LOC). Individuals have a choice of residing in an assisted living setting as an alternative to long-term placement in a nursing facility when they meet eligibility requirements. Individuals are directly responsible for paying their own living expenses.

Send completed referral via secure email: MHC_CS@MolinaHealthcare.com or fax to: (833) 908-4424.

Eligibility Criteria:

Molina Enrollment: ☐ Only Medi-Cal ☐ Partial Duals Only: Medi-Cal with Medicare Part B and/or D

☐ **Member must meet one (1) following criteria:**

☐ Member is being referred for **Nursing Facility Transition** and meets the below criteria:

- ☐ Member has resided 60+ days in a nursing home.
- ☐ Member is willing to live in an assisted living setting as an alternative to a Nursing Facility.
- ☐ Member is able to reside safely in the community with appropriate and cost-effective supports and services.

OR

☐ Member is being referred for **Nursing Facility Diversion** and meets the below criteria:

- ☐ Member is interested in remaining in the community.
- ☐ Member is willing and able to reside safely in an assisted living facility with appropriate and cost-effective supports and services.
- ☐ Member is receiving medically necessary nursing facility LOC or meets the minimum criteria to receive nursing facility LOC services and in lieu of going into a facility, is choosing to remain in the community and continue to receive medically necessary nursing facility LOC services at an Assisted Living Facility.

☐ Member consented to Nursing Facility Transition/Diversion to Assisted Living Facilities or Residential Care Facilities referral.

Requestor Information:

Referrer: ☐ Hospital/SNF ☐ PCP/Clinic ☐ IPA ☐ ECM ☐ Molina CM ☐ Other: Click or tap here to enter text.

Referrer Organization Name: Click or tap here to enter text.

Referrer Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Referrer Phone Number: Click or tap here to enter text.

Fax Number: Click or tap here to enter text.

Member Information:

Member Name: Click or tap here to enter text.

DOB: Click or tap to enter a date.

Medi-Cal ID: Click or tap here to enter text.

Preferred Language: Click or tap here to enter text.

Cell Phone Number: Click or tap here to enter text.

Current SNF Name: Click or tap here to enter text.

Current SNF Address: Click or tap here to enter text.

SNF Contact Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Fax Number Click or tap here to enter text.