Nursing Facility Transition to Kifer Assessment and Referral Form

Santa Clara County

Anthem Blue Cross (Anthem), in conjunction with the county of Santa Clara, is part of a pilot for permanent supportive housing. Anthem will provide supportive housing services to Medi-Cal Managed Care (Medi-Cal) members needing long-term care who are age 55 or older, homeless, and able to live independently in the community with home and community-based services. Anthem has been allocated 10 units at Kifer senior apartments in Santa Clara County.

Instructions: This assessment is to be completed by the referring care provider. Referring sources include skilled nursing facilities, Anthem's CM/UM/LTSS care managers, Enhanced Care Management (ECM), or Community Supports (CS) providers. This assessment and referral form must be completed entirely before submission and review.

Prior to submitting this assessment to Anthem, the assessment should be reviewed and signed by the doctor at the facility the member is residing in. Return this completed form and all applicable documentation via **secure** email to LTSSNorthernCalifornia@anthem.com.

Anthem member information			
First name:		Last name:	
Date of birth:		Medi-Cal ID#:	
Long-term care/facility admit date:			
Emergency contact name and phone number:			
Referral information			
Referral source/agency name:			
Care provider name:			
Care provider phone number:			
Care provider email:			

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Comprehensive needs assessment

Preliminary questionnaire

Does the member have any of the following? (Check all that apply)**:**

☐ IV therapy where daily clinical oversight is needed
☐ Injectable medications that they are unable to self-administer
☐ Tracheostomy
☐ Ventilator
☐ Complex wounds
☐ Moderate to severe dementia
☐ Active substance use (EtOH and non-prescription drugs)

If any of the items listed above were selected, the member **does not** qualify for Kifer services. If no items were selected, proceed to the next section.

Assessment to determine transition to community

Living situation

Is the member appropriate to be placed in independent living with LTSS (Long Term Services and Supports) and other community support services?

☐ Yes ☐ No

Does the member have the appropriate finances to live independently with their share of cost and other living necessities?

☐ Yes ☐ No

If **no** is marked for any of the two questions above, then the member **does not qualify** for Kifer services. If **yes** is marked for both questions above, proceed to the next section.

Cognitive skills for daily decision-making

Can the member make their own daily decisions?

☐ Independent: decisions consistent/reasonable
☐ Modified independence: some difficulty in new situations only, judgment sometimes impaired
☐ Moderately impaired: usually not able to make decisions, judgment frequently impaired, requires cues and supervision
☐ Severely impaired: never/rarely makes decisions, judgment almost always impaired, BIMS Score 0 to 7
☐ Wandering (select if present during the last 30 days)
☐ Wanders outside in addition to wandering in residence; may or may not leave grounds

If member is *moderately impaired*, *severely impaired*, *wandering*, or *wanders*, member **does not** qualify for Kifer services. If *independent* or *modified independence* selected, proceed to next section.

Agitated, disruptive, and/or aggressive behavior (in the last 30 days)

Has the member been agitated, disruptive, and/or physically or verbally aggressive?

☐ Yes — one time in the last 30 days
☐ Yes — more than once in the last 30 days
☐ No

If the answer above is *yes — more than once*, member **does not** qualify for Kifer services. If the answer is *yes — one time or no*, proceed to next section.

Awareness of needs/judgment

Is member aware of their needs and uses fair judgement?

☐ Sometimes (one to three times/week) has difficulty understanding own personal care needs but will cooperate when given direction or explanation
☐ Does not understand own personal care needs and will not cooperate even when given direction or explanation
☐ Symptom not present

If the second box is selected (*Does not understand own personal care needs and will not cooperate*), then the member **does not** qualify for Kifer services. If the first or third box is selected, proceed to next section.

Physical functioning: ADL self-performance

Bed mobility: ability to position/move

☐ Supervision
☐ Limited assistance
☐ Extensive assistance
☐ Total dependence
☐ Independent

Transfer: how member moves between surfaces

☐ Supervision
☐ Limited assistance
☐ Extensive assistance
☐ Total dependence
☐ Independent

Locomotion in residence: how member moves in their room and other areas

☐ Supervision
☐ Limited assistance
☐ Extensive assistance
☐ Total dependence
☐ Independent

Dressing: how member puts on, fastens, and takes off clothing, including donning/removing prosthesis
☐ Supervision
☐ Limited assistance
☐ Extensive assistance
☐ Total dependence
☐ Independent

Eating: how member eats and drinks (regardless of skill), includes intake of nourishment by other means
☐ Supervision
☐ Limited assistance
☐ Extensive assistance
☐ Total dependence
☐ Independent

Toilet use: how member uses the bathroom (or commode, bedpan, urinal); transfers on/off toilet, cleanses, changes pad, manages ostomy or catheter, and adjusts clothing
☐ Supervision
☐ Limited assistance
☐ Extensive assistance
☐ Total Dependence
☐ Independent

Bathing: how member takes full body bath/shower
☐ Supervision
☐ Limited assistance
☐ Extensive assistance
☐ Total dependence
☐ Independent

If the member needs extensive assistance or has total dependence in any of the selected areas in this section, the member **does not** qualify for Kifer services. If the member needs supervision, limited assistance, or is independent, proceed to next section.

Continence:
☐ Colostomy
☐ Urostomy
☐ Suprapubic indwelling catheter
☐ Foley catheter

If any of the above are selected, further clinical review and assessment are required to determine if the member qualifies to transition with LTSS/Home and Community-Based Service (HCBS) supports (review history of readmissions if any and conduct any additional assessments to determine if the member can transition successfully to the community).

If you were able to complete the assessment without any restrictions to each section, please complete the additional questions below.

Additional questions

Does the member have history of homelessness prior to LTC admission?
☐ Yes ☐ No

Is the member able to pay 30% of income post-discharge towards rent?
☐ Yes ☐ No

Is the member willing to complete a Vulnerability Index — Service Prioritization Decision Assistance Tool (VI-SPDAT) with a Homeless Management Information Systems (HMIS) partner agency?
☐ Yes ☐ No

Does the member have a disability or mental health diagnosis?
☐ Yes ☐ No

Will the member's post discharge income be less than 30% of area median income?
☐ Yes ☐ No

If the answer to all five questions above is **yes**, complete the attestation below. If **no** was marked for any of the five questions above, the member **does not qualify** for the Kifer program.

Licensed healthcare provider attestation of completeness and accuracy of information provided

By signing below, I am attesting that all information provided is complete and correct to the best of my knowledge.

Printed name:		Licensed healthcare title:	
Signature:		Date:	
Email:		Contact number:	

Member attestation: Can be signed by member, legal representative, or conservator.

By signing below, I am attesting that all information provided is complete and correct to the best of my knowledge.

Printed name:	
Signature:	
Date:	