

Section A

Referring Person: _____ Date: _____
Contact #: _____ Fax #: _____

Are you an ECM Provider? ☐ No ☐ Yes, my organization name is: _____

Section B

Member Name: _____ Date of Birth: _____
ID Number: _____ Phone Number: _____
Current Home Address: _____ Email: _____

Member's Primary Doctor: _____ Doctor's Phone Number: _____

Section C

Complete Section E from pages 2 to 5

Is the member currently in a nursing facility? _____ ☐ Yes | ☐ No
Is the member currently in a hospital? _____ ☐ Yes | ☐ No
Has the member received the selected service in Section E before? _____ ☐ Yes | ☐ No

Section D

Reason for the Referral:

Attach the relevant supporting document(s)

Member Diagnosis Code(s):

**Indicate any community programs the member is receiving
(if any):**

Complete Section A through E and fax this form to the Community Support Provider, **including the relevant documents to justify the need for the service.**

If you need assistance obtaining a prescription for Home Modification or Asthma Remediation, please contact HPSJ/MVHP Utilization Management Team at **1-888-936-7526**.

Select One	Community Support Service Short Description & Criteria	Section E
<input type="checkbox"/>	<p>Housing Transition Navigation Services (HTNS)¹</p> <p><i>Services to help eligible members obtain housing.</i></p> <div style="border: 1px solid black; padding: 5px;"> <p>MUST MEET ONE OF THE FOLLOWING:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Member is prioritized for a permanent supporting housing unit or rental subsidy resource through the local homeless Coordinated Entry System or similar system <input type="checkbox"/> Member meets the Housing and Urban Development (HUD) definition of homeless <input type="checkbox"/> Member meets the Housing and Urban Development definition of at risk of homelessness <input type="checkbox"/> Member is a child or youth who does not meet the HUD definition of "homeless" but qualifies as "homeless" under other federal or state laws⁴ </div> <p style="text-align: center;">AND</p> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Member has at least one <u>qualifying circumstance</u>² </div>	
<input type="checkbox"/>	<p>Housing Deposits (HD)¹</p> <p><i>Once-in-a-lifetime service</i></p> <p><i>Services to help fund one-time fees and/or deposits, including modifications necessary for eligible members to establish a basic household.</i></p> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Member is receiving Housing Transition Navigation Services (HTNS) </div>	
<input type="checkbox"/>	<p>Housing Tenancy and Sustaining Services (HTSS)¹</p> <p><i>Once-in-a-lifetime service</i></p> <p><i>Services to help eligible members maintain safe and stable tenancy once housing is secured.</i></p> <div style="border: 1px solid black; padding: 5px;"> <p>MUST MEET ONE OF THE FOLLOWING:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Member is receiving Housing Transition Navigation Services (HTNS) <input type="checkbox"/> Member is prioritized for a permanent supporting housing unit or rental subsidy resource through the local homeless Coordinated Entry System or similar system <input type="checkbox"/> Member meets the Housing and Urban Development (HUD) definition of homeless <input type="checkbox"/> Member meets the Housing and Urban Development definition of at risk of homelessness <input type="checkbox"/> Member is a child or youth who does not meet the HUD definition of "homeless" but qualifies as "homeless" under other federal or state laws⁴ </div> <p style="text-align: center;">AND</p> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Member has at least one <u>qualifying circumstance</u>² </div>	
<input type="checkbox"/>	<p>Short-term Post-Hospitalization Housing (SPHH)¹</p> <p><i>Once-in-a-lifetime service</i></p> <p><i>Services to provide temporary housing for eligible members after exiting a publicly funded institution or system of care.</i></p> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Member is exiting recuperative care </div> <p style="text-align: center;">OR</p> <div style="border: 1px solid black; padding: 5px;"> <p><input type="checkbox"/> Member is exiting an inpatient hospital stay, residential substance use disorder treatment facility, residential mental health treatment facility, correction facility or nursing facility</p> <p style="text-align: center;">AND</p> <p><input type="checkbox"/> Member has at least one <u>qualifying circumstance</u>²</p> <p style="text-align: center;">AND ONE OF THE FOLLOWING:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Member is receiving Housing Transition Navigation Services (HTNS) <input type="checkbox"/> Member meets the Housing and Urban Development (HUD) definition of homeless <input type="checkbox"/> Member meets the Housing and Urban Development definition of at risk of homelessness <input type="checkbox"/> Member is a child or youth who does not meet the HUD definition of "homeless" but qualifies as "homeless" under other federal or state laws⁴ </div>	

<input type="checkbox"/>	<p>Recuperative Care (RC)¹</p>	<p>Services to provide short-term residential care for eligible members who no longer require hospitalization but still <u>need to heal from an injury or illness</u>.</p> <p><input type="checkbox"/> Member needs to heal from an <u>injury or illness</u></p> <p>AND</p> <p><input type="checkbox"/> Member is at risk of hospitalization or is <u>post-hospitalization</u></p> <p>AND ONE OF THE FOLLOWING:</p> <p><input type="checkbox"/> Member lives alone with no formal support</p> <p><input type="checkbox"/> Member is facing housing insecurity</p> <p><input type="checkbox"/> Member has a housing that would jeopardize their health and safety without modification</p> <p><input type="checkbox"/> Member is a child or youth who does not meet the HUD definition of "homeless" but qualifies as "homeless" under other federal or state laws⁴</p> <p><input type="checkbox"/> Member is able to transition out of the inpatient facility care, skilled nursing facility care, or other health care facility, and recuperative care is medically appropriate and cost-effective</p>
<input type="checkbox"/>	<p>Medically Tailored Meals (MTM)¹</p>	<p>Services to provide meals for eligible members.</p> <p><input type="checkbox"/> Member has a <u>qualifying chronic condition(s)</u>³, who can safely receive and store meals</p> <p>AND ONE OF THE FOLLOWING:</p> <p><input type="checkbox"/> Exiting a hospitalization or nursing facility</p> <p><input type="checkbox"/> At high risk of hospitalization or nursing facility placement</p> <p><input type="checkbox"/> Requires extensive care coordination</p>
<input type="checkbox"/>	<p>Environmental Accessibility Adaptations Or Home Modifications (HM)¹</p>	<p>Services to provide <u>medically necessary</u> physical adaptations to a home for eligible members.</p> <p><input type="checkbox"/> Member is at risk for institutionalization in a <u>nursing facility</u></p> <p>AND</p> <p><input type="checkbox"/> A <u>signed</u> homeowner consent form for the <u>requested</u> modification</p> <p>AND</p> <p><input type="checkbox"/> A <u>physician's</u> order for the Home Modification <u>(HM)</u></p>
<input type="checkbox"/>	<p>Asthma Remediation (AR)¹</p>	<p>Services to provide <u>medically necessary</u> physical modifications to a home for eligible members with asthma.</p> <p><input type="checkbox"/> Member has poorly controlled asthma (as determined by an emergency department visit or hospitalization or two sick or urgent care visits in the past 12 months or a score of 19 or lower on the Asthma Control Test)</p> <p>AND</p> <p><input type="checkbox"/> A <u>physician's</u> order for Asthma Remediation (AR)</p> <p>AND</p> <p><input type="checkbox"/> A <u>signed</u> homeowner consent form for the <u>requested</u> modification when applicable</p>

<input type="checkbox"/>	Personal Care and Homemaker Services (PCHS)¹	<p>Services to assist eligible members with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs).</p> <div style="border: 1px solid black; padding: 5px;"> <p>MUST MEET ONE OF THE FOLLOWING:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Member is at risk for hospitalization or institutionalization in a nursing facility <input type="checkbox"/> Member has functional deficits with no other adequate support system <input type="checkbox"/> Member is approved for In-Home Support Services (IHSS) program </div> <p>AND ONE OF THE FOLLOWING:</p> <div style="border: 1px solid black; padding: 5px;"> <ul style="list-style-type: none"> <input type="checkbox"/> Member needs additional caregiver hours not covered by IHSS <input type="checkbox"/> Member is in the waiting period during the IHSS application process <input type="checkbox"/> Member needs caregiver support to avoid nursing facility stays and is not eligible for IHSS (not to exceed 60 days) </div>
<input type="checkbox"/>	Respite Services (RS)¹	<p>Services to provide temporary relief for caregivers of eligible members.</p> <div style="border: 1px solid black; padding: 5px;"> <p>MUST MEET ONE OF THE FOLLOWING:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Member's ADLs are compromised and dependent on the caregiver who provides most of the support <input type="checkbox"/> Member is a child who was previously covered for Respite Services under the Pediatrics Palliative Care Waiver or foster care program beneficiaries <input type="checkbox"/> Member is enrolled in either California Children's Services (CCS) or the Genetically Handicapped Persons Program (GHPP) <input type="checkbox"/> Member has Complex Care Needs </div> <p>AND</p> <div style="border: 1px solid black; padding: 5px;"> <ul style="list-style-type: none"> <input type="checkbox"/> Member requires caregiver relief to avoid institutional placement </div>
<input type="checkbox"/>	Day Habilitation Programs (DHP)¹	<p>Services to help eligible members in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to reside successfully in their natural environment.</p> <div style="border: 1px solid black; padding: 5px;"> <p>MUST MEET ONE OF THE FOLLOWING:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Member is experiencing homelessness <input type="checkbox"/> Member exited homelessness and entered housing in the last 24 months <input type="checkbox"/> Member is at risk for homelessness or institutionalization whose housing stability could be improved through participation in a Day Habilitation Program (DHP) </div>
<input type="checkbox"/>	Nursing Facility Transition/Diversion to Assisted Living Facility (NFT/D to ALF)¹	<p>Services to help eligible members to live in the community and/or avoid institutionalization when possible.</p> <div style="border: 1px solid black; padding: 5px;"> <ul style="list-style-type: none"> <input type="checkbox"/> Member is willing and able to reside safely in an assisted living facility with appropriate support and able to pay their own living expenses </div> <p>AND ONE OF THE FOLLOWING:</p> <div style="border: 1px solid black; padding: 5px;"> <ul style="list-style-type: none"> <input type="checkbox"/> Member is currently residing in a nursing facility for at least 60+ days (Transition) <input type="checkbox"/> Member currently residing in the community and meets the minimum criteria to receive nursing facility level of care services (Diversion) </div>
<input type="checkbox"/>	Community Transition Services/Nursing Facility Transition to a Home (CTS/NFT to Home)¹	<p>Services to help eligible members live in the community and avoid further institutionalization.</p> <div style="border: 1px solid black; padding: 5px;"> <p>MUST MEET ALL OF THE FOLLOWING:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Member is currently residing in a nursing facility or Medical Respite setting for at least 60+ days <input type="checkbox"/> Willing to move back to the community <input type="checkbox"/> Able to reside safely in the community with appropriate and cost-effective support and able to pay own living expenses </div>

Sobering Centers (SC)¹
*No prior authorization
required. Contact the
provider by phone.*

Services to provide intoxicated eligible members who are found to be publicly intoxicated (due to alcohol and/or other drugs) and would otherwise be transported to the emergency department or jail, with an alternative destination with a safe, supportive environment to become sober.

¹ 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.

² **Qualifying circumstances** include **a)** Receiving Enhanced Care Management (ECM) services, or **b)** Have at least one serious chronic condition or serious mental illness, or **c)** At risk of institutionalization or overdose or requiring residential services as a result of a substance use disorder, or **d)** Have a serious emotional disturbance (children & adolescents only), or **e)** A transition-age youth with conviction(s), or history of foster care, or involvement with juvenile justice or criminal justice, or victims of trafficking or domestic violence.

³ **Qualifying chronic conditions** include, but are not limited to, **a)** Diabetes, **b)** Cardiovascular Disorder, **c)** Congestive Heart Failure, **d)** Stroke, **e)** Chronic Lung Disorder, **f)** Human Immunodeficiency Virus (HIV), **g)** Cancer, **h)** Gestational Diabetes, **i)** High-Risk Perinatal Condition, **j)** Chronic or Disabling Mental/Behavioral Health Disorders. The diagnosis must be verifiable through the member's medical records.

⁴ Section 387(3) of the Runaway and Homeless Youth Act (42 U.S.C. 5732a(3)), section 637(11) of the Head Start Act (42 U.S.C. 9832(11)), section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6)), section 330(h)(5)(A) of the Public Health Service Act (42 U.S.C. 254b(h)(5)(A)), section 3(m) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012(m)), or section 17(b)(15) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)(15)); or section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), and the parent(s) or guardian(s) of that child or youth if living with her or him.

The Medi-Cal Community Supports Policy Guide is available for additional information on the [Department of Health Care Services \(DHCS\) website](#).

To identify current Community Supports Providers, please refer to the Other Providers section located on [Find a Doctor - Health Plan of San Joaquin \(hpsj.com\)](#)