

# Community Support Services (CSS) Referral Form



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

**To locate the fax number of the CSS Provider, please refer to the Provider List located at [www.hpsj.com/cs-provider-contact-list](http://www.hpsj.com/cs-provider-contact-list).**

**If you have questions, please contact the CSS Provider directly, or call 1-888-936-7526 TTY 711.**

Section A			
Referring Person		Date	
Phone		Fax	
Referring Organization			
Are you an ECM Provider?		Organization:	
Yes	No		
Section B			
Member Name		DOB	
Member ID		Phone	
Current Address			
Email			
Member's Primary Doctor		Phone	
Section C			
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)	
Indicate any community programs the member is receiving (if any):			



Select One	Section E (CSS Short Description and Criteria)
<p><b>Housing Transition Navigation Services (HTNS)<sup>1</sup></b></p>	<p><i>Services to help eligible members obtain housing.</i></p> <p><b>MUST MEET ONE OF THE FOLLOWING:</b></p> <p>Experiencing or must be at risk for homelessness based on the HUD definition with 3 modifications<sup>4</sup> Must have one or more of the qualifying clinical risk factors<sup>2</sup></p> <p><b>OR</b></p> <p>Individuals who are determined eligible from Transitional Rent (TR). These individuals are automatically eligible for HTSS (TR is effective January 1, 2026)</p> <p><b>OR</b></p> <p>Individuals who are prioritized for permanent supportive housing unit or rental subsidy resource through the local homeless Coordinated Entry System or system</p>
<p><b>Housing Deposits (HD)<sup>1</sup></b></p>	<p><i>Services to help eligible members obtain housing.</i></p> <p><b>MUST MEET ONE OF THE FOLLOWING:</b></p> <p>Experiencing or must be at risk for homelessness based on the HUD definition with 3 modifications<sup>4</sup> Must have one or more of the qualifying clinical risk factors<sup>2</sup></p> <p><b>OR</b></p> <p>Individuals who are determined eligible from Transitional Rent (TR). These individuals are automatically eligible for HTSS (TR is effective January 1, 2026)</p> <p><b>OR</b></p> <p>Individuals who are prioritized for permanent supportive housing unit or rental subsidy resource through the local homeless Coordinated Entry System or system</p>
<p><b>Housing Tenancy and Sustaining Services (HTSS)<sup>1</sup></b></p>	<p><i>Services to help eligible members obtain housing.</i></p> <p><b>MUST MEET ONE OF THE FOLLOWING:</b></p> <p>Experiencing or must be at risk for homelessness based on the HUD definition with 3 modifications<sup>4</sup> Must have one or more of the qualifying clinical risk factors<sup>2</sup></p> <p><b>OR</b></p> <p>Individuals who are determined eligible from Transitional Rent (TR). These individuals are automatically eligible for HTSS (TR is effective January 1, 2026)</p> <p><b>OR</b></p> <p>Individuals who are prioritized for permanent supportive housing unit or rental subsidy resource through the local homeless Coordinated Entry System or system</p>

# Community Support Services (CSS) Referral Form

	<p><b>Short-term Post-Hospitalization Housing (SPHH)<sup>1</sup></b></p> <p><i>Cannot exceed 6 months in a rolling 12-month period</i></p>	<p><i>Services to provide temporary housing for eligible members after exiting a publicly funded institution or system of care.</i></p> <p>Individuals who are exiting an institution<sup>5</sup></p> <p><b>AND</b></p> <p>Experiencing or at risk of homelessness<sup>3</sup></p> <p><b>AND MEET ONE OF THE FOLLOWING CRITERIA:</b></p> <p>Are receiving ECM Have one or more serious chronic conditions Have serious mental illness Are at risk of institutionalization or requiring residential services as a result of a substance use disorder</p> <p><b>AND</b></p> <p>Have ongoing physical or behavioral health needs as determined by a qualified health professional that would otherwise require continued institutional care if not for receipt of Short-Term Post-Hospitalization Housing.</p>
	<p><b>Recuperative Care (RC)<sup>1</sup></b></p> <p><i>Cannot exceed 6 months in a rolling 12-month period</i></p>	<p><i>Services to provide short-term residential care for eligible members who no longer require hospitalization but still need to heal from an injury or illness.</i></p> <p>Individuals requiring recovery in order to heal from an injury or illness, and experiencing or at risk of homelessness<sup>3</sup></p>
	<p><b>Medically Tailored Meals (MTM)<sup>1</sup></b></p>	<p><i>Services to provide meals for eligible members.</i></p> <p>Individuals who have chronic or other serious health conditions that are nutrition sensitive<sup>3</sup></p>
	<p><b>Environmental Accessibility Adaptations Or Home Modifications (HM)<sup>1</sup></b></p>	<p><i>Services to provide medically necessary physical adaptations to a home for eligible members.</i></p> <p>Member is at risk for institutionalization in a nursing facility</p> <p><b>AND</b></p> <p>A signed homeowner consent form for the requested modification</p> <p><b>AND</b></p> <p>A physician's order for HM</p>
	<p><b>Asthma Remediation (AR)<sup>1</sup></b></p>	<p><i>Services to provide medically necessary physical modifications to a home for eligible members with asthma.</i></p> <p>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><b>AND</b></p> <p>A physician's order for AR</p> <p><b>AND</b></p> <p>A signed homeowner consent form for the requested modification <b>when applicable</b></p>

# Community Support Services (CSS) Referral Form



	<b>Personal Care and Homemaker Services (PCHS)<sup>1</sup></b>	<p><i>Services to assist eligible members with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs).</i></p> <p><b>MUST MEET ONE OF THE FOLLOWING:</b></p> <p>Member is at risk for hospitalization or institutionalization in a nursing facility  Member has functional deficits with no other adequate support system  Member is approved for In-Home Support Services (IHSS) program</p>
	<b>Respite Services (RS)<sup>1</sup></b>	<p><i>Services to provide temporary relief for caregivers of eligible members.</i></p> <p>Individuals who live in the community and are compromised in their ADLs and are dependent upon qualified caregiver who provides most of their support</p> <p><b>AND</b></p> <p>Member requires caregiver relief to avoid institutional placement</p>
	<b>Day Habilitation Programs (DHP)<sup>1</sup></b>	<p><i>Services to help eligible members in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to reside successfully in their natural environment.</i></p> <p><b>MUST MEET ONE OF THE FOLLOWING:</b></p> <p>Member is experiencing homelessness  Member exited homelessness and entered housing in the last 24 months  Member is at risk for homelessness or institutionalization whose housing stability could be improved through participation in a Day Habilitation Program (DHP)</p>
	<b>Assisted Living Facility (ALF) Transitions<sup>1</sup></b>	<p><i>Services to help eligible members to live in the community and/or avoid institutionalization when possible.</i></p> <p>Members living in a nursing facility: Have resided 60+ days in a nursing facility and are willing to live in an assisted living setting as an alternative to a nursing facility and are able to reside safely in an ALF</p> <p><b>AND</b></p> <p>Meet the minimum criteria to receive nursing facility LOC services, and in lieu of going into a facility, choose to remain the community and continue to receive medically necessary nursing facility at an ALF<sup>6</sup></p>
	<b>Community or Home Transition Services<sup>1</sup></b>	<p><i>Services to help eligible members live in the community and avoid further institutionalization.</i></p> <p><b>MUST MEET ALL OF THE FOLLOWING:</b></p> <p>Currently receiving medically necessary nursing facility Level of Care (LOC) services and in lieu of remaining in the nursing facility or Recuperative care setting are choosing to transition home and continue to receive medically necessary nursing facility LOC services</p> <p><b>AND</b></p> <p>Have lived 60+ days in a nursing home and/or Recuperative Care setting</p> <p><b>AND</b></p> <p>Are interested in moving back to the community</p> <p><b>AND</b></p> <p>Are able to reside safely in the community with appropriate and cost-effective supports and services.</p> <p><i>NOTE: A member can be eligible for the California Community Transitions (CCT) program, Home &amp; Community Based Alternatives (HCBA) Waiver, and/or the Multipurpose Senior Services Program (MSSP) and this Community Support; however, they cannot receive both at the same time.</i></p>

# Community Support Services (CSS) Referral Form



<p><b>Sobering Centers (SC)<sup>1</sup></b></p> <p><i>No prior authorization required. Contact the provider by phone.</i></p>	<p><i>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.</i></p>
---	--

<sup>1</sup> 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.

<sup>2</sup> **Qualifying Clinical Risk Factors:** **1)** Meets access criteria for SMHS (specialty mental health services); **2)** Meets other Access criteria for DMC (Drug Medi-Cal) or DMC-ODS (Drug Medi-Cal organized delivery system); **3)** One of more serious chronic physical health conditions; **4)** One or more physical, intellectual, or developmental disabilities; or **5)** Individuals who are pregnant up through 12-months.

<sup>3</sup> **Qualifying Conditions:** cancer(s), cardiovascular disorders, chronic kidney disease, chronic lung disorders or other pulmonary conditions such as asthma/COPD, health failure, diabetes or other metabolic conditions, elevated lead levels, end-stage renal disease, high cholesterol, Human immunodeficiency virus, hypertension, liver disease, dyslipidemia, fatty liver, malnutrition, obesity, stroke, gastrointestinal disorders, gestational diabetes, high risk perinatal conditions, and chronic or disabling mental/behavioral health disorders.

<sup>4</sup> **HUD definition modifications:** If exiting an institution, individuals are considered homeless if they were homeless immediately prior to entering that institutional stay or become homeless during that stay, regardless of length of institutionalization; and the timeframe for an individual or family who will imminently lose housing is extended from 14 days for individuals considered homeless and 21 days for individuals considered at risk of homelessness under the current HUD definition to 30 days; and for the risk of homelessness definition at 24 CFR section 91.5, the requirement to have an annual income below 30 percent of median family income for the area, as determined by HUD, will not apply.

<sup>5</sup> Institutions include recuperative care facilities (including facilities covered under Community Support Recuperative Care of other facilities outside of Medi-Cal), inpatient hospitals (either acute or psychiatric or Chemical Dependency and Recovery Hospital), residential substance use disorder or mental health treatment facility, correctional facility, nursing facility.

<sup>6</sup> Members residing in the community includes members living in a private residence or public subsidized housing and members already in an ALF or who are at risk of nationalization.

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

**To identify current CSS Providers, please refer to the Other Providers section in the Provider Directory located at [www.hpsj.com/cs-provider-contact-list](http://www.hpsj.com/cs-provider-contact-list).**