

Community Supports (CS) Referral Process

Members or providers can initiate the referral process

Provider Referrals

Providers can submit referrals directly to the Community Support Provider using the CS Referral Fax Form, including supporting documentation.

The CS provider will:

- review the referral and identifies if the member meetings criteria for the CS requested
- will follow up with the member to obtain consent and all supporting documentation needed for the authorization request from the members provider.
- The HPSJ/MVP UM team is available to assist when the CS providers encounters challenges in receiving complete information.

Member Referrals

Members (Caregivers, family members) can call HPSJ/MVHP Customer Service at 1.888.936.7526 to initiate a CS referral. HPSJ/MVHP Staff will assist the member in identifying a CS provider as well as assist with submitting the referral using the CS Referral Fax Form

NOTE: Refer to the references slide for links to support information and forms mentioned throughout the presentation



CS Referral Process (cont'd)

HPSJ/MVHP UM Staff will review the authorization request and evaluate based on the Medi-Cal Community Supports Policy Guide

- **Routine or Standard Requests:** Determination of the request will be made within 5 business days of receipt of all information necessary to validate the need for the service
- **Urgent Request:** Determination of the request will be made within 72 hours of receipt.
 - These requests are made when the standard timeframe could seriously jeopardize the Member's life or health or ability to attain, maintain, or regain maximum function)

The authorization request can be submitted via the Provider Portal (preferred)

- The provider portal is accessible to providers, 24 hours day/7 days per week, who have a contract with HPSJ/MVHP.
- Providers who need access assistance should contact their HPSJ Provider Representative
- Providers can also choose to complete the Medical Authorization Request form and submit via fax.

