

## SHORT-TERM POST-HOSPITALIZATION HOUSING REFERRAL FORM

Short-term post-hospitalization housing (STPHH) provides a place to stay for high medical or behavioral health utilization members who do not have a home to continue their recovery immediately after exiting an inpatient setting. For more information, review the [Authorization Guide for Short-Term Post-Hospitalization Housing](#) available on [provider.healthnetcalifornia.com](http://provider.healthnetcalifornia.com) > CalAIM Resources for Providers > Forms & Tools > Authorizations.

Complete and submit this referral form with the [Medi-Cal – Prior Authorization Request Form – Outpatient](#) online (recommended) at [provider.healthnetcalifornia.com](http://provider.healthnetcalifornia.com) or by fax at 800-743-1655.

Select one:		<input type="checkbox"/> Initial request	<input type="checkbox"/> Transfer
Confirm member consent:		<input type="checkbox"/> Member consented to short-term post-hospitalization housing referral	
<b>Member Information</b>			
Member name:		Phone number:	
Medi-Cal ID:	Date of birth:	Preferred language:	
Home address:			
Contact name (if different than member):		Phone number:	
Relationship:		Preferred language:	
(Optional) Member's ECM Provider name:		Phone number:	
Explain member's need for STPHH. Note: Member's stay cannot exceed six months duration.			
<b>Community Supports Provider Information (Servicing Organization)</b>			
Organization name:			
Tax ID:	National provider identifier (NPI):		
Staff name:	Title:		
Phone number:	Fax number:		
<b>Eligibility Criteria</b>			
Member must meet one of the following criteria:			
<input type="checkbox"/> Exiting Correctional Facility <input type="checkbox"/> Exiting Recuperative Care <input type="checkbox"/> Homeless <input type="checkbox"/> At-Risk of Homelessness <input type="checkbox"/> Exiting Inpatient Hospital Stay <sup>1</sup>			
<b>AND</b>			
<input type="checkbox"/> Member must have medical/behavioral health needs such that experiencing homelessness upon discharge would likely result in hospitalization, rehospitalization, or institutional readmission.			
<b>Required Documents</b>			
Submit documents with the referral form.			
<input type="checkbox"/> Initial assessment <u>OR</u> <input type="checkbox"/> Discharge summary from previous institution <input type="checkbox"/> Admission face sheet <input type="checkbox"/> History and physical			

<sup>1</sup>Examples of inpatient hospitals: either acute or psychiatric or chemical dependency and recovery hospital, residential substance use disorder treatment or recovery facility, residential mental health treatment facility, correctional facility, or nursing facility.