

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 <u>Authorization Guide for Short-Term Post-Hospitalization Housing</u> available on provider.healthnetcalifornia.com > CalAIM Resources for Providers > Forms & Tools > Authorizations.

Complete and submit this referral form with the <u>Medi-Cal – Prior Authorization Request Form – Outpatient</u> online (recommended) at **provider.healthnetcalifornia.com** or by **fax at 800-743-1655**.

| Select one: | Initial request Transfer | | | | | |
|---|--|---------------------------|----------|---------------------|---------------------------|--|
| Confirm member consent: | Member consented to short-term post-hospitalization housing referral | | | | | |
| Member Information | | | | | | |
| Member name: | | | | Phone number: | | |
| Medi-Cal ID: | | Date of birth: | | Preferi | red language: | |
| Home address: | | | | | | |
| Contact name (<i>if different than member</i>): | | | | 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. | | | | | | |
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| Community Supports Provider Information (Servicing Organization) | | | | | | |
| Organization name: | | | | | | |
| Tax ID: National provider identifier (NPI): | | | | | | |
| Staff name: Title: | | | | | | |
| Phone number: | Fax number: | | | | | |
| Eligibility Criteria | | | | | | |
| Member must meet one of the following criteria: | | | | | | |
| Exiting Correctional | Facility 🗌 | Exiting Recuperative Care | 🗆 Homele | SS | □ At-Risk of Homelessness | |
| Exiting Inpatient Hospital Stay ¹ | | | | | | |
| AND | | | | | | |
| Member must have medical/behavioral health needs such that experiencing homelessness upon discharge would likely result in hospitalization, rehospitalization, or institutional readmission. | | | | | | |
| Required Documents | | | | | | |
| Submit documents with the referral form. | | | | | | |
| □ Initial assessment <u>OR</u> □ Discharge summary from previous institution | | | | | | |
| □ Admission face sheet | | | | | | |
| ☐ History and physica | l | | | | | |
| L | | | | | | |

¹Examples 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.

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