

Short Term Post Hospitalization Information and Referral Form



THIS REFERRAL FORM IS REQUIRED FOR AUTHORIZATION

Community Supports (CS) are services that are flexible, wrap-around supports designed to fill medical and socially determined health gaps. The services are provided as a substitute or to avoid utilization of other services such as hospital or skilled nursing facility admissions, discharge delays, or emergency department use.

Short-Term Post-Hospitalization housing provides Members who do not have a residence and who have high medical or behavioral health needs with the opportunity to continue their medical/psychiatric/substance use disorder recovery immediately after exiting an inpatient hospital (either acute, psychiatric or Chemical Dependency and Recovery hospital), residential substance use disorder treatment or recovery facility, residential mental health treatment facility, correctional facility, nursing facility, or recuperative care to avoid inappropriate utilization of State plan services.

This setting must provide individuals with ongoing supports necessary for recuperation and recovery such as gaining (or regaining) the ability to perform activities of daily living, receiving necessary medical/psychiatric/substance use disorder care, case management, and beginning to access other housing supports such as Housing Transition Navigation.

CONSENT

Member Consenting to Short Term Post Hospitalization. YES NO

If NO, please stop and do not continue.

MEMBER INFORMATION

Name: Medi-Cal # CIN: (9 digits)

DOB: Phone Number: Email:

Preferred language: Current living situation:

Address:

Best place to locate Member:

REFERRER INFORMATION

Referrer: (check one) Hospital/SNF PCP/Clinic Specialist ECM CS
 Other:

Referrer Name: Agency:

REFERRER INFORMATION (cont.)

Agency Phone Number:

Referrer Phone Number:

Fax Number:

Referrer Signature

Date

ELIGIBILITY CRITERIA

Member must meet the following criteria:

- Member must have a medical/behavioral health need and would experience homelessness upon discharge from the hospital, substance use or mental health treatment facility, correctional facility, nursing facility, or recuperative care that would likely result in hospitalization, re-hospitalization, or institutional re-admission.

And meet one of the two (2) following criteria:

- Member is exiting from recuperative care
- Member is exiting an inpatient hospital stay (acute, psychiatric, or Chemical Dependency and Recovery hospital), residential substance use disorder treatment/recovery facility, residential mental health treatment facility, correctional facility, or nursing facility, **AND** meets one of the following three (3) criteria:
- Member meets the HUD definition of homelessness AND one of the following:
 - Enrolled in ECM
 - Have a serious chronic condition, or serious mental illness.
 - At risk for institutionalization or require residential services as a result of SUD.
 - Member meets HUD definition of at-risk of homelessness.
 - Member is at risk of experiencing homelessness if they have significant barriers to housing stability AND one of the following:
 - Have one or more serious chronic condition or serious mental illness.
 - At risk for institutionalization or require residential services because of SUD or Serious Emotional Disturbance.
 - Enrolled with ECM
 - Transitional-Age Youth with significant barriers to housing stability

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- Member is receiving or has been referred to Housing Transition CS.

Housing Transition Navigation CM/Organization:

If not submitted via the Provider Portal, you may fax this form to: (805) 681-3039

For any questions, please call the Community Supports Unit at (805) 562-1698