Health Plan of San Joaquin

Community Support (CS) Services
Referral Form

Mountain Valley Health Plan

Section A

Referring Person: _____ **Date:** _____

Contact #: _____ **Fax #:** _____

Are you an ECM Provider? ☐No ☐Yes, my organization name is: _____

Section B

Member Name: _____ **Date of Birth:** _____

ID Number: _____ **Phone Number:** _____

Current Home Address: _____ **Email:** _____

_____

Member's Primary Doctor: _____ **Doctor's Phone Number:** _____

Section C

Complete Section E from pages 2 to 5

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)*
Member Diagnosis Code(s):	
Indicate any community programs the member is receiving (if any):	

Complete Section A through E and fax the first 5 pages of this form to the Community Support Provider (see page 6 of this form), ***including the relevant documents to justify the need for the service.***

If you need assistance obtaining a prescription for Home Modification or Asthma Remediation, please contact HPSJ/MVHP Utililzation Management Team at ***1-888-936-7526.***

Select One		Community Support Service Short Description & Criteria	Section E
☐	Housing Transition Navigation Services **(HTNS)**[1]	*Services to help eligible members obtain housing.* **MUST MEET ONE OF THE FOLLOWING:** ☐ Member is prioritized for a permanent supporting housing unit or rental subsidy resource through the local homeless Coordinated Entry System or similar system ☐ Member meets the Housing and Urban Development (HUD) definition of homeless ☐ Member meets the Housing and Urban Development definition of at risk of homelessness ☐ Member is a child or youth who does not meet the HUD definition of "homeless" but qualifies as "homeless" under other federal or state laws[4] **AND** ☐ Member has at least one **qualifying circumstance**[2]	
☐	Housing Deposits **(HD)**[1] *Once-in-a-lifetime service*	*Services to help fund one-time fees and/or deposits, including modifications necessary for eligible members to establish a basic household.* ☐ Member is receiving Housing Transition Navigation Services (HTNS)	
☐	Housing Tenancy and Sustaining Services **(HTSS)**[1] *Once-in-a-lifetime service*	*Services to help eligible members maintain safe and stable tenancy once housing is secured.* **MUST MEET ONE OF THE FOLLOWING:** ☐ Member is receiving Housing Transition Navigation Services (HTNS) ☐ Member is prioritized for a permanent supporting housing unit or rental subsidy resource through the local homeless Coordinated Entry System or similar system ☐ Member meets the Housing and Urban Development (HUD) definition of homeless ☐ Member meets the Housing and Urban Development definition of at risk of homelessness ☐ Member is a child or youth who does not meet the HUD definition of "homeless" but qualifies as "homeless" under other federal or state laws[4] **AND** ☐ Member has at least one **qualifying circumstance**[2]	
☐	Short-term Post-Hospitalization Housing **(SPHH)**[1] *Once-in-a-lifetime service*	*Services to provide temporary housing for eligible members after exiting a publicly funded institution or system of care.* ☐ Member is exiting recuperative care **OR** ☐ Member is exiting an inpatient hospital stay, residential substance use disorder treatment facility, residential mental health treatment facility, correction facility or nursing facility **AND** ☐ Member has at least one **qualifying circumstance**[2] **AND ONE OF THE FOLLOWING:** ☐ Member is receiving Housing Transition Navigation Services (HTNS) ☐ Member meets the Housing and Urban Development (HUD) definition of homeless ☐ Member meets the Housing and Urban Development definition of at risk of homelessness ☐ Member is a child or youth who does not meet the HUD definition of "homeless" but qualifies as "homeless" under other federal or state laws[4]	

☐	Recuperative Care **(RC)**[1]	*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.* ☐ Member needs to heal from an injury or illness **AND** ☐ Member is at risk of hospitalization or is post-hospitalization **AND ONE OF THE FOLLOWING:** ☐ Member lives alone with no formal support ☐ Member is facing housing insecurity ☐ Member has a housing that would jeopardize their health and safety without modification ☐ Member is a child or youth who does not meet the HUD definition of "homeless" but qualifies as "homeless" under other federal or state laws[4] ☐ Member is able to transition out of the inpatient facility care, skilled nursing facility care, or other health care facility, and recuperative care is medically appropriate and cost-effective
☐	Medically Tailored Meals **(MTM)**[1]	*Services to provide meals for eligible members.* ☐ Member has a **qualifying chronic condition**(s)[3], who can safely receive and store meals **AND ONE OF THE FOLLOWING:** ☐ Exiting a hospitalization or nursing facility ☐ At high risk of hospitalization or nursing facility placement ☐ Requires extensive care coordination
☐	Environmental Accessibility Adaptations Or Home Modifications **(HM)**[1]	*Services to provide medically necessary physical adaptations to a home for eligible members.* ☐ Member is at risk for institutionalization in a nursing facility **AND** ☐ A signed homeowner consent form for the requested modification **AND** ☐ A physician's order for the Home Modification (HM)
☐	Asthma Remediation **(AR)**[1]	*Services to provide medically necessary physical modifications to a home for eligible members with asthma.* ☐ 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) **AND** ☐ A physician's order for Asthma Remediation (AR) **AND** ☐ A signed homeowner consent form for the requested modification **when applicable**

☐	Personal Care and Homemaker Services **(PCHS)**[1]	*Services to assist eligible members with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs).* **MUST MEET ONE OF THE FOLLOWING:** ☐ 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 **AND ONE OF THE FOLLOWING:** ☐ Member needs additional caregiver hours not covered by IHSS ☐ Member is in the waiting period during the IHSS application process ☐ Member needs caregiver support to avoid nursing facility stays and is not eligible for IHSS (not to exceed 60 days)
☐	Respite Services **(RS)**[1]	*Services to provide temporary relief for caregivers of eligible members.* **MUST MEET ONE OF THE FOLLOWING:** ☐ Member's ADLs are compromised and dependent on the caregiver who provides most of the support ☐ Member is a child who was previously covered for Respite Services under the Pediatrics Palliative Care Waiver or foster care program beneficiaries ☐ Member is enrolled in either California Children's Services (CCS) or the Genetically Handicapped Persons Program (GHPP) ☐ Member has Complex Care Needs **AND** ☐ Member requires caregiver relief to avoid institutional placement
☐	Day Habilitation Programs **(DHP)**[1]	*Services to help eligible members in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to reside successfully in their natural environment.* **MUST MEET ONE OF THE FOLLOWING:** ☐ 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)
☐	Nursing Facility Transition/Diversion to Assisted Living Facility **(NFT/D to ALF)**[1]	*Services to help eligible members to live in the community and/or avoid institutionalization when possible.* ☐ Member is willing and able to reside safely in an assisted living facility with appropriate support and able to pay their own living expenses **AND ONE OF THE FOLLOWING:** ☐ Member is currently residing in a nursing facility for at least 60+ days (**Transition**) ☐ Member currently residing in the community and meets the minimum criteria to receive nursing facility level of care services (**Diversion**)
☐	Community Transition Services/Nursing Facility Transition to a Home **(CTS/NFT to Home)**[1]	*Services to help eligible members live in the community and avoid further institutionalization.* **MUST MEET ALL OF THE FOLLOWING:** ☐ Member is currently residing in a nursing facility or Medical Respite setting for at least 60+ days ☐ Willing to move back to the community ☐ Able to reside safely in the community with appropriate and cost-effective support and able to pay own living expenses

Sobering Centers **(SC)**[1] *No prior authorization required. Contact the provider by phone.*	*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.*

[1] 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.

[2] **Qualifying circumstances** include **a**) Receiving Enhanced Care Management (ECM) services, or **b**) Have at least one serious chronic condition or serious mental illness, or **c**) At risk of institutionalization or overdose or requiring residential services as a result of a substance use disorder, or **d**) Have a serious emotional disturbance (children & adolescents only), or **e**) A transition-age youth with conviction(s), or history of foster care, or involvement with juvenile justice or criminal justice, or victims of trafficking or domestic violence.

[3] **Qualifying chronic conditions** include, but are not limited to, **a**) Diabetes, **b**) Cardiovascular Disorder, **c**) Congestive Heart Failure, **d**) Stroke, **e**) Chronic Lung Disorder, **f**) Human Immunodeficiency Virus (HIV), **g**) Cancer, **h**) Gestational Diabetes, **i**) High-Risk Perinatal Condition, **j**) Chronic or Disabling Mental/Behavioral Health Disorders. The diagnosis must be verifiable through the member's medical records.

[4] Section 387(3) of the Runaway and Homeless Youth Act (42 U.S.C. 5732a(3)), section 637(11) of the Head Start Act (42 U.S.C. 9832(11)), section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6)), section 330(h)(5)(A) of the Public Health Service Act (42 U.S.C. 254b(h)(5)(A)), section 3(m) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012(m)), or section 17(b)(15) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)(15)); or section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), and the parent(s) or guardian(s) of that child or youth if living with her or him.

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

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CS Providers	Contact Info	Available Service(s)	HTNS	HD	HTSS	SPHH	RC	MTM	HM	AR	PCHS	RS	DHP	NFT/D	CTS	SC
24 Home Care[A]	**Phone** (888)-324-6225 **Fax** (888)-522-6796										✓	✓				
CA Health Collaborative[A]	**Phone** (833) 247-3400 **Fax** (833-247-3700									✓				✓	✓	
Central CA Asthma Collaborative (CCAC)[A]	**Phone** (559) 272-4874 Ext. 19 **Fax** (559) 492-3802									✓						
Caregiver to You[A]	**Phone** (209) 222-6523 **Fax** (209) 222-3442										✓	✓				
CMC Waterloo[B]	**Phone** (209) 373-2842 **Fax** (209) 762-6806															✓
Comfort Keepers[C]	**Phone** (209) 944-2001 **Fax** (209) 222-3442										✓					
Dewitt & Associate Behavioral Service[A]	**Phone** (415) 450-7446 **Fax** (510) 662-1246										✓	✓				
Evolve[A]	**Phone** (844) 438-7577 **Fax** (801) 438-6441								✓							
GA Foods[A]	**Phone** (844) 830-1602 **Fax** (866) 481-2721							✓								
Gospel Rescue Mission[A]	**Phone** (209) 320-2327 **Fax** (209) 466-4927					✓	✓									
Home Safety Services[A]	**Phone** (650) 571-7774 **Fax** (650) 571-7775								✓							
MedZed[A]	**Phone** (323) 203-0070 **Fax** (323) 673-5717		✓	✓	✓											
Mom's Meals[A]	**Phone** (866) 224-9485 **Fax** (866) 942-7873							✓								
Pacific Care II[C]	**Phone** (209) 523-0124 **Fax** (209) 566-0079										✓	✓				
Pacific Home Care[A]	**Phone** (209) 479-0004 **Fax** (209) 956-2585										✓	✓				
San Joaquin County Clinics[A]	**Phone** (209) 953-4741 **Fax** (209) 953-9195		✓	✓	✓											
Star Nursing[A]	**Phone** 1-877-687-7399 **Fax** 1-877-687-7400													✓	✓	
Serene Health[A]	**Phone** (951) 877-5905 **Fax** (619) 403-9496		✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	
St. Mary's Dining Room[B]	**Phone** (209) 467-0703 Ext. 3124 **Fax** (209) 467-7795		✓	✓	✓	✓	✓	✓					✓			
Tracy Community Connections[B]	**Phone** (209) 407-9649 Ext. 701 **Fax** (209) 940-0028		✓	✓	✓											
			HTNS	HD	HTSS	SPHH	RC	MTM	HM	AR	PCHS	RS	DHP	NFT/D	CTS	SC

[A] Serves both San Joaquin & Stanislaus County
[B] Serves only San Joaquin County
[C] Serves only Stanislaus County

Revision Date: 6/30/23
Effective Date: 7/1/23