CalAIM Community Supports Referral Form

Member Name: _____ **CIN:** _____

Note: Member must be eligible with CalOptima Health.
Step 1: Please fill out all applicable information below and proceed to Steps 2 and 3. Fields with an asterisk (*) are required.

Referral Information:

Referral Date*: _____ Referred by*: _____

Agency or Relationship to Member*: _____

Referring Provider National Provider Identifier (NPI) (if applicable): _____

Phone*: _____ Fax: _____ Email*: _____

Type of Referral: ☐ Routine ☐ Urgent*

*An Urgent Authorization Request may be submitted if a routine authorization timeframe will be detrimental to a Member's life or health, jeopardize the Member's ability to regain maximum function, or may result in loss of life, limb, or other major body function. Such request is required to be decided within seventy-two (72) hours or as soon as the Member's health condition requires.

Member Information:

Member Name*: _____ CIN*: _____

Member Date of Birth*: _____ Primary Care Provider (PCP): _____

Phone: _____ Email: _____

Member's Preferred Language*: _____ Is Member Currently in Hospital? _____

Step 2: Mark the boxes for the Community Supports the member is interested in receiving. The following pages provide additional eligibility information about Community Supports. **Please complete all required checkboxes prior to submission.**

Step 3: Fax or mail the completed referral form and supporting documents to CalOptima Health.

CalOptima Health Community Supports Health Network Contact Information

Health Network	Customer Service Phone Number (for Members)	Referral Submission	Mailing Address
CalOptima Health Direct and Health Networks	**1-888-587-8088**	Fax: **1-714-338-3145**	CalOptima Health Attn: LTSS CalAIM P.O. Box 11033 Orange, CA 92856

Housing Services		
☐	**Housing Transition Navigation Services (HTNS)** Assists members with finding, applying for, and obtaining housing.	**Select <u>if</u> applicable:** ☐ Member meets the following social and clinical risk factor requirements: 1. ☐ *Social Risk Factor Requirement*: Experiencing or at risk of homelessness as defined in Section 91.5 of Title 24 of the Code of Federal Regulations (CFR), with the following three modifications: - If exiting an institution, individuals are considered homeless if they were homeless immediately prior to entering that institutional stay or become homeless during that stay, regardless of the length of the institutionalization; - The timeframe for an individual or family who will imminently lose housing is extended from 14 days for individuals considered homeless and 21 days for individuals considered at risk of homelessness under the current HUD definition to 30 days; and - For the at risk of homelessness definition at 24 CFR section 91.5, the requirement to have an annual income below 30 percent of median family income for the area, as determined by HUD, will not apply. **<u>AND</u>** 2. *Clinical Risk Factor Requirement*: Must have one or more of the following qualifying clinical risk factors: - ☐ Meets the access criteria for Medi-Cal Specialty Mental Health Services (SMHS); - ☐ Meets the access criteria for Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS) defined by DHCS's Community Supports Policy Guide; - ☐ One or more serious chronic physical health conditions; - ☐ One or more physical, intellectual, or developmental disabilities; or - ☐ Individuals who are pregnant up through 12-months postpartum.

Housing Services		
		OR ☐ Member is determined eligible for Transitional Rent. These individuals are automatically eligible for HTNS. **OR** ☐ Member is prioritized for a permanent supportive housing unit or rental subsidy resource through the local homeless Coordinated Entry System (CES) or similar system designed to use information to identify highly vulnerable individuals with disabilities and/or one or more serious chronic conditions and/or serious mental illness, institutionalization or requiring residential services because of a substance use disorder and/or is exiting incarceration.
☐	**Housing Deposit** Assist with identifying, coordinating, securing, or funding one-time services and modifications necessary to enable a person to establish a basic household (excluding room and board).	**Select if applicable:** ☐ Member meets the following social and clinical risk factor requirements: 1. ☐ *Social Risk Factor Requirement*: Experiencing or at risk of homelessness as defined in Section 91.5 of Title 24 of the Code of Federal Regulations (CFR), with the following three modifications: - If exiting an institution, individuals are considered homeless if they were homeless immediately prior to entering that institutional stay or become homeless during that stay, regardless of the length of the institutionalization; - The timeframe for an individual or family who will imminently lose housing is extended from 14 days for individuals considered homeless and 21 days for individuals considered at risk of homelessness under the current HUD definition to 30 days; and - For the at risk of homelessness definition at 24 CFR section 91.5, the requirement to have an annual income below 30 percent of median family income for the area, as determined by HUD, will not apply. **AND** 2. *Clinical Risk Factor Requirement*: Must have one or more of the following qualifying clinical risk factors: - ☐ Meets the access criteria for Medi-Cal Specialty Mental Health Services (SMHS); - ☐ Meets the access criteria for Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS) defined by DHCS's Community Supports Policy Guide; - ☐ One or more serious chronic physical health conditions;

Housing Services		
		- ☐ One or more physical, intellectual, or developmental disabilities; or - ☐ Individuals who are pregnant up through 12-months postpartum. **OR** ☐ Member is determined eligible for Transitional Rent. These individuals are automatically eligible for Housing Deposits. **OR** ☐ Member is prioritized for a permanent supportive housing unit or rental subsidy resource through the local homeless Coordinated Entry System (CES) or similar system designed to use information to identify highly vulnerable individuals with disabilities and/or one or more serious chronic conditions and/or serious mental illness, institutionalization or requiring residential services because of a substance use disorder and/or is exiting incarceration.
☐	**Housing Tenancy and Sustaining Services (HTSS)** Helps a Member maintain safe and stable tenancy once housing is secured.	**Select if applicable:** ☐ Member meets the following social and clinical risk factor requirements: 1. ☐ *Social Risk Factor Requirement*: Experiencing or at risk of homelessness as defined in Section 91.5 of Title 24 of the Code of Federal Regulations (CFR), with the following three modifications: - If exiting an institution, individuals are considered homeless if they were homeless immediately prior to entering that institutional stay or become homeless during that stay, regardless of the length of the institutionalization; - The timeframe for an individual or family who will imminently lose housing is extended from 14 days for individuals considered homeless and 21 days for individuals considered at risk of homelessness under the current HUD definition to 30 days; and - For the at risk of homelessness definition at 24 CFR section 91.5, the requirement to have an annual income below 30 percent of median family income for the area, as determined by HUD, will not apply. **AND** 2. *Clinical Risk Factor Requirement*: Must have one or more of the following qualifying clinical risk factors: - ☐ Meets the access criteria for Medi-Cal Specialty Mental

Housing Services		
		Health Services (SMHS); - ☐ Meets the access criteria for Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS) defined by DHCS's Community Supports Policy Guide; - ☐ One or more serious chronic physical health conditions; - ☐ One or more physical, intellectual, or developmental disabilities; or - ☐ Individuals who are pregnant up through 12-months postpartum. **OR** ☐ Member is determined eligible for Transitional Rent. These individuals are automatically eligible for HTSS. **OR** ☐ Member is prioritized for a permanent supportive housing unit or rental subsidy resource through the local homeless Coordinated Entry System (CES) or similar system designed to use information to identify highly vulnerable individuals with disabilities and/or one or more serious chronic conditions and/or serious mental illness, institutionalization or requiring residential services because of a substance use disorder and/or is exiting incarceration.
☐	**Day Habilitation** Assists members in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to reside successfully in the person's natural environment.	**Select 1 that applies:** ☐ Member is experiencing homeless. ☐ Member exited homelessness and entered housing in the past 24 months. ☐ Member is at risk of homelessness as defined in Section 91.5 of Title 24 of the Code of Federal Regulations (CFR), with the following three modifications: 1. If exiting an institution, individuals are considered homeless if they were homeless immediately prior to entering that institutional stay or become homeless during that stay, regardless of the length of the institutionalization; 2. The timeframe for an individual or family who will imminently lose housing is extended from 14 days for individuals considered homeless and 21 days for individuals considered at risk of homelessness under the current HUD definition to 30 days; and *3.* For the at risk of homelessness definition at 24 CFR section 91.5, the requirement to have an annual income below 30 percent of median family income for the area, as determined by HUD, will not apply.

Services Provided for Post-Acute Care Admission or Post-Nursing Facility Admission		
☐	**Recuperative Care** Also referred to as medical respite care, is for individuals who are experiencing or at risk of homelessness and need a short-term residential setting in which to recover from an injury or illness (including a behavioral health condition).	**Select <u>if</u> applicable:** (Members must meet **both** of the following criteria) ☐ Member is requiring recovery in order to heal from an injury or illness. **<u>AND</u>** ☐ Member is experiencing or at risk of homelessness as defined in Section 91.5 of Title 24 of the Code of Federal Regulations (CFR), with the following three modifications: 1. If exiting an institution, individuals are considered homeless if they were homeless immediately prior to entering that institutional stay or become homeless during that stay, regardless of the length of the institutionalization; 2. The timeframe for an individual or family who will imminently lose housing is extended from 14 days for individuals considered homeless and 21 days for individuals considered at risk of homelessness under the current HUD definition to 30 days; and 3. For the at risk of homelessness definition at 24 CFR section 91.5, the requirement to have an annual income below 30 percent of median family income for the area, as determined by HUD, will not apply. *<u>Please attach the Recuperative Care or STPHH Referral Form</u>*
☐	**Short-Term Post-Hospitalization Housing (STPHH)** Provides Members who are exiting an institution and experiencing or at risk of homelessness with the opportunity to continue their medical/psychiatric/substance use disorder recovery immediately after exiting the institution.	**Select <u>if</u> applicable:** (Members must meet **all** of the following criteria) ☐ Member is exiting an institution, which includes recuperative care facilities (including facilities covered under Community Support Recuperative Care or other facilities outside of Medi-Cal), inpatient hospitals (either acute or psychiatric or Chemical Dependency and Recovery hospital), residential substance use disorder or mental health treatment facility, correctional facility, or nursing facility **<u>AND</u>** ☐ Member is experiencing or at risk of homelessness as defined in Section 91.5 of Title 24 of the Code of Federal Regulations (CFR), with the following three modifications: 1. If exiting an institution, individuals are considered homeless if they were homeless immediately prior to entering that institutional stay or become homeless during that stay, regardless of the length of the institutionalization; 2. The timeframe for an individual or family who will imminently lose housing is extended from 14 days for individuals considered homeless and 21 days for individuals considered at risk of

Services Provided for Post-Acute Care Admission or Post-Nursing Facility Admission		
		homelessness under the current HUD definition to 30 days; and 3. For the at risk of homelessness definition at 24 CFR section 91.5, the requirement to have an annual income below 30 percent of median family income for the area, as determined by HUD, will not apply. **AND** ☐ Member meets one of the following criteria: 1. Is receiving ECM 2. Have one or more serious chronic conditions; 3. Have serious mental illness; or 4. Is at risk of institutionalization or requiring residential services as a result of a substance use disorder. **AND** ☐ Member is having ongoing physical or behavioral health needs as determined by a qualified health professional that would otherwise require continued institutional care if not for receipt of STPHH. *Please attach the Recuperative Care or STPHH Referral Form*
☐	**Community or Home Transition Services** Formerly known as "Community Transition Services/Nursing Facility Transition to a Home", helps individuals to live in the community and avoid further institutionalization in a nursing facility.	**Review the following eligibility criteria:** 1. Currently receiving medically necessary nursing facility level of care (LOC) services **and** in lieu of remaining in the nursing facility or Recuperative Care setting are choosing to transition home and continue to receive medically necessary nursing facility LOC services; **and** 2. Has lived 60+ days in a nursing home and/or Recuperative Care setting; **and** 3. Interested in moving back to the community; **and** 4. Able to reside safely in the community with appropriate and cost-effective supports and services. **Member meets ALL criteria in this section to qualify**: Yes ☐ No ☐ Received this service before? Yes ☐ No ☐ Unknown ☐
☐	**Assisted Living Facility (ALF) Transitions** Formerly known as "Nursing Facility Transition/Diversion to Assisted Living Facilities such as Residential Care Facilities for the Elderly	**Review the following eligibility criteria:** Member is residing in a nursing facility who: 1. Has resided 60+ days in a nursing facility; **and** 2. Willing to live in an assisted living setting as an alternative to a nursing facility; **and** 3. Able to reside safely in an ALF. Member is residing in the Community and :

Services Provided for Post-Acute Care Admission or Post-Nursing Facility Admission		
	and Adult Residential Facilities", is designed to assist individuals with living in the community and avoid institutionalization, whenever possible.	1. Is interesting in remaining in the community: and 2. Is willing and able to reside safely in an ALF; and 3. Meets the minimum criteria to receive nursing facility LOC services and, in lieu of going into a facility, chooses to remain in the community and receive medically necessary nursing facility LOC services at an ALF. **Member meets ALL criteria in either the 'residing in a nursing facility' or 'residing in the Community' section to qualify:** Yes ☐ No ☐ Received this service before? Yes ☐ No ☐ Unknown ☐

Services Provided in the Home		
☐	**Personal Care and Homemaker Services** Provides members who need assistance with activities of daily living (ADLs) such as bathing, dressing, toileting, ambulation, or feeding.	**Select <u>if</u> applicable:** ☐ Member is at risk for hospitalization or institutionalization in a nursing facility; **<u>OR</u>** ☐ Member has functional deficits and no other adequate support system; **<u>AND</u>** **Select <u>1</u> that applies:** ☐ Member was referred to the In-Home Supportive Services (IHSS) program and searching for a caregiver through the Public Authority registry. IHSS application submission date: _____ IHSS application status: ☐In review ☐Approved – IHSS hours per month: _____ ☐Denied ☐ Member currently receives IHSS and needs additional hours. The reassessment request is pending, and a caregiver is needed for support in the meantime. Reassessment request date: _____ IHSS hours per month: _____ ☐ Member is not eligible for IHSS and needs services to help avoid a short-term stay in a skilled nursing facility (not to exceed 60 days). Provide the IHSS Notice of Action indicating a denial, if available.

Services Provided in the Home		
☐	**Respite Services** Provides respite to caregivers of members who require intermittent temporary supervision. This service is distinct from medical respite or recuperative care and provides rest for the caregiver only. Limit is 336 hours per calendar year.	**Select if applicable:** ☐ Member who lives in the community and is compromised in their activities of daily living (ADLs) and is therefore dependent upon a qualified caregiver who provides most of their support, and who requires caregiver relief to avoid institutional placement **Answer all sections below:** In-Home Respite Services are provided to the member in their own home or another location being used as the home. ☐ Dependent on a qualified caregiver and without one, member would need to be in a nursing facility Member has specific dates and times for needing a respite caregiver: Dates: _____ Times: _____ Member has other services that provide a caregiver: ☐ In-Home Supportive Services (IHSS) ☐ Community-Based Adult Services (CBAS) ☐ Regional Center ☐ Private caregiver ☐ Not applicable Does the member need immediate caregiver services? Yes ☐ No ☐
☐	**Medically Tailored Meals (MTMs)/Medically Supportive Food (MSF)** Designed to address individuals' chronic or other serious conditions that are nutrition-sensitive, leading to improved health outcomes and reduced unnecessary costs.	**Member must meet 1 or more of the following medical conditions:** ☐ Autoimmune Disease ☐ Cancer(s) ☐ Cardiovascular disorders ☐ Chronic kidney disease ☐ Chronic lung disorders or other pulmonary conditions (e.g. Asthma / Chronic obstructive pulmonary disease (COPD) ☐ Heart failure ☐ Diabetes or other metabolic conditions ☐ Elevated lead levels ☐ End-stage renal disease (ESRD) ☐ Hypertension ☐ Dyslipidemia ☐ Fatty liver ☐ Malnutrition ☐ Obesity ☐ Stroke ☐ Gastrointestinal disorders ☐ Gestational diabetes ☐ High risk perinatal conditions ☐ Chronic or disabling mental/behavioral health disorders ☐ Other (please explain): _____

Services Provided in the Home			
		☐ High cholesterol ☐ Liver disease	_____ _____
		Member on a special diet? Yes ☐ No ☐ If yes, describe: _____ _____ ☐ Member is receiving other meal delivery services from local, state or federally funded programs ☐ Member is currently in the hospital or nursing facility and Medically Tailored Meals are a part of the discharge plan Has a refrigerator? Yes ☐ No ☐ Has a way to safely reheat meals? Yes ☐ No ☐	
☐	**Environmental Accessibility Adaptations (EAA)** Also known as Home Modifications, are physical adaptations to a home that are necessary to ensure the health, welfare, and safety of the individual, or enable the individual to function with greater independence in the home: without which the Member would require institutionalization.	Request for a Personal Emergency Response System (PERS)? Yes ☐ No ☐ **Select <u>if</u> applicable:** ☐ Member at risk for institutionalization in a nursing facility **Provider must ensure:** ☐ Member has discussed needing a home modification with primary care provider (PCP) ☐ PCP has documented medical need for this service and will provide documentation upon request Received this service before? Yes ☐ No ☐ Unknown ☐	
☐	**Asthma Remediation** Can prevent acute asthma episodes that could result in the need for emergency services and hospitalization. Consists of supplies and/or physical modifications to a home environment that are necessary to ensure the health, welfare, and	**Select <u>if</u> applicable:** ☐ Member had emergency department (ED) visit or hospitalization related to asthma in the past 12 months ☐ Member had two (2) sick or urgent care visits related to asthma in the past 12 months ☐ Member has a score of 19 or lower on the Asthma Control Test ☐ A licensed health care provider had documented that the service will likely avoid asthma related hospitalizations, emergency department visits, or other high-cost services	

Services Provided in the Home		
	safety of a Member, or to enable a Member to function in the home with reduced likelihood of experiencing acute asthma episodes.	Received this service before? Yes ☐ No ☐ Unknown ☐