



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:	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent*		
*An Urgent Authorization Request may be submitted if a routine authorization time frame 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 a request is required to be decided within 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 that 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

<input type="checkbox"/>	<p>Housing Transition Navigation Services (HTNS)</p> <p>Assists members with finding, applying for, and obtaining housing.</p>	<p>Select <u>if</u> applicable:</p> <p><input type="checkbox"/> Member meets the following social and clinical risk factor requirements:</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> 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: <ul style="list-style-type: none"> - 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 time frame 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% of median family income for the area, as determined by HUD, will not apply. <p style="text-align: center;"><u>AND</u></p> 2. Clinical Risk Factor Requirement — Must have one or more of the following qualifying clinical risk factors: <ul style="list-style-type: none"> - <input type="checkbox"/> Meets the access criteria for Medi-Cal Specialty Mental Health Services (SMHS); - <input type="checkbox"/> 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; - <input type="checkbox"/> One or more serious chronic physical health conditions; - <input type="checkbox"/> One or more physical, intellectual or developmental disabilities; or - <input type="checkbox"/> Individuals who are pregnant up through 12-months
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Housing Services

postpartum.

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 time frame 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% 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

Housing Services

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 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 time frame 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% of median family income for the area, as determined by HUD, will not apply.

Housing Services

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;
- 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 one that applies:

- Member is experiencing homelessness.
- 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 time frame for an individual or family who will imminently lose housing is extended from 14 days for individuals considered

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- 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% of median family income for the area, as determined by HUD, will not apply.

Transitional Rent

Select if applicable:

- Member meets all three criteria for the Behavioral Health Population of Focus.
 - 1. **Clinical Risk Factor Requirement** — Must have the following qualifying clinical risk factors:
 - Meets the access criteria for Medi-Cal Specialty Mental Health Services (SMHS); or
 - 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.
 - 2. **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 time frame 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% of median family income for the area, as determined by HUD, will not apply.
 - 3. **Additional Requirement** — member must meet one of the following:
 - a. **Transitioning Population Requirement (select one if applicable):**
 - i. **Transitioning out of an institutional or congregate residential setting:** Individuals transitioning out of an institutional or congregate residential setting, including

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but not limited to an inpatient hospital stay, an inpatient or residential substance use disorder treatment facility, an inpatient or residential mental health facility, or nursing facility.

- ii. **Transitioning out of a carceral setting:** Individuals transitioning out of a state prison, county jail, youth correctional facility, or other state, local or federal penal setting where they have been in custody and held involuntarily through the operation of law enforcement authorities.
- iii. **Transitioning out of interim housing:** Individuals transitioning out of transitional housing, rapid rehousing, domestic violence shelter or domestic violence housing, homeless shelter, or other interim housing, whether funded or administered by HUD, or at the state or local level.
- iv. **Transitioning out of recuperative care or short-term post-hospitalization housing:** Individuals transitioning out of short-term post-hospitalization housing or recuperative care, whether the stay was covered by Medi-Cal managed care or another source.
- v. **Transitioning out of foster care:** Individuals having aged out of foster care up to age 26 (having been in foster care on or after their 18th birthday) either in California or in another state.

OR

- b. **Experiencing unsheltered homelessness:** Individuals or families with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport or camping ground.

OR

- c. **Eligible for Full Service Partnership (FSP):** FSP is a comprehensive behavioral health program for individuals living with significant mental health and/or co-occurring substance use conditions that have demonstrated a need for intensive wraparound services.

Please attach the Housing Support Plan.

Housing Services

Services Provided for Post-Acute Care Admission or Post-Nursing Facility Admission

<input type="checkbox"/>	<p>Recuperative Care</p> <p>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).</p>	<p>Select <u>if</u> applicable: (Members must meet both of the following criteria)</p> <p><input type="checkbox"/> Member is requiring recovery in order to heal from an injury or illness.</p> <p align="center"><u>AND</u></p> <p><input type="checkbox"/> 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:</p> <ol style="list-style-type: none"> 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 time frame 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% of median family income for the area, as determined by HUD, will not apply. <p><u>Please attach the Recuperative Care or STPHH Referral Form</u></p>
<input type="checkbox"/>	<p>Short-Term Post-Hospitalization Housing (STPHH)</p> <p>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.</p>	<p>Select <u>if</u> applicable: (Members must meet all of the following criteria)</p> <p><input type="checkbox"/> 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</p> <p align="center"><u>AND</u></p> <p><input type="checkbox"/> 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:</p> <ol style="list-style-type: none"> 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;

Services Provided for Post-Acute Care Admission or Post-Nursing Facility Admission

		<p>2. The time frame 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</p> <p>3. For the at-risk-of-homelessness definition at 24 CFR section 91.5, the requirement to have an annual income below 30% of median family income for the area, as determined by HUD, will not apply.</p> <p align="center"><u>AND</u></p> <p><input type="checkbox"/> Member meets one of the following criteria:</p> <ol style="list-style-type: none"> 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. <p align="center"><u>AND</u></p> <p><input type="checkbox"/> 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.</p> <p><u>Please attach the Recuperative Care or STPHH Referral Form</u></p>
<p><input type="checkbox"/></p>	<p>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.</p>	<p>Review the following eligibility criteria:</p> <ol style="list-style-type: none"> 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. <p>Member meets ALL criteria in this section to qualify: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Received this service before? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/></p>
<p><input type="checkbox"/></p>	<p>Assisted Living Facility (ALF) Transitions Formerly known as “Nursing Facility Transition/Diversion to</p>	<p>Review the following eligibility criteria:</p> <p>Member is residing in a nursing facility who:</p> <ol style="list-style-type: none"> 1. Has resided 60+ days in a nursing facility; and

Services Provided for Post-Acute Care Admission or Post-Nursing Facility Admission

<p>Assisted Living Facilities such as Residential Care Facilities for the Elderly and Adult Residential Facilities,” is designed to assist individuals with living in the community and avoid institutionalization, whenever possible.</p>	<p>2. Willing to live in an assisted living setting as an alternative to a nursing facility; and</p> <p>3. Able to reside safely in an ALF.</p> <p>Member is residing in the Community and:</p> <p>1. Is interested in remaining in the community; and</p> <p>2. Is willing and able to reside safely in an ALF; and</p> <p>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.</p> <p>Member meets ALL criteria in either the “residing in a nursing facility” or “residing in the Community” section to qualify:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Received this service before? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/></p>
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Services Provided in the Home

<p><input type="checkbox"/> Personal Care and Homemaker Services</p> <p>Provides members who need assistance with activities of daily living (ADLs) such as bathing, dressing, toileting, ambulation or feeding.</p>	<p>Select <u>if</u> applicable:</p> <p><input type="checkbox"/> Member is at risk for hospitalization or institutionalization in a nursing facility;</p> <p align="center"><u>OR</u></p> <p><input type="checkbox"/> Member has functional deficits and no other adequate support system;</p> <p align="center"><u>AND</u></p> <p>Select <u>one</u> that applies:</p> <p><input type="checkbox"/> Member was referred to the In-Home Supportive Services (IHSS) program and is searching for a caregiver through the Public Authority Registry.</p> <p style="margin-left: 40px;">IHSS application submission date: _____</p> <p style="margin-left: 40px;">IHSS application status:</p> <p style="margin-left: 80px;"><input type="checkbox"/> In review</p> <p style="margin-left: 80px;"><input type="checkbox"/> Approved — IHSS hours per month: _____</p> <p style="margin-left: 80px;"><input type="checkbox"/> Denied</p> <p><input type="checkbox"/> Member currently receives IHSS and needs additional hours. The reassessment request is pending, and a caregiver is needed for support in the meantime.</p>
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Services Provided in the Home

		Reassessment request date: _____ IHSS hours per month: _____ <input type="checkbox"/> 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.
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<input type="checkbox"/>	<p>Respite Services</p> <p>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.</p> <p>Limit is 336 hours per calendar year.</p>	<p>Select <u>if</u> applicable:</p> <p><input type="checkbox"/> Member 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</p> <p>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.</p> <p><input type="checkbox"/> Member is dependent on a qualified caregiver and without one, would need to be in a nursing facility</p> <p>Member has specific dates and times for needing a respite caregiver:</p> <p>Dates: _____ Times: _____</p> <p>Member has other services that provide a caregiver:</p> <p><input type="checkbox"/> In-Home Supportive Services (IHSS) <input type="checkbox"/> Community-Based Adult Services (CBAS) <input type="checkbox"/> Regional Center <input type="checkbox"/> Private caregiver <input type="checkbox"/> Not applicable</p> <p>Does the member need immediate caregiver services? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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<input type="checkbox"/>	<p>Medically Tailored Meals (MTMs)/Medically Supportive Food (MSF)</p> <p>Designed to address individuals' chronic or other serious conditions that are nutrition-sensitive, leading to improved health outcomes and reduced</p>	<p>Member must meet <u>one</u> or more of the following medical conditions:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Autoimmune Disease <input type="checkbox"/> Cancer(s) <input type="checkbox"/> Cardiovascular disorders <input type="checkbox"/> Chronic kidney disease <input type="checkbox"/> Chronic lung disorders or other pulmonary conditions (e.g., asthma) </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Hypertension <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> Fatty liver <input type="checkbox"/> Malnutrition <input type="checkbox"/> Obesity </td> </tr> </table>	<input type="checkbox"/> Autoimmune Disease <input type="checkbox"/> Cancer(s) <input type="checkbox"/> Cardiovascular disorders <input type="checkbox"/> Chronic kidney disease <input type="checkbox"/> Chronic lung disorders or other pulmonary conditions (e.g., asthma)	<input type="checkbox"/> Hypertension <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> Fatty liver <input type="checkbox"/> Malnutrition <input type="checkbox"/> Obesity
<input type="checkbox"/> Autoimmune Disease <input type="checkbox"/> Cancer(s) <input type="checkbox"/> Cardiovascular disorders <input type="checkbox"/> Chronic kidney disease <input type="checkbox"/> Chronic lung disorders or other pulmonary conditions (e.g., asthma)	<input type="checkbox"/> Hypertension <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> Fatty liver <input type="checkbox"/> Malnutrition <input type="checkbox"/> Obesity			

Services Provided in the Home

	unnecessary costs.	or chronic obstructive pulmonary disease (COPD) <input type="checkbox"/> Heart failure <input type="checkbox"/> Diabetes or other metabolic conditions <input type="checkbox"/> Elevated lead levels <input type="checkbox"/> End-stage renal disease (ESRD) <input type="checkbox"/> High cholesterol <input type="checkbox"/> Liver disease	<input type="checkbox"/> Stroke <input type="checkbox"/> Gastrointestinal disorders <input type="checkbox"/> Gestational diabetes <input type="checkbox"/> High-risk perinatal conditions <input type="checkbox"/> Chronic or disabling mental/behavioral health disorders <input type="checkbox"/> Other (please explain): _____ _____ _____
		Is member on a special diet? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe: _____ _____	<input type="checkbox"/> Member is receiving other meal delivery services from local, state or federally funded programs <input type="checkbox"/> Member is currently in the hospital or nursing facility and Medically Tailored Meals are a part of the discharge plan Has a refrigerator? Yes <input type="checkbox"/> No <input type="checkbox"/> Has a way to safely reheat meals? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<p>Environmental Accessibility Adaptations (EAA)</p> <p>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.</p>	Request for a Personal Emergency Response System (PERS)? Yes <input type="checkbox"/> No <input type="checkbox"/> <p>Select <u>if</u> applicable:</p> <input type="checkbox"/> Member at risk for institutionalization in a nursing facility <p>Provider must ensure:</p> <input type="checkbox"/> Member has discussed needing a home modification with their primary care provider (PCP) <input type="checkbox"/> PCP has documented a medical need for this service and will provide documentation upon request Received this service before? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	

Services Provided in the Home

<input type="checkbox"/>	<p>Asthma Remediation</p> <p>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 safety of a member, or to enable a member to function in the home with reduced likelihood of experiencing acute asthma episodes.</p>	<p>Select <u>if</u> applicable:</p> <p><input type="checkbox"/> Member had emergency department (ED) visit or hospitalization related to asthma in the past 12 months</p> <p><input type="checkbox"/> Member had two sick or urgent care visits related to asthma in the past 12 months</p> <p><input type="checkbox"/> Member has a score of 19 or lower on the Asthma Control Test</p> <p><input type="checkbox"/> A licensed health care provider had documented that the service will likely avoid asthma-related hospitalizations, emergency department visits or other high-cost services</p> <p>Received this service before? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/></p>
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