Community Supports Provider Program Guide

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CalOptima Health, A Public Agency

CalOptima Health

Table of Contents

Respite Services 6

Definition of Service 6
Eligibility 7
Ineligible (Denial) 7
HCPCS Codes 8
Diagnosis Codes/SDOH Codes 8
Length of Authorization 8
How it Works 8
Number of Units to Authorize 10
Additional Tools and Documentation Needed 10
FAQ 10

Assisted Living Facility (ALF) Transitions 11

Definition of Service 11
Eligibility 13
Ineligible (Denial) 13
HCPCS Codes 13
Diagnosis Codes/SDOH Codes 13
Length of Authorization 13
How it Works 14
Number of Units to Authorize 14
Additional Tools and Documentation Needed 14
FAQ 15

Community or Home Transition Services 16

Definition of Service 16
Eligibility 17
Ineligible (Denial) 18
HCPCS Codes: 18
Diagnosis Codes/SDOH Codes 18
Length of Authorization 18
How it Works 19
Examples of Covered Services 19
Number of Units to Authorize 19
Additional Tools and Documentation Needed 20
FAQ 20

Personal Care and Homemaker Services (PCHS) 21

Definition of Service 21
Eligibility 22
Ineligible (Denial) 22
HCPCS Codes 22
Diagnosis Codes/SDOH Codes 22
Length of Authorization 22
How it Works 22
FAQ 23

Environmental Accessibility Adaptations (EAA) (Home Modifications) 25

Definition of Service 25
Examples of Covered Services 25
Eligibility 26
Ineligible (Denial) 26
HCPCS Codes 26
Diagnosis Codes/SDOH Codes 26
Length of Authorization 26
How it Works 26
Number of Units to Authorize 27
Additional Tools and Documentation Needed 28
FAQ 28

Medically Tailored Meals (MTMs)/ Medically Supportive Food (MSF) 30

Definition of Service 30
Eligibility 30
Ineligible (will result in a denial) 31
HCPCS Codes 31
Diagnosis Codes/SDOH Codes 31
Length of Authorization 31
How it Works 31
FAQ 32

Sobering Centers 33

Definition of Service 33
Eligibility 33
Ineligible (Denial) 34
HCPCS Codes 34
Diagnosis Codes/SDOH Codes 34
Length of Authorization 34
How it Works 34
Number of Units to Authorize 34
Additional Tools and Documentation Needed 34
FAQ 35

Asthma Remediation 36

Definition of Service 36
Examples of Covered Services 36
Eligibility 37
Ineligible (Denial) 37
HCPCS Codes 37
Diagnosis Codes/SDOH Codes 37
Length of Authorization 38
How it Works 38
Number of Units to Authorize 38
Additional Tools and Documentation needed 38
FAQ 39

Housing Transition Navigation Services (HTNS) 40

Definition of Service 40
Eligibility 41
HCPCS Codes 42
Diagnosis Codes/SDOH Codes 42

Number of Units to Bill 42
Length of Authorization 42
How it Works 42
Number of Units to Authorize 43
Additional Tools and Documentation Needed 43
FAQ 43

Housing Deposits 46

Definition of Service 46
Examples of Covered Services 46
Eligibility 47
Ineligible (Denial) 47
HCPCS Codes 48
Diagnosis Codes/SDOH Codes 48
Length of Authorization 48
How it Works 48
Number of Units to Authorize 49
Additional Tools and Documentation 49
FAQ 49

Housing Tenancy and Sustaining Services (HTSS) 51

Definition of Service 51
Eligibility 52
HCPCS Codes 53
Number of Units to Bill 53
Diagnosis Codes/SDOH Codes 53
Length of Authorization 53
How it Works 53
Number of Units to Authorize 54
FAQ 54

Day Habilitation Programs 55

Definition of Service 55
Eligibility 56
Ineligible (denial) 56
HCPCS Codes 56
Diagnosis Codes/SDOH Codes 57
Length of Authorization 57
How it Works 57
Number of Units to Authorize 58
Additional Tools and Documentation Needed 58
FAQ 58

Recuperative Care (Medical Respite) 59

Definition of Service 59
Eligibility 59
Ineligible (Denial) 60
HCPCS Codes 60
Diagnosis Codes/SDOH Codes 60
Length of Authorization 60
How it Works 60
Number of Units to Authorize 61

Additional Tools and Documentation Needed 61
FAQ 61

Short-Term Post-Hospitalization Housing 63

Definition of Service 63
Eligibility 63
Ineligible (Denial) 64
HCPCS Codes 64
Diagnosis Codes/SDOH Codes 64
Length of Authorization 64
How it Works 64
Number of Units to Authorize 65
Additional Tools and Documentation Needed 65
FAQ 65

Transitional Rent 66

Definition of Service: 66
Eligibility: 66
Ineligible (Denial): 67
HCPCS Codes: 68
Diagnosis Codes/SDOH Codes: 68
Length of Authorization: 68
How it Works: 68
Number of Units to Authorize: 70
Additional Tools and Documentation Needed: 70
FAQ: 70

APPENDICES 72

Appendix A: Place of Service (POS) Code Reference Listing 72
Appendix B: Community Supports Referral Form 73
Appendix C: Environmental Accessibility Adaptations Forms 87
Appendix D: Asthma Remediation Forms 91
Appendix E: Housing Trio Forms 97
Appendix F: Housing Transition Navigation Services 117
Appendix G: Day Habilitation Programs Form 122

Day Habilitation Reference Guide 126

Appendix H: Recuperative Care (Medical Respite) Forms 129
Appendix I: Recuperative Care Health Assessment and Care Plan 136
Appendix I: Further Resources 146

Respite Services

Definition of Service

Provided to caregivers of members who require intermittent temporary supervision. The services are nonmedical in nature and are provided on a short-term basis because of the absence or need for relief of those persons who normally care for and/or supervise the member. This service is distinct from Recuperative Care (Medical Respite) and is rest for the member's caregiver only.

Respite services can include any of the following:

1. Services provided by the hour on an episodic basis due to the absence of or need for relief for those persons normally providing care to the member.
2. Services provided by day/overnight on a short-term basis because of the absence of or need for relief for those persons normally providing care to the member.
3. Services that attend to the member's basic self-help needs and other activities of daily living (ADL), including interaction, socialization and continuation of usual daily routines that would ordinarily be performed by those persons who normally care for and/or supervise them.

Home respite services are provided to the member in his or her own home or another location being used as the home. Facility respite services are provided in an approved out-of-home location.

Respite should be made available when it is useful and necessary to maintain a member in their own home and to preempt caregiver burnout and avoid institutional services for which CalOptima Health is responsible.

In the home setting, these services, in combination with any direct care services the member is receiving, may not exceed 24 hours per day of care.

- Members who receive caregiver benefits from other entities (In-Home Supportive Services [IHSS], Community-Based Adult Services [CBAS] or a private caregiver) will have those hours subtracted from their total daily authorized respite hours.

Service limit is up to 336 hours per calendar year (24 hours x 7 days x 2 weeks = 336 hours). The service is inclusive of all in-home and in-facility services. Exceptions to the 336-hour per calendar year limit can be made, with CalOptima Health authorization, when the caregiver experiences an episode, including medical treatment and hospitalization, that leaves a CalOptima Health member without their caregiver. Respite support provided during these episodes can be excluded from the 336-hour annual limit

Eligibility

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.

Other subsets may include children who previously were covered for Respite Services under the Pediatrics Palliative Care Waiver, foster care program beneficiaries, members enrolled in either California Children's Services or the Genetically Handicapped Persons Program (GHPP), and members with complex care needs.

Ineligible (Denial)

This service is only to avoid placements for which CalOptima Health would be responsible.

Respite services cannot be provided virtually or via telehealth. Respite service hours cannot be used for Personal Care Homemaker Services.

HCPCS Codes

Respite Services			
HCPC Level II Code and Modifier	**HPCS Description**	**Units of Service**	**Place of Service**
H0045/U6	Respite care services, not in the home	1 unit = per diem	See Appendix A for Place of Service Code reference listing
S5151/U6	Hourly rate	1 unit = 1 hour and only one DOS per claim line	See Appendix A Place of Service Code reference listing
S9125/U6	Respite care, in the home	1 unit = per diem	See Appendix A for Place of Service Code reference listing

Diagnosis Codes/SDOH Codes

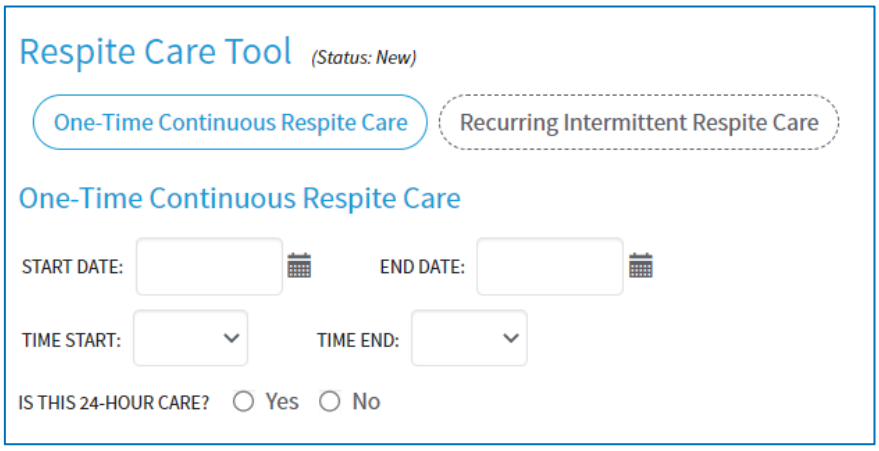
Refer to diagnosis codes for SDOH from the Department of Health Care Services (DHCS) All Plan Letter (APL) 21-009.

Length of Authorization

Up to 12 months.

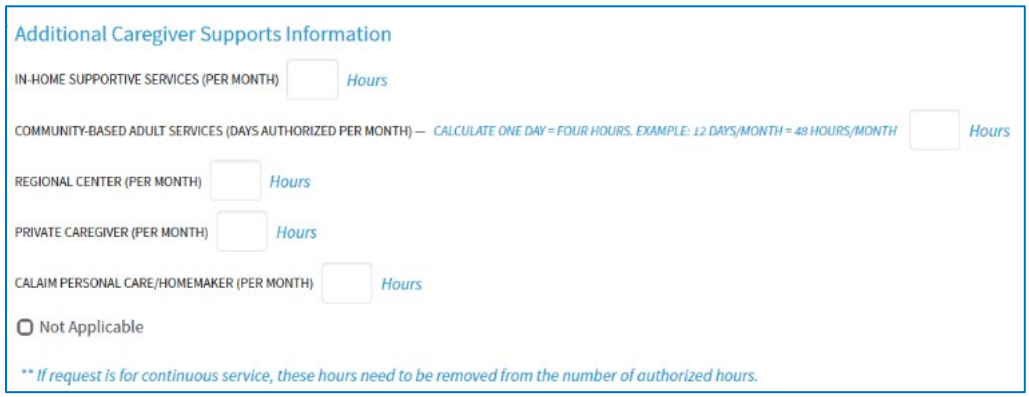
How it Works

- CalOptima Health will receive a referral request.
- CalOptima Health will contact the member to complete the respite questionnaire built into CalOptima Health Connect. The questionnaire cannot be completed by a provider.
- The respite questionnaire will answer the following questions:
    - Dates and times respite is being requested, split between continuous and intermittent requests.



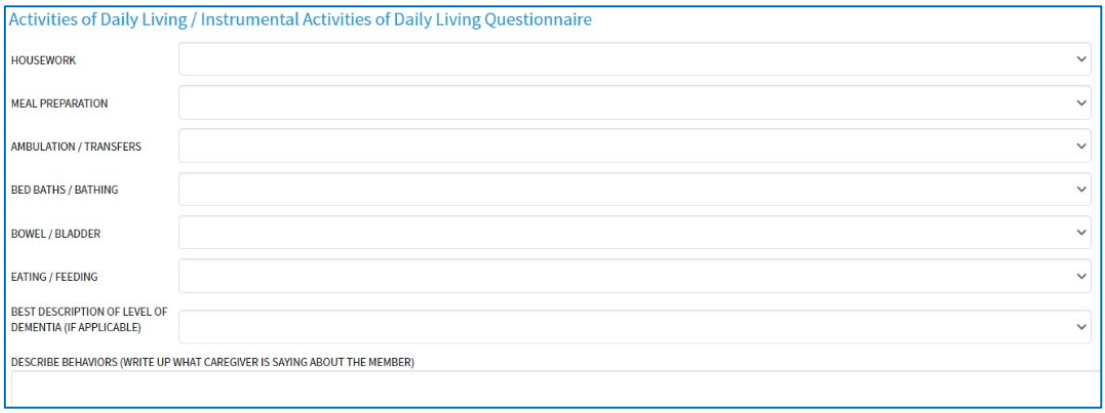
(Example screenshot from CalOptima Health Connect)

- If this request is for around-the-clock care, CalOptima Health will review pertinent documentation or may ask the caregiver or member to assist in determining any respite hours received from other programs, including IHSS, Orange County Regional Center, etc.
- These hours will then be subtracted from the approved hours so as not to exceed 24 hours of combined care within a 24-hour timeframe (only applicable to continuous respite care requests).



(Example screenshot from CalOptima Health Connect)

- The respite questionnaire includes six questions that rank the member's ability to perform ADLs/independent activities of daily living (iADLs) and a question related to dementia, based on the Functional Assessment Staging Tool (FAST) scale.



(Example screenshot from CalOptima Health Connect)

- Once CalOptima Health has completed the questionnaire with the member, they will contact providers with available capacity in CalOptima Health Connect via a telephone call or via the CalOptima Health Connect inbox messaging portal, depending on the urgency of the request.
- CalOptima Health will provide details about the dates and times being requested and how many hours will be approved for the member.
- The provider can access the member's respite questionnaire and make a final determination of whether they are able to accept the member and staff the case.

- If the provider decides they cannot meet the member's needs, they can decline the referral within CalOptima Health Connect, and the referral will be routed to another provider
- Once the provider accepts the member, they will submit an authorization request for the number of hours as specified within the questionnaire.
- CalOptima Health will approve the authorization request, and the provider will initiate services.

Number of Units to Authorize

The Respite Questionnaire completed by CalOptima Health staff will indicate any hours that need to be subtracted from the 336-hour service limit. The number of approved hours will be communicated to the provider when the referral/communication occurs.

Additional Tools and Documentation Needed

- Respite Questionnaire (built it into CalOptima Health Connect)

FAQ

1. **How do you define a caregiver?**
   A caregiver is someone who provides nonmedical care, including but not limited to, assisting the member with their basic self-help needs and other ADLs, including interaction, socialization and continuation of usual daily routines/activities.

2. **Are children eligible?**
   Children who previously were covered for respite services under the Pediatrics Palliative Care Waiver, foster care program beneficiaries, members enrolled in either California Children's Services or GHPP and members with complex care needs are eligible.

3. **If the IHSS hours are 10 per week, how do we subtract the daily?**
   For continuous hours, these will be automatically subtracted in CalOptima Health Connect. For intermittent requests, there is no need to subtract those hours.

4. **What is the average number of hours per week if a member wanted to utilize the service only one day per week?**
   The maximum annual limit is 336 hours per year (if the request is spread over one year), with a recommendation of 6.46 hours per week. CalOptima Health recommends that the member work directly with their respite provider to ensure that their needs are met.

5. **When should this authorization be terminated?**
   This authorization is given for dates of service of one year from the original date. As soon as the member utilizes the full amount of the approved hours, the respite provider will request a discharge within the CalOptima Health Connect system. This will trigger CalOptima Health to end the authorization.

Assisted Living Facility (ALF) Transitions

Definition of Service

Assisted Living Facility Transitions, formerly known as Nursing Facility Transition/Diversion to 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 avoiding institutionalization, whenever possible.

The goal of the service is to facilitate nursing facility transition back into a home-like, community setting and/or to prevent nursing facility admissions for members living in the community. This Community Support is intended for members with an imminent need for nursing facility level of care (LOC) and is intended to provide a choice of residing in an assisted living setting as an alternative to long-term placement in a nursing facility.

For the purposes of this service definition, the term assisted living facility (ALF) includes a residential care facility for the elderly (RCFE) or an adult residential care facility (ARF).

This service includes two components, as follows:

1. **Time-limited transition services and expenses** to enable a person to establish a residence in an ALF. Transition services end once the member establishes residency in the ALF. The transitional period will vary in length and services provided based on a member's

unique circumstances. Allowable expenses are those necessary to enable a person to establish ALF residence (excluding room and board), including but not limited to:

- Assessing the member's housing needs and presenting options.
- Assessing the service needs of the member to determine if the member needs enhanced onsite services at the ALF, so the member can be safely and stably housed.
- Assisting in securing an ALF, including the completion of facility applications and securing required documentation (e.g., Social Security card, birth certificate, prior rental history).
- Moving expenses to support a member's transition, such as movers/moving supplies and necessary private/personal articles to establish an ALF residence.
- Communicating with facility administration and coordinating the move.
- Establishing procedures and contacts to retain housing at the ALF.

2. **Ongoing assisted living services** are provided to a member on an ongoing basis after they transition into the ALF. Members can receive these services indefinitely, as long as the member can maintain residency in the ALF. These services include:
    - Assistance with ADLs and Instrumental ADLs (IADLs)
    - Meal preparation
    - Transportation
    - Medication administration and oversight
    - Companion services
    - Therapeutic social and recreational programming provided in a home-like environment
    - 24-hour direct care staff onsite at the ALF to meet unpredictable needs in a way that promotes maximum dignity and independence, and to provide supervision, safety and security
    - Care coordination services to screen for eligibility and support enrollment of Members in Enhanced Care Management (ECM) and other Community Supports

For more information on the interface between ALF and the California Community Transitions Program, as well as ALF and other Community Supports services, ECM, Transitional Care Services and Population Health Management, please refer to DHCS Community Supports Policy Guide (pgs. 13–18).

Eligibility

A) Member residing in a nursing facility who:	B) Members residing in the community who:
1. Have resided 60-plus days in a nursing facility 2. Are willing to live in an assisted living setting as an alternative to a nursing facility 3. Are able to reside safely in an ALF	1. Are interested in remaining in the community 2. Are willing and able to reside safely in an ALF 3. Meet the minimum criteria to receive nursing facility LOC services, and, in lieu of going into a facility, choose to remain in the community and continue to receive medically necessary nursing facility LOC services at an ALF

Ineligible (Denial)

Room and board expenses are not included in this service. Members may receive assistance with room and board from other sources at the same time as receiving this service. Additional details on how members can obtain assistance for payment of room and board when residing in an ALF can be found on the DHCS Assisted Living Waiver (ALW) website.

HCPCS Codes

ALF Transitions			
HCPCS Level II Code and Modifier	**HCPCS Description**	**Units of Service**	**Place of Service**
T2038/U4	Community transition	1 unit per service	See Appendix A Place of Service Code reference listing
ALW Tier 1: H2022 / U5 + U1 ALW Tier 2: H2022 / U5 + U2 ALW Tier 3: H2022 / U5 + U3 ALW Tier 4: H2022 / U5 + U4 ALW Tier 5: H2022 / U5 + UC	Community wraparound services, assisted living services, per diem	1 unit = 1 day (per service date)	See Appendix A Place of Service Code reference listing

Diagnosis Codes/SDOH Codes

Refer to diagnosis codes for SDOH from DHCS APL 21-009

Length of Authorization

Six months.

How it Works

1) **Time-Limited Transition Services**
   - A provider, member or facility will submit the referral form for ALF transitions as well as the required documentation, including proof/receipt of the member's successful placement on the ALW waitlist.
   - If CalOptima Health can verify that the member is included on the DHCS ALW list, this will also suffice as proof that the member has successfully been placed on the ALW waitlist.
   - If the referral was not submitted by a provider, CalOptima Health will forward the request to an ALF provider within 48 hours.
   - Once the required documentation has been submitted for the member, CalOptima Health will request that the provider submit an authorization request via CalOptima Health Connect to begin time-limited transition services.

2) **Ongoing Assisted Living Services**
   - The ongoing assisted living services are available once a member has established residence in an approved ALF.
   - If the member received the time-limited transition service, the ALF transitions provider will terminate those services as they are no longer needed.
   - After CalOptima Health has confirmed the time-limited transition services have been terminated, CalOptima Health will request the provider submit an authorization request for ongoing assisted living services with the required documentation, which includes:
     - A copy of the Individualized Support Plan (ISP) Assessment conducted for the member, indicating their appropriate ALW tier.
     - Proof that a member has established residency in an approved ALF.
   - The provider will reassess the member every six months to ensure the ALW tier level is still accurate based on the member's needs.
   - Once the Member has been removed from the ALW waiting list, the ALF transitions provider will terminate the ongoing assisted living services authorization as the services provided via the ALF Transitions and the ALW are duplicative.

Number of Units to Authorize

Time-limited transition services:

- Request 9,999 units. Billed amounts should be reported on each encounter. Multiple encounters may be submitted for a single transition if different services are involved. A transition can also be indicated on a single encounter with a beginning and end date.

Ongoing assisted living services:

- Request ALW tier as assessed on the ISP.

Additional Tools and Documentation Needed

None

FAQ

1. **What is acceptable documentation to demonstrate a member has been successfully added to the ALW waitlist?**
   The provider can submit communication (i.e., official email or letter) from DHCS that indicates a member was successfully placed on the ALW waitlist.

2. **Who can be contracted as an ALF transitions provider?**
   CalOptima Health will contract with organizations that are DHCS participating Care Coordination Agencies (CCAs) for the ALW program on this list: List-of-Approved-CCAs.

3. **What facilities can be contracted to provide this service?**
   Facilities must be on DHCS's ALW program participating facilities list: www.dhcs.ca.gov/services/ltc/Pages/List-of-Approved-RCFE-ARF.aspx.

Community or Home Transition Services

Definition of Service

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. Community or Home Transition Services support members in transitioning from a licensed nursing facility to a living arrangement in a private residence or public subsidized housing, where the member is responsible for identifying funding for their living expenses. This service also covers set-up expenses necessary for a member to establish a basic household.

This service includes two components, as follows:

1) **Time-limited transition services and expenses** to enable a member to transition from a licensed facility to a private residence or public subsidized housing. Each transitional period will vary in length and services provided based on a member's unique circumstances. Services can include the following:
    - Assessing the member's housing needs and presenting options.
    - Assisting in searching for and securing housing, including the completion of housing applications and securing required documentation (e.g., Social Security card, birth certificate, prior rental history).

- Communicating with the landlord (if applicable) and coordinating the move.
- Establishing procedures and contacts to retain housing.
- Identifying, coordinating, securing or funding nonemergency, nonmedical transportation to assist members' mobility to ensure reasonable accommodations and access to housing options prior to transition and on move-in day.
- Identifying the need for and coordinating funding for environmental modifications to install necessary accommodations for accessibility.

2) **Nonrecurring set-up expenses** are those necessary to enable a member to establish a basic household that does not constitute room and board and include:
    - Security deposits required to obtain a lease on an apartment or home. Security deposits should be in alignment with Assembly Bill (AB) 12, enacted in 2024
    - Set-up fees for utilities or service access and up to six months' payment in utility arrears, as necessary to secure the unit
    - Services necessary for the individual's health and safety, such as pest eradication and one-time cleaning prior to occupancy, and necessary repairs to meet Housing Choice Voucher program quality standards, where those costs are not the responsibility of the landlord under applicable law
    - Air conditioner or heater
    - Adaptive aids designed to preserve an individual's health and safety in the home, such as hospital beds, Hoyer lifts, bedside commode, shower chair, traction, nonskid strips, etc. that are necessary to ensure access and safety for the individual upon move-in to the home, when they are not otherwise available to the member under Medi-Cal (e.g., State Plan, Home and Community-Based Services [HCBS] waiver, etc.)

CalOptima Health may not limit its offering of this service to only component 1 or component 2 and must offer both to the extent that they are applicable to each member.

To understand Community or Home Transition services delivery with other Community Support Services, ECM, Transitional Care Services and population health management, please refer to DHCS Community Supports Policy Guide (pg. 19–24).

Eligibility

Members who:

- Are 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
- Have lived 60+ days in an approved setting, which includes a nursing home and/or a recuperative care setting
- Are interested in moving back to the community
- Can reside safely in the community with appropriate and cost-effective support and services.

A member can be eligible for both the California Community Transitions (CCT) program, HCBA Waiver and/or the Multipurpose Senior Services Program (MSSP) and this Community Support; however, they cannot receive both at the same time. CalOptima Health is encouraged to assist members with enrollment in eligible and available waiver programs, as appropriate.

Ineligible (Denial)

- Community Transition Services do not include monthly rental or mortgage expenses, food, regular utility charges, or household appliances or items that are intended for purely diversionary/recreational purposes.
- Nonrecurring set-up expenses are payable up to a total lifetime maximum amount of $7,500. The transitional coordination cost is excluded from this total lifetime maximum. The only exception to the $7,500 total maximum is if the member is compelled to move from a provider-operated living arrangement to a living arrangement in a private residence or public subsidized housing through circumstances beyond their control.
- Community Transition Services must be necessary to ensure the health, welfare and safety of the member, without which the member would be unable to move to the private residence or public subsidized housing and would then require continued or re-institutionalization.
- A member can be eligible for relevant waiver/demonstration programs (e.g., CCT, HCBA, etc.) and this Community Support. However, they cannot receive both at the same time if activities provided under each program are duplicative. CalOptima Health is encouraged to assist members with enrollment in eligible and available waiver/demonstration programs, as appropriate.

HCPCS Codes:

Community or Home Transition Services			
HCPCS Level II Code and Modifier	**HCPCS Description**	**Units of Service**	**Place of Service**
H0044/U5	Non-recurring set-up expenses Lifetime maximum of $7,500	1 unit per service	See Appendix A Place of Service Code reference listing
T2038/U5	Time-limited transition services and expenses Monthly care coordination rate	1 unit per service monthly	See Appendix A Place of Service Code reference listing

Diagnosis Codes/SDOH Codes

Refer to diagnosis codes SDOH from DHCS APL 21-009

Length of Authorization

12 months

How it Works

1) **Time-limited transition services and expenses**
    - CalOptima Health will receive the referral form.
    - If the referral form is not from a provider, CalOptima Health will route it to a provider within 48 hours.
    - Providers will upload the following documents obtained from the approved care setting into CalOptima Health Connect:
        - History and Physical Examination (H&P) form
        - Social worker's (SW) notes (including any financial documentation available)
        - Care plan
        - Discharge plan
    - If all necessary documentation is submitted, CalOptima Health will ask the provider to accept the referral and begin offering the time-limited transition services.
    - Once a member has secured/identified housing to successfully transition back to the community, the provider may submit a referral for the non-recurring set-up expenses.

2) **Nonrecurring setup expenses**
    - A member can access up to $7,500 to help establish a basic household and pay for the security deposit required to obtain a lease.
    - The provider will work with the member to determine items needed and upload receipts for all expenditures/items purchased into CalOptima Health Connect.
    - If home modifications are needed, members must access the **Environmental Accessibility Adaptations (Home Modifications)** Community Support first if they are determined eligible. If the member reaches their lifetime maximum, funds for non-recurring set-up expenses may be used for similar modifications.
    - Members can also utilize the **Housing Deposit** Community Support if they are eligible and if the service provided is unique and distinct from the Community or Home Transition services.

Examples of Covered Services

Item
Air conditioner or heater
Hospital bed
Hoyer lift
Bedside commode
Shower chair
Traction or nonskid strips

Number of Units to Authorize

9,999 units (requires billed amounts to be reported)

Additional Tools and Documentation Needed

- Invoice Tracker Tool used within CalOptima Health Connect
- Receipts uploaded of all purchases, including deposits, home modifications and moving expenses
- Two bids (if necessary, for any home modifications needed)
- Home Assessment Tool for home modifications
- Approval of Permanent Modifications for CalAIM Community Supports Home Modification/Asthma Remediation Repairs
- Notice of Completion of CalAIM Community Supports Home Modification/Asthma Remediation Repairs

FAQ

1. **Are there any instances in which a member can exceed the $7,500 maximum?**
   Per the DHCS Policy Guide, if the member is compelled by circumstances beyond their control to move from a provider-operated living arrangement to a living arrangement in a private residence, then the limit will be reviewed on a case-by-case basis.

2. **Can the member utilize the Environmental Accessibility Adaptations as well as this service?**
   Members should utilize this service for those items outlined above. For items not covered by this service, the community or home transitions provider must refer the member to additional Community Supports, including Environmental Accessibility Adaptations (Home Modifications). CalOptima Health will evaluate requests on a case-by-case basis.

3. **Can the member get an IHSS caregiver to help after moving in?**
   Yes, part of this service coordination should include collaboration and referrals to programs that will ensure success after move-in, including referrals to MTM, PCHS and ECM.

4. **What if it takes longer than the one-year authorization time to get these services coordinated?**
   Our hope is that it will not; however, CalOptima Health will review any requests for reauthorization of continued services on a case-by-case basis.

Personal Care and Homemaker Services (PCHS)

Definition of Service

Provided for individuals who need assistance with ADLs such as bathing, dressing, toileting, ambulation or feeding. Personal Care Services can also include assistance with IADLs such as meal preparation, grocery shopping and money management. PCHS aids individuals who could not otherwise remain in their homes.

Includes services as similarly provided by the IHSS program, including house cleaning, meal preparation, laundry, grocery shopping, personal care services (such as bowel and bladder care, bathing, grooming and paramedical services), accompaniment to medical appointments and protective supervision for the mentally impaired.

The PCHS Community Support can be utilized:

- During the IHSS application process, including during any waiting period after a referral has been made. PCHS may be authorized prior to and up until IHSS services are in place.
- In addition to any approved county IHSS hours, when additional support is required, including when IHSS benefits are exhausted.
- For members who are ineligible for IHSS, PCHS can be put in place to help prevent a short-term stay in a skilled nursing facility (not to exceed 90 days). To receive short-term PCHS, members are not required to apply for IHSS, but the authorization request should include information about the need for a short-term stay in a skilled nursing facility in the absence of PCHS being available.

Eligibility

- Individuals at risk for hospitalization or institutionalization in a nursing facility; or
- Individuals with functional deficits and no other adequate support system; or
- Individuals approved for IHSS. Eligibility criteria can be found at: www.cdss.ca.gov/in-home-supportive-services

Ineligible (Denial)

- This service cannot be utilized in lieu of referring to the IHSS program. The member must be referred to the IHSS program when they meet referral criteria.
- If a member receiving Personal Care and Homemaker services has any change in their current condition, they must be referred to IHSS for reassessment and determination of additional hours. Members may continue to receive the Personal Care and Homemaker Services Community Support during this reassessment waiting period.

HCPCS Codes

Personal Care and Homemaker Services			
HCPCS Level II Code and Modifier	**HCPCS Description**	**Units of Service**	**Place of Service**
S5130/U6	Homemaker services; per 15 minutes	1 unit = per 15 minutes	See Appendix A Place of Service Code reference listing
T1019/U6	Personal care services; per 15 minutes	1 unit = per 15 minutes	See Appendix A Place of Service Code reference listing

Diagnosis Codes/SDOH Codes

Refer to diagnosis codes for SDOH from DHCS APL 21-009

Length of Authorization

Up to 90 days.

How it Works

1. For members with **pending** IHSS applications:
   - A provider will send a referral to CalOptima Health with the required documentation of the member's successful submission of an IHSS application.
     - Appropriate documentation includes the member's IHSS case number or the SOC-873 form (IHSS Health Care Certification Form).
   - Once appropriate documentation is provided and reviewed, the member will be assessed by CalOptima Health for the appropriate number of PCHS hours for no more than 90 days and be assigned to a provider for service provision.

2. For members **ineligible** for IHSS:
   - A provider will send a referral to CalOptima Health with the required documentation demonstrating an urgent and time-limited need for PCHS.
     - Appropriate documentation includes a doctor's note from the member's treating provider or PCP demonstrating the need for PCHS.
   - Once appropriate documentation is provided and reviewed, CalOptima Health will authorize services not to exceed 60 days.

3. Members who have IHSS and are **requesting additional hours**:
   - Members will only qualify for PCHS hours in this scenario if the Orange County Social Services Agency (SSA) determines a future appointment is needed to assess the member's need for additional hours.
   - If this criterion is met, a provider will send a referral to CalOptima Health with the required documentation.
     - The required documentation includes an official letter from SSA with the date of the future appointment.
   - Once appropriate documentation is provided and reviewed, CalOptima Health will authorize services for up to 14 days after the date of the SSA appointment.

4. For members requesting **additional hours above the maximum** IHSS allocation:
   - A provider will send a referral with a copy of appropriate documentation previously submitted to IHSS.
     - Required documentation includes the HHSA Assessment of Need for Protective Supervision for IHSS (HHSA SOC 821) and/or SOC 321 - Request for Order and Consent for Paramedical Services.
   - Once appropriate documentation is provided and reviewed, CalOptima Health will determine medical necessity for PCHS.

FAQ

1. **How do you define a support system?**
   A support system is defined as someone being available to ensure that the member can safely perform ADLs and iADLs. This may be a family member or friend. It may be continuous or intermittent, but if this support did not exist, the member would need to be institutionalized in a nursing facility or hospital.

2. **How does the member apply for IHSS?**
   Members can access the application here: IHSS application. Additional information about IHSS can also be found on the California Department of Social Services website.

3. **Does IHSS have other qualifications other than those for CalAIM?**
   Yes, IHSS has its own qualifications. Eligibility criteria for all IHSS applicants can be found on the California Department of Social Services website linked above.

4. **Does this mean if someone does not qualify for IHSS they do not qualify for CalAIM Personal Care and Homemaker Services?**
   Members who do not qualify for IHSS will only be eligible for 60 days of personal care services if there is a documented urgent need requested by a physician and approved by CalOptima Health.

5. **If the member switches providers, does the member need another personal care and homemaker assessment?**
   No, the member will not need a new assessment. A new assessment will only need to be completed if the member has a change in condition.

Environmental Accessibility Adaptations (EAA) (Home Modifications)

Definition of Service

Also known as Home Modifications, these 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 and without which the member would require institutionalization. EAAs are payable up to a total lifetime maximum of $7,500.

Examples of Covered Services

Item
Ramps (permanent) and grab bars to assist members in accessing the home
Doorway widening for members who require a wheelchair
Stair lifts
Making bathroom and shower wheelchair accessible (e.g., constructing a roll-in shower)
Installation of specialized electric and plumbing systems necessary to accommodate the medical equipment and supplies of the member
Installation and testing of **Personal Emergency Response System (PERS)** for members who are alone for significant parts of the day without a caregiver and who otherwise require routine supervision (including monthly service costs, as needed)

Item
Drywall and painting to return the home to a habitable condition, but do not include aesthetic embellishments
Labor

Eligibility

Member at risk for institutionalization in a nursing facility.

Ineligible (Denial)

Individuals who are not at risk for institutionalization in a nursing facility

HCPCS Codes

Environmental Accessibility Adaptations (EAA)			
HCPCS Level II Code and Modifier	**HCPCS Description**	**Units of Service**	**Place of Service**
T1028/U6	Assessment	1 unit = per service	See Appendix A Place of Service Code reference listing. POS 12 (Home) is only acceptable
S5165/U6	Modification	1 unit = per service	See Appendix A Place of Service Code reference listing. POS 12 (Home) is only acceptable

Diagnosis Codes/SDOH Codes

Refer to diagnosis codes for SDOH from DHCS APL 21-009

Length of Authorization

Assessment = 90 days
Modification = 12 months

How it Works

1) Home Modification Assessment

- The EAA provider will submit an authorization request for the Home Modification Assessment (T1028 U6).
- Once the Home Modification Assessment service is authorized by CalOptima Health, the provider will assess the member's home utilizing a Home Assessment Tool.

2) Home Modifications

- If the provider determines physical home modifications are needed, based on the assessment, the provider will coordinate the following process:
    - The provider will submit an authorization request for the home modification service and include the Home Assessment Tool as an attachment in CalOptima Health Connect.
    - CalOptima Health will review the request and determine if a physical therapy (PT) or occupational therapy (OT) evaluation report is necessary.
        - If it is determined that a PT/OT evaluation is necessary, CalOptima Health will work with the provider to help obtain this report.
    - The provider will also upload the following documents into CalOptima Health Connect along with the Authorization Request:
        - Copy of the Approval of Permanent Modification for CalAIM Community Supports Home Modification/Asthma Remediation Repairs (if service is permanent) signed by the property owner.
        - Any required bids that the provider obtained for the completion of the work (two bids are required for work that costs more than $3,500).
        - Current PCP or other health professional order specifying the requested equipment or service meets the medical needs of the member, including any supporting documentation describing the efficacy of the equipment where appropriate (brochures will suffice to show the purpose and efficacy of the equipment; however, a brief written evaluation specific to the member describing how and why the equipment or service meets the needs of the member will still be necessary).
- CalOptima Health will review the documentation and approve the authorization in CalOptima Health Connect.
    - Once authorization approval is received, the provider can commence remediations to the member's home.
    - The provider will upload all receipts for all expenditures and complete the invoice tracker within the CalOptima Health Connect system or in their own electronic health record (EHR).
    - Once all remediations are complete:
        - Provider uploads signed Notice of Completion of CalAIM Community Supports Home Modification/Asthma Remediation Repairs into CalOptima Health Connect.
- The provider will send a copy of the completed modifications to member's PCP.

Number of Units to Authorize

9,999 units assessment
9,999 units modification
Requires all billed amounts to be reported.

Additional Tools and Documentation Needed

- Invoice Tracker Tool used within CalOptima Health Connect
- Receipts uploaded of all purchases, including deposits, home modifications and moving expenses.
- One bid is required for any modification, and two bids are required if over $3,500
- Home Assessment Tool
- Approval of Permanent Modification for CalAIM Community Supports Home Modification/Asthma Remediation Repairs
- Notice of Completion of CalAIM Community Supports Home Modification/Asthma Remediation Repairs

FAQ

1. **Are there any exceptions to the $7,500 lifetime maximum?**
   The only exception to the $7,500 total maximum is if the member's condition has changed so significantly that additional modifications are necessary to ensure the health, welfare and safety of the member, or are necessary to enable the member to function with greater independence in the home and avoid institutionalization or hospitalization.

2. **If the member only rents, can they still use this service?**
   The services are available in a home that is owned, rented, leased or occupied by the member or their caregiver. The landlord/homeowner needs to be informed of the service and provide a signature on required documents.

3. **What happens if the item that is modified breaks? Will CalOptima Health replace it?**
   CalOptima Health and the state are not responsible for maintenance or repair of any modification, nor for removal of any modification if the member ceases to reside at the residence. CalOptima Health requires that the EAA provider receive the property owner's signature on the Notice to Property Owner of Permanent Modification Form to ensure there is documentation that the member and the property owner are both aware prior to the remediations being performed. This document is kept in CalOptima Health's EHRs.

4. **What if the homeowner/landlord refuses to sign the Notice to Property Owner of Permanent Modification Form?**
   Unfortunately, if the homeowner/landlord is not agreeable to the modification, CalOptima Health and the Community Supports provider are unable to complete the remediation.

5. **Can a member use this service at the same time as another state program?**
   If another state plan-funded program is available and would accomplish the same goals of independence and avoidance of institutional placement, that program should be utilized in lieu of this service.

6. **Do these modifications need permits and abide by building codes?**
   EAAs must be conducted in accordance with applicable state and local building codes.

7. **If there are multiple members in the same home that will benefit from these modifications, can they each qualify for the $7,500?**
   Each eligible member can be referred to this service. CalOptima Health will review each request on a case-by-case basis, but if the determination is made that both members need the service, then both will receive authorization approval.

8. **If this Community Support is being used to supplement funding from an alternative program or waiver, do they need to repeat the bids and all documents?**
   Per DHCS guidelines, the assessment and authorization for EAAs must take place within a 90-day time frame. The Community Supports provider may use the same assessments if they are within the required time frame, following CalOptima Health requirements.

9. **Can more than one person in the home have PERS?**
   The PERS authorization will be given to each unique member within the household who qualifies for the service individually.

10. **The monthly cost of PERS is constant. Does this come out of the same lifetime maximum as EAA? Will there be any exceptions for members who would benefit from both EAA home modification and PERS?**
    CalOptima Health will review any authorization requests for both EAA and PERS separately.

11. **What happens when the authorization expires after one year? Can it be renewed?**
    If the member needs ongoing PERS, the Community Supports provider is responsible for completing the referral (to self) and then submitting the authorization request. The CalOptima Health team will approve the reauthorization following the steps above.

Medically Tailored Meals (MTMs)/ Medically Supportive Food (MSF)

Definition of Service

Services designed to address individuals' chronic or other serious conditions that are nutrition-sensitive, leading to improved health outcomes and reduced unnecessary costs. Services covered under this community support include:

- Medically Tailored Meals (MTMs): Meals that adhere to established, evidence-based nutrition guidelines for specific nutrition-sensitive health conditions.
- Medically Tailored Groceries (MTG): Preselected whole food items that adhere to established, evidence-based nutrition guidelines for specific nutrition sensitive health conditions.
- Medically Supportive Food (MSF): Packages of foods that adhere to national nutrition guidelines to prevent, manage or reverse nutrition-sensitive conditions of referred members.

Eligibility

- Individuals have chronic or other serious health conditions, such as but not limited to: cancers, cardiovascular disorders, chronic kidney disease, chronic lung disorders or other pulmonary conditions, congestive heart failure, diabetes or other metabolic conditions, elevated lead levels, end-stage renal disease, high cholesterol, HIV with significant weight loss, hypertension, liver disease, malnutrition, obesity, stroke, ulcers, gestational diabetes or high risk perinatal conditions, and chronic or disabling mental/behavioral health disorders.

Ineligible (will result in a denial)

- Members who do not have access to a refrigerator, unless a reasonable accommodation can be provided.
- Members who are receiving other meal delivery services from local, state or federally funded programs.
- Members who have already received 12 total weeks of medically tailored meals authorized by CalOptima Health, unless determined medically necessary by CalOptima Health.

HCPCS Codes

MTM / MSF			
HCPCS Level II Code and Modifier	**HCPCS Description**	**Units of Service**	**Place of Service**
S5170/U6	Home-delivered prepared meal	1 unit = 1 meal	See Appendix A Place of Service Code reference listing
S9470/U6	Nutritional counseling, diet	1 unit per consultation	See Appendix A Place of Service Code reference listing
S9977 / U6	Meals: per diem, not otherwise specified, aka grocery box	1 unit = 1 day (per service date)	See Appendix A Place of Service Code reference listing

Diagnosis Codes/SDOH Codes

Refer to diagnosis codes for SDOH from DHCS APL 21-009

Length of Authorization

Four weeks (may be extended beyond following a new registered dietician [RD] assessment and documentation determining MTMs/MSF are medically necessary) up to a maximum of 12 weeks.

How it Works

- All members referred to the MTMs/MSF service will be authorized for a nutritional assessment.
- Eligibility and duration of MTMs/MSF will be based on the results of the member's nutritional assessment.
- Members may be eligible for a maximum of 12 weeks of MTMs/MSF.
- Requests for MTMs/MSF above and beyond 12 weeks will be reviewed by CalOptima Health for medical necessity.

FAQ

1. **What happens if a member does not like their food?**
   Members can work with CalOptima Health to request a meal provider change at their four-week reassessment appointment if they are authorized to receive additional meals.

2. **Can a member who is homeless receive MTMs/MSF?**
   If the member meets eligibility criteria and they are homeless, they may still qualify. The most important factor is whether they have access to a refrigerator. Someone on the streets would not; however, someone staying with friends or at risk of homelessness can be eligible for services. If a member is staying at a shelter or recuperative care, the meal provider will work with the facility to ensure access to refrigeration if possible.

3. **Can members have both CalAIM MTM and CalFresh/WIC?**
   Yes, DHCS considers food assistance benefit programs such as SNAP or WIC not to be duplicative of MTM/MSF services because both benefits are designed to mitigate food insecurity for a household, while MTM/MSF services are provided to the authorized member as part of a clinical care plan to address their specific, eligible chronic or serious health conditions. Find out more on the CalFresh website and the WIC website.

4. **Can a member get more than the maximum 12 weeks of meals? For example, if a member is hospitalized, can there be an exception for a third authorization?**
   The lifetime maximum for this benefit is 12 weeks unless additional MTMs/MSF are determined to be medically necessary by CalOptima Health.

Sobering Centers

Definition of Service

Alternative destinations for 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. Sobering centers provide these individuals, primarily those who are experiencing homelessness or those with unstable living situations, with a safe, supportive environment to become sober.

Sobering centers can provide services such as medical triage, lab testing, a temporary bed, rehydration and food service, treatment for nausea, wound and dressing changes, shower and laundry facilities, substance use education and counseling, navigation and warm hand-offs for additional substance use services or other necessary health care services, and, for those experiencing homeless, care support services.

Eligibility

- 18 years of age or older
- Intoxicated
- Conscious
- Cooperative
- Able to walk
- Nonviolent
- Free from any medical distress (including life-threatening withdrawal symptoms or apparent underlying symptoms)

- Would otherwise be transported to the emergency department or a jail, or who presented at an emergency department and are eligible to be diverted to a Sobering Center.

Ineligible (Denial)

- Under 18 years of age
- Medically unstable to remain in this setting
- Covered for a duration of less than 24 hours.

HCPCS Codes

Sobering Centers			
HCPCS Level II Code and Modifier	**HCPCS Description**	**Units of Service**	**Place of Service**
H0014/U6	Alcohol and/or drug services; ambulatory detoxification	1 unit = 1 day (per service date)	See Appendix A Place of Service Code reference listing

Diagnosis Codes/SDOH Codes

Refer to diagnosis codes for SDOH from DHCS APL 21-009

Length of Authorization

These services are authorized for less than 24 hours in a given day.

How it Works

- Referrals will be auto-authorized via CalOptima Health Connect
    - There are no limitations to the number of times a member can be authorized for this service; however, this service is only covered for a duration of less than 24 hours in a day and should not be used as a shelter or housing option.
    - Providers are required to upload the member's discharge outcome and any referrals made for the member into the CalOptima Health Connect system within 30 days. CalOptima Health will run a weekly report showing the members who have utilized this service three or more times in a rolling 30 calendar days.
        - Providers should reach out to members on this report, offering additional resources for alcohol and other substance use dependency.

Number of Units to Authorize

Auto-authorization of one unit.

Additional Tools and Documentation Needed

None. This entire process is through CalOptima Health Connect.

FAQ

1. **How is an authorization for this service created?**
   CalOptima Health's contracted sobering center providers will create authorization requests, which will be auto-approved due to the urgent nature of the service via CalOptima Health Connect.

2. **What additional resources can health networks, the county, PCPs, ECM providers and others offer if the member has had three or more visits?**
   - Inpatient detox centers
   - Outpatient mental health (MH) and SUD clinic locations
   - Outpatient substance abuse services
   - Residential treatment
   - Sober living referrals
   - Substance abuse detox and treatment

3. **Can members be transferred from a hospital/emergency department (ED) to a sobering center?**
   Yes. One of the goals of this program is to reduce ED visits solely due to intoxication.

4. **How does the member get to the sobering center?**
   Typically, this is a collaboration between law enforcement, hospitals/EDs and street medicine outreach programs. Members can also walk in on their own. It is common that the member is brought into the center by law enforcement or others with available transportation.

5. **What happens when the member leaves the sobering center?**
   Throughout the member's stay, they should be working with staff to develop a discharge plan into either another in-house program, housing navigation services, county programs or alternative discharge locations such as emergency shelters or recuperative care.

6. **Is there a referral form for this service?**
   No, this is the only Community Support that does not have a referral form. The rationale for this is that the service is considered presumptive if the member meets the eligibility criteria.

Asthma Remediation

Definition of Service

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.

Asthma Remediation should supplement the Asthma Preventive Services (APS)[1] Medi-Cal State Plan service. APS covers clinic-based asthma self-management education, home-based asthma self-management education, and in-home environmental trigger assessments that identify physical modifications to a home or supplies that would reduce the likelihood of acute asthma episodes. Providers must be enrolled with Medi-Cal to provide and be reimbursed for the APS benefit.

Examples of Covered Services

Items
Allergen-impermeable mattress and pillow dustcovers
High-efficiency particulate air (HEPA) mechanical filtered vacuums
Integrated pest management (IPM) services
Dehumidifiers

[1] For additional information, see the Medi-Cal Provider Manual for Asthma Preventive Services. April 2025. Available at mcweb.apps.prd.cammis.medi-cal.ca.gov/publications/manual?community=clinics-and-hospitals.

Items
Mechanical air filters/air cleaners[2]
Other moisture-controlling interventions
Minor mold removal and remediation services
Ventilation improvements
Asthma-friendly cleaning products and supplies
Other interventions identified to be medically appropriate for the management and treatment of asthma

Eligibility

Individuals with poorly controlled asthma as determined by the following:

- Members with a completed in-home environmental trigger assessment within the last 12 months that identifies medically appropriate asthma remediations and specifies how the interventions meet the needs of the member.

Ineligible (Denial)

The member is participating in another state plan service that would accomplish the same goals of preventing asthma emergencies or hospitalizations.

HCPCS Codes

In-Home Environmental Trigger Assessment and Asthma Remediation			
HCPCS Level II Code and Modifier	**HCPCS Description**	**Units of Service**	**Place of Service**
T1028/U3	In-Home Environmental Trigger Assessment	1 unit = per service	POS 12 (Home)
S5165/U5	Asthma remediation $7,500 lifetime maximum	1 unit = per service	POS 12 (Home)

Diagnosis Codes/SDOH Codes

Refer to diagnosis codes for SDOH from DHCS APL 21-009

[2] Air cleaners that are listed as "mechanical" are those that only use physical filtration, such as pleated or HEPA-style filters, and do not generate ozone or ions and are not classified as "electronic," which can generate ozone and other reactive compounds that harm health. See: https://ww2.arb.ca.gov/list-carb-certified-air-cleaning-devices

Length of Authorization

Assessment — 90 days
Remediation — 12 months

How it Works

1) In-Home Environmental Trigger Assessment

- The Asthma Remediation provider will request an authorization via CalOptima Health Connect for the asthma assessment (this will be auto-approved if the member meets eligibility criteria).
- The provider will conduct the in-home assessment and complete the following documentation:
    - Centers for Disease Control and Prevention (CDC) Home Assessment Checklist
- Results from the assessment will guide the supplies and home modification recommendations made by the provider to mitigate or control environmental exposures offered to the member.

2) Asthma Remediation

- For all proposed permanent modifications to the home, the provider must give the member and landlord/homeowner a copy of the Approval of Permanent Modification for CalAIM Community Supports Home Modification/Asthma Remediation Repairs.
    - The provider will complete a portion of the document on behalf of the member.
    - The landlord/homeowner is required to sign the document.
    - The provider then uploads the following documents into CalOptima Health Connect along with the authorization request for the Asthma Remediation Service (S5165U5 code):
        - CDC Home Assessment Checklist
        - Signed copy of the Approval of Permanent Modification for CalAIM Community Supports Home Modification/Asthma Remediation Repairs (if service is permanent)
- The provider submits the authorization request in CalOptima Health Connect.
    - CalOptima Health will review the documentation and approve the authorization in CalOptima Health Connect.
- The CalAIM Community Support provider can begin remediations to the member's home.
- Once all remediations are complete:
    - Provider uploads signed Notice of Completion of CalAIM Community Supports Home Modification/Asthma Remediation Repairs into CalOptima Health Connect.
    - The provider sends a copy to the member's PCP.

Number of Units to Authorize

9,999 units for the assessment
9,999 units for the remediation service

Additional Tools and Documentation needed

- CDC Home Assessment Checklist

- Approval of Permanent Modification for CalAIM Community Supports Home Modification/Asthma Remediation Repairs
- Notice of Completion of CalAIM Community Supports Home Modification/Asthma Remediation Repairs

FAQ

1. **If the member only rents, can they still use this service?**
   The services are available in a home that is owned, rented, leased or occupied by the member or their caregiver. If the member is not the homeowner and the modifications/repairs are permanent, the homeowner needs to sign off on and approve the remediation repairs. The landlord must also approve other repair services, such as pest management services.

2. **What happens if the item that is modified breaks? Will CalOptima Health replace it?**
   CalOptima Health and the state are not responsible for the maintenance or repair of any modification, nor for removal of any modification if the member ceases to reside at the residence. We require the provider to have the property owner sign the Notice to Property Owner of Permanent Modification Form to ensure there is documentation that the member and the property owner are both aware prior to the remediations being performed. This document is kept in the CalOptima Health Connect.

3. **What if the property owner refuses to sign the Approval of Permanent Modification for CalAIM Community Supports Home Modification/Asthma Remediation Repairs?**
   Unfortunately, if the property owner is not agreeable to the modification, CalOptima Health and the provider are unable to conduct the remediation.

Housing Transition Navigation Services (HTNS)

Definition of Service

Housing Transition Navigation Services (HTNS) assist members with finding, applying for and obtaining housing. The services provided to a member must be based on an individualized assessment of needs and documented in the member's housing support plan. As such, a member may only require a subset of the following activities.

HTNS activities include:

1. Conducting a housing assessment that identifies the member's preferences and barriers related to successful tenancy. The assessment may include collecting information on the member's housing needs and preferences, potential housing transition strengths and barriers, and identification of housing retention strengths and barriers.
2. Developing a housing support plan based upon the housing assessment.
3. Assisting in searching for housing and presenting options.
4. Assisting in securing housing, including the completion of housing applications and securing required documentation (e.g., Social Security card, birth certificate, prior rental history).
5. Assisting with benefits advocacy, including assistance with obtaining identification and documentation for Supplemental Security Income (SSI) eligibility and supporting the SSI application process. Such service can be subcontracted out to retain any needed specialized skillset.

6. Identifying and securing available resources to assist with attaining housing — such as transitional rent, U.S. Department of Housing and Urban Development (HUD) Housing Choice Voucher, and other state and local assistance programs — and matching available resources to members.
7. Identifying and securing resources, including but not limited to Housing Deposits, to cover expenses such as security deposit, moving costs, adaptive aids, environmental modifications and other one-time expenses (see Section Housing Deposits Community Support).
8. Providing education to the member about fair housing and anti-discrimination practices, including making requests for necessary reasonable accommodation if necessary.
9. Landlord education and engagement.
10. Ensuring that the living environment is safe and ready for move-in.
11. Communicating and advocating on behalf of the member with landlords.
12. Assisting in arranging for and supporting the details of the move.
13. Establishing procedures and contacts to retain housing, including developing a housing support crisis plan that includes prevention and early intervention services when housing is jeopardized.
14. Identifying, coordinating, securing or funding nonemergency, nonmedical transportation to assist members' mobility to ensure reasonable accommodation and access to housing options prior to transition and on move-in day.
15. Identifying, coordinating, securing or funding environmental modifications to install necessary accommodations for accessibility (see environmental accessibility adaptations Community Support). The services provided should be based on an individual assessment of needs and documented in the **individualized housing support plan**.

Eligibility

1. Individuals who meet the following social and clinical risk factor requirements:
    A. **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).
    B. **Clinical Risk Factor Requirement**: Must have one or more of the following qualifying clinical risk factors:
        i. Meets the access criteria for Medi-Cal Specialty Mental Health Services (SMHS)
        ii. Meets the access criteria for Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS)
        iii. One or more serious chronic physical health conditions
        iv. One or more physical, intellectual, or developmental disabilities
        v. Individuals who are pregnant up through 12 months postpartum.

    OR
2. Individuals who are determined eligible for transitional rent. These individuals are automatically eligible for HTNS.

    OR
3. Individuals who are prioritized for a permanent supportive housing unit or rental subsidy resource through the local homeless Coordinated Entry System 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 (SUD) and/or is exiting incarceration.

HCPCS Codes

HTNS			
HCPCS Level II Code and Modifier	**HCPCS Description**	**Units of Service**	**Place of Service**
H0043/U6	Supported housing	1 unit = per diem	See Appendix A Place of Service Code reference listing
H2016/U6	Comprehensive Community Supports services	1 unit = per diem	See Appendix A Place of Service Code reference listing
T1016/U8	Community Supports in-person outreach	1 unit = per 15 minutes	See Appendix A Place of Service Code reference listing
T1016/U8, GQ	Community Supports telephonic/electronic outreach	1 unit = per 15 minutes	See Appendix A Place of Service Code reference listing

Diagnosis Codes/SDOH Codes

Refer to diagnosis codes for SDOH from DHCS APL 21-009.

Number of Units to Bill

Providers will be reimbursed for services after four units/days of service have been met per member in a calendar month.

HCPCS Code T1016 is not a payable code; DHCS is requiring managed care plans (MCPs) to report these codes for "future policy development efforts." See this link for more information on DHCS expectations: www.dhcs.ca.gov/Documents/MCQMD/Coding-Options-for-ECM-and-Community-Supports.pdf

Length of Authorization

Six months

How it Works

- CalOptima Health will review the referral and assign it to a Community Supports provider based on the member match and provider capacity listed in CalOptima Health Connect.
- The available provider will accept the referral via CalOptima Health Connect and submit an authorization request for six months.

    - In the case that there are no providers with capacity, a wait list will be developed on a first-come, first-served basis.
- For members 18 and older, the first authorization for Housing Navigation Transition Services will be auto-authorized within the CalOptima Health Connect system.
    - For a reauthorization request, the provider must upload the member's housing assessment and individualized housing support plan as attachments into CalOptima Health Connect.
    - The provider will check the attestation box to indicate that all documents have been uploaded. Once the attestation is checked, the reauthorization will be reviewed by CalOptima Health.
- If the request is for a change in provider, the authorization process will be sent in a "requested status" for a manual review by CalOptima Health.
- For members under 18, the authorization process will be sent in a "requested status" for review by CalOptima Health.

Number of Units to Authorize

9,999 units = Six months

Additional Tools and Documentation Needed

The Community Supports provider is responsible for creating two documents, at a minimum, for the member, including:

1. Housing Assessment
2. Individualized Housing Support Plan

FAQ

1. **Can this service help pay for room and board?**
   Services do not include the provision of room and board or payment of rental assistance.

2. **How many times can this service be reauthorized?**
   Initial and reauthorizations are completed every six months; however, there is no limit on how many reauthorizations can be processed for each member. The service duration can be as long as necessary, as determined by the provider and indicated in the member's housing plan.

3. **Are there CalOptima Health standardized forms for the housing assessment and Individualized Housing Support Plan?**
   Yes, providers must use the CalOptima Health forms. See Appendix E below for CalOptima Health templates.

4. **When would this authorization end?**
   The Community Supports provider will request to end the authorization within CalOptima Health Connect once a member has completed the service and completed the Housing Sustainability Assessment. Providers will be able to select a discharge reason from CalOptima Health Connect drop-down options below:

Discharge Reasons	
1. Opted out	2. Switched health plans
3. Reassigned to another Community Supports provider	4. Switched Community Supports provider
5. Deceased	6. Moved out of the county
7. Program completed/graduated	8. Moved out of the country
9. Incarcerated	10. Unable to contact/lost to follow-up
11. Declined to participate	12. Unsafe behavior or environment
13. Duplicative program	14. Member not reauthorized for Community Supports
15. Lost Medi-Cal coverage	16. Other

5. **How would a Community Supports provider submit a self-referral for this service?**
   Please refer to the CalOptima Health Connect reference guide.

6. **What is the "attestation box" in CalOptima Health Connect?**
   The attestation box states, **"**Please check here to acknowledge that Housing Assessment and Individualized Housing Support Plan documents are uploaded in the Patient Attachments area in CalOptima Health Connect." This will communicate to CalOptima Health that the Housing Navigation provider has successfully uploaded all required documents.

7. **For Housing Navigation, what is the difference between HCPCS codes H0043 and H2016?**
   Code H0043 is defined as "Supported housing service provides individuals with assistance for the responsibilities of obtaining and maintaining independent living. Once housing is established, the patients are monitored through periodic visits to confirm the continued appropriateness of the living situation including affordability and ensure that issues of independent living are addressed. This service does not include therapeutic aspects."

   Code H2016 is assistance for individuals in achieving their recovery or rehabilitation goals. It may include mental health and substance abuse services, coordination of services, support during a crisis, development of system monitoring and management skills, monitoring medications, and help in developing independent living skills.

8. **How soon before the end of authorization should they request reauthorization?**
   The provider must submit reauthorization two weeks before the authorization expires and request the reauthorization to begin the first day after the previous authorization's expiration date.

9. **How does auto-authorization work?**
   When all criteria have been met and documentation has been submitted, the system will automatically approve the referral for authorization.

10. **Can more than one member receive housing navigation services?**
    Housing navigation services should be provided to the head of household when a family is seeking to move into a home/apartment together as a family unit. This would require the provider to conduct a housing assessment and develop a housing plan for the family unit. In this case, the provider would bill only for the head of household. In cases where members of the same family are not seeking to live together or emancipated minors, the provider can serve them separately and provide each member with a unique and distinct housing assessment and housing plan.

Housing Deposits

Definition of Service

Housing Deposits assist with identifying, coordinating, securing or funding one-time services and modifications necessary to enable a person to establish a basic household. The services and goods provided to a member must be based on an individual assessment of needs and documented in the member's housing support plan. As such, a member may only require a subset of these services/goods.

Housing deposits have a lifetime maximum of $5,000.

Examples of Covered Services

1. Security deposits required to obtain a lease on an apartment or home.
2. Set-up fees/deposits for utilities or service access and one-month payment in utility arrears
3. First month coverage of utilities, including but not limited to telephone, gas, electricity, heating and water.
4. Services necessary for the individual's health and safety, such as pest eradication and one-time cleaning prior to occupancy, along with necessary minor repairs to meet HUD Housing Choice Voucher program quality standards, or other habitability standards as applicable, where those costs are not the responsibility of the landlord under applicable law.

5. Application fees to cover the cost of the lease application.
6. Goods such as an air conditioner, heater and other medically-necessary adaptive aids and services designed to preserve an individuals' health and safety in the home such as hospital beds, Hoyer lifts, air filters, specialized cleaning or pest control supplies etc., that are necessary to ensure access and safety for the individual upon move-in to the home, when they are not otherwise available to the member under Medi-Cal.

Examples of items that will not be covered by deposits include services or repairs for vehicles/bikes, home repairs, items for pets, home computers, internet/cable fees or holding fees.

Eligibility

1. Individuals who meet the following social and clinical risk factor requirements:
    A. **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).
    B. **Clinical Risk Factor Requirement**: Must have one or more of the following qualifying clinical risk factors:
        i. Meets the access criteria for Medi-Cal Specialty Mental Health Services (SMHS)
        ii. Meets the access criteria for Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS)
        iii. One or more serious chronic physical health conditions
        iv. One or more physical, intellectual, or developmental disabilities
        v. Individuals who are pregnant up through 12 months postpartum.

    OR
2. Individuals who are determined eligible for transitional rent. These individuals are automatically eligible for Housing Deposits.

    OR
3. Individuals who are prioritized for a permanent supportive housing unit or rental subsidy resource through the local homeless Coordinated Entry System 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 an SUD and/or is exiting incarceration.

Ineligible (Denial)

Members who have already received housing deposits (service may be reauthorized if the maximum of $5,000 is not spent within the 12-month authorization period).

Housing Deposits are available once per demonstration period. Housing Deposits can only be approved one additional time with documentation as to what conditions have changed to demonstrate why providing Housing Deposits would be more successful on the second attempt.

HCPCS Codes

Housing Deposits			
HCPCS Level II Code and Modifier	**HCPCS Description**	**Units of Service**	**Place of Service**
H0044/U2	Supported housing deposit	5,000 unit = lifetime max	See Appendix A Place of Service Code reference listing
T1016/U8	Community Supports in-person outreach	1 unit = per 15 minutes	See Appendix A Place of Service Code reference listing
T1016/U8, GQ	Community Supports telephonic/electronic outreach	1 unit = per 15 minutes	See Appendix A Place of Service Code reference listing

Diagnosis Codes/SDOH Codes

Refer to diagnosis codes for SDOH from DHCS APL 21-009

Length of Authorization

12 months

How it Works

- Provider will submit referral for services to CalOptima Health, which will assign the member to a Community Supports provider based on member match and provider capacity listed in CalOptima Health Connect.
- The provider will accept the referral via CalOptima Health Connect and submit the authorization request for 12 months.
- If this is the member's first housing deposit authorization request, it will be auto-authorized in the CalOptima Health Connect system.
- Second authorizations can be submitted for members who did not spend the full $5,000 in their initial authorization.
    - If this is the member's second authorization request, it will go into "requested status" to be reviewed by CalOptima Health for a decision to be rendered.
    - When submitting a second authorization, the provider will ensure the member's housing assessment and individualized housing support plan as well as all receipts for money spent are uploaded into the CalOptima Health Connect system.
    - Providers must document what conditions have changed to demonstrate why providing Housing Deposits would be more successful on the second attempt.
- The provider will track all expenditures made for the member via the invoice tracker within CalOptima Connect Health Connect.

Number of Units to Authorize

5,000 units = 12 months for H0044.

HCPCS Code T1016 is not a payable code; DHCS is requiring MCPs to report these codes for "future policy development efforts." See this link for more information on DHCS expectations: www.dhcs.ca.gov/Documents/MCQMD/Coding-Options-for-ECM-and-Community-Supports.pdf

Additional Tools and Documentation

- Housing Assessment
- Individualized Housing Support Plan
- All receipts of money spent

FAQ

1. **Are there any circumstances in which CalOptima Health will authorize a second full ($5,000) housing deposit for a member?**
   Second authorizations for housing deposits will be reviewed by CalOptima Health to assess what conditions have changed to demonstrate why providing another housing deposit would be more successful on the second attempt.

2. **Can this service be authorized if a member has not participated in Housing Transition Navigation Services?**
   Providers must document efforts to make available to members receiving the Housing Deposits Community Support, either Housing Transition Navigation Services, Housing Tenancy and Sustaining Services, or both, as appropriate. However, neither Community Support service is a prerequisite to receiving Housing Deposits.

3. **When would this authorization end?**
   The Community Supports provider will request to end the authorization within CalOptima Health Connect once a member has completed the service. Providers will be able to select a discharge reason from the CalOptima Health Connect drop-down options below:

Discharge Reasons	
1. Opted out	2. Switched health plans
3. Reassigned to another Community Supports provider	4. Switched Community Supports provider
5. Deceased	6. Moved out of county
7. Program completed/graduated	8. Moved out of the country
9. Incarcerated	10. Unable to contact/lost to follow-up
11. Declined to participate	12. Unsafe behavior or environment

Discharge Reasons	
13. Duplicative program	14. Member not reauthorized for Community Supports
15. Lost Medi-Cal coverage	16. Other

4. **Does this service cover room and board?**
   Services do not include the provision of room and board or payment of ongoing rental costs.

5. **What if there is a change in provider and the new provider cannot tell what was previously spent on the deposit?**
   The new Community Supports provider is responsible for reaching out to the previous provider to verify funds remaining. If no handoff can be established, the new Community Supports provider may contact CalOptima Health to attempt to verify the remaining funds.

6. **How does auto-authorization work?**
   When all criteria have been met and documentation has been submitted, the CalOptima Health system will automatically approve the referral for authorization.

Housing Tenancy and Sustaining Services (HTSS)

Definition of Service

HTSS helps a member maintain safe and stable tenancy once housing is secured. The services provided to a member must be based on an individualized assessment of needs and documented in the member's housing support plan. As such, a member may only require a subset of the following activities.

HTSS activities include:

1. Providing early identification and intervention for behaviors that may jeopardize housing, such as late rental payments, hoarding, substance use and other lease violations.
2. Providing education and training on the role, rights and responsibilities of the tenant and landlord.
3. Providing education for the member about fair housing and anti-discrimination practices, including making requests for necessary reasonable accommodation if necessary.
4. Coaching on developing and maintaining key relationships with landlords/property managers and/or neighbors with a goal of fostering successful tenancy.
5. Coordinating with the landlord and care/case management provider, which can be the member's ECM provider or non-Medi-Cal housing supportive services providers such as a Continuum of Care program case manager, to address identified issues that could impact housing stability.

6. Assistance in resolving disputes with landlords and/or neighbors to reduce risk of eviction or other adverse action including developing a repayment plan or identifying funding in situations in which the member owes back rent or payment for damage to the unit.
7. Advocacy and linkage with community resources to prevent eviction when housing is or may potentially become jeopardized.
8. Assisting with benefits advocacy, including assistance with obtaining identification and documentation for SSI eligibility and supporting the SSI application process. Such service can be subcontracted out to retain any needed specialized skillset.
9. Assistance with the annual housing recertification process.
10. Coordinating with the tenant to review, update and modify their housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers.
11. Continuing assistance with lease compliance, including ongoing support with activities related to household management.
12. Other prevention and early intervention services identified in the crisis plan that are activated when housing is jeopardized (e.g., assisting with reasonable accommodation requests that were not initially required upon move-in).
13. Providing independent living and life skills, including assistance with and training on budgeting, financial literacy and connection to community resources.

Eligibility

1. Individuals who meet the following social and clinical risk factor requirements:
    A. **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).
    B. **Clinical Risk Factor Requirement**: Must have one or more of the following qualifying clinical risk factors:
        i. Meets the access criteria for Medi-Cal Specialty Mental Health Services (SMHS)
        ii. Meets the access criteria for Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS)
        iii. One or more serious chronic physical health conditions
        iv. One or more physical, intellectual, or developmental disabilities
        v. Individuals who are pregnant up through 12 months postpartum.

    OR
2. Individuals who are determined eligible for transitional rent. These individuals are automatically eligible for HTSS.

    OR
3. Individuals who are prioritized for a permanent supportive housing unit or rental subsidy resource through the local homeless Coordinated Entry System 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 an SUD and/or is exiting incarceration.

HCPCS Codes

HTSS			
HCPCS Level II Code and Modifier	**HCPCS Description**	**Units of Service**	**Place of Service**
T1016/U8	Community Supports in-person outreach	1 unit = per 15 minutes	See Appendix A Place of Service Code reference listing
T1016/U8, GQ	Community Supports telephonic/electronic outreach	1 unit = per 15 minutes	See Appendix A Place of Service Code reference listing
T2050/U6	Financial management self-directed	1 unit = per diem	See Appendix A Place of Service Code reference listing
T2051/U6	Supported brokerage self-directed	1 unit = per diem	See Appendix A Place of Service Code reference listing

Number of Units to Bill

Providers will be reimbursed for services after four units/days of service have been met per member in a calendar month. HCPCS Code T1016 is not a payable code; DHCS is requiring MCPs to report these codes for "future policy development efforts." See this link for more information on DHCS expectations: www.dhcs.ca.gov/Documents/MCQMD/Coding-Options-for-ECM-and-Community-Supports.pdf.

Diagnosis Codes/SDOH Codes

Refer to diagnosis codes for SDOH from DHCS APL 21-009

Length of Authorization

12 months

How it Works

- Provider or member will submit the referral form, and CalOptima Health will assign the member to a Community Supports provider based on the member match and provider capacity listed in CalOptima Health Connect.
    - Initial authorization requests will be auto-authorized within the CalOptima Health Connect system.
- Community Supports provider will accept the referral via CalOptima Health Connect.
- For reauthorizations, providers will need to submit required documentation, which includes an up-to-date Housing Support Plan and Housing Sustainability Assessment.
- If a member scores 16 points or more in the Housing Sustainability Assessment, the member is considered ready for graduation and should be disenrolled from HTSS.

Number of Units to Authorize

9,999 Units

FAQ

1. **Can members receive this service more than once in their life?**
   HTSS must be identified as reasonable and necessary in the member's housing support plan. CalOptima Health will make determinations of eligibility based on what is included in that plan.

2. **Can members who did not receive housing navigation receive this service?**
   Yes, they can. CalOptima Health will accept an attestation of the need for housing to satisfy any documentation requirements regarding the member's housing status. Many individuals may have also received Housing Transition Navigation Services in conjunction with this service, but it is not a prerequisite for eligibility.

3. **When would this authorization end?**
   The Community Supports provider will request to end the authorization within CalOptima Health Connect once a member has completed the service.

4. **How does auto-authorization work?**
   When all criteria have been met and documentation has been submitted, the CalOptima Health system will automatically approve the referral for authorization.

Day Habilitation Programs

Definition of Service

Programs are designed to assist the member in acquiring, retaining and improving self-help, socialization and adaptive skills necessary to reside successfully in their natural environment. The services are often considered peer mentoring when provided by an unlicensed caregiver with the necessary training and supervision.

Day Habilitation Program services include, but are not limited to, training on:

1. The use of public transportation.
2. Personal skill development in conflict resolution.
3. Community participation.
4. Developing and maintaining interpersonal relationships.
5. Daily living skills (cooking, cleaning, shopping, money management)
6. Community resource awareness, such as police, fire or local service to support independence in the community.

Day Habilitation Programs may include assistance with, but not limited to, the following:

1. Selecting and moving into a home.[3]
2. Locating and choosing suitable housemates.
3. Locating household furnishings.[3]
4. Settling disputes with landlords.[3]

[3] Member should be referred to HTNS.

5. Managing personal financial affairs.
6. Recruiting, screening, hiring, training, supervising and dismissing personal attendants.
7. Dealing with and responding to governmental agencies and personnel.
8. Asserting civil and statutory rights through self-advocacy.
9. Building and maintaining interpersonal relationships, including a circle of support.
10. Coordination with the managed care plan to link the member to any Community Supports or ECM.
11. Providing a referral to non-Community Supports housing resources if the member does not meet eligibility criteria for HTNS, Housing Deposits, HTSS or transitional rent.
12. Assisting with income and benefits advocacy, including General Assistance/General Relief and Supplemental Security Income (SSI) if the member is not receiving these services through Community Supports or ECM.
13. Coordinating with the MCP to link the member to health care, mental health services and SUD services based on the individual needs of the member for members who are not receiving this linkage through Community Supports or ECM.

Eligibility

(1) Experiencing homelessness as defined in Section 91.5 of Title 24 of the Code of Federal Regulations (CFR) **OR**
(2) Exited homelessness and entered housing in the last 24 months **OR**
(3) At risk of homelessness as defined in Section 91.5 of Title 24 of the Code of Federal Regulations (CFR) or institutionalization whose housing stability could be improved through participation in a Day Habilitation Program.

Ineligible (denial)

Members matching proficient in all categories will be ineligible for this service. There may be instances where the authorization processor does not agree with the recommended number of days. In this case, the authorization processor will issue a modification and authorize the appropriate service days.

HCPCS Codes

Day Habilitation			
HCPCS Level II Code and Modifier	**HCPCS Description**	**Units of Service**	**Place of Service**
T2012/U6	Habilitation, educational	1 unit = per diem	See Appendix A Place of Service Code reference listing
T2014/U6	Habilitation, prevocational	1 unit = per diem	See Appendix A Place of Service Code reference listing

Day Habilitation			
T2018/U6	Habilitation, supported employment	1 unit = per diem	See Appendix A Place of Service Code reference listing
T2020/U6	Day habilitation	1 unit = per diem	See Appendix A Place of Service Code reference listing
H2014/U6	Skills training and development; per 15 minutes	1 unit = per 15 minutes	See Appendix A Place of Service Code reference listing
H2038/U6	Skills training and development	1 unit = per diem	See Appendix A Place of Service Code reference listing
H2024/U6	Supported employment	1 unit = per diem	See Appendix A Place of Service Code reference listing
H2026/U6	Ongoing support to maintain employment	1 unit = per diem	See Appendix A Place of Service Code reference listing

Diagnosis Codes/SDOH Codes

Refer to diagnosis codes for SDOH from DHCS APL 21-009

Length of Authorization

Up to six months.

How it Works

- Provider or member will submit a referral, and CalOptima Health will assign them to Community Supports providers based on the member match and provider capacity listed in CalOptima Health Connect.
- The provider will contact the member to complete the CalOptima Health Day Habilitation Assessment, which will indicate a recommendation as to how many days they feel the member would benefit from receiving day habilitation services.
- Based on the assessment results, the provider will submit documentation (care plan) to CalOptima Health to indicate what specific self-help, socialization and/or adaptive skills (related to DHCS list above) would be beneficial for the member.

- Members will be ranked from beginner through proficient for each specific skill indicated.
- The provider will need to complete this skill ranking every six months and submit the results with any reauthorization requests.

Number of Units to Authorize

9,999 units

Additional Tools and Documentation Needed

The service provider will complete the CalOptima Health document titled "CalAIM Individual Plan of Care (IPC)," which is an assessment tool developed to assess member's skill rankings. This will be uploaded into CalOptima Health Connect. On this form, there is a section to measure the member's skills with a ranking from beginning through proficient. The number of days authorized will depend on this assessment.

FAQ

1. **Can members get this service while they are getting other housing support services (i.e., housing tenancy)?**
   Yes. There is no restriction on having overlapping services. The service providers have been educated to bill for the appropriate authorization for the services.

2. **Is there an end date (i.e., one or two years)?**
   No, this service is available to the members if they need it and are benefitting from it. Services are available for as long as necessary. Services can be provided continuously, or through intermittent meetings, in an individual or group setting.

Recuperative Care (Medical Respite)

Definition of Service

Recuperative care, also referred to as medical respite care, is short-term residential care for individuals who no longer require hospitalization but still need to heal from an injury or illness (including behavioral health conditions) and whose condition would be exacerbated by an unstable living environment. It is for individuals who have medical needs significant enough to result in ED visits, hospital admissions or other institutional care.

The service will include interim housing with a bed, meals, transportation and ongoing monitoring of the individual's ongoing medical or behavioral health condition (e.g., monitoring of vital signs, assessments, wound care, medication monitoring).

Based on individual needs, the service may also include:

1. Limited or short-term assistance with IADLs and/or ADLs.
2. Coordination of transportation to post-discharge appointments.
3. Connection to any other ongoing services an individual may require, including mental health and SUC services.
4. Support in accessing benefits and housing.
5. Gaining stability with case management relationships and programs.

Eligibility

Members are eligible if they meet **both** of the following criteria:

1. Individuals requiring recovery to heal from an injury or illness
2. Experiencing or at risk of homelessness.
   - Member must meet the HUD definition of homeless 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 of an individual or family who will imminently lose housing is extended 14 days for individuals considered homeless and 21 days for individuals considered at risk of homelessness under the current HUD definition to 30 days
     - For the 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.

Ineligible (Denial)

A member cannot use more than 90 consecutive days of recuperative care.

HCPCS Codes

Recuperative Care			
HCPCS Level II Code and Modifier	**HCPCS Description**	**Units of Service**	**Place of Service**
T2033/U6	Residential care not otherwise specified	1 unit = per diem	See Appendix A Place of Service Code reference listing

Diagnosis Codes/SDOH Codes

Refer to diagnosis codes for SDOH from DHCS APL 21-009

Length of Authorization

Auto-authorized for 30 days. If needed beyond 30 days, reauthorization can be submitted in 30-day increments.

How it Works

- The referring party must complete the Recuperative Care/Short-Term Post-Hospitalization Housing (STPHH) Referral Form.
  - This is typically completed by the staff at the hospital, the street medicine team or a PCP.
- Once the form is completed, it will be faxed to one of the contracted recuperative care facilities (facilities and fax numbers are listed on the Recuperative Care/STPHH Referral Form).

- The recuperative care provider will review the clinical information provided on the form and determine if they are able to accept the member.
    - If the provider cannot accept the member, they need to complete Step 5 of the referral form, including the reason for denial and return the form to the referring party and copy the CalAIM@caloptima.org inbox.
    - If they can accept the member, they will complete Step 5 of the referral form and upload a copy into CalOptima Health Connect.
- The provider will log onto CalOptima Health Connect, complete the electronic referral form, submit (assign to self) and accept the referral.
- The provider will submit the authorization request via CalOptima Health Connect for the 30-day approval to be auto-authorized.
- CalOptima Health will complete the auto-approval for the presumptive 30 days.
- The provider will need to complete the second electronic self-referral for recuperative care if more than 30 days are needed (i.e., for days 31–60 and 61–90). These requests are routine requests and should not be "expedited" in the CalOptima Health Connect system.
    - With the reauthorization request, the provider will upload the care plan, including discharge planning notes, into CalOptima Health Connect.
    - CalOptima Health will review the reauthorization request within CalOptima Health Connect and make a determination.
- If recuperative care is no longer needed beyond the initial 30 days, but the member still needs medical oversight, they should be stepped down to Short-Term Post Hospitalization.

Number of Units to Authorize

30 Units — Auto-authorization
31–90 Units — Regular authorization process

Additional Tools and Documentation Needed

- Recuperative Care/STPHH Referral Form
- Care Plan uploaded into CalOptima Health Connect

FAQ

1. **Can a member stay longer than 90 days?**
   Members are only allowed to stay a maximum of 90 consecutive days in the recuperative care setting.

2. **What happens if the member returns to the hospital within 90 days? Does their presumptive or complete authorization start again?**
   Yes. If the member is readmitted to the hospital for an overnight stay, then they would be processed through the CalAIM Recuperative Care Community Support like they are a new admission. They will begin with the 30-day auto-authorization and progress to the max of 90 days.

3. **Can a member be enrolled in Housing Navigation while they are enrolled in recuperative care?**
   Yes. It is recommended that members be enrolled in Housing Navigation while they are enrolled in recuperative care. They simply cannot receive duplicative services from both programs.

4. **What happens if a member is not accepted at any of the CalOptima Health-contracted recuperative care facilities?**
   CalOptima Health will review and consider referrals for Los Angeles-contracted recuperative care providers to ensure our members' needs are met. If a referral is approved for a Los Angeles-based provider, the same time frames and presumptive eligibility will apply.

5. **Since meals are included with the Recuperative Care Community Support, what happens if the member needs a specialized diet (i.e., a pureed diet) while at the recuperative care facility?**
   CalOptima Health will work with the recuperative care facility on a case-by-case basis to determine if an additional authorization for Medically Tailored Meals is appropriate for the member. If they are appropriate, CalOptima Health will process the additional referral on the member's behalf and work with the recuperative care facility to ensure appropriate meal storage can be provided.

6. **How does auto-authorization work?**
   When all criteria have been met and documentation has been submitted, CalOptima Health Connect will automatically approve the referral for authorization.

Short-Term Post-Hospitalization Housing

Definition of Service

Provides members who are exiting an institution and experiencing or at risk of homelessness with the opportunity to continue their medical/psychiatric/SUD recovery immediately after exiting an inpatient hospital, recuperative care or other medical or correctional facility.

Eligibility

Members are eligible for Short-Term Post-Hospitalization Housing if they meet **all** the following criteria:

1. Members are exiting an institution, which includes recuperative care facilities (including facilities covered under the Recuperative Care Community Support or other facilities outside of Medi-Cal), inpatient hospitals (either acute or psychiatric or chemical dependency and recovery hospital), residential SUD or mental health treatment facility, correctional facility, or nursing facility
2. Experiencing or at risk of homelessness.
3. Meet one of the following criteria:
   a. Are receiving ECM
   b. Have one or more serious chronic conditions
   c. Have serious mental illness
   d. Are at risk of institutionalization or requiring residential services because of an SUD

4. Have ongoing physical or behavioral health needs as determined by a qualified health professional that would otherwise require continued institutional care if not for the receipt of Short-Term Post-Hospitalization Housing.

Ineligible (Denial)

Lifetime maximum is six months (180 days).

HCPCS Codes

Short-Term Post-Hospitalization Housing			
HCPCS Level II Code and Modifier	**HCPCS Description**	**Units of Service**	**Place of Service**
H0043/U3	Supported housing, per diem. Modifier used to differentiate short-term post-hospitalization housing from housing transition/navigation services	1 unit = 1 day (per service date)	See Appendix A Place of Service Code reference listing

Diagnosis Codes/SDOH Codes

Refer to diagnosis codes for SDOH from DHCS APL 21-009

Length of Authorization

Authorizations are made in 30-day increments on each authorization request.

How it Works

- The member must have the Recuperative Care/Short-Term Post-Hospitalization Housing (STPHH) Referral Form completed and be transitioning from one of the locations listed above (recuperative care, hospital, etc.) to be eligible for this service.
- Once the form is completed, it will be faxed to one of the contracted STPHH facilities (facilities and fax numbers are listed on the Recuperative Care/STPHH Referral Form).
- The STPHH vendor will review the referral form and determine if they can accept the member.
    - If accepted, they will complete the referral and request and authorization through the CalOptima Health Connect Portal.
    - The first 30 days will be presumptively approved.
    - Reauthorizations after the initial 30 days will be reviewed by CalOptima Health.
        - Documentation to be submitted with a reauthorization request includes the member's care plan and discharge plan.

Number of Units to Authorize

Calculation based on dates authorized.

Additional Tools and Documentation Needed

Review member's medical records in your EHR to determine eligibility based on high medical or behavioral health needs.

FAQ

1. **Can a member come and go within their stay?**
   Yes, the intent is to serve members engaged in this process, and gaps in service bring added challenges. Please work with the Community Supports provider to determine ongoing eligibility for members leaving the site (rework)

2. **Can a member be discharged directly from a hospital into this program?**
   Yes, this program can be part of the member's discharge plan.

3. **How does auto-authorization work?**
   When all criteria have been met and documentation has been submitted, the CalOptima Health Connect system will automatically approve the authorization request. This will feed into a daily data exchange between CalOptima Health Connect and CalOptima Health, which will allow for the next-day approval of requests. CalOptima Health requests all providers to wait at least 24 hours after submission of the authorization request prior to submitting claims.

Transitional Rent

Definition of Service:

Provides up to six months of rental assistance in interim and permanent settings to members who are experiencing or at risk of homelessness, meet the Behavioral Health Population of Focus clinical risk factor requirement, and have either undergone a critical life transition (such as exiting an institutional, a carceral setting or foster care), are experiencing unsheltered homelessness or are eligible for Full-Service Partnership (FSP).

Eligibility:

Members are eligible for Transitional Rent if they meet all three criteria for the Behavioral Health Population of Focus.

1. **Clinical Risk Factor Requirement**: Member has one of the Behavioral Health Population of Focus clinical risk factors:
   a. Meets the access criteria for Medi-Cal Specialty Mental Health Services (SMHS)
   b. 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**: Member is experiencing or at risk of homelessness as defined in Section 91.5 of Title 24 of the Code of Federal Regulations (CFR).

3. **Additional Requirement:** Member must meet one of the following three requirements:
   a. **Transitioning Population Requirement:**
      i. **Transitioning out of an institutional or congregate residential setting:** Individuals transitioning out of an institutional or congregate residential setting, including 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.
   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.
   c. **Eligible for 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.

Ineligible (Denial):

Transitional Rent is available once per demonstration period (January 1, 2025–December 31, 2029) and is subject to the six-month global cap on room and board services (Short-Term Post-Hospitalization Housing, Recuperative Care and Transitional Rent). During a 12-month rolling period, a member cannot receive more than six months of combined room and board services.

HCPCS Codes:

Transitional Rent			
HCPCS Level II Code and Modifier	HCPCS Description	Units of Service	Setting
H0044/U6	Supported housing, per month	1 unit = 1 month	Permanent setting (e.g., apartment, single-family homes, etc.)
H0043/U2	Supported housing, per diem	1 unit = 1 day (per service date)	Interim setting (e.g., non-congregate shelters, hotel/rooms, etc.)

Diagnosis Codes/SDOH Codes:

Refer to diagnosis codes for SDOH from DHCS APL 21-009.

Length of Authorization:

CalOptima Health will approve authorization requests in 30-day increments or less based on the corresponding Transitional Rent setting HCPCS code until the member disenrolls from Transitional Rent services (i.e., meets global cap requirements, exits housing, successfully transitions to long-term housing supports, etc.), as follows:

- For permanent settings, Transitional Rent provider authorization requests will be approved for one unit per 30 calendar-day authorization.
- For interim settings, Transitional Rent provider authorization requests will be approved for up to 30 calendar days and the same per diem units as outlined in the member's Housing Support Plan per authorization.

How it Works:

- The referring party must complete the Transitional Rent Referral Form, including a copy of the member's current Housing Support Plan.
    - **Transitional Rent Provider (Orange County Health Care Agency [HCA]) Self-Referral**
        - The Transitional Rent provider will complete and submit the referral form, including the member's Housing Support Plan, to CalOptima Health via the CalOptima Health Connect portal.
        - Due to DHCS' Streamlined Provisional Authorization requirements for contracted county behavioral health agencies, CalOptima Health will allow the Transitional Rent provider automatic approval of the request for authorization of Transitional Rent for the member.
            - The provider will complete the Transitional Rent Authorization Checklist, including required information for the administrative fee, and submit the authorization request via CalOptima Health Connect.
            - CalOptima Health staff will check if the member has exhausted the global cap on room and board services, and, if applicable, will modify the authorization with the number of days left.

- CalOptima Health staff will determine if the Housing Support Plan is viable by reviewing the document for completeness.

- **Referral From a Housing Provider or Member**
  - Housing provider or member will submit a Transitional Rent referral to CalOptima Health, including a copy of the member's Housing Support Plan.
    - If the request does not include a complete Housing Support Plan, CalOptima Health will deny the request and send a Notice of Action to the referring provider and the member.
    - In addition, CalOptima Health staff will refer the member to a Housing Trio provider, if the member is not already connected, to complete a Housing Support Plan.
  - **Clinical Risk Factor Review:** Upon receipt of the completed referral, CalOptima Health staff will review all available data and information to confirm that the member meets the access criteria for Medi-Cal SMHS and/or DMC or DMC-ODS.
    - If staff cannot confirm member's eligibility, the request will be denied and staff will send a Notice of Action to the referring provider and the member.
    - In addition, CalOptima Health Behavioral Health Integration staff will provide the member with care coordination for behavioral health services.
      - If the member is not currently receiving behavioral health services, a DHCS Screening Tool for Mental Health Services will be completed.
        - Based on the score of the screening tool, the member may be offered a referral for assessment for SMHS with the Orange County Behavioral Health Plan or the member may receive Nonspecialty Mental Health Services with a CalOptima Health provider.
      - If the member is currently accessing services with a CalOptima Health provider, a DHCS Transition of Care Tool may be completed with a referral to the Orange County Behavioral Health Plan for an SMHS assessment.
      - If the member requests DMC-ODS services, the member will be referred to the Orange County Medi-Cal Member Access Line
  - **Global Cap Review:** If the member meets access criteria, CalOptima Health staff will review the member's utilization of room and board services (Recuperative Care, Short-Term Post-Hospitalization Housing and past Transitional Rent services) to verify that the member has not exhausted the global cap.
    - If the member has exhausted the global cap, CalOptima Health will deny the request and send a Notice of Action to the referring provider and the member.

    - **Housing Support Plan Review:** If the member has not exhausted the global cap, CalOptima Health staff will determine if the Housing Support Plan is viable.
        - If the member's Housing Support Plan is not viable, CalOptima Health will deny the request and send a Notice of Action to the referring provider and the member.
    - **Authorization Request:** If the member's Housing Support Plan is viable, the referral will be forwarded to the Transitional Rent provider.
        - The provider will submit a Streamlined Provisional Authorization request via CalOptima Health Connect and receive the approval automatically.
- **Ongoing Transitional Rent Services:** The Transitional Rent provider will request a reauthorization if days are left for the member under the global cap.
    - The Transitional Rent provider will submit an updated Housing Support Plan with the authorization request.
    - CalOptima Health will review the Housing Support Plan to ensure it has been updated, if necessary.

Number of Units to Authorize:

One unit per 30-day authorization for permanent settings; the same number of per diem units as days in the authorization for interim settings.

Additional Tools and Documentation Needed:

- Individualized Housing Support Plan

FAQ:

1. **Who is the provider for Transitional Rent?**
   Effective January 1, 2026, CalOptima Health contracted with the HCA to provide Transitional Rent services for members who are eligible for the Behavioral Health Population of Focus, due to their extensive experience and expertise working with members who meet the access criteria for Medi-Cal SMHS and/or DMC or DMC-ODS.

2. **Can this service help pay for room and board?**
   Yes. Transitional Rent will help pay for rent up to the maximum reimbursable rates established by HUD for the Small Area Fair Market Rent (SAFMR) for Orange County as required by DHCS.

3. **How many times can this service be reauthorized?**
   Initial and reauthorizations are completed every 30 days. If the member is still eligible, reauthorization will continue until the member reaches a total of 182 days of Transitional Rent or until the member reaches the global cap of a combined six months of room and board services in a 12-month rolling period.

4. **What other CalAIM services will members in Transitional Rent receive?**

Members authorized for Transitional Rent will also be authorized for ECM and the Housing Trio.

APPENDICES

Appendix A: Place of Service (POS) Code Reference Listing

Select the POS code to indicate the setting in which the service was provided.

POS Code	POS Description
02	Telehealth
03	School
04	Homeless Shelter
09	Prison/Correctional Facility
11	Office
12	Home
13	Assisted Living Facility
14	Group Home
15	Mobile Unit
16	Temporary Lodging
17	Walk-in Retail Health Clinic
18	Place of Employment/Worksite
27	Outreach Site/Street
32	Nursing Facility
33	Custodial Care Facility
49	Independent Clinic
50	Federally Qualified Health Center
53	Community Mental Health Center
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment Center
57	Non-residential Substance Abuse Treatment Facility
58	Non-residential Opioid Treatment Facility
62	Comprehensive Outpatient Rehabilitation Facility
71	Public Health Clinic
99	Other Place of Service

Appendix B: Community Supports Referral Form

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 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:**714-338-3145**	CalOptima Health Attn: LTSS CalAIM P.O. Box 21033 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 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. - For the definition of at-risk-of-homelessness for 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. **<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)

Housing Services		
		- ☐ 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 - ☐ Individuals who are pregnant up through 12 months 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 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 became 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

Housing Services		
		considered at risk of homelessness under the current HUD definition to 30 days - For the definition of at-risk-of-homelessness for 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 SMHS - ☐ Meets the access criteria for DMC or DMC-ODS, as defined by DHCS's Community Supports Policy Guide - ☐ One or more serious chronic physical health conditions - ☐ One or more physical, intellectual, or developmental disabilities - ☐ Individuals who are pregnant or 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 CES or similar system designed to use information to identify highly vulnerable individuals with a disability, one or more serious chronic conditions, 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)**	**Select if applicable:** ☐ Member meets the following social and clinical risk factor requirements:

Housing Services		
	Helps members maintain a safe and stable tenancy once housing is secured.	1. ☐ **Social Risk Factor Requirement** – Experiencing or at risk of homelessness as defined in Section 91.5 of Title 24 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 - For the definition of at-risk-of-homelessness for 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 SMHS - ☐ Meets the access criteria for DMC or 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 - ☐ Individuals who are pregnant or up through 12 months postpartum. **OR** ☐ Member is determined eligible for Transitional Rent. These individuals are automatically eligible for HTSS. **OR**

Housing Services		
		☐ Member is prioritized for a permanent supportive housing unit or rental subsidy resource through the local homeless CES or similar system designed to use information to identify highly vulnerable individuals with disabilities, one or more serious chronic conditions, 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 <u>one</u> 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 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 became 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 definition of at-risk-of-homelessness for 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** Provides up to six months of rental assistance in interim and permanent settings to members who are experiencing or at risk of homelessness, meet the Behavioral Health Population of Focus clinical risk factor	**Select <u>if</u> 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 SMHS

Housing Services		
	requirement, and have either undergone a critical life transition (such as exiting an institutional, carceral setting or foster care), are experiencing unsheltered homelessness, or are eligible for Full-Service Partnership (FSP).	- ☐ Meets the access criteria for DMC or DMC-ODS as defined by DHCS' Community Supports Policy Guide. 2. ☐ **Social Risk Factor Requirement**- Experiencing or at risk of homelessness as defined in Section 91.5 of Title 24 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 became 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 - 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 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.

Housing Services		
		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 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. Select the household size for the member receiving Transitional Rent: ☐ Single Adult Member ☐ Adult Member and Family ☐ Minors and Family ☐ Single Minor Member ☐ Adult Member with Partner or Spouse (No Children) ☐ Adult Member with Other Occupant(s) (Non-Family)

Housing Services		
		☐ Adult Member with Other Occupant(s) (Non-Family) ☐ Please attach the Housing Support Plan.

Services Provided for Post-Acute Care Admission or Post-Nursing Facility Admission		
☐	**Recuperative Care** Also referred to as medical respite care, this 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 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. 3. For the definition of at risk of homelessness for 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. *<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/subs	**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 the Recuperative Care Community Support 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>**

Services Provided for Post-Acute Care Admission or Post-Nursing Facility Admission		
	tance use disorder recovery immediately after exiting the institution.	☐ 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 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. 3. For the definition of at risk of homelessness for 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** ☐ Member meets one of the following criteria: 1. Is receiving ECM 2. Has one or more serious chronic conditions 3. Has serious mental illness 4. Is at risk of institutionalization or requiring residential services as a result of a substance use disorder (SUD). **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	**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.

Services Provided for Post-Acute Care Admission or Post-Nursing Facility Admission		
	the community and avoid further institutionalization in a nursing facility.	2. Has lived 60+ days in a nursing home and/or recuperative care setting. 3. Interested in moving back to the community. 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 and Adult Residential Facilities," ALF Transitions is designed to assist individuals with living in the community and avoid institutionalization, whenever possible.	**Review the following eligibility criteria:** Member is residing in a nursing facility who: 1. Has resided 60+ days in a nursing facility 2. Willing to live in an assisted living setting as an alternative to a nursing facility 3. Able to reside safely in an ALF Member is residing in the community and: 1. Is interested in remaining in the community 2. Is willing and able to reside safely in an ALF 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 ☐ Member has functional deficits and no other adequate support system; **<u>AND</u>** **Select <u>one</u> that applies:**

Services Provided in the Home		
		☐ 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.
☐	**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 <u>if</u> applicable:** ☐ Member who lives in the community and is compromised in their 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: ☐ IHSS ☐ Community-Based Adult Services (CBAS) ☐ Regional center

<table>
<tr><th colspan="4">Services Provided in the Home</th></tr>
<tr><td></td><td></td><td colspan="2">☐ Private caregiver
☐ Not applicable

Does the member need immediate caregiver services? Yes ☐ No ☐</td></tr>
<tr><td>☐</td><td>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.</td><td colspan="2">Member must meet <u>one</u> or more of the following medical conditions:</td></tr>
<tr><td></td><td></td><td>☐ 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)
☐ High cholesterol
☐ Liver disease</td><td>☐ 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):
_____
_____
_____</td></tr>
<tr><td></td><td></td><td colspan="2">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 ☐</td></tr>
<tr><td>☐</td><td>Environmental Accessibility Adaptations (EAA)</td><td colspan="2">Request for a Personal Emergency Response System (PERS)?
Yes ☐ No ☐</td></tr>
</table>

Services Provided in the Home		
	Also known as Home Modifications, EAA 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.	**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 safety of a member, or to enable a member to function in the home with reduced likelihood of experiencing acute asthma episodes.	**Select <u>if</u> applicable:** ☐ Member has had a completed in-home environmental assessment within the last 12 months that identifies medically appropriate Asthma Remediation and specifies how the interventions meet the needs of the member. Received this service before? Yes ☐ No ☐ Unknown ☐

End of Form

Appendix C: Environmental Accessibility Adaptations Forms

Provider Logo

CalOptima Health
A Public Agency
505 City Parkway West
Orange, CA 92868
☎ 714-246-8400
TTY **711**
caloptima.org

Property Owner Approval of [Environmental Accessibility (Home Modifications)] [Asthma Remediation] Permanent Modification(s) by CalOptima Health Community Supports Services Provider

Property Owner Instructions: Please review and provide the information requested below to approve [Environmental Accessibility Adaptations] [Asthma Remediation] permanent modification(s) by a contracted CalOptima Health Community Supports Services Provider**.**

I, , representative from

_____ certify the following permanent
(name of CalAIM organization)

modifications will be made to the property located at

_____
(address location)

as follows (only check boxes that apply):

☐ Affected materials of content such as _____ will be removed in line with the recommendations provided by (insert name of Member's PCP or other health professional specifying the requested equipment and/or services) for CalOptima Health member (insert name).

☐ Surfaces and contaminated materials will be properly disposed.

☐ Provider will fix any issues that may arise from removal of materials or construction of permanent modifications.

☐ New materials will be used to _____.

☐ Photo documentation will be taken before, during and after repairs.

☐ Final cleaning of area post-construction will be done by Provider.

☐ Provider will complete physical modifications for asthma remediation in accordance with an in-home environmental trigger assessment that was completed within the last 12 months and identifies medically appropriate interventions that are of direct medical or remedial benefit to the Member.

☐ The Provider will complete all construction services, but services will not include aesthetic embellishments.

☐ Other (please specify below):

_____
_____
_____

[Provider must provide a description of how and why the services or equipment provided meet the Member's medical needs and specify any equipment being installed to meet the Member's medical needs.]

_____
_____
_____
_____

By signing below, I _____ agree to have
(name of property owner)

Provider shall perform the permanent modifications described above, which are necessary to ensure the health, welfare, and safety of [insert Member name], or to enable [insert Member name] to function with greater independence in the home. I hereby acknowledge and understand that the Department of Health Care Services (DHCS) is not responsible for maintenance or repair of any modification nor for removal of any modification if [insert Member name] ceases to reside at the property.

Property Owner Signature:_____Date:_____

End of Form

Provider Logo

CalOptima Health
A Public Agency
505 City Parkway West
Orange, CA 92868
☎ 714-246-8400
TTY **711**
caloptima.org

Notice of Completion of CalAIM Community Supports Services Home Modification or Asthma Remediation Repairs

Instructions: Please provide the information requested and check off the actions that were completed as part of the CalAIM Community Supports Services Home Modification or Asthma Remediation Repairs.

I, _____, representative from
Name of CalAIM organization representative

_____ certify the
Name of CalAIM organization

following home modifications or repairs have been completed at the property located at

_____
Address of modifications or repairs

as follows (only check boxes that apply):

☐ Affected materials or content such as _____
List materials or content removed
were removed in line with the recommendations.

☐ Surfaces and contaminated materials were properly disposed of.

☐ Contractor fixed problems as recommended.

☐ New materials were used to

_____

_____.
Description of home modifications or repairs completed

☐ Photo documentation was taken before, during and after repairs.

☐ Final cleaning of area post-construction was done by contractor.

☐ The contractor completed all construction services.

By signing below, I (CalAIM organization representative) agree the modifications or repairs were completed.

CalAIM organization representative's signature_____ **Date** _____

Please share any additional comments below:

_____

_____.

End of Form

Appendix D: Asthma Remediation Forms

Provider Logo

CalOptima Health
A Public Agency
505 City Parkway West
Orange, CA 92868
☎ 714-246-8400
TTY **711**
caloptima.org

Asthma Remediation Program Attestation Form

Member Information:

Member Name:_____ CIN*: _____

Member Date of Birth:_____

Referring Licensed Provider or Primary Care Provider (PCP): _____

Environmental Asthma Trigger Remediations are part of the CalAIM Community Supports services being implemented by CalOptima Health. The Department of Health Care Services (DHCS) has defined Asthma Remediation as physical modifications to a home environment that are necessary to ensure the health, welfare and safety of the individual, or enable the individual to function in the home and without which acute asthma episodes could result in the need for emergency services and hospitalization.

Examples of Environmental Asthma Remediations include providing information to members about actions to take around the home to mitigate environmental exposures that could trigger asthma symptoms and remediations designed to avoid asthma-related hospitalizations.

The following organization, < Asthma CS Provider Name >, has contracted with CalOptima Health to complete the following modifications/repairs to the member's home:

	Advanced insulation techniques and air tightness		Minor mold removal and remediation services
	Allergen-impermeable mattress and pillow dustcovers		Moisture-controlling interventions, i.e., foundation waterproofing and moisture control; insulated basement, walls and slab floor
	Asthma-friendly cleaning products and supplies		Paint
	Dehumidifiers		Portable air filters
	Drywall repair		Radon control
	Energy-efficient and sealed combustion appliances		Other (justify in notes):
	Energy-efficient, high-performance windows		

	High-efficiency air filtration and ventilation improvements		Notes:
	High-efficiency particulate air (HEPA) filtered vacuums		
	Integrated pest management (IPM) services		

A home visit has been completed, and the recommended remediations have been identified as necessary to reduce the asthma triggers in the home.

By signing this form, you are attesting that you are a licensed health care provider and that the specific asthma remediation services recommended for this member will likely avoid asthma-related hospitalizations, emergency department visits or other high-cost services.

Please sign this form and send it back to < Asthma CS Provider Name> at <Asthma CS Provider Fax Number>. If you have any questions regarding this form, you may contact < Asthma CS Provider Name> at <Asthma CS Provider Phone Number> for additional information.

Name: **Signature:**

Title: **Date:**

You are not required to submit any additional information directly to CalOptima Health or enter any orders into the CalOptima Health Provider Portal for the member to receive these services. If you have any questions for CalOptima Health staff, please call **714-246-8444**.

End of Form

CS Provider Logo

CalOptima Health
A Public Agency
505 City Parkway West
Orange, CA 92868
☎ 714-246-8400
TTY **711**
caloptima.org

Property Owner Approval of [Environmental Accessibility (Home Modifications)] [Asthma Remediation] Permanent Modification(s) by CalOptima Health Community Supports Services Provider

Property Owner Instructions: Please review and provide the information requested below to approve [Environmental Accessibility Adaptations] [Asthma Remediation] permanent modification(s) by a contracted CalOptima Health Community Supports Services Provider**.**

I, _____ , representative from
(name of CalAIM organization representative)

_____ certify the following permanent
(name of CalAIM organization)

modifications will be made to the property located at

_____
(address location)

as follows (only check boxes that apply):

☐ Affected materials of content such as _____ will be removed in line with the recommendations provided by (insert name of Member's PCP or other health professional specifying the requested equipment and/or services) for CalOptima Health member (insert name).

☐ Surfaces and contaminated materials will be properly disposed.

☐ Provider will fix any issues that may arise from removal of materials or construction of permanent modifications.

☐ New materials will be used to _____.

☐ Photo documentation will be taken before, during and after repairs.

☐ Final cleaning of area post-construction will be done by Provider.

☐ Provider will complete physical modifications for asthma remediation in accordance with an in-home environmental trigger assessment that was completed within the last 12 months and

identifies medically appropriate interventions that are of direct medical or remedial benefit to the Member.

☐ The Provider will complete all construction services, but services will not include aesthetic embellishments.

☐ Other (please specify below):

_____
_____
_____

[Provider must provide a description of how and why the services or equipment provided meet the Member's medical needs and specify any equipment being installed to meet the Member's medical needs.]

_____
_____
_____
_____

By signing below, I _____ agree to have
(name of property owner)

Provider shall perform the permanent modifications described above, which are necessary to ensure the health, welfare, and safety of [insert Member name], or to enable [insert Member name] to function with greater independence in the home. I hereby acknowledge and understand that the Department of Health Care Services (DHCS) is not responsible for maintenance or repair of any modification nor for removal of any modification if [insert Member name] ceases to reside at the property.

Property Owner Signature:_____Date:_____

End of Form

CS Provider Logo

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caloptima.org

Notice of Completion of CalAIM Community Supports Services Home Modification or Asthma Remediation Repairs

Instructions: Please provide the information requested and check off the actions that were completed as part of the CalAIM Community Supports Services Home Modification or Asthma Remediation Repairs.

I, _____, representative from
Name of CalAIM organization representative

_____ certify the
Name of CalAIM organization
following home modifications or repairs have been completed at the property located at

_____
Address of modifications or repairs

as follows (only check boxes that apply):

☐ Affected materials or content such as _____
List materials or content removed
were removed in line with the recommendations.

☐ Surfaces and contaminated materials were properly disposed of.

☐ Contractor fixed problems as recommended.

☐ New materials were used to

_____

_____.
Description of home modifications or repairs completed

☐ Photo documentation was taken before, during and after repairs.

☐ Final cleaning of area post-construction was done by contractor.

☐ The contractor completed all construction services.

By signing below, I (CalAIM organization representative) agree the modifications or repairs were completed.

CalAIM organization representative's signature_____ **Date** _____

Please share any additional comments below:

_____

_____.

End of Form

Appendix E: Housing Trio Forms

CalOptima Health

Required Housing Services Templates

As of July 1, 2025, the housing templates are required for all contracted CalOptima Health housing providers when providing authorized housing services; however, they are not required to be submitted for the initial authorization request. CalOptima Health requires providers to keep a copy of completed templates in the member's medical record in your electronic health record system. In addition, as of July 1, 2025, providers requesting reauthorizations must submit documentation using the new templates and upload to CalOptima Health Connect.

Template	Associated Housing Services	Required Completion Timeframe
Housing Assessment	Copy to be submitted when requesting reauthorization for the following services: • **Housing Transition Navigation Services, and** • **Housing Deposits**	Upon initial authorization approval date, the provider will complete the Housing Assessment **within 30 calendar days**.
Housing Support Plan (HSP)	Copy to be submitted when requesting reauthorization for the following services: • **Housing Transition Navigation Services** • **Housing Deposits, and** • **Housing Tenancy and Sustaining Services** Section 11 of the HSP must show a detailed list of all the activities the case manager is working on with a member. When requesting reauthorization, section 11 must be updated to show what has changed and include any updates to barriers.	Upon initial authorization approval date, the provider will complete the HSP **within 60 calendar days**. The HSP must be signed by the member, or a verbal consent may be documented. Electronic signatures are acceptable.
Housing Sustainability Assessment	Copy to be submitted when requesting reauthorization for the following services: • **Housing Tenancy and Sustaining Services** The Housing Sustainability Assessment is required to determine if a member can graduate from housing services. If the assessment cannot be completed, please document a reason in a progress note.	The provider will use this assessment **every month the member is enrolled in HTSS,** including both the **initial authorization and reauthorization** periods, to determine progress in the criteria and activities planned.

End of Form

Housing Assessment

This screening form is designed to assist housing case managers in identifying housing needs, barriers to housing and potential resources for securing stable housing for the member or family. The initial Housing Assessment should be completed **within 30 calendar days of the authorization date** and maintained in the provider's electronic health records. A copy of the Housing Assessment must be submitted when requesting a reauthorization in CalOptima Health Connect.

1. Assessment Completion Date:

Organization Name	Case Manager Name	Phone Number/Email Address

2. History of Prior Housing Provider(s)

Has the member received services from another housing provider? ☐ Yes ☐ No
If **yes**, provide name and when:

3. Member Information

Member First Name	Member Last Name	CalOptima Health ID
Phone Number	Email Address	HMIS ID (if available)

4. Household Information (add more rows if needed)

List the names of all the individuals that the member is living with.

Name	Relation to Member	Date of Birth

Do you or any member of your household have a health condition or disability for which accommodations are needed? (e.g., Durable Medical Equipment (DME), assistive technology (AT), personal aids/caregivers/support people) ☐ Yes ☐ No
If **yes**, please describe:

Are you or any household members receiving any ongoing medical treatment or services? ☐ Yes ☐ No
If **yes**, please describe:

Does the member live with an animal: ☐ Yes ☐ No
If **yes**, what type of animal (e.g., service animal, emotional support or pet).

5. List of Documents

List the documents needed to secure housing. What does the member have or will need to obtain?

6. Experiencing Homelessness

Is the member currently unhoused? ☐ Yes ☐ No If **no**, skip to section 7.

Means of transportation: ☐ Personal car ☐ Bus ☐ Other (specify):

Where did you sleep last night? ☐ Unsheltered[4] ☐ Shelter ☐ Motel ☐ Transitional housing ☐ NA ☐ Other:

How long have you been staying in the above location?

How do you access food:

How do you access hygiene:

Do you have adequate clothing/warmth:

How do you store personal belongings:

Summarize the member's immediate needs:

7. Member Is Housed

This section is for a member currently **at risk** of homelessness.

[4] HUD Definition in Title 24 CFR 578.3 paragraph (1)(i) – "An individual or family with primary nighttime residence that is a public or private place not designed for or ordinarily used as a regularly sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground."

7. Member Is Housed

Can you describe the current circumstances or challenges you are facing that may lead to a risk of losing your housing or becoming homeless?

Does the member have an eviction notice? ☐ Yes ☐ No If **yes**, please describe:

Are there unpaid rent or utility bills? ☐ Yes ☐ No If **yes**, please describe reason:

Past or current living situations. **Check all that apply.**

☐ Issues with neighbors ☐ Issues with roommates and/or guests ☐ Issues with landlord

☐ Other

Please describe the situation:

8. Housing Authority Program Status

Has the member applied to any of the housing authority programs? ☐ Yes ☐ No

If **yes**, indicate the name of the program and status.

Other comments:

9. Housing Barriers

Barriers to housing (select all that apply)

☐ No rental history	☐ Evictions	☐ Five or more family members	☐ Single-parent household	☐ Head of household under 18
☐ No or poor credit history	☐ Sporadic employment history	☐ No high school diploma/GED	☐ Insufficient income	☐ Adult or child with mild to severe behavioral problems
☐ Repeated or chronic homelessness	☐ Recent history of substance abuse	☐ Recent criminal history	☐ Recent or current abuse and/or battering member (member fleeing abuser)	

☐ Debts (please list):	☐ Rental or utility arrears (please list):

☐ Other:

9. Housing Barriers

10. Housing History

What types of housing has the member lived in previously? Check all that apply. Add additional pages if needed.

Residence Type	Dates of Residence	Location	Reason for Leaving
☐ Emergency shelter			
☐ Transitional housing for homeless persons			
☐ Permanent housing for formerly homeless persons			
☐ Psychiatric hospital or facility			
☐ Substance abuse treatment facility or detox center			
☐ Hospital (nonpsychiatric)			
☐ Jail, prison or juvenile detention facility			
☐ Room, apartment or house that you rent			
☐ Apartment or house that you own			
☐ Staying or living in a friend's room, apartment or house			
☐ Hotel or motel paid for without emergency shelter voucher			
☐ Foster care home or foster care group home			
☐ Place not meant for habitation			

Is it possible to return to any of the housing situations above? ☐ Yes ☐ No

Do you have any family or friends that we could help connect you with that could temporarily house you while we work together?

☐ Yes ☐ No

10. Housing History
If **yes**, explain:

11. Income
Do you have a bank account? ☐ Yes ☐ No Checking Account (approx. balance): $ Savings Account (approx. balance): $ What is your credit history?

Source of Income	**Net Monthly Amount**	**Source of Income**	**Net Monthly Amount**
Employment	$	Spousal Support or Alimony	$
Unemployment (EDD)	$	Child Support	$
State Disability Insurance (SDI)	$	General Relief	$
Supplemental Security Income (SSI)	$	TANF/CalWORKS	$
Social Security Disability Income (SSDI)	$	Worker's Compensation	$
SSA Retirement	$	Family or Friend Cash Assistance	$
Other Retirement Income	$	Other:	$
Veterans Benefits	$		
Total Current Monthly Income:	**$**		

12. Public Assistance				
Is the member enrolled in public assistance programs? ☐ Yes ☐ No If **yes**, list below.				
☐ CA Public Utilities Commission	☐ Low-Income Home Energy Assistance Program	☐ Meals on Wheels	☐ CalFRESH	☐ Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
☐ Cash Assistance Program for Immigrants (CAPI)	☐ Children's Health Insurance Program	☐ Other, please list:		

13. Expenses

Expense Type	Monthly Amount	Willing to Reduce or Eliminate	Expense Type	Monthly Amount	Willing to Reduce or Eliminate
Rent/Housing	$		Health Insurance	$	
Food	$		Medications	$	
Internet	$		Doctor Copays	$	
Electricity	$		Loan Payments	$	
Gas	$		Credit Card Payments	$	
Water	$		Alimony	$	
Hygiene/Personal	$		Child Support	$	
Laundry	$		Tax Payments	$	
Cell Phone	$		Pet Care/Food	$	
Vehicle Payment	$		Subscriptions	$	
Auto Insurance	$		Cigarette/Vaping	$	
Auto Gas	$		Storage Unit	$	
Bus Fare	$		Legal Tickets	$	
Ride Share	$		Other		
Total Current Monthly Expenses:		**$**			

Does anyone assist you with your expenses? ☐ Yes ☐ No
If **yes**, explain:

14. Monthly Budget

Monthly Income: $
Monthly Expenses: $
What is the member's current monthly budget for housing?_____

Identify the most appropriate path for increasing income:
☐ None, current income is sufficient
☐ Employable and will seek full-time employment
☐ Employable and will seek supplemental part-time employment
☐ Disabled or retired and will pursue benefits
☐ Other specify:

If reducing expenses is needed, what are some ways the member can have more income for housing or necessities?

15. Housing Preference		
How many occupants will stay with the member? Note: Rental unit is determined by the "two plus one rule," meaning two people can occupy each bedroom, plus one additional person for the entire unit.		
What city/neighborhood(s) in order of preference would the member like to live? (1) (2) (3) (4)	Preferred unit size: ☐ Studio ☐ One bedroom ☐ Two bedrooms ☐ Three bedrooms ☐ Other:	Special needs: ☐ One-level unit ☐ Senior living facilities ☐ Close to public transportation ☐ Close to childcare ☐ Close to _____ school ☐ Close to ____ clinic/medical or treatment facility ☐ Yard or nearby park ☐ Pet service animal
☐ Other, please describe:		

End of Form

Housing Support Plan (HSP)

This Housing Support Plan (HSP) is created with the member or authorized representative and the Housing Case Manager to address the member's current needs, goals and health choices. Only one HSP document is needed for the Housing Trio, and it must be updated as the member's needs change.

- **Housing Trio:** The HSP must be completed within 60 days from the date of the authorization. It must be reviewed at least every 180 days or as often as needed.

1. Completion Date:	**2. Last Reviewed Date**:

3. Community Supports Housing Provider Information			
Organization Name	Case Manager Name	Phone Number	Email

4. Member Information			
Member First Name	Member Last Name	CalOptima Health ID	HMIS ID (if available)

Emergency Contact	Name	
	Relationship to Member	
	Phone Number	
	Agency (if applicable)	
	Email address	
Primary Care Provider (PCP)	Clinic/Community Health Center	
	PCP Name	
	PCP Phone Number	
Enhanced Care Management (ECM) Provider (if applicable)	Organization Name	
	Lead Care Manager (LCM) Name	
	LCM Phone Number	
	LCM Email Address	

5. HSP Information
Select the service(s) that initiated the HSP. ☐ Housing Transition Navigation Services (HTNS) ☐ Housing Deposits ☐ Housing Tenancy and Sustaining Services (HTSS)

Enter the start date of the HSP. The date can be the earliest date when housing services were authorized. HSP Start Date:	Enter the estimated date when the member will complete the HSP. This date can be the date when all authorized services will end. HSP Estimated End Date:

6. HSP Updates
Use this section to document authorization and reauthorization dates for the Housing Trio.

Housing Service	Authorization Date
Housing Transition Navigation Services (HTNS)	
Housing Deposits	
Housing Tenancy and Sustaining Services (HTSS)	

7. Developing a HSP (activities continue on the next page)

The HSP must be based upon the member's housing assessment that addresses:

- Member's barriers,
- Lists short- and long-term measurable goals for each issue,
- Describes how the member plans to reach the goals, and
- Identifies when other providers or services, both reimbursed and not reimbursed by Medi-Cal, may be required to meet the goal.

The HSP should help the member and provider identify strengths and housing goals that can be met. The HSP should also be updated when a person's situation changes, when steps are completed or when need to be updated.

- **Housing Trio:** The initial HSP must be completed within 60 days from the date of authorization, and it should be updated and reviewed at least every 180 days.

8. HTNS Activities Check all that apply and add details for each activity to section 11.	9. HTSS Activities Check all that apply and add details for each activity to section 11.
☐ **1.** Conducting a housing assessment that identifies the member's preferences and barriers related to successful tenancy.	☐ **1.** Providing early identification and intervention for behaviors that may jeopardize housing, such as late rental payment, hoarding, substance use and other lease violations.

☐ **2.** Developing a housing support plan based on the housing assessment.	☐ **2.** Education and training on the role, rights and responsibilities of the tenant and landlord.
☐ **3.** Searching for housing and presenting options.	☐ **3.** Providing education for the member about fair housing and antidiscrimination practices, including making requests for necessary reasonable accommodations if necessary.
☐ **4.** Assisting in securing housing, including the completion of housing applications and securing required documentation (for example, Social Security card, birth certificate, prior rental history).	☐ **4.** Coaching on developing and maintaining key relationships with landlords/property managers with a goal of fostering successful tenancy
☐ **5.** Assisting in obtaining ID and documentation for Social Security Income (SSI) and Social Security Disability Insurance (SSDI).	☐ **5.** Coordination with the landlord and case management provider to address identified issues that could impact housing stability
☐ **6.** Supporting SSI and SSDI application process.	☐ **6.** Assistance in resolving disputes with landlords and/or neighbors to reduce risk of eviction or other adverse action, including developing a repayment plan or identifying funding in situations in which the member owes back rent or payment for damage to the unit.
☐ **7.** Identifying and securing housing resources to assist with rent, matching available rental subsidy/voucher.	☐ **7.** Advocacy and linkage with community resources to prevent eviction when housing is or may potentially become jeopardized.
☐ **8.** Identifying and securing resources, including but not limited to Housing Deposits, to cover expenses such as security deposit, moving costs, adaptive aids, environmental modifications and other one-time expenses.	☐ **8.** Assisting with benefits advocacy, including assistance with obtaining identification and documentation for SSI eligibility and supporting the SSI application process.
☐ **9.** Providing education for the member about fair housing and antidiscrimination practices, including making requests for necessary reasonable accommodations if necessary.	☐ **9.** Assistance with the annual housing recertification process.
☐ **10.** Engaging and educating landlord/property management	☐ **10.** Coordinating with the tenant to review, update and modify their housing support and crisis plan on a regular basis to reflect current

	needs and address existing or recurring housing retention barriers.
☐ **11.** Ensuring living environment in prospective unit is safe, habitable and ready for move-in.	☐ **11.** Continuing assistance with lease compliance, including ongoing support with activities related to household management.
☐ **12.** Communicating and advocating on behalf of member to landlord/property management.	☐ **12.** Health and safety visits that include the ensuring unit remains safe and habitable.
☐ **13.** Assisting in, arranging for and supporting details of the move.	☐ **13.** Other prevention and early intervention services identified in the crisis plan that are activated when housing is jeopardized (e.g., assisting with reasonable accommodation requests that were not initially required upon move-in).
☐ **14.** Establishing procedures and contacts to retain housing, including developing a housing support crisis plan that includes prevention and early intervention services when housing is jeopardized.	☐ **14.** Providing independent living and life skills including assistance with and training on budgeting, including financial literacy and connection to community resources.
☐ **15.** Identifying, coordinating, securing or funding nonemergency, nonmedical transportation to assist member's mobility to ensure reasonable accommodation and access to housing options prior to transition and move in day.	
☐ **16.** Identifying, coordinating, securing or funding environmental modifications to install necessary accommodations for accessibility.	

10. Housing Deposits

Is Housing Deposits assistance authorized for this member?	☐Yes ☐ No	Deposit/Lease Start Date:	Deposit/Lease End Date:
What is the address of where the member will be housed? (Add address when it becomes available.)			
List member strengths to assist with goals:			

11. Activities

Use the section below to write the activities planned for the Housing Trio.
Please review the activities listed in sections 8 and 9 and add any other activities related to section 10. Use this space to described all planned activities.

A. Activity Number	B. Identified Barriers	C. Goal (short and long term)	D. Action Steps	E. Person(s) Responsible (Member/Staff)	F. Target Date or Completion Date
Example: HTNS No.5 Assisting in obtaining ID and documentation for SSI	No transportation to SSI office. No phone number to get in touch with the client to arrange ride to the SSI.	Short term: Get SSI set up for the member Long term: Use ID and SSI for rental application	Case manager to coordinate transportation.	Member and case manager	
Example: HTSS No.11 Continuing assistance with lease compliance, including ongoing support with activities related to the household	I need help remembering to pay my rent on the day that it is due. Sometimes I forget what day it is.	Short term: Set up a calendar to track when rent is due and hang it on the fridge. Long term: Pay rent on time each month.	Case manager to meet with client on the first of each month in person to remind and help with paying rent.	Member and case manager	

HSP Agreement: After completing the HSP with the member/authorized representative, please gather a signature or verbal consent.
☐ **Verbal Consent:** Use only if the member or their authorized representative received the HSP information by phone/telehealth and gave verbal consent. This document was read on _____ to the member or authorized representative by: _____.
If signing in person, the member and/or their authorized representative agree to the items listed in the HSP.

Name	Signature	Date
Name	Signature	Date

End of Form

Housing Sustainability Assessment

This evaluation supplements the Housing Support Plan (HSP). This supplemental evaluation is required to assess the necessity of continued services and justify reauthorization of Housing Tenancy and Sustaining Services (HTSS). It is a tool meant to inform the provider, and a copy does not need to be shared with the member unless requested. The evaluation must be completed monthly for all members enrolled in HTSS to demonstrate ongoing progress toward housing stability, identify emerging risks, and ensure appropriate planning toward graduation or transition.

1. **Assessment Completion Date**:

2. Community Supports Housing Provider Information			
Organization Name	Case Manager Name	Phone Number	Email:

3. Member Information			
Member First Name	Member Last Name	CalOptima Health ID	HMIS ID # (if available)

4. Permanent Housing Information	
Housing Address	
Housing Type (PSH, market-rate, shared housing, subsidized, etc.)	
Housing Subsidy Type (if applicable) (Section 8 voucher, etc.)	
Lease Holder (Self/Joint/Rep Payee/Program)	
Lease Start/End Date	
Landlord/Property Manager Name & Contact	
Rent Amount (Member Portion)	

5. Criteria **Check True or False for each statement below and add comments.**	**Check if True**	**Check if False**	**Comments**
Housing Stability			
1. Tenant had NO lease violations in the last 12 months.	☐	☐	
2. Tenant/rep payee paid rent on time every month for the last 12 months.	☐	☐	
3. Tenant has NO rent arrears.	☐	☐	
4. Tenant has paid utility bill on time for at least 10 of the past 12 months OR utilities are included in the rent.	☐	☐	
5. Tenant has NO utility arrears.	☐	☐	
6. Tenant has NO known landlord complaints or notices regarding disruptive activities in unit.	☐	☐	
7. Tenant has the capacity to independently navigate (or with the help from a support person/ caregiver) and complete documentation, forms and other processes related to housing stability, such as annual recertification and unit repair requests.	☐	☐	
Successful Engagement with Services			
8. Tenant independently and actively seeks out and successfully connects with community-based providers for needed services.	☐	☐	
9. Tenant has been able to keep behavioral health care, including SUD appointments, on a regular basis for the past 12 months (if applicable).	☐	☐	
10. All must be **True**. Tenant: • is connected to community-based providers as needed for social services (other than HTSS service • has a primary health care provider and/or	☐ ☐	☐ ☐	

5. Criteria Check True or False for each statement below and add comments.	Check if True	Check if False	Comments
active Enhanced Care Management provider • keeps appointments for health care and wrap-around services as needed.	☐	☐	
11. Instrumental activities of daily living (iADL) and activities of daily living (ADL) support needs are met (either by individual or another service provider): budgeting, monthly payments, grocery shopping, cleaning, addressing hoarding, cooking, hygiene, mobility.	☐	☐	
12. Tenant has not needed support from HTSS for crisis mediation/intervention in the past 12 months.	☐	☐	
13. Tenant agrees that these services are no longer needed for their ongoing successful tenancy and housing stability.	☐	☐	
14. Tenant has been fully compliant with criminal justice supervision for more than 12 months OR has no criminal justice supervision requirements.	☐	☐	
Financial Stability			
15. Tenant has been employed for the past six months.	☐	☐	
16. Tenant can meet their share of rent for the past 12 months.	☐	☐	
17. Tenant has not required HTSS assistance in making timely payments or budgeting for the past 12 months.	☐	☐	
18. Tenant does NOT have debt that requires payment of more than 50% of their income.	☐	☐	
TOTAL (add the "True" column)			

5. Criteria **Check True or False for each statement below and add comments.**	**Check if True**	**Check if False**	**Comments**
Score out of 20 (1 point for each check mark in the "True" column).			
If member has scored 16 points or more, member is ready for graduation and should be disenrolled from HTSS.			

If the total score is 16 points or higher, do not continue. Proceed to Sections 6 & 7 only if the total score is less than 16 points.

6. Case Manager Assessment: Member Needs Continued Services (check one): ☐Yes ☐ No
If "yes" is checked, please provide a summary and continue to Section 6.

7. Goal Planning Instructions	
For each criteria marked “False” in section 4, provide a measurable, time-related goal.	
What are the criteria marked false from section 4? (example 1, 2, 3)	Criteria numbers:

Criteria Marked False	Measurable Goal/Action Step	Person Responsible	Target Completion Date

End of Form

Appendix F: Housing Transition Navigation Services

Essential service components to assist individuals in navigating to permanent housing

Housing is a critical component of health — without a safe, stable place to live, it's nearly impossible to address physical, behavioral or social needs. Housing is the foundation upon which recovery, wellness and long-term stability are built. Yet navigating people toward housing is rarely simple or quick. This document is intended to support providers in delivering housing navigation services that are both person-centered and outcome-focused. While providers play a key role in coordinating services, collecting documentation and maintaining forward momentum, members must also be active participants in the process. Housing takes time, effort and ongoing engagement from all sides. Though matching through the Coordinated Entry System (CES) may be one path, we know most individuals will not be matched and waiting indefinitely is not a viable strategy. That's why effective housing navigation also involves helping members secure income, whether through employment or SSI/SSDI, and identifying realistic housing options outside CES. While we must meet people where they are, as billing providers, there is also a responsibility and expectation to make measurable progress each month — because housing won't happen without a plan.

Bed Reservation and/or City Shelter Placement

- Every time you meet with an individual, starting from intake and at every appointment after, offer a shelter bed, if one is available, or a bed reservation.
    - It is also helpful to know if any individual has been sheltered before, and if so, where, how long and the circumstances in which they left the placement.

- Before offering, make sure you know what's currently available, including if pets are allowed and bunk location, if applicable.

- Beds can be based on Service Planning Area (SPA) or city "ties." It is important to know the geographical area you are responsible for offering services in and what shelter options (and their eligibility requirements) are located in said area.

- Pro Tip: If you haven't already, try to visit/tour the shelters within your service area. It's easier to talk about a place honestly when you've seen it yourself, what it's like, who's staying there, what the rules are, etc.

Financial Assistance

- If someone's eligible and wants the help, support them in applying for CalFresh and General Relief. These programs can help with food and basic needs.
    - It is helpful to know if an individual has previously received such benefits

- CalFresh — You can either send them to the nearest Social Services office or, even better, go with them if they're open to it. The extra support can make a big difference.

- General Relief — Same as above. Refer them to the nearest office or go with them. Just walking in with someone can take a lot of the stress out of the process.

- Pro Tip: Before heading to the Social Services office, ensure the individual has an ID.

Essential Documents

1) California State ID or driver's license
   a) Where to get it?
      i) Any California DMV office
   b) What's needed to get it?
      i) Proof of identity (birth certificate, passport, etc.)
      ii) Proof of Social Security Number
      iii) Proof of California residency (can often use a shelter letter)
   c) Cost?
      i) About $33 for ID, about $41 for driver's License
      ii) Fee waivers (DL 937 form) may be available for individuals experiencing homelessness
   d) How long will it take?
      i) Two to four weeks

2) Birth certificate
   a) Where to get it?
      i) If born in California: Request from California Department of Public Health – Vital Records www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Records.aspx
      ii) If born elsewhere: Order from that state's vital records office
   b) What's needed to get it?
      i) Full name at birth
      ii) Date and place of birth
      iii) Parent names (especially mother's maiden name)
      iv) Valid ID
         (1) If individual does not have a photo ID, there are other submission options
   c) Cost?
      i) In California, there is a Fee Exemption Form
      ii) Out of state can be more expensive
   d) How long will it take?
      i) In California, can take two to four weeks, other states can take up to three months.

3) Social Security card
   a) Where to get it?
      i) Social Security Administration (SSA) office
         (1) By appointment only, appointments are one to three months out
   b) What's needed to get it?
      i) Completed SS-5 application
      ii) Proof of identity: State ID, school ID or other documents
   c) Cost?

   i) Free for replacements (limit: Three per year/10 lifetime)
d) How long will it take?
   i) Two to four weeks after appointment

4) Homelessness verification/"Third-Party Homeless Verification"
   a) Where to get it?
      i) CES website
   b) What's needed to get it?
      i) Letter on letterhead from provider verifying client has been sleeping in a place not meant for habitation.
      ii) Make sure the letter includes dates and locations of homelessness.
   c) How long will it take?
      i) Depends on whom you need to get the letter from, it could take a month or so

5) Disability verification/Disabling Condition Verification Form
   a) Where to get it?
      i) From a licensed health care provider, therapist, psychiatrist or clinic
   b) What's needed to get it?
      i) A letter stating the individual has a disability that is expected to last 12 months or more and impairs functioning
   c) How long will it take?
      i) Depends. With Street Medicine, the individual will need to see the MCT a couple times before signing. It is case by case.

6) Proof of Income (if an individual gets matched with housing)
   a) Where to get it?
      i) For employment: Pay stubs, W-2s or employer letter
      ii) For benefits: Award letters from SSA (Verification of Benefits)
   b) If no income: complete a Zero Income Statement or Self-Declaration of Income
   c) How long will it take?
      i) Can take one to two weeks

Court Date and Criminal Record Check

- We do not want members to miss court dates. Checking this website can help: Superior Court of California - County of Orange

- If individuals report they have had contact with law enforcement, it helps them to know what's on their record.
  - Try calling the OC Courts Help Line

- See if they qualify for Clean Slate or other record-clearing help.
  - Contact the Public Defender's Office for guidance
  - Generally, misdemeanors and some nonviolent felonies can be cleared.

- A referral for legal assistance could help:

  - Public Law Center (Santa Ana): Free reentry legal help
  - Legal Aid Society of Orange County: Help with expungements

- Just because paperwork was filed, it doesn't mean it went through — It is good practice to encourage individuals to double-check that everything was processed.

Assess Employability

- During the initial assessment period, it is important to understand an individual's work history as well as their current goals related to employment.
  - If there is work history, does the individual have a retirement account?

- It is important to distinguish between **able** and **not able** to work, which is different from **interest**.

- For those with work history,
  (1) Consider Day Habilitation (or other workforce development programs)
  (2) Support them with their resume
  (3) Support a job search
  (4) Support with interview preparation
  (5) Consider Salvation Army Adult Rehabilitation Center

- If employment is not an option, an application for SSI or SSDI needs to be completed.

Apply for SSI or SSDI

- Visit the SSA office

- Substance Abuse and Mental Health Services SSI/SSDI Outreach, Access, and Recovery (SAMHSA SOAR) has trainings

- Pro Tip: Obtain the Adult Disability Starter Kit available from SSA.

Enter Into Individual Coordinated Entry System (ICES)

- Have the required documents
  - Verification of homelessness
  - Verification of disability
  - Verification of chronic homelessness
  - Marriage or divorce Documents (if applicable)

- Know/understand the options
  - Rapid rehousing (RRH): Short-term rental assistance and supportive services.
  - Permanent supportive housing (PSH): Long-term housing with ongoing supportive services.
  - Vouchers: Tenant-based or project-based rental assistance.

- Attend match meetings

Special Considerations

- Veterans
    - Ask about their service (branch, length, discharge status)
    - Do they have their DD-214?
    - Do they have any U.S. Department of Veterans Affairs (VA) benefits, pension or retirement benefits?
    - Help them link up to the VA, if needed.
        - Connect them to the VA Community Resource and Referral Center (CRRC) in Santa Ana.
    - HUD-Veterans Affairs Supportive Housing (VASH) intake happens through the VA.

- Pro Tip: Veterans don't always self-identify. If someone mentions the military, even briefly, gently follow up. It could open the door to more services and support than they realized they had access to.

- Family CES — familysolutionscollaborative.org/family-coordinated-entry-system/

Appendix G: Day Habilitation Programs Form

CS Provider Logo

CalOptima Health
A Public Agency
505 City Parkway West
Orange, CA 92868
☎ 714-246-8400
TTY: 711
caloptima.org

CalAIM Day Habilitation Individual Plan of Care (IPC)

Instruction

The IPC is designed to facilitate planning and service coordination for members receiving Day Habilitation services. Submit this care plan as part of the authorization process. Review and update this plan **every six months** or sooner if there is a significant change in member's needs or goals. At that time, a new authorization request and a completed IPC must be submitted to continue service.

Note: Failure to submit a completed IPC at the time of the authorization request may result in a denial of service.

Dates of Service Requested: From: _____To: _____ (Submit new authorization request every six months)	
Organization Name:	**Provider # (NPI):**
Member Name:	
Date of Birth (MM/DD/YY):	**CIN:**
Gender: ☐ Male ☐ Female ☐ Transgender Male ☐ Transgender Female ☐ Other_____	
Member's Health Plan:	
Requested Number of Days per Week: _____ * Request days based on member's skill assessment and specific skills.	

(1) AUTHORIZATION REQUEST AND ELIGIBILITY

☐ Initial ☐ Reauthorization ☐ Change Vendor

The individual meets all CalAIM eligibility and medical necessity criteria and one or more of the following CalAIM medical criteria categories as set forth in the DHCS Medi-Cal Community Supports.

Please select one:

☐ Homeless

☐ Exited homelessness and entered housing within the last 24 months

☐ Individual at risk for homelessness or institutionalization whose housing stability could be improved through participation in a day habilitation program.

(2) RISK FACTORS

INTERNAL/CLINICAL RISK FACTORS

☐ None ☐ Cognitive impairment

☐ Mental illness ☐ Medication mismanagement

☐ Substance use/abuse ☐ Significant sensory impairment

☐ Chronic pain ☐ Other (specify): _____

EXTERNAL RISK FACTORS/ SOCIAL DETERMINANTS OF HEALTH

☐ None ☐ Unemployed

☐ Post incarceration ☐ Homeless/history of homelessness

☐ Unstable housing ☐ Unsafe housing

☐ Financial insecurity/poverty ☐ Lack of resources

☐ Food insecurity ☐ Language/communication barriers

☐ Limited or no social supports/family ☐ ER/hospitalization in past 60 days

(3) ACTIVE PERSONAL MEDICAL/MENTAL HEALTH CARE PROVIDER(S)

NAME	PROVIDER SPECIALTY	ADDRESS	PHONE

(4) LIVING ARRANGEMENT

Type of Residence:

☐ Personal residence (house/apartment)

☐ Community Care Licensed Facility (RCFE)

☐ Other congregate living

☐ Temporary shelter
☐ Rented room
☐ Staying with friends
☐ Vehicle
☐ Homeless
☐ Other (specify):
How long have you lived at this location? _____

(5) MEMBER-IDENTIFIED SKILL PRIORITIES

Briefly list the skills the member would like to focus on to support independent living or reside successfully in their home.
*Detailed goals and progress should be entered into a log or tracking tool to monitor improvement.

(6) BARRIERS TO ACQUIRING ESSENTIAL SKILLS

Does member have a developmental disability, mental health or other condition that hinders their ability to acquire day habilitation skills? *Please ensure identified goals take these conditions into consideration.

☐ Yes ☐ No ☐ Other: please specify below

(7) MEMBER STRENGTHS AND SUPPORT NEEDS

STRENGTHS	SUPPORT NEEDS

(8) SKILL DEVELOPMENT FOCUS AREAS

Based on the skills identified by member in Section 5 and their strengths and needs in Section 7, list the specific skills that member needs to develop according to the Skill Area in the reference guide.

Provide a brief explanation (including member's initial proficiency level) of why each skill is being focused on.

*Make sure to consider any barriers that might hinder the member's ability to acquire these skills.

SKILL AREA	SPECIFIC SKILLS	BRIEF REASON
Use of public transportation	Route planning	Member is beginning to learn how to get to work using bus.

(9) JUSTIFICATION FOR REAUTHORIZATION

Provide a brief explanation of why reauthorization is needed for member's Day Habilitation services, highlighting progress, achievements, ongoing needs, and new challenges. List specific skills and goals that align with the reauthorization reason.

SPECIFIC SKILLS AND GOALS	REASON

By signing below, I certify that I have reviewed and concur with this IPC.

PRINTED NAME	SIGNATURE
TITLE	**DATE**

End of form.

CalOptima Health
A Public Agency
505 City Parkway West
Orange, CA 92868
714-246-8400
TTY: 711
caloptima.org

Day Habilitation Reference Guide

The following descriptions guide curriculum development, support accurate completion of the progress tracker and assist with completing the IPC.

1. Skill Area Descriptions

(Based on the California Department of Health Care Services [DHCS] Community Supports Policy Guide, Volume 2)

Skill Area	Description
Use of Public Transportation	Develop skills to safely and independently use public transit.
Career and Job Skills	Build work habits, explore careers and practice job tasks.
Personal Skills Development	Improve self-awareness, emotional regulation and decision-making.
Community Participation	Gain confidence and skills to engage safely in the community.
Developing and Maintaining Interpersonal Relationships	Develop and maintain respectful, healthy relationships.
Daily Living Skills	Learn practical skills for managing a household and personal care.
Community Resource Awareness	Identify and use local services that support independent living.

2. Targeted Skill Descriptions

Summary of the specific skill(s) being addressed within the selected area. Here are a few examples:

Skill Area	Targeted Skill Description
Use of Public Transportation	Learning to read bus schedules and safely board public transit.
Community Participation	Participating in local library programs and community events.
Interpersonal Relationships	Practicing turn-taking and active listening in group conversations.

Career and Job Skills	Developing punctuality and following multi-step instructions in a work setting.

3. Assessment Periods

Assessment	Description
Initial Assessment	Must be completed on the same day as the Date of Requested Service.
Follow-Up Assessment	Recommended every three months; required no later than six months after the initial assessment. At the six-month mark, submit a new completed IPC and authorization request to continue services.
Graduation Assessment	Conducted at the conclusion of services or transition to a new program.

4. Proficiency Levels

Skill levels should reflect an individual's current ability and support needs relative to each member's personal goals and abilities — not a universal standard.

Levels	Description
Beginning	Member is just starting to learn the skill and require full support, including modeling and direct instruction.
Developing	Member is becoming familiar with the skill (demonstrates emerging understanding) and can perform parts of it with moderate support.
Approaching Proficiency	Member performs the skill with minimal support and is nearing independence.
Proficient	Member can consistently perform the skill independently, with confidence and accuracy to the best of their abilities.

Note: If member ranks proficient on any items in the subskill(s) category, they are ineligible for Day Habilitation Services for that subskill.

5. SMART Goal Guidance

Each goal should be:

- **S**pecific – Clearly defines what the individual will do.
- **M**easurable – Includes criteria to track progress and success.
- **A**chievable – Realistic based on the individual's current abilities.
- **R**elevant – Aligned with the individual's needs, interests, and assessment results.
- **T**ime-bound – Includes a timeframe for completion or review.

6. Service Duplication Guidance

Day Habilitation services must not duplicate supports already provided through Enhanced Care Management (ECM) or other Community Supports, such as Housing Transition Navigation Services

(HTNS), Housing Deposits, or Housing Tenancy and Sustaining Services (HTSS).

- Organizations must screen members for duplicative services before developing a Day Habilitation curriculum.
- If member is already receiving similar support through another program, they should be referred to the appropriate Community Support instead.
- Members needing housing-related assistance should be referred to the Housing Trio and may also be eligible for Transitional Rent.

Note: Duplication of services may result in the denial of authorization requests.

Examples of Duplicative Services:

Services	**Covered by**	**Skill Area**
Selecting and moving into a home	HTNS	Daily Living Skills
Locating household furnishings	HD	Daily Living Skills
Settling disputes with landlords	HTSS	Personal Skills Development
Managing personal financial affairs	HTSS	Daily Living Skills
Asserting civil and statutory rights through self-advocacy	HTNS	Personal Skills Development
Assisting with income and benefits advocacy including General Assistance/General Relief and SSI if the Member is not receiving these services through Community Supports or ECM	HTNS, HTSS	Community Resource Awareness

Appendix H: Recuperative Care (Medical Respite) Forms

CalAIM Recuperative Care/Short-Term Post-Hospitalization Referral/Authorization Request

Instructions:
Please complete this form and attach the following documents: Plan of Care, Discharge Plan, PT/OT notes and H&P. Authorization may be denied if this information is not provided.

Step 1: Complete all information below.

Referral Information		
Referral date:	Referred by:	
Agency or relationship to member:		
Referring provider National Provider Identifier (NPI) (if applicable):		
Phone:	Fax:	Email:

Member Information	
Member name:	CalOptima Health ID:
Date of birth:	Member's preferred language:
Phone:	Email:
Is the member currently in hospital? ☐ Yes ☐ No	
Last visit to PCP:	Next PCP visit:

Primary Care Provider (PCP) Information	
Name:	Address:
Phone:	Email:

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.

Step 3: Please check off the most appropriate Recuperative Care/Short-Term Post-Hospitalization Housing pathways based on the eligibility listed in the following pages.

Please note that members may not receive more than a combined 182 days of Short-Term Post-Hospitalization, Recuperative Care and Transitional Rent during any rolling 12-month period.

	Pathway	Description	Eligibility
☐	Recuperative care only	Short-term residential care for individuals who no longer require hospitalization but will need to heal from an injury, illness or mental health condition.	Both must apply: ☐ Homeless or at risk of homelessness ☐ Member requires recovery to heal from an injury or illness.
☐	Short-term post-hospitalization housing only	Assists members with high medical or behavioral health needs with short-term housing after leaving the hospital, recovery facility, recuperative care or other facility.	Members must meet the following criteria: (1) Member is exiting an institution, which includes recuperative care facilities, inpatient hospitals, residential substance use disorder or mental health treatment facilities, correctional facilities or nursing facilities. **AND** (2) Member is experiencing homelessness. **AND** (2) Member meets one of the following criteria: a. Is receiving ECM b. Has one or more serious chronic conditions c. Has a serious mental illness; or d. Is at risk of institutionalization or requiring residential services as a result of a substance use disorder. **AND** (3) Member has ongoing physical and behavioral health needs as determined by a qualified health professional that would otherwise require continued institutional care if not for receipt of Short-Term Post-Hospitalization Housing.
☐	Nursing facility with plans to transition to recuperative care	Short-term residential care for individuals who no longer require hospitalization but still need to heal from an injury or illness or a mental health condition.	Select one that applies: ☐ Homeless or at risk of homelessness ☐ Members who are at risk of hospitalization or are post-hospitalization ☐ Members who live alone with no formal supports.

☐	Recuperative care with plans to transition to short-term post-hospitalization housing	Short-term residential care for individuals who no longer require hospitalization but still need to heal from an injury, illness or mental health condition.	Select one that applies: ☐ Homeless or at risk of homelessness ☐ Individuals who are at risk of hospitalization or at post-hospitalization **OR** ☐ Individuals who live alone with no formal supports **AND** ☐ Member is in recuperative care, inpatient hospital, residential substance use disorder treatment facility, residential mental health treatment facility, correctional facility or nursing facility.

Admitting Diagnosis	
Qualifying recuperative care/short-term post-hospitalization housing diagnosis:	
ED visit/hospital admittance date:	Expected discharge date:

Will the member need any specialist follow-up care? ☐ Yes ☐ No	
1) Specialty:	
Provider Name:	
Phone:	
Scheduled Appt Date:	
2) Specialty:	
Provider Name:	
Phone:	
Scheduled Appt Date:	
3) Specialty:	
Provider Name:	
Phone:	
Scheduled appt date:	

Authorized Home Health Provider		
Service(s): ☐ Physical therapy ☐ Occupational therapy ☐ Speech ☐ Wound care ☐ Personal care		
Provider name:	Phone:	Scheduled appt date:

Health Information	
General	
Gender: ☐ Male ☐ Female ☐ Placement needs related to gender.	COVID vaccine Dose 1: ☐ Yes ☐ No Dose 2: ☐ Yes ☐ No Booster 1: ☐ Yes ☐ No Booster 2: ☐ Yes ☐ No
TB test or chest X-ray performed? ☐ Yes ☐ No If Yes, date: Results: ☐ Positive ☐ Negative Comments:	
Neuro	
Alert and oriented to: ☐ Person ☐ Place ☐ Time ☐ Situation	
Respiratory	
☐ Requires O2 (Explain):	
GI/GU	
☐ Incontinent of bowel ☐ Incontinent of bladder ☐ Colostomy/ileostomy ☐ Foley catheter	Does the member require tube feeding? ☐ Yes ☐ No
Ambulation/Mobility	
Can the member independently perform ADLs? ☐ Yes ☐ No How far can the member ambulate?	
Does the member use DME? ☐ Yes ☐ No If yes, please explain:	
Fractures: ☐ Yes ☐ No Recent surgery: ☐ Yes ☐ No	

Health Information	
Integumentary	
Wound(s): ☐ Yes ☐ No If yes, provide location(s)/size/stage: Independent with wound care? ☐ Yes ☐ No	
Infections	
Communicable disease/isolation describe: IV Antibiotics: ☐ Yes ☐ No If yes, frequency:	
Psycho-social Information:	
☐ Registered sex offender	Member has: ☐ Car ☐ Spouse/partner ☐ Service animal ☐ Pets

Substance Use ☐ None	
Type	Last Date Used
☐ Alcohol	
☐ Cocaine	
☐ Heroin	
☐ Methamphetamine	
☐ Opioid	
☐ Other	

Mental Health DX
☐ Anxiety ☐ Bipolar ☐ Cognitive impairment ☐ Depression ☐ Schizophrenia ☐ Trauma-related ☐ Other (please explain): ☐ Current treatment: Requires assistance with ADLs, please explain:
Medication Management
☐ Diabetic ☐ Insulin ☐ Oral meds ☐ Anticoagulants ☐ Requires INR/PT/PTT checks
☐ Requires assistance with medication. List medication(s):

Health Information
Does the member have enough medication to last through the end of the month? ☐ Yes ☐ No
Does the member understand how to obtain refills on their medications? ☐ Yes ☐ No
Does the member have a preferred pharmacy? ☐ Yes ☐ No If yes, where:
Does the member understand how to take their medication and why they are taking their medication? ☐ Yes ☐ No

Step 4: Based on the services selected for the member above, please submit this Referral Form to the most appropriate provider listed below via fax or mail.

Community Supports Provider Contact Information

Recuperative Care and Short-Term Hospitalization	
Mom's Retreat	Phone number: 714-904-1668 Fax number: 888-459-2407 Email: casemanager@momsretreatrecup.org
Illumination Foundation (serving adults and children)	Phone number: 949-273-0555 Fax number: 888-517-7123 Email: recup@ifhomeless.org
Select from the below only after checking the capacity for OC Providers first.	
Harbor Care Center – Mission Hills	Phone number: 818-925-1451 Fax number: 818-350-4105 Email: info@harborcares.org
Harbor Care Center – Lancaster	Phone number: 818-925-1451 Fax number: 818-350-4105 Email: info@harborcares.org

STOP

Community Supports Provider to Complete Section Below

Step 5: Complete the section below and return the response to the referrer at the hospital or skilled nursing facility. If the member belongs to Kaiser Permanente, please submit these documents directly to Kaiser Permanente.

Accepting/Not Accepting
Was the member accepted? ☐ Yes ☐ No
If the member declined service, please provide the reason:

End of Form

Appendix I: Recuperative Care Health Assessment and Care Plan

Recuperative Care Health Assessment and Care Plan

Background Information

Recuperative care, also referred to as medical respite care, is short-term residential care for individuals experiencing homelessness who are too ill or frail to recover from an illness or injury on the streets or in a shelter, but who do not require hospital-level support.

Overview

Intake and orientation

- Discuss the purpose of the program and guidelines/expectations
- Discuss primary reason for referral/admission
- Obtain informed consent
- Discuss discharge timeframe and/or discharge indicators

Case management assessment and goal planning	Health assessment and goal planning
• Build rapport and engagement • Identify barriers and needs • Identify strengths and resources • Collaboratively develop patient-centered goals	• Review hospital records to identify current conditions and treatment goals • Complete history and physical exam • Complete mental health and substance use screening/assessment • Collaboratively develop patient-centered treatment plan
Resource Navigation	**Health monitoring, management, and navigation**
• Obtain documentation necessary to access housing, income, and other resources • Connect and engage with local Continuum of Care (e.g., HMIS and Coordinated Entry) • Complete various applications (e.g., housing insurance, employment, SSI, SSDI, etc.) • Arrange transportation to and from appointments	• Monitor health condition(s) and adjust care plan, as needed • Medication management and/or reconciliation • Provider ongoing health literacy and disease management education • Connect to primary care and specialists • Connect to mental health and/or substance use treatment, as indicated

See next page.

Discharge planning and continuity of care • Collaboratively determine discharge disposition with patient (e.g., permanent supportive housing; family/friends; shelter; recovery program, etc.) • Warm handoff to ongoing community-based case management/housing navigation • Document and share goals and progress with key stakeholders, as permitted	Discharge planning and continuity of care • Schedule follow-up appointments (e.g., primary care, mental health/substance use) • Equip patient with knowledge and resources to refill medications • Provide patient with discharge summary • Notify partnering providers of patient's discharge and provide relevant information needed to maintain contact with patient

Global Cap on Coverage of Room and Board Services

Effective 1/1/2025 a "global cap" will be established for Room and Board services which include:

- Short-Term Post-Hospitalization Housing
- Recuperative Care
- Transitional Rent

Under the global cap, coverage is limited to six months of Room and Board services per Member within a rolling 12-month period.

A Member may not receive more than a combined six months of Short-Term Post-Hospitalization Housing, Recuperative Care, and Transitional Rent during any rolling 12-month period. The start of the rolling 12-month period starts from the member's first date of utilization of Short-Term Post-Hospitalization Housing, Recuperative Care or Transitional Rent – not from the date of authorization.

Transitional Rent is subject to an additional cap of six months per household, per demonstration.

Service	Limits per Service[14]	Limits across the Services[15]
Recuperative Care	6-month limit per rolling 12-month period (per Member)	6-month limit per rolling 12-month period (per Member)
Short-Term Post Hospitalization Housing	6-month per rolling 12-month period (per Member)	
Transitional Rent	6-months of service per 5-year demonstration (per household)	also applies across all three Room and Board services.

[14] The 12-month rolling timeframe begins on the first day the Member uses any of these services.
[15] The 12-month rolling timeframe begins on the first day the Member uses any of these services.
Source: DHCS Community Supports Policy Guide Volume 2, pages 13-14.

Health Assessment and Goal Planning

Date Completed:	**Last Reviewed:**

Recuperative Care Provider	
Provider Name	Intake Nurse/Staff
Case Manager	Case Manager Phone Number and Email Address

Member Information		
Member First Name	Member Last Name	Member DOB
Medi-Cal ID/CIN	Recuperative Care Enrollment Date	Preferred Written/Spoken Language

Primary Care Provider (PCP) Information: (Please update if PCP changes.)		
Community Clinic/Medical Group Name	PCP Address	
PCP Name	PCP Phone	Date Member Last Saw PCP[5]

Specialists Involved in the Member's Care	
Name	Contact Information (Phone/Location)

Home Health Provider (if applicable)	
Provider Name	Phone Number

History of Present Illness/Hospital Course
Notes:

[5] This date must be in the past from the date the care plan was created. Do not put a future date. Update the date if the member does see their PCP in the future. Keep this date current.

Primary Diagnosis:

Secondary Diagnosis:

Medical Information

Vital Signs:

Blood Pressure:	**Heart Rate:**	**SPO2:**	**Respiratory Rate:**
Temperature:	**Height:**	**Weight:**	**Pain:**

Review of Systems — Complete With a Clinician

Cardiac:	
Respiratory:	
Neuro:	
Endocrine:	
Immune:	
GI:	
GU/Repro:	
Skin/Wounds:	

Durable Medical Equipment (DME) Notes:

DME Provider & Contact Information:

Medical History:

Surgical History:

Medical Information

Immunizations:

Substance Use History:

Substance(s) of Choice/Mode of Use:	
Most Recent Use:	
Typical Daily Volume:	
Concern for Withdrawal:	
Current/Past Use of Medications for Opioid Use Disorder:	
Other Notes:	

Medications

Medication Name	How Often (Frequency)	Administered (Route)[6]	Dosage

Allergies

[6] A medication route means the method by which a drug is introduced into the body, such as oral or intravenous.

CalAIM

Was the member referred to the Enhanced Care Management (ECM) program?

☐ Yes ☐ No, member currently enrolled with provider name: _____

Was the member referred to Community Supports services?

☐ Yes ☐ No

If yes, please provide which Community Supports and the provider's contact information.

If no, please complete sections "Income, Benefits and Budgeting" and "Housing and Shelter" below.

Housing and Shelter (required if member is not receiving CalAIM Community Supports)

Barriers/Needs:

Assets/Resources:

Income, Benefits and Budgeting (required)

Barriers/Needs:

Assets/Resources:

Other Issues (support network, coping strategies, legal issues, etc.)

Barriers/Needs:

Assets/Resources:

Behavioral Health and/or Mental Status Screening Results (if applicable)

Alert and oriented by:

Behavioral health diagnoses:

Pt reported behavioral health concerns or triggers:

Results from specific screening tools:

Care Preferences and/or Concerns Voiced by Member or Caregiver

Clinical Assessment/Summary

Health Education/Intervention(s) Provided

Further Education Reinforcement Needed:

Member Appointments (please list all appointments the member plans to attend. Use additional pages if needed.)			
Appointment Type	Appointment Date/Time	Location/Address	Status[7]

[7] Status: Not Started, In Progress, Completed, Canceled or, if other, please describe.

Please use this page as a template to create Problems, Goals and Interventions. Use as many pages as needed. *Page 1 of____*

Recuperative Care Treatment Goals		
Problem/Diagnosis Description – Write a few sentences that explain the problem. Try to be specific.		
Start Date:	Last Reviewed:	Target Completion Date:

Use the following table to create goals and interventions for the problem. Copy the table to add more goals and interventions.

SMART Goal (Specific, Measurable, Achievable, Realistic, Time-Bound)	
Goal Description — Write a few sentences explaining the goal and when it should be completed. Make sure the goal follows the SMART format.	
Start Date:	**Target Completion Date**:
Member Strengths:	
Member Barriers:	

List the interventions (activities, referrals, etc.) to support the completion of the goal. Add more rows if needed.

Intervention	**Person(s) Responsible**	**Outcome/Status**	**Outcome Date**
	☐ Member ☐ CM ☐ Both ☐ Other:	☐ Not Started ☐ In Progress ☐ Completed ☐ Canceled ☐ Other:	
	☐ Member ☐ CM ☐ Both ☐ Other:	☐ Not Started ☐ In Progress ☐ Completed ☐ Canceled ☐ Other:	
	☐ Member ☐ CM ☐ Both ☐ Other:	☐ Not Started ☐ In Progress ☐ Completed ☐ Canceled	

		☐ Other:	
Outcome of Goal: ☐ Completed ☐ Not Completed		**Goal Closed Date**:	
Goal Outcome Reason: Provide a summary of the goal outcome and other comments.			

Discharge Planning

Member First Name	Member Last Name	Anticipated Discharge Date
Discharge Location		
Caregiver(s) by name, relationship, and contact information (if applicable)		
Medications (provide details on Medication Administration Schedule form)		

Goal	Actions to Achieve Goal	Target Date	Comments
Member will be discharged to location: On (fill in anticipated date/time):	Discuss the Member's goals and expectations for discharge. Explore available options for placement and services. Identify available caregiver and community supports		
Member will validate understanding of condition(s) and post-discharge needs and care before discharge date.	Provide resident/caregiver: • teaching on medical condition(s) • handouts and material resources in a language and level that is understandable.		

End of Form.

Appendix I: Further Resources

DHCS – Community Supports Policy Guide Volume 1:
https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide.pdf

DHCS – Community Supports Policy Guide Volume 2:
https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide-Volume-2.pdf