

Community Supports Member Referral Form

Community Supports (CS) refers to services that are flexible, wrap-around supports designed to fill medical and socially determined health gaps. The services are provided as a substitute or to avoid utilization of other services such as hospital or skilled nursing facility admissions, discharge delays, or emergency department use. To be eligible for CS, members must meet specific eligibility requirements. Contracted community-based CS providers will provide services to approved members.

Please email referral form securely to:

- Submit via email at CalAIMReferrals@anthem.com.
- Submit via fax at **877-734-1857**.

Call one of our Medi-Cal Managed Care (Medi-Cal) Customer Care Centers at:

- **800-407-4627** (outside L.A. County)
- **888-285-7801** (inside L.A. County)

Referral source information			
External referral by (select one):	<input type="checkbox"/> Hospital <input type="checkbox"/> Primary medical group (PMG) <input type="checkbox"/> PCP <input type="checkbox"/> Clinic <input type="checkbox"/> Enhanced Care Management (ECM) provider <input type="checkbox"/> Other		
Referring individual name:			
Referring organization name:			
Referrer phone number:			
Referrer fax number:			
Referrer email address:			
Member provides consent for requested services: <input type="checkbox"/> Yes or <input type="checkbox"/> No			
<input type="checkbox"/> By checking this box, you are attesting that all information provided on this form has been validated. Also, where indicated on this form that you have captured member consent, you will be able to present documentation substantiating this claim with dates, times, signature, voice capture, and/or phone records which will be required upon any prospective audit.			
Member information			
Member name:			
Member Medi-Cal Managed Care client ID # (CIN):		Member DOB:	
Member address:			
Member primary phone number:		Best time to contact:	
Member preferred:			
Caregiver name:			
Caregiver's phone number (if available):			
Care manager name:			
Care manager contact information:			
Phone/fax/email:			

<https://providers.anthem.com/ca>

Medically tailored meals/medically supportive food

This service provides up to two meals per day and/or medically supportive food (for example, a voucher) and nutrition services for up to 12 weeks or longer if medically necessary. Meals/food are not provided to respond solely to food insecurity.

Exclusions: Receiving other meal delivery services from local, state, or federally funded programs.

Does this member have a chronic condition in the following categories?

- Diabetes
- Congestive heart failure
- Stroke
- Chronic lung disorders
- Human immunodeficiency virus (HIV)
- Cancer
- Gestational diabetes, or other high risk perinatal conditions
- Chronic or disabling mental/behavioral health disorders
- Other _____

Members must have a chronic health condition **and** meet one of the following criteria:

- Member is being discharged from the hospital or skilled nursing facility
- Member is at high risk of hospitalization or nursing facility placement
- Member has extensive care coordination needs

If member is ECM enrolled, provide ECM provider name/contact:

- Prefers meals
- Prefers supportive food

Documentation: It's recommended you upload one or more of the following documents with this request:

- Documentation/office visit notes with diagnosis or identification of chronic illness requiring special diet
- Skilled nursing discharge plan
- Documentation from support agencies indicating services/supports member needs or receives
- ED, inpatient, skilled nursing discharge paperwork
- Medication/treatment orders

Housing transition navigation services:

Does not include room and board. Includes tenant screening and housing assessment, housing support plan, searching for housing, assistance with securing housing (applications/documentation), benefit advocacy, identifying/securing resources for rent subsidy and expenses, assisting with reasonable accommodations, landlord education/engagement, ensuring living environment safety/ move-in readiness, advocacy with landlords, move-in support, housing support crisis plan, transportation resources, and environmental modifications as necessary.

By checking this box, you are attesting that all information provided in this section is true and accurate.

Member must meet at least one of the following criteria and sub criterion when indicated:

Member is prioritized for a unit through Coordinated Entry System (CES): Yes No

Member is prioritized for a permanent supportive housing unit or rental subsidy through the 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

Member meets the HUD definition of homeless: Yes No

Member must meet one or more in both sections to be eligible:

- Primary nighttime residence is not meant for human habitation
- Lives in a temporary shelter (hotel, motel, congregate shelter, transitional housing, paid for by a local, state, or federal program)
- Is exiting an institution where member resided for 90 days or less and resided in an emergency shelter or place not meant for human habitation immediately before entering
- An individual or family who received written notice to vacate their residency within 14 days since the date they applied for CS, and has not identified subsequent housing, and does not have the resources or support need to obtain other permanent housing
- An individual or family who is fleeing, or attempting to flee domestic violence, has no other residence, and lacks the resources or networks needed to obtain other permanent housing

and meets at least one:

- Enrolled in ECM
- Has one or more chronic conditions
- A serious mental illness
- Risk of institutionalization or requiring residential services due to SUD

Member is at risk of homelessness: Yes No

Member meets HUD's definition of at risk of homelessness, has an income below 30% of the area median family income, and does not have sufficient resources or support networks (such as family, friends, faith based, or other social networks) to prevent them from moving into an emergency shelter or another place described as homeless

and meets at least one:

- Has moved two or more times in the last 60 days due to economic reasons.
- Is living in someone else's home due to economic hardship
- Received written notice to vacate their home within 21 days since the day they applied for CS
- Lives in a hotel or motel and cost is not paid for by a local, state, or federal organization
- Lives in an SRO or efficiency unit where two or more persons reside, or living in a large housing unit where there are more than 1.5 people per room residing
- Is exiting a publicly funded institution or system of care
- Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved Con Plan.

Child or youth experiencing homelessness: Member is child or youth that does not qualify as homeless under this section but qualifies as *homeless* Yes No under:

- Runaway and Homeless Youth Act* 42 U.S.C. 2732a – Section 387 Under 18 and it is not safe to live at home and has no other safe alternative living arrangement
- Head Start Act* 42 U.S.C. 9832 – Section 637 Sharing housing with others due to economic hardship, emergency shelters, or living in places not meant for human habitation, or other unsafe housing conditions (including migrant children and youth)
- Violence Against Women Act* 42 U.S.C. 14043E-2 Sharing housing with others due to economic hardship, living in an emergency shelter or similar, or living in a place not meant for human habitation
- Public Health Service Act* 42 U.S.C. 254(h) – Section 330 (h) Lacks housing, includes if primary nighttime residence is a supervised public or private facility that provides temporary accommodations, or in transitional housing
- Food and Nutrition Act of 2008* 7 U.S.C. 2012 – Section 3 Lacks a fixed and regular nighttime residence or is part of a nighttime residence that is a publicly or privately operated shelter, an institution that provides temporary residence for individuals intended to be institutionalized or in a temporary accommodation (not more than 90 days) or lives in a place not meant for regular sleeping for human beings.

Child or youth experiencing homelessness and their parent(s) or guardian(s): Member is a child or youth, and their parent(s) or guardian(s), who does not qualify as homeless under this section but qualifies as *homeless* under:

- McKinney-Vento Homeless Assistance Act* 42 U.S.C. 11434a – Section 725 Meets the definition of homeless under HUD or other Federal statutes. Has experienced a long-term period without living independently in permanent housing,

or experienced persistent instability, or can be expected to continue in such a status for an extended period of time due to chronic disabilities, physical or mental health conditions, dependency, history of domestic violence or child abuse, the presence of a child/youth with a disability, or multiple barriers to employment

Member at risk of experiencing homelessness: Yes No

and meets at least one:

- One or more serious chronic conditions
- One or more serious mental illness
- At risk of institutionalization, overdose, or requiring services due to SUD, or has a serious emotional disturbance (children and adolescents)
- Enrolled in ECM
- Transition-age youth with significant barriers to housing instability (such as conviction/s, history of foster care, involvement with the juvenile justice or criminal justice system, serious mental illness, serious emotional disturbance, survivor of human trafficking or domestic violence, etc.)

Additional comments:

Documentation: It's recommended you upload one or more of the following documents with this request:

- Documentation of homelessness or at risk for homelessness by service providers, PCPs, specialists, or outreach providers
- Documentation of entries/exits from shelters
- Notices from current landlord
- Financial statements

Housing tenancy and sustaining services:

Services to maintain a safe and stable tenancy once housing secured. Services can include the identification and intervention of behaviors that jeopardize housing, education on role/rights/responsibilities of tenant and landlord, coaching on maintaining and developing landlord/property managers, assistance with landlord/neighbor disputes, advocacy/linkage to community resources, benefits advocacy, assistance with annual housing recertification, review/update/modify

Member must meet at least one of the following criteria and sub criterion when indicated.

By checking this box, you are attesting that all information provided in this section is true and accurate.

Member is prioritized for a unit through coordinated entry system (CES): Yes No

Member is prioritized for a permanent supportive housing unit or rental subsidy through the 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

Member meets the HUD definition of homeless: Yes No

Member must meet one or more in both sections to be eligible:

- Primary nighttime residence is not meant for human habitation
- Lives in a temporary shelter (hotel, motel, congregate shelter, transitional housing, paid for by a local, state, or federal program)
- Is exiting an institution where member resided for 90 days or less and resided in an emergency shelter or place not meant for human habitation immediately before entering
- An individual or family who received written notice to vacate their residency within 14 days since the date they applied for CS, and has not identified subsequent housing, and does not have the resources or support need to obtain other permanent housing
- An individual or family who is fleeing, or attempting to flee domestic violence, has no other residence, and lacks the resources or networks needed to obtain other permanent housing

and meets at least one:

- Enrolled in ECM

- Has one or more chronic conditions
- A serious mental illness
- Risk of institutionalization or requiring residential services due to SUD

Member is at risk of homelessness: Yes No

- Member meets HUD's definition of at risk of homelessness, has an income below 30% of the area median family income, and does not have sufficient resources or support networks (such as family, friends, faith based, or other social networks) to prevent them from moving into an emergency shelter or another place described as homeless **and** meets at least one:
- Has moved more than two times in the last 60 days due to economic reasons
 - Is living in someone else's home due to economic hardship
 - Received written notice to vacate their home within 21 days since the day they applied for CS
 - Lives in a hotel or motel and cost is not paid for by a local, state, or federal organization
 - Lives in an SRO or efficiency unit where two or more persons reside, or living in a large housing unit where there more than 1.5 people per room residing
 - Is exiting a publicly funded institution or system of care
 - Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved Con Plan.

Child or youth experiencing homelessness: Member is child or youth that does not qualify as homeless under this section but qualifies as homeless under: Yes No

- runaway and homeless youth act 42 U.S.C. 2732a** – Section 387 Under 18 and it is not safe to live at home and has no other safe alternative living arrangement.
- Head Start Act 42 U.S.C. 9832** – Section 637 sharing housing with others due to economic hardship, emergency shelters, or living in places not meant for human habitation, or other unsafe housing conditions (including migrant children and youth).
- Violence Against Women Act 42 U.S.C. 14043E-2** sharing housing with others due to economic hardship, living in an emergency shelter or similar, or living in a place not meant for human habitation.
- Public Health Service Act 42 U.S.C. 254(h)** – Section 330 (h) lacks housing, includes if primary nighttime residence is a supervised public or private facility that provides temporary accommodations, or in transitional housing.
- Food and Nutrition Act of 2008 7 U.S.C. 2012** – Section 3 lacks a fixed and regular nighttime residence or is part of a nighttime residence that is a publicly or privately operated shelter, an institution that provides temporary residence for individuals intended to be institutionalized or in a temporary accommodation (not more than 90 days) or lives in a place not meant for regular sleeping for human beings.
- Child Nutrition Act of 1966 42 U.S.C. 1786(b)** – Section 17 (b) lacks a fixed regular nighttime residence or is part of a temporary publicly or privately operated shelter, or living in an institution that provides a temporary residence for individuals intended to be institutionalized, or have a temporary accommodation of not more than 365 days in the residence of another individual, or a public or private place not meant for regular sleeping for human beings.

Child or youth experiencing homelessness and their parent(s) or Guardian(s): Member is a child or youth, and their parent(s) or guardian(s), who does not qualify as homeless under this section but qualifies as "homeless" under: Yes No

- McKinney-Vento Homeless Assistance Act 42 U.S.C. 11434a – Section 725 Meets the definition of homeless under HUD or other Federal statutes. Has experienced a long-term period without living independently in permanent housing, or experienced persistent instability, or can be expected to continue in such a status for an extended period of time due to chronic disabilities, physical or mental health conditions, dependency, history of domestic violence or child abuse, the presence of a child/youth with a disability, or multiple barriers to employment.

Member at risk of experiencing homelessness: Yes No

and meets at least one:

- One or more serious chronic conditions
- One or more serious mental illness
- At risk of institutionalization, overdose, or requiring services due to SUD, or has a serious emotional disturbance (children and adolescents)
- Enrolled in ECM
- Transition-Age youth with significant barriers to housing instability (such as conviction/s, history of foster care, involvement with the juvenile justice or criminal justice system, serious mental illness, serious emotional disturbance, survivor of human trafficking or domestic violence, etc.

Additional comments:

Documentation: It's required you upload one or more of the following documents with this request:

- Housing support plan

Housing deposit services

Identification, coordinating, securing, or funding one-time services and modifications necessary to enable the member to establish a basic household. Funding to support security deposits, set-up fees/deposits for utilities, first and last month's rent and deposit, services necessary for member's health and safety, and goods/medically necessary adaptive aides to preserve the member's health and safety in the home. Does not include provisions beyond first and last month's rent and does not include rental assistance. Housing deposits are available once in a member's lifetime. Lifetime maximum of \$5,000.

Members must meet all of the following to be considered for housing deposits:

- Member attests to not have used this once in a lifetime benefit
- Referring party attests that member has been informed of additional information and resources around housing vouchers, etc.
- Member has an Individualized Housing Support Plan which is included with the referral

Documentation: It's required you upload one or more of the following documents with this request:

- Lease agreements
- Utility bill/deposit agreement
- Updated housing support plan
- W-9 form of the payee
- Financial statements

Nursing facility diversion services to an assisted living facility

This service is for members residing in the community, who are at risk of imminent need for nursing facility level of care and are willing to reside in an assisted living facility as an alternative to long-term placement in a nursing facility. Allowable expenses are those necessary to enable a person to establish a community facility residence that does not include room and board.

Is the member interested in remaining in the community? Yes No

Are they willing and able to reside safely in an assisted living facility with appropriate and cost-effective supports and services? Yes No Unknown

Do they meet minimum criteria for nursing facility level of care (unable to complete ADLs without assistance)?
 Yes No

Are they able to pay for their own living expenses? Yes No

Documentation: It's required you upload one or more of the following documents with this request:

- Documentation from support agencies indicating services/supports member needs or receives
- Documentation/office visit notes with diagnosis and identification of frailty
- Medication/treatment orders

Community transition services/nursing facility transition to a home or assisted living facility

Non-recurring set up expenses for members who are transitioning from a licensed facility to a living arrangement in a private residence or assisted living facility where the member is directly responsible for his or her own living expenses. Allowable expenses are those necessary to enable the member to establish a basic household that does not include room and board.

Is the member currently residing in a nursing facility and receiving medically necessary nursing facility services?

Yes No

Have they lived 60 or more days in a nursing facility? Yes No Unknown

Are they willing and able to reside safely in a home? Yes No

Are they willing to live in an assisted living facility with appropriate and cost-effective support and services?

Yes No Unknown

Are they willing to live in an assisted living facility with appropriate and cost-effective support and services?

Yes No

Documentation: It's required you upload one or more of the following documents with this request:

- Skilled nursing discharge plan/paperwork
- Documentation from support agencies indicating services/supports member needs or receives.
- Documentation/office visit notes with diagnosis and identification of frailty
- Documentation of home modifications/services completed.
- Medication/treatment order

Environmental accessibility adaptations (EAA), also known as home modifications

Physical adaptations to a home that are necessary to ensure the health, welfare, and safety of a member, or enable the member to function with greater independence in the home, without which the member would require institutionalization. Lifetime cap is \$7,500.

Is the member at risk for institutionalization in a nursing facility? Yes No

Is the home owned, leased, rented, or occupied by the member? Yes No

This request is for:

- Equipment
- Home modification
- Personal emergency response (PERS)

Documentation: It's required you upload one or more of the following documents with this request:

- The member's current licensed healthcare provider's order specifying the requested modifications and or equipment
- Depending on the type of modifications or equipment requested, documentation from the provider describing how the modification meets the medical needs of the member. A brief written evaluation specific to the member describing how and why the modifications meets the needs of the member will still be necessary.
- That a home visit can be or has been conducted to determine the suitability of any requested modifications

Asthma remediation services, also known as asthma trigger remediations:

Physical modifications to a home environment that are necessary to ensure the health, welfare, and safety of the member or enable the member to function in the home while reducing acute asthma episodes that could result in the need for emergency services and hospitalization. Lifetime cap is \$7,500.

The member has poorly controlled asthma documented by:

- Emergency department visit
- Hospitalization
- Two sick/urgent care visits in past 12 months
- Score of ≤ 19 on asthma control test

Is the home owned, leased, rented, or occupied by the member? Yes No

This request is for (check all that apply):

- Equipment
- Home modification

Documentation: It's required you upload one or more of the following documents with this request:

- The member's current licensed healthcare provider's order specifying the requested remediation(s)
- Depending on the type of remediation(s) requested, documentation from the provider describing how the remediation(s) meets the medical needs of the member. A brief written evaluation specific to the member describing how and why the remediation(s) meets the needs of the member will still be necessary.
- That a home visit can be or has been conducted to determine the suitability of any requested remediation(s)

Day habilitation

Provided in home or out-of-home, non-facility setting. Programs designed to assist the member in acquiring, retaining, and improving self-help, socialization, and adaptive skills to remain in their natural environment.

What is the member's housing status? (*choose one*)

- Homeless
- Chronically homeless
- At risk of homelessness
- Entered housing in the last 24 hours

The member is participating in (*must check one or both*):

- Housing navigation
- Housing tenancy and sustaining services

The member would benefit from the following training:

- Use of public transportation
- Personal skills development in conflict resolution
- Community participation
- Developing and maintaining interpersonal relationships
- Daily living skills (cooking, cleaning, shopping, money management)
- Community resources awareness such as police, fire, or local services to support independence
- Selecting and moving into a home
- Locating and choosing suitable housemates
- Locating household furnishings
- Managing personal financial affairs
- Recruiting, screening, hiring, training, supervising, and dismissing personal attendants
- Dealing with and responding appropriately to governmental agencies and personnel
- Asserting civil and statutory rights through self-advocacy
- Building and maintaining interpersonal
- Other

Documentation: It's recommended you upload one or more of the following documents with this request:

- Documentation of housing status by service providers, PCP, specialists, or outreach providers
- Documentation of participation in housing navigation or housing tenancy and sustaining services

Personal care and homemaker services

Assistance with activities of daily living (ADLs) such as bathing, dressing, toileting, ambulation, or feeding. Can include assistance with instrumental activities of daily living (IADLs) such as meal preparation, grocery shopping, and money management. Homemaker or chore services include help with tasks such as cleaning, shopping, and laundry. Services aid members who could not remain in their homes. Services available through IHSS should always be utilized first. Please make sure to answer all questions in this section.

Requesting urgent/expedited review? Yes No

The member is:

- At risk for hospitalization or institutionalization in a nursing facility.
- Has functional deficits with no other support system.
- Has been approved for the maximum amount of in-home supportive services (IHSS) hours but needs additional support.

Has the member been referred to In-Home Supportive Services? Yes No

cdss.ca.gov/in-home-supportive-services

The member:

- Requires additional in-home supportive services hours beyond the 283-hour maximum per month.
- Is in a waiting period for In-Home Supportive Services review including prior to and upthrough IHSS application date.
- Not eligible for IHSS, but requires services to avoid a short-term stay in a skilled nursing facility.
(not to exceed (60) days)

Documentation: It's required you upload one or more of the following documents with this request:

- Documentation/office visit notes with diagnosis and identification of frailty
- Assessments identifying members physical needs
- Documentation from support agencies indicating services/supports member needs or receives (this includes IHSS documents and IHSS Case ID number)
- Physical therapy/durable medical equipment evaluation documenting safety needs
- Medication/treatment orders

Recuperative care or medical respite care

Short-term residential care for members who no longer require hospitalization, but still need to heal from an injury or illness and whose condition would be exacerbated by an unstable living environment. At a minimum, includes interim housing with bed and meals and ongoing monitoring of the members medical or behavioral health condition. Limited to continuous 90-day stay.

The member:

- Is at risk of hospitalization.
- Is post-hospitalization and needs to heal from injury or illness.
- Lives alone with no formal support.
- Faces housing insecurity or has housing that would jeopardize his or her health and safety without modification.

Documentation: It's required you upload one or more of the following documents with this request:

- Emergency department, inpatient, or skilled nursing discharge paperwork
- Documentation of homelessness by service providers, PCPs, specialists, or outreach providers
- Documentation of entries/exits from shelters
- Documentation from any support agency indicating services/supports member needs
- Documentation/office visit notes with diagnosis and identification of frailty
- Assessment determining limitations in ADLs
- Medication/treatment orders

Short-term post hospitalization housing

This service provides housing for members who do not have a residence and who have high medical or behavioral health needs with the opportunity to continue their medical, psychiatric, or substance use disorder recovery immediately after exiting one of the following:

- Inpatient hospital
- Residential alcohol or drug use recovery or treatment facility
- Residential mental health treatment facility
- Correctional facility
- Nursing facility
- Recuperative care

Lifetime benefit one-time and not to exceed duration of six months.

Requesting urgent/expedited review? Yes No

Member must be exiting one of the following:

- Recuperative care
- Inpatient hospital stay
- Residential alcohol or drug abuse recovery or treatment facility
- Residential mental health treatment facility
- Correctional facility

Member must meet at least one of the following criteria and sub criterion when indicated:

Member meets the HUD definition of homeless: Yes No

Member must meet one or more in both sections to be eligible:

- Primary nighttime residence is not meant for human habitation
 - Lives in a temporary shelter (hotel, motel, congregate shelter, transitional housing, paid for by a local, state, or federal program)
 - Is exiting an institution where member resided for 90 days or less and resided in an emergency shelter or place not meant for human habitation immediately before entering
 - An individual or family who received written notice to vacate their residency within 14 days since the date they applied for CS, and has not identified subsequent housing, and does not have the resources or support need to obtain other permanent housing
 - An individual or family who is fleeing, or attempting to flee domestic violence, has no other residence, and lacks the resources or networks needed to obtain other permanent housing
- and meets at least one:
- Enrolled in ECM
 - Has one or more chronic conditions
 - A serious mental illness
 - Risk of institutionalization or requiring residential services due to SUD

Member is at risk of homelessness: Yes No

- Member meets HUD's definition of at risk of homelessness, has an income below 30% of the area median family income, and does not have sufficient resources or support networks (such as family, friends, faith based, or other social networks) to prevent them from moving into an emergency shelter or another place described as homeless and meets at least one:
- Has moved two or more times in the last 60 days due to economic reasons.
 - Is living in someone else's home due to economic hardship
 - Received written notice to vacate their home within 21 days since the day they applied for CS
 - Lives in a hotel or motel and cost is not paid for by a local, state, or federal organization
 - Lives in an SRO or efficiency unit where two or more persons reside, or living in a large housing unit where there are more than 1.5 people per room residing
 - Is exiting a publicly funded institution or system of care
 - Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, **as identified in the recipient's approved Con Plan.**

Child or youth experiencing homelessness: Member is child or youth that does not qualify as homeless under this section but qualifies as *homeless* Yes No under:

- Runaway and Homeless Youth Act* 42 U.S.C. 2732a – Section 387 Under 18 and it is not safe to live at home and has no other safe alternative living arrangement
- Head Start Act* 42 U.S.C. 9832 – Section 637 Sharing housing with others due to economic hardship, emergency shelters, or living in places not meant for human habitation, or other unsafe housing conditions (including migrant children and youth)
- Violence Against Women Act* 42 U.S.C. 14043E-2 Sharing housing with others due to economic hardship, living in an emergency shelter or similar, or living in a place not meant for human habitation
- Public Health Service Act* 42 U.S.C. 254(h) – Section 330 (h) Lacks housing, includes if primary nighttime residence is a supervised public or private facility that provides temporary accommodations, or in transitional housing
- Food and Nutrition Act of 2008* 7 U.S.C. 2012 – Section 3 Lacks a fixed and regular nighttime residence or is part of a nighttime residence that is a publicly or privately operated shelter, an institution that provides temporary residence for individuals intended to be institutionalized or in a temporary accommodation (not more than 90 days) or lives in a place not meant for regular sleeping for human beings.

Child or youth experiencing homelessness and their parent(s) or guardian(s): Member is a child or youth, and their parent(s) or guardian(s), who does not qualify as homeless under this section but qualifies as *homeless* under:

McKinney-Vento Homeless Assistance Act 42 U.S.C. 11434a – Section 725 Meets the definition of homeless under HUD or other Federal statutes. Has experienced a long-term period without living independently in permanent housing, or experienced persistent instability, or can be expected to continue in such a status for an extended period of time due to chronic disabilities, physical or mental health conditions, dependency, history of domestic violence or child abuse, the presence of a child/youth with a disability, or multiple barriers to employment

Member at risk of experiencing homelessness: Yes No and meets at least one:

- One or more serious chronic conditions
- One or more serious mental illness
- At risk of institutionalization, overdose, or requiring services due to SUD, or has a serious emotional disturbance (children and adolescents)
- Enrolled in ECM
- Transition-age youth with significant barriers to housing instability (such as conviction/s, history of foster care, involvement with the juvenile justice or criminal justice system, serious mental illness, serious emotional disturbance, survivor of human trafficking or domestic violence, etc.)

Additional comments:

Respite services

Respite services for non-paid caregivers of members only. Provided on a short-term basis due to the absence or need for relief of those persons who normally care for and/or supervise them and are non-medical in nature. Services can be provided in the home or a facility.

Requesting urgent/expedited review? Yes No

The member (*check all that apply*):

- Resides in the community.
- Requires assistance with activities of daily living.
- Is dependent on non-paid caregivers

Documentation: It's required you upload one or more of the following documents with this request:

- If respite is due to member needs, a MD order including dx, medical need, and evidence of frailty is required.
- Documentation of any support agencies providing any care to the member
- Documentation from support agencies indicating services/supports member needs or receives

If care is needed due to unpaid caregiver needs, an attestation that the unpaid caregiver can confirm reason for need for service due to medical episode is required. No personal health information is needed.

Sobering centers

Alternate destinations for members who are found to be publicly intoxicated (alcohol and/or drug) and who would otherwise be transported to the emergency department or jail. Provides a supportive environment to become sober and primarily to those who are homeless or those with unstable living situations. Centers provide medical triage, lab testing, a temporary bed, rehydration and food services, treatment for nausea, wound and dressing changes, shower and laundry facilities, substance use education and counseling, and homeless care support services. Includes coordination with county behavioral and/or public health agencies. Includes screening and linkages to ongoing supportive services such as follow-up mental health and substance use disorder treatment and housing options, as appropriate.

Authorizations for services can only be requested by contracted CS providers.

Requested to submit by 3 p.m. the next business day following delivery of services.

Date of admission:

Required documentation:

- Copy of a *Clinical Institute Withdrawal Assessment (CIWA)* or other evidence-based tool