HOUSING NAVIGATION AND TENANCY REFERRAL FORM

For more information, review the Housing Transition and Navigation and Housing Tenancy and Sustaining Services authorization guides.

Complete and submit this referral form with the *Outpatient Medicaid – Prior Authorization Fax Form* either online (recommended) at **www. CAHealthWellness.com** or by **fax at 866-724-5057**.

Please check the type of service the member is requesting (choose one only):

☐ Housing Transition and Navigation (H0043 U6) – services to help homeless members find housing

☐ Housing Tenancy and Sustaining services (T2041 U6) – services to help formerly homeless members keep their housing

☐ **Initial request** ☐ **Extension request** (Complete the reason for extension request below)

☐ **Member consented to service referral.**

Provide reason for extension request:

Required Documents
Attach and submit the member's recent/updated individualized housing support plan.

Member Information		
Member name:	**Date of birth (DOB)**:	
Medi-Cal ID:	**Phone number:**	**Preferred language:**
Current living location: ☐ Interim housing ☐ Permanent supportive housing ☐ Shelter ☐ Vehicle ☐ Skilled nursing facility/long-term care ☐ Street ☐ Other, please specify_____		
Current Address:		
Contact name (if different than member):		**Relationship:**
Phone number:		**Preferred language:**
Social Determinant of Health (SDOH) Z Code[1] diagnosis:		

Community Supports Provider Information (Servicing Organization)	
Organization name:	
Tax identification (ID):	**National Provider Identifier (NPI):**
Staff name:	**Title**
Phone number:	**Fax number**:

[1] Refer to the All Plan Letter 21-009 for SDOH codes.

Eligibility Criteria

For Housing Transition and Navigation services, the member must meet ONE of the following:

☐ Member who is matched to a publicly funded permanent supportive housing resource or rental subsidy resources through the local Coordinated Entry System or similar system

☐ Member who meets the U.S. Housing and Urban Development (HUD) definition of homelessness

☐ Member who meets HUD definition of at risk of homelessness

For Housing Tenancy and Sustaining services, the member must meet ONE of the following:

☐ Member who received Housing Transition and Navigation services

☐ Member who is matched to a publicly funded permanent supportive housing resource or rental subsidy resources through the local Coordinated Entry System or similar system; or

☐ Member who meets the HUD definition of homelessness

☐ Member who meets HUD definition of at risk of homelessness

Additional Eligibility Criteria

Does the member meet any of the criteria below? ☐ Yes (if yes, check all that apply) ☐ No

☐ Receiving Enhanced Care Management
☐ Disability
☐ Serious Chronic Condition
☐ Serious Mental Illness
☐ Risk of institutionalization because of substance use disorder
☐ Exiting incarceration
☐ Transitional-age youth with significant barriers to housing stability