DAY HABILITATION REFERRAL FORM

Day Habilitation Programs assist the member in acquiring, retaining, and improving self-help, socialization and adaptive skills necessary to successfully reside in the person's natural environment. For more information, review the Day Habilitation Authorization Guide.

Complete and submit this referral form with the Medi-Cal – Prior Authorization Request Form – Outpatient either online (recommended) at **provider.healthnetcalifornia.com** or by **fax at 800-743-1655**.

☐ **Initial request** ☐ **Extension request** ☐ **Member consented to day habilitation services referral.**		
Member information		
Member name:		**Date of birth (DOB)**:
Medi-Cal ID:	**Phone number:**	**Preferred language:**
Current living location: ☐ Home ☐ 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:**
Community Supports provider information (servicing organization)		
Organization name:		
Tax identification (ID):	**National Provider Identifier (NPI):**	
Staff name:	**Title**	
Phone number:	**Fax number**:	
Eligibility criteria		
The member must meet one of following: ☐ Experiencing homelessness[i] **OR** ☐ Exited homelessness and entered housing in the last 24 months. **OR** ☐ At risk of homelessness[1] or institutionalization whose housing stability could be improved through participation in a Day Habilitation Program.		

[1]Individual experiencing or at risk of homelessness is based on HUD's definitions with three modifications as detailed in Appendix C in the CS Policy Guide Volume 2.

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Day rehabilitation initial assessment Please complete the below assessment together with your patient and submit with authorization request.	
Do you need training with any of these services?	
Use of public transportation ☐ Yes ☐ No	Daily living skills (cooking, cleaning, shopping, money management) ☐ Yes ☐ No
Personal skills development in conflict resolution ☐ Yes ☐ No	Community resource awareness such as police, fire, or local services, to support independence in the community ☐ Yes ☐ No
Community participation ☐ Yes ☐ No	Developing and maintaining interpersonal relationships ☐ Yes ☐ No
Do you need assistance with any of these services?	
Selecting and moving into a home ☐ Yes ☐ No	Locating and choosing suitable housemates ☐ Yes ☐ No
Locating household furnishings ☐ Yes ☐ No	Settling disputes with landlords ☐ Yes ☐ No
Managing personal financial affairs ☐ Yes ☐ No	Recruiting, screening, hiring, training, supervising, and dismissing personal attendants ☐ Yes ☐ No
Dealing with and responding to governmental agencies and personnel ☐ Yes ☐ No	Asserting civil and statutory rights through self-advocacy ☐ Yes ☐No
Building and maintaining interpersonal relationships, including a circle of support. ☐ Yes ☐ No	Coordination with managed care plan to link the member to any Community Supports (CS) or Enhanced Care Management (ECM) services ☐ Yes ☐ No
Providing a referral to non-CS housing resources if the member does not meet the eligibility criteria for Housing Transition/Navigation Services, Housing Deposits, Housing Tenancy and Sustaining Services, or Transitional Rent ☐ Yes ☐ No	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 CS or ECM. ☐ Yes ☐ No
Coordination with managed care plan to link the member to health care, mental health services, and substance use disorder services based on the member's individual needs. ☐ Yes ☐ No	
Number of days requested per month: _____Start date: _____ End date: _____ **Number of hours requested per day**: _____	

Name/Title:
Date:
Signature:
Comments:

[i]Individual experiencing or at risk of homelessness is based on HUD's definitions with three modifications as detailed in Appendix C in the CS Policy Guide Volume 2