

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 *Medi-Cal – Prior Authorization Request Form – Outpatient* either online (recommended) at provider.healthnetcalifornia.com or by fax at 800-743-1655.

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** (Provide the reason for extension request below, updated individualized housing plan is required)
- ☐ **Member consented to service referral.**

For extension request, describe services previously provided to the member, and the reason additional time is needed in the program:

Required Documents

Initial authorization: Community Supports (CS) Housing Navigation and Tenancy Referral Form

Authorization extension: Community Supports (CS) Housing Navigation and Tenancy Referral Form and the member's 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 Code¹ 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