

## SHORT-TERM POST-HOSPITALIZATION HOUSING REFERRAL FORM

Short-term post-hospitalization housing (STPHH) provides a place to stay for high medical or behavioral health utilization members who do not have a home to continue their recovery immediately after exiting an inpatient setting. For more information, review the [Authorization Guide for Short-Term Post-Hospitalization Housing](#) available on [provider.healthnetcalifornia.com](http://provider.healthnetcalifornia.com) > CalAIM Resources for Providers > Forms & Tools > Authorizations.

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

Select one: <input type="checkbox"/> <b>Initial request</b> <input type="checkbox"/> <b>Transfer</b>	
Confirm member consent: <input type="checkbox"/> <b>Member consented to short-term post-hospitalization housing referral</b>	
<b>Member Information</b>	
Member name:	Phone number:
Medi-Cal ID:	Date of birth:
Preferred language:	
Home address:	
Contact name ( <i>if different than member</i> ):	Phone number:
Relationship:	Preferred language:
(Optional) Member's ECM Provider name:	Phone number:
Explain member's need for STPHH. Note: Member's stay cannot exceed six months duration.	
<b>Community Supports Provider Information (Servicing Organization)</b>	
Organization name:	
Tax ID:	National provider identifier (NPI):
Staff name:	Title:
Phone number:	Fax number:
<b>Eligibility Criteria</b>	
Member must meet one of the following criteria:	
<input type="checkbox"/> Exiting Correctional Facility <input type="checkbox"/> Exiting Recuperative Care <input type="checkbox"/> Homeless <input type="checkbox"/> At-Risk of Homelessness <input type="checkbox"/> Exiting Inpatient Hospital Stay <sup>1</sup>	
<b>AND</b>	
<input type="checkbox"/> Member must have medical/behavioral health needs such that experiencing homelessness upon discharge would likely result in hospitalization, rehospitalization, or institutional readmission.	
<b>Required Documents</b>	
Submit documents with the referral form.	
<input type="checkbox"/> Initial assessment <u>OR</u> <input type="checkbox"/> Discharge summary from previous institution <input type="checkbox"/> Admission face sheet <input type="checkbox"/> History and physical	

<sup>1</sup>Examples of inpatient hospitals: either acute or psychiatric or chemical dependency and recovery hospital, residential substance use disorder treatment or recovery facility, residential mental health treatment facility, correctional facility, or nursing facility.