

RESPITE SERVICES (FOR CAREGIVERS) REFERRAL FORM

Respite Services are provided to caregivers of members who require intermittent temporary supervision. These services are distinct from medical respite/recuperative care and provide rest for the caregiver only. For more information, review the Respite Services 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 respite services referral.			
Type of Respite Request			
□ Home respite services (provided in the member's own home or another location being used as the home)			
Facility respite services (provided in an approved out-of-home location)			
Eligibility Criteria			
Member must meet both: Member lives in the community and is compromised in their activities of daily living (ADLs) requiring dependency on a qualified caregiver.			
□ Member's qualified caregiver, who provides most of the member's support, requires caregiver relief to avoid institutional placement for the member.			
<u>OR</u> meets the following:			
Member is a child who previously received respite services under the pediatrics palliative care waiver. Monthly respite hours:			
Member Information			
Member name:		Date of birth (DOB):	
Medi-Cal ID:	Phone number:	Preferred language:	
Home address:			
Contact name: (if different than member)		Relationship:	
Phone number:		Preferred language:	
Member height:		Member weight:	
Member IHSS application status: In review Approved – IHSS hours per month: Denied N/A			
Member's diagnosis:			
Member's need for caregiver services:			

Community Health Plan of Imperial Valley (CHPIV) is the Local Health Authority (LHA) in Imperial County, providing services to Medi-Cal enrollees in Imperial County. CHPIV contracts with Health Net Community Solutions, Inc. to arrange health care services to CHPIV members. *Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved. 24-057 (1/24)

Member Information, continued			
Name of caregiver who needs respite:			
Indicate how many hours and specify which day(s) respite is needed.			
HoursDay(s) 🗆 Monday 🛛 T	uesday 🗆 Wednesday 🗆 Thursday 🗆 Friday 🗆 Saturday 🗆 Sunday		
Preferred Time: Morning After	noon 🛛 Overnight 🛛 No preference		
Other needs/requests (i.e., hoyer lift, male caregiver):			
Special instructions to enter residence:			
Community Supports Provider Information (Servicing Organization)			
Organization name:			
Tax identification (ID):	National Provider Identifier (NPI):		
Staff name:	Title:		
Phone number:	Fax number:		