

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: <input type="checkbox"/> Interim housing <input type="checkbox"/> Permanent supportive housing <input type="checkbox"/> Shelter <input type="checkbox"/> Vehicle <input type="checkbox"/> Skilled nursing facility/long-term care <input type="checkbox"/> Street <input type="checkbox"/> 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