

## 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](http://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 Code<sup>1</sup> diagnosis:**

### Community Supports Provider Information (servicing organization)

**Organization name:**

**Tax identification (ID):**

**National Provider Identifier (NPI):**

**Staff name:**

**Title**

**Phone number:**

**Fax number:**

<sup>1</sup> 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