

Short-Term Post-Hospitalization Community Supports (CS) assists members who do not have a residence and who have high medical or behavioral health needs with the opportunity to continue their medical/psychiatric/substance use disorder recovery immediately after exiting an inpatient hospital, residential substance use disorder treatment or recovery facility, residential mental health treatment facility, correctional facility, nursing facility, or recuperative care and avoid further utilization of State plan services.

Send completed referral via secure email: MHC_CS@MolinaHealthcare.com or fax to: (833) 908-4424.

Eligibility Criteria:
Molina Enrollment: <input type="checkbox"/> Only Medi-Cal <input type="checkbox"/> Partial Duals Only: Medi-Cal with Medicare Part B and/or D
<input type="checkbox"/> Member must meet the following criteria: <ul style="list-style-type: none"> • Member must have medical/behavioral health needs and would experience homelessness upon discharge from the hospital, substance use or mental health treatment facility, correctional facility, nursing facility, or recuperative care that would likely result in hospitalization, re-hospitalization, or institutional re-admission.
AND meet one of the two (2) following criteria: <ul style="list-style-type: none"> <input type="checkbox"/> Member is exiting recuperative care. <input type="checkbox"/> Member is exiting an inpatient hospital stay (acute, psychiatric, or Chemical Dependency and Recovery hospital), residential substance use disorder treatment/recovery facility, residential mental health treatment facility, correctional facility, or nursing facility; AND meets one of the following three (3) criteria: <ul style="list-style-type: none"> <input type="checkbox"/> Member meets the HUD definition of homelessness AND one of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Enrolled in ECM. <input type="checkbox"/> Have a serious chronic condition, or serious mental illness. <input type="checkbox"/> At risk for institutionalization or require residential services as a result of SUD. <input type="checkbox"/> Member meets the HUD definition of at risk of homelessness. <input type="checkbox"/> Member is at risk of experiencing homelessness if they have significant barriers to housing stability AND one of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Have one or more serious chronic condition or serious mental illness. <input type="checkbox"/> At risk for institutionalization or require residential services because of SUD or Serious Emotional Disturbance. <input type="checkbox"/> Enrolled with ECM. <input type="checkbox"/> Transition-Age Youth with significant barriers to housing stability.
<input type="checkbox"/> Member is receiving or has been referred to Housing Transition Navigation CS. Housing Transition Navigation CM/Organization:
<input type="checkbox"/> Member consented to Short-Term Post-Hospitalization Housing referral and acknowledges the once in a lifetime restriction.

Requestor Information:
Referrer: <input type="checkbox"/> Hospital/SNF <input type="checkbox"/> PCP/Clinic <input type="checkbox"/> IPA <input type="checkbox"/> ECM <input type="checkbox"/> Molina CM <input type="checkbox"/> Other:
Referrer Organization Name:
Referrer Name: _____ Title: _____
Referrer Phone Number: _____ Fax Number: _____

Member Information:



**CS Short-Term Post-Hospitalization Housing
LA, SD, SAC, SB and Riv Counties ONLY**

Member Name:	DOB:
Medi-Cal ID:	Preferred Language:
Cell Phone Number:	
Alternate Contact Name:	Phone #:
Living Situation: <input type="checkbox"/> Shelter <input type="checkbox"/> Car <input type="checkbox"/> Streets/Encampment <input type="checkbox"/> Jail/Prison <input type="checkbox"/> Family/Friends <input type="checkbox"/> Other:	