

CalAIM Community Supports Referral Form

Note: Member must be eligible with CalOptima.

Step 1: Please fill out all sections below and proceed to Steps 2 and 3.

Referral Information:

Referral Date: _____ Referred by: _____		
Agency or Relationship to Member: _____		Referring Provider NPI (if applicable): _____
Phone: _____	Fax: _____	Email: _____

Member Information:

Member Name: _____		Medi-Cal CIN: _____
Date of Birth: _____		Primary Care Provider: _____
Phone: _____	Email: _____	
Member's Preferred Language: _____		

Step 2. Select ONE Community Supports Service to request from options 1–7:

<input type="checkbox"/> 1. Housing Transition Navigation Services <i>(Assist member with obtaining housing and preparing for move-in.)</i>	<input type="checkbox"/> 2. Housing Deposit <i>(Identify, coordinate and fund move-in costs and services for a basic household, excluding room and board. Member must be receiving Housing Transition Navigation Services. Available once in a lifetime unless a limited exception applies.)</i>	<input type="checkbox"/> 3. Housing Tenancy and Sustaining Services <i>(Provide education, coaching and support to maintain a safe and stable tenancy once housing is secured. Available for a single duration in a lifetime unless a limited exception applies.)</i>
<p><u>Member eligibility criteria</u> <i>(Select all that apply):</i></p> <input type="checkbox"/> Prioritized for permanent supportive housing or rental subsidy through the Orange County Coordinated Entry System <input type="checkbox"/> Homeless or at risk of homelessness	<p><u>Member eligibility criteria</u> <i>(Select all that apply):</i></p> <input type="checkbox"/> Received Housing Transition Navigation Services <input type="checkbox"/> Prioritized for permanent supportive housing or rental subsidy through the Orange County Coordinated Entry System <input type="checkbox"/> Homeless or at risk of homelessness	<p><u>Member eligibility criteria</u> <i>(Select all that apply):</i></p> <input type="checkbox"/> Received Housing Transition Navigation Services <input type="checkbox"/> Prioritized for permanent supportive housing or rental subsidy through the Orange County Coordinated Entry System <input type="checkbox"/> Homeless

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Step 2 (continued). Select ONE Community Supports Service to request from options 1–7:

<p><input type="checkbox"/> 4. Personal Care and Homemaker Services</p> <p><i>(Provide member who need help with activities of daily living [ADLs] with personal care and homemaker services.)</i></p>	<p><input type="checkbox"/> 5. Medically Tailored Meals</p> <p><i>(Provide member with medically tailored meals at home after discharge from a hospital or nursing home.)</i></p>	<p><input type="checkbox"/> 6. Day Habilitation</p> <p><i>(Assist member with self-help skills, socialization and adaptive skills needed to remain in their natural setting.)</i></p>	<p><input type="checkbox"/> 7. Short-Term Post-Hospitalization</p> <p><i>(Assist member with high medical or behavioral health needs with short-term housing after leaving the hospital, recovery facility, recuperative care or other qualified facility.)</i></p>
<p><u>Member eligibility criteria</u> <i>(Select all that apply):</i></p> <p><input type="checkbox"/> At risk for hospitalization or institutionalization in a nursing facility</p> <p><input type="checkbox"/> Has functional deficits and no support system</p> <p style="text-align: center;"><u>AND</u></p> <p><i>(Select one that applies):</i></p> <p><input type="checkbox"/> Approved for In-Home Supportive Services</p> <p><input type="checkbox"/> Pending approval for In-Home Supportive Services</p>	<p><u>Member eligibility criteria</u> <i>(Select all that apply):</i></p> <p><input type="checkbox"/> Has chronic conditions: Diagnosis: _____ _____ _____</p> <p><input type="checkbox"/> Recently discharged from the hospital or skilled nursing facility</p> <p><input type="checkbox"/> At high risk of hospitalization or nursing facility placement</p> <p><input type="checkbox"/> Has extensive care coordination needs</p> <hr style="border: 1px solid black;"/> <p>Are you on a special diet?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you receiving food delivered to your home?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Member eligibility criteria</u> <i>(Select <u>one</u> that applies):</i></p> <p><input type="checkbox"/> Homeless</p> <p><input type="checkbox"/> At risk of homelessness or institutionalization</p> <p><input type="checkbox"/> Left homelessness and entered housing in the past 24 months</p>	<p><u>Member eligibility criteria</u> <i>(Select all that apply):</i></p> <p><input type="checkbox"/> Member is exiting Recuperative Care, inpatient hospital, residential substance use disorder treatment facility, residential mental health treatment facility, correctional facility or nursing facility.</p> <p style="text-align: center;"><u>AND</u></p> <p><input type="checkbox"/> Homeless or at risk of homelessness</p>

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Step 3: Send completed referral form and supporting documents to CalOptima or the member's Health Network, by fax, email or mail.

Community Supports Health Network Contact Information

Health Network	Member Phone Number	Referral Fax Number or Email	Mailing Address
AltaMed Medical Group	866-880-7805 (Option 1, 2, 2, 5 and 2)	323-201-3225	P.O. Box 7280 Los Angeles, CA 90022-0980
AMVI Care Health Network	714-796-5794	714-560-5286	600 City Parkway West, Suite 800 Orange, CA 92868
Optum Care Network-Arta	800-780-8879	714-436-4716	3390 Harbor Blvd., Suite 100 Costa Mesa, CA 92626
CalOptima Direct/ CalOptima Community Network (COD/CCN)	888-587-8088	714-338-3145	CalOptima Attn: LTSS CalAIM P.O. Box 11033 Orange, CA 92856
CHOC Health Alliance	800-424-2462	714-628-9119	1120 W. La Veta Ave., Suite 450 Orange, CA 92868
Family Choice Medical Group	800-611-0111	818-817-5155	FCMG/Conifer Health Solutions 15821 Ventura Blvd., Suite 600 Encino, CA 91436
Heritage-Regal Medical Group	714-539-3100	714-244-4537	600 City Parkway West, Suites 310 & 400 Orange, CA 92868
Kaiser Permanente	866-551-9619	Secure email to: RegCareCoordCaseMgmt @kp.org	Kaiser Permanente Attention: Medi-Cal and State Programs (2 nd Floor) 393 E. Walnut Street Pasadena, CA 91188
Optum Care Network-Monarch	888-656-7523	949-923-3514	Optum Care Network – Monarch Attention: CalAIM Program 11 Technology MS 41 Irvine, CA 92618
Noble Mid-Orange County	714-699-5143	714-947-8796	Noble Mid-Orange County C/O HealthSmart Management Services Organization P.O. Box 6300 Cypress, CA 90630-0063
Prospect Medical Group	714-796-5794	714-560-5286	600 City Pkwy West, Suite 800 Orange, CA 92868
Optum Care Network-Talbert	800-297-6249	714-436-4716	3390 Harbor Blvd., Suite 100 Costa Mesa, CA 92626
United Care Medical Group	714-796-5794	714-560-5286	600 City Pkwy West, Suite 800 Orange, CA 92868