

**CalAIM Recuperative Care Referral/Authorization Request Form**

**Step 1: Complete all information below.**

<input type="checkbox"/> <b>BLUE SKY MANOR</b> <a href="mailto:referral@blueskymanorcare.com">referral@blueskymanorcare.com</a> Phone: (714) 844-2667	<input type="checkbox"/> <b>ILLUMINATION FOUNDATION</b> <a href="mailto:RECUP@ifhomeless.org">RECUP@ifhomeless.org</a> Phone: (888 ) 505-0855	<input type="checkbox"/> <b>MOM'S RETREAT</b> <a href="mailto:casemanager@momsretreatrecup.org">casemanager@momsretreatrecup.org</a> Phone: (714) 904-1668
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**Referring Source Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Social Worker/Case Manager/RN:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**MEMBER NAME:** \_\_\_\_\_ **CIN:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **PRIMARY PHYSICIAN:** \_\_\_\_\_

**MEMBER PHONE:** \_\_\_\_\_ **MEMBER EMAIL:** \_\_\_\_\_

**Member eligibility criteria (Select all that apply):**

- Homeless/at risk of homelessness and too ill or frail to recover from illness or injury
- Lives alone with no formal supports and too ill or frail to recover from illness or injury
- At risk of hospitalization or after hospitalization.

**ADMITTING DIAGNOSIS REQUIRING RECUPERATIVE CARE:** \_\_\_\_\_

**ED Visit / Hospital Admit Date:** \_\_\_\_\_ **Expected Discharge Date:** \_\_\_\_\_

**Gender:**  Male  Female  Placement needs related to gender

**Social Security (last 4 digits):** \_\_\_\_\_  English Speaking  English not primary language

**Member's Preferred Language:** \_\_\_\_\_

Registered Sex Offender    Client has a:  Car  Spouse/Partner  Service Animal  Pets

**COVID vaccine? Dose 1:**  YES  NO    **Dose 2:**  YES  NO

**Booster 1:**  YES  NO    **Booster 2:**  YES  NO

**TB Test or Chest X-Ray Performed?**  YES  NO    **Date:** \_\_\_\_\_

**Results:**  Positive  Negative

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**WOUND(S)**  YES Location(s)/Size/Stage: \_\_\_\_\_  NO

Independent with wound care  YES  NO Home Health ordered  YES  NO

Communicable

Diseases/Isolation \_\_\_\_\_

**SUBSTANCE USE**  None  Alcohol  Cocaine  Heroin  Methamphetamine  Opioids

Other \_\_\_\_\_ Last Date Used: \_\_\_\_\_

### BEHAVIORAL CHALLENGES OR MENTAL HEALTH ISSUES?

Mental Health DX \_\_\_\_\_

Anxiety  Bipolar  Cognitive Impairment  Depression  Schizophrenia  Trauma-related

Other \*Please explain \_\_\_\_\_  Current treatment: \_\_\_\_\_

Requires O2 (Explain): \_\_\_\_\_

Requires assistance with ADL's (Explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ambulatory  Uses Assistive Device (Explain): \_\_\_\_\_

Incontinent of bowel  Incontinent of bladder  Colostomy/Ileostomy  Foley Catheter

Diabetic  Insulin  Oral Meds  Anticoagulants

Requires INR/PT/PTT checks through Home Health or Clinic

Requires Assistance with Medication

List medication: \_\_\_\_\_

## CalAIM Recuperative Care Referral/Authorization Request Form

**Step 2:** Fax, email or mail completed referral form to CalOptima or the member's Health Network, including supporting documentation.

### Community Supports Health Network Contact Information

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