



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

**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 the completed referral via secure fax to: (866) 553-9263.

**Eligibility Criteria:**

Molina Enrollment:  Medi-Cal with Molina

**Member must meet the following criteria:**

- 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:**

Member is exiting recuperative care.

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:

1. Member meets the HUD definition of homelessness **AND** one of the following:

Enrolled in ECM.

Have a serious chronic condition, or serious mental illness.

At risk for institutionalization or require residential services as a result of SUD.

2. Member meets the HUD definition of at risk of homelessness.

3. Member is at risk of experiencing homelessness if they have significant barriers to housing stability **AND** one of the following:

Have one or more serious chronic condition or serious mental illness.

At risk for institutionalization or require residential services because of SUD or Serious Emotional Disturbance.

Enrolled with ECM.

Transition-Age Youth with significant barriers to housing stability.

Member is receiving or has been referred to Housing Transition Navigation CS.

**Housing Transition Navigation CM/Organization:**

Member consented to Short-Term Post-Hospitalization Housing referral and acknowledges the once in a lifetime restriction.

<b>Requestor Information:</b>	
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:
<b>Member Information:</b>	
Member Name:	DOB:
Medi-Cal ID:	Preferred Language:
Cell Phone Number:	
Alternate Contact Name:	Phone #: