

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 or by fax at 800-743-1655.

<p>Please check the type of service the member is requesting (choose one only):</p> <p><input type="checkbox"/> Housing Transition and Navigation (H0043 U6) – services to help homeless members find housing</p> <p><input type="checkbox"/> Housing Tenancy and Sustaining services (T2041 U6) – services to help formerly homeless members keep their housing</p> <p><input type="checkbox"/> Initial request <input type="checkbox"/> Extension request (Complete the reason for extension request below)</p> <p><input type="checkbox"/> Member consented to service referral.</p> <p>Provide reason for extension request:</p>		
<p>Required Documents</p>		
<p>Attach and submit the member’s recent/updated individualized housing support plan.</p>		
<p>Member Information</p>		
<p>Member name:</p>		<p>Date of birth (DOB):</p>
<p>Medi-Cal ID:</p>	<p>Phone number:</p>	<p>Preferred language:</p>
<p>Current living location:</p> <p><input type="checkbox"/> Interim housing <input type="checkbox"/> Permanent supportive housing <input type="checkbox"/> Shelter <input type="checkbox"/> Vehicle</p> <p><input type="checkbox"/> Skilled nursing facility/long-term care <input type="checkbox"/> Street <input type="checkbox"/> Other, please specify _____</p>		
<p>Current Address:</p>		
<p>Contact name (if different than member):</p>		<p>Relationship:</p>
<p>Phone number:</p>		<p>Preferred language:</p>
<p>Social Determinant of Health (SDOH) Z Code¹ diagnosis:</p>		
<p>Community Supports Provider Information (Servicing Organization)</p>		
<p>Organization name:</p>		
<p>Tax identification (ID):</p>		<p>National Provider Identifier (NPI):</p>
<p>Staff name:</p>		<p>Title</p>
<p>Phone number:</p>		<p>Fax number:</p>

¹ 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