

CenCal Health's Recuperative Care Information and Referral Form



This referral form is required for authorization

Community Supports (CS) are services that are flexible, wrap-around supports designed to fill medical and socially determined health gaps. The services are provided as a substitute or to avoid utilization of other services such as hospital or skilled nursing facility admissions, discharge delays, or emergency department use.

Recuperative Care, also known as Medical Respite, Community Supports assists members experiencing homelessness who no longer require hospitalization, but still need to heal from an injury or illness, and whose conditions would be exacerbated by an unstable living environment.

CONSENT

Member is interested in a voluntary recuperative care stay? YES NO

If NO, please stop and do not continue

MEMBER INFORMATION

Name: Medi-Cal ID # (CIN 9 digits):

DOB: Phone Number: Preferred Language:

Address:

Member's PCP: PCP Phone Number:

Pharmacy Information:

REFERRER INFORMATION

Referrer Name: Referrer Phone Number:

Referrer Email: Agency:

Agency Phone Number: Agency Fax Number:

Referrer Signature

Date

Homeless Status HUD

Chronically Homeless Homeless

Current Living Location Upon Admission to Hospital

Street Shelter Homeless Interim Housing LTC Recuperative Care Other:

Hospital Admission Information

Date of Hospital Admission: Date of Hospital Discharge:

Reason for Admission:

Member's current hospital/SNF location, if applicable:

Weight: Height: Allergies:

Communicable disease: Yes No **If YES, please include documentation.**

Colonized: Yes No **If YES, please include documentation.**

Please answer ALL questions (If applicable).

1) Can Member Self Represent? Yes No

2) Is Member Independent w/ADLs? Yes No

If NO, please explain:

3) Self-administer all medication? Yes No

If NO, please explain:

4) Continent with bladder? Yes No

If NO, please explain:

5) Continent with bowel? Yes No

If NO, can self-care be completed independently? Yes No

6) Colostomy Care? Yes No

If YES, who is providing colostomy supply?

7) Catheter Care? Yes No

If YES, can it be done independently? Yes No

8) Can member perform wound care independently? Yes No

If NO, please arrange with Home Health.

CenCal Health's Recuperative Care Prior Authorization Checklist

(cont.): Please answer ALL questions (If applicable).

9) Wheelchair? Yes No

Please check one of the following: Manual Wheelchair Electrical Wheelchair

10) Oxygen? Yes No

Please indicate how many liters' member will be discharged with:

11) Wound Vac? Yes No

12) Bipap? Yes No

13) CiPap? Yes No

14) Other:

Behavioral Health/Mental Health

Alcohol? Yes No

Cocaine? Yes No

Heroin? Yes No

Methamphetamines? Yes No

Medication Assistance for Substance Abuse needed? Yes No

Fentanyl use? Yes No

Other:

Mental Health History:

Any current relationship with Mental Health or recovery treatment? Yes No

If yes, please specify:

Notes:

CenCal Health's Recuperative Care Prior Authorization Checklist

Additional Clinical Information

IV Antibiotics? Yes No

If YES, please attach documentation

Medical/Medication Management & Education: Yes No

Wound Care: Yes No

Physical Therapy: Yes No

DME Information

Walker: Yes No

Cane: Yes No

Crutches: Yes No

Other:

Home Health: Must be arranged prior to discharge to recuperative care site

Check here if the member does not have Home Health orders at this time.

Name of Home Health Provider:

Phone Number:

Confirmation start of services:

Follow-up appointments

Prior to hospital discharge, please arrange all follow-up appointments required.

Please list the following:

Provider Name	Phone Number	Appointment Date/Time	Appointment Reason	Address

Questions continued >

CenCal Health's Recuperative Care Prior Authorization Checklist

Please attach Documents: All documents required upon submission as applicable*

- Face Sheet
- CXR or PPD (within last year)
- History & Physical
- S.W. Notes *(if applicable)*
- Consultation Notes *(if applicable)*
- Recent PT/OT/ Speech Therapy *(if applicable)*
- Medication List
- Wound Care Notes *(if applicable)*
- COVID-19 Test Required
- Psych Notes *(if applicable)* – Please include the last two days of nursing documentation.
- Home Health Order *(if applicable)*

ONLY for Recuperative Care Transfers:

Please include hospital clinical documentation and recup site progress notes.



After completion, submit this form with the referral to the Recuperative Care Provider or secure fax (805) 681-3039.

Incomplete forms and/or missing documents will delay decisions.

Additional Info: