

Community Supports

Examples of Referral Supporting Documentation

Email: CS@scfhp.com

Fax: 1-408-874-1985

Providers must provide documentation for determination purposes. Please use these examples to ensure appropriate documentation is included when submitting a Community Supports Referral Form. Examples of applicable documentation are listed for your reference and this is not an exhaustive list. Providing documentation does not guarantee approval of Community Supports – Members must meet eligibility requirements.

Please call our Community Supports direct line at 1-408-874-1929 if you have questions.

SCFHP must be able to verify the Member meets eligibility and providing additional documentation assists the determination process. It is expected that the applicable documents will be uploaded/submitted with all requests for Community Support Services.

Community Support	Criteria	Example of Verification Documentation
Housing Transition/ Navigation	PSH Criteria (<i>VI-SPDAT score of 9+</i>)	<ul style="list-style-type: none"> • VI-SPDAT score copy or screen shot
	Homelessness	<ul style="list-style-type: none"> • Living condition assessment or care plan notes to verify homelessness or a letter from the member explaining housing crisis • Documentation of entries/exits from shelters
	At Risk of Homelessness verification	<ul style="list-style-type: none"> • Living condition assessment or care plan notes to verify at risk of homelessness or a letter from the member explaining housing crisis and a list of chronic conditions diagnosed by physician • Financial statements, if applicable • Statement from member that they are fleeing/attempting to flee any dangerous or life threatening condition related to violence against the individual or family
Housing Deposit Services	Lease Agreement	<ul style="list-style-type: none"> • Lease Agreement with move in date or letter of intent to rent with owner/landlord signature and contact information
	Voucher (<i>If applicable</i>)	<ul style="list-style-type: none"> • Copy of the voucher
	Utility set-up verification (<i>If applicable</i>)	<ul style="list-style-type: none"> • Official document from utility company documenting required set-up fees and/or utility deposit in order for member to begin services (accepted Utilities: telephone, gas, electricity, heating, water)
	Additional Move-in cost verification (<i>If applicable</i>)	<ul style="list-style-type: none"> • Estimate, invoice, or bill for additional services or set up cost that are necessary or dependent to ensure access and safety prior to occupancy.
	Income verification (one or more documents)	<ul style="list-style-type: none"> • Member's testimony or budget, Benefit Award Statement (SSA, SSI, SSDI, etc.), Paystubs, Tax documents, or two Months of financial statements

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Housing Tenancy and Sustaining Services	Housing support plan <i>(If applicable)</i>	<ul style="list-style-type: none"> Living condition assessment, care plan notes, face sheet from the facility residence, notice of pending discharge, or letter explaining member's housing crisis
	Notice to vacate or rent owed	<ul style="list-style-type: none"> 30 – 60 day notice, Rent Ledger, Eviction Notice or letter explaining member's housing crisis
	Prior enrollment/utilization of SCFHP Housing related Community Supports	<ul style="list-style-type: none"> Housing Transition/Navigation Services Community Support Approval Letter
Medically-Supportive/ Medically Tailored Meals/Food	Discharge or Pending Discharge Verification <i>(If applicable)</i>	<ul style="list-style-type: none"> Discharge summary from Hospital, Skilled Nursing Facility, or Medical Respite program
	Extensive care coordination needs documentation <i>(If applicable)</i>	<ul style="list-style-type: none"> Care plan with goals and/or interventions that address extensive care coordination (services involve activities that extend beyond regular care coordination).
Transition to RCFE/ Transition to Home	Skilled Nursing Facility (SNF) stay verification <i>(Required)</i>	<ul style="list-style-type: none"> SNF Face sheet or Pending Discharge Notice; MD Discharge orders, SNF Eviction notice, Denial notice for LTC/Skilled stay extension
	Proof of ability to pay rent <i>(Required)</i>	<ul style="list-style-type: none"> Benefit Award Statement (SSA, SSI, SSDI, etc.), Pay Check stubs, Tax documents, Future Budget
	Ability to reside safely in community documentation & confirmation member is interested in moving to community <i>(Required)</i>	<ul style="list-style-type: none"> Notes providing information on supports that member has access to, care plan with goals and/or interventions that address support after transition
Diversion to RCFE	Confirmation member meets the Nursing Facility level of care criteria <i>(Required)</i>	<ul style="list-style-type: none"> Doctors statement, physicians report, referral for custodial care, etc.
	Proof of Ability to pay rent <i>(Required)</i>	<ul style="list-style-type: none"> Benefit Award Statement (SSA, SSI, SSDI, etc.), Pay Check stubs, Tax documents, Future Budget
Respite Services (Caregiver)	Documentation from a healthcare provider of diagnosis and care needs <i>(Required)</i>	<ul style="list-style-type: none"> Physicians report, doctors written statement or office visit notes with diagnosis and care needs (ADLs)
	Documentation that verifies the caregiver is in need of relief <i>(Required)</i>	<ul style="list-style-type: none"> Letter from caregivers PCP/medical provider/Clinical provider, or written statement from caregiver explaining need of relief
	If requesting extension of authorization over the maximum allowable hours, documentation supporting when primary caregiver requires additional respite due to medical treatment or hospitalization <i>(If applicable)</i>	<ul style="list-style-type: none"> Doctors written statement from caregivers PCP/medical provider/Clinical provider explaining need of relief due to medical treatment or hospitalization of the primary caregiver

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Personal Care and Homemaker Services	Documentation confirming the member has been referred to, enrolled in, waiting to be assessed, or did not meet eligibility for IHSS <i>(Required)</i>	<ul style="list-style-type: none"> IHSS application forms submitted (SOC873) with medical professional signatures, copy of the IHSS award letter the member received, and copy of letter member received confirming scheduled in-home assessment
	If the member is able to provide confirmation of IHSS hours, include a breakdown of the approved IHSS hours <i>(If applicable)</i>	<ul style="list-style-type: none"> Copy of IHSS Functional Index and Hourly of IHSS authorized Tasks
	Documentation confirming short-term need for Personal care and/or Homemaker Services <i>(Required)</i>	<ul style="list-style-type: none"> Doctor's notes or other documentation from a clinical professional
Asthma Remediation	Order from licensed provider specifying the requested service <i>(If available)</i>	<ul style="list-style-type: none"> Letter describing member's medical need for Asthma Remediation Services.
	A written evaluation describing how and why the service meets the needs of the member <i>(If available)</i>	<ul style="list-style-type: none"> Letter describing member's evaluation describing how and why the service meets the needs of member Attach In-Home Asthma Assessment
	Confirmation of an in-home asthma visit has been conducted and written evaluation specifying the requested Asthma Remediation services <i>(If available)</i>	<ul style="list-style-type: none"> Attach In-Home Asthma Assessment and written evaluation
Environmental Accessibility Adaptations (EAA)/Home Modifications	An order from the member's current primary care physician (PCP) or other health professional specifying the requested equipment or service <i>(Required)</i>	<ul style="list-style-type: none"> Letter describing member's evaluation describing how and why the service meets the needs of member
	Skilled nursing or hospital discharge paperwork/plan <i>(If available)</i>	<ul style="list-style-type: none"> SNF Face sheet or Pending Discharge Notice; MD Discharge orders, SNF Eviction notice, Denial notice for LTC/Skilled stay extension Discharge summary from Hospital, Skilled Nursing Facility, or Medical Respite program
	Documentation from support agencies indicating services/supports that member needs or receives <i>(If available)</i>	<ul style="list-style-type: none"> Living condition assessment, care plan notes, face sheet from the facility residence, notice of pending discharge, or letter-explaining member's need for EAA/Home Modifications.