

**QUEST Integration CIS Referral Form**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART 1: REFERRAL SOURCE**

1. Who is referring this member to CIS? <input type="checkbox"/> Self <input type="checkbox"/> Family/Friend <input type="checkbox"/> Internal Referral <input type="checkbox"/> Another Health Plan <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Medical Provider <input type="checkbox"/> Nursing Home <input type="checkbox"/> Social/Housing Services Provider <input type="checkbox"/> Other Referral Source (specify): _____		
2. Referrer Name:	3. Referring Agency (if applicable):	
4. Contact Person for Additional Information:	5. Referral Date:	
6. Contact Phone Number:	7. Contact Fax Number:	8. Contact E-Mail Address:

**PART 2: MEMBER INFORMATION**

1. Member First Name:	2. Member Last Name:	3. MI:	4. Age (Years):	5. Date of Birth: ____/____/____
6. Member HMIS #:	7. Medicaid ID #:	8. CCS <input type="checkbox"/> No <input type="checkbox"/> Yes	9. Health Plan: <input type="checkbox"/> HMSA <input type="checkbox"/> Kaiser <input type="checkbox"/> AlohaCare <input type="checkbox"/> Ohana <input type="checkbox"/> United	
10. Current Location/Area Frequented/Address:		City:		Zip Code:
11. Mailing Address (if different from above):		City and State:		Zip Code:
12. Best Contact Phone Number:		13. Best Contact Email Address:		
14. Any friends or family who can help reach member? <input type="checkbox"/> No <input type="checkbox"/> Yes, Name/Phone: _____				
15. If deemed eligible for CIS, anyone the member would like present for the assessment and action planning steps? <input type="checkbox"/> No <input type="checkbox"/> Yes Name/Phone: _____				
16. Is the member currently a threat to self or others? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain: _____				
17. Is the member in immediate danger, experiencing violence or abuse, or is fearful of another party? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain: _____				
18. Does the member have interpretation needs? <input type="checkbox"/> No <input type="checkbox"/> Yes, Language: _____				

**PART 3: PRESUMPTIVE MEMBER ELIGIBILITY INFORMATION (Subject to Verification)***A member is eligible for CIS if they have both a health need and a homeless risk factor. Please indicate eligibility factors below.***ATTACH EVIDENCE OF CHECKED OFF HEALTH NEEDS and RISK FACTORS if known****1. Health Need (at least one health need must be selected):**

- ☐ **Mental health need:** presence of a serious mental illness.
- ☐ **Substance use need:** has need for outpatient day treatment for substance use disorder (SUD) and assessed to meet ASAM level 2.1.
- ☐ **Complex physical health need:** a long continuing or indefinite physical condition requiring improvement, stabilization, or prevention of deterioration of functioning (including the ability to live independently without support).

**2. Homeless Risk Factors (at least one risk factor must be selected):**

- ☐ **Homeless:** lacking a fixed, regular, and adequate nighttime residence. This includes:
- ☐ Primary nighttime residence is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; **or**
  - ☐ Living in a supervised shelter that provides temporary living arrangements, including shelters, transitional housing, and hotels).
- ☐ **At risk of homelessness:** individual who will lose primary nighttime residence.
- ☐ Member has written notification that their residence will be lost within 21 days of the date of CIS referral form; **and**
  - ☐ No subsequent residence has been identified; **and**
  - ☐ The individual does not have sufficient resources or support networks (e.g., family, friends, faith-based or other social networks), immediately available to prevent them from living in a place not meant for human habitation, a safe haven, or an emergency shelter.
- ☐ **At risk or homelessness** through history of frequent or lengthy institutional stays.
- ☐ Two or more emergency room visits or hospitalizations in the past 12 months **or**
  - ☐ One or more institutional stays that has lasted 60 days or more **and** member is transitioning out without a residence. *If yes, select all that apply:* ☐ Correctional program or institution ☐ Inpatient medical hospital ☐ Inpatient psychiatric hospital ☐ Nursing facility

### CIS Referral Form Instructions

Please fax the first page of this form to the appropriate provider with ATTN: QI CIS Program (if unsure please fax form to Med-QUEST):

<b>AlohaCare Fax:</b> 808-973-0676	<b>HMSA Fax:</b> 808-948-8243	<b>Kaiser Fax:</b> 855-416-0995	<b>Ohana Fax:</b> 855-703-8078	<b>United Fax:</b> 866-314-3005	<b>CCS Fax:</b> 855-703-8078	<b>Med-QUEST Fax:</b> 808-692-8087
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#### **Risk Factor Evidence Requirements**

Evidence to substantiate how the member meets criteria for CIS must be documented as part of the referral process.

Community providers making referrals shall attach any available evidence that corresponds to the eligibility criteria selected in the referral form. The absence of complete documentation should not preclude referral to CIS.

1. Attach any documentation available to substantiate or further describe the member's qualifying health condition(s)
  - a. If the member has a Mental Health Need,
    - i. Provide any certification of the presence of a Severe and Persistent Mental Illness;
    - ii. Provide any other clinical documentation or attestation from a provider of the presence of a Severe Mental Illness;
    - iii. If the member is enrolled in CCS, documentation does not need to be provided.
  - b. If the member has a Substance Use Need,
    - i. Provide clinical documentation or attestation that the substance use disorder meets ASAM level 2.1 or higher;
    - ii. Provider verification through ADAD's system, if available.
  - c. If the member has a complex Physical Health Need,
    - i. Provide clinical documentation or attestation from a provider of the presence of a complex physical health need;
    - ii. Provide any other available evidence of routine or excessive use of emergency and inpatient settings;
    - iii. If the member is already eligible for LTSS services, documentation does not need to be provided.
2. Attach all documentation available to substantiate a history of homelessness or at risk of homelessness, including but not limited to the following
  - a. If the member is already homeless, include as available:
    - i. An HMIS record or record from a comparable database;
    - ii. A written observation by an outreach worker of the conditions where the individual was living;
    - iii. A certification of homelessness;
    - iv. A written referral by another housing or service provider;
    - v. Where evidence described above cannot be obtained, a certification by the individual seeking assistance, which must be accompanied by the intake worker's documentation of the living situation of the individual seeking assistance and the steps taken to obtain evidence above.<sup>1</sup>

**NOTE:** Third-party letters must be on agency letterhead, signed and dated. The name and title of the person signing should be indicated.

- b. If the member is at risk of homelessness, based on the criteria selected, the following evidence may be provided:
  - i. Eviction letter and proof of current residency at the mailing address from where the member is being evicted
  - ii. Evidence individual has a history of frequent or lengthy residence in a facility (Facility Face sheet or Discharge Summary that includes admit, discharge and transfer dates as applicable), and documentation that the individual will be discharged soon.

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<sup>1</sup>For all clients, up to 3 months of homelessness can be documented through self-certification. Generally, some documentation is preferable beyond 3 months of homelessness, although self-certification may continue to be accepted. Self-certification of a full 12 months or longer should be limited to rare and extreme cases. This limitation does not apply to documentation of multiple discrete periods of homelessness (together adding up to any length of homelessness) that are interspersed by periods when the member had housing, which may be documented entirely based on self-report.