

Respite Services – Home Community Supports (CS) are provided to caregivers when it is useful and necessary to maintain a member in their own home and to preempt caregiver burnout to avoid institutional services. The services are provided on a short-term basis because of the absence or need for relief for the caregiver and are non-medical in nature. This service is rest for the caregiver only and only to avoid Long-Term Care placements.

The combination of all services the member is receiving cannot exceed 24 hours per day of care.
Send the completed referral via secure fax to: (800) 811-4804.

Eligibility Criteria:

Molina Enrollment: Medi-Cal with Molina

<p>Member must meet both:</p> <p><input type="checkbox"/> Member lives in the community and is compromised in their Activities of Daily Living (ADLs) requiring dependency on a qualified caregiver.</p> <p><input type="checkbox"/> Member's qualified caregiver, who provides most of the member's support, requires caregiver relief to avoid institutional placement for the member.</p>	<p>OR meets the following:</p> <p><input type="checkbox"/> Member is a child who previously received Respite Services under the Pediatrics Palliative Care Waiver.</p> <p>Monthly Respite Hours:</p>
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Member is receiving IHSS, Home Health, and any other direct care services in the home.

Provide the weekly breakdown of days and hours:

Member previously received Respite Services in the calendar year.

Total Respite Services hours received to date:

Member/Authorized Representative consented to Respite Services referral and acknowledges the max of 336 hours per calendar year.

Requestor Information:

Referrer: Hospital/SNF PCP/Clinic IPA ECM Molina CM Other:

Referrer Organization Name:

Referrer Name: Title:

Referrer Phone Number: Fax Number:

Member Information:

Member Name: DOB:

Medi-Cal ID: Preferred Language:

Home Address:

Cell Phone Number:

Scheduling Contact Name (if different from above):

Relationship: Phone #:

Preference for Caregiver Support: Morning Afternoon No Preference

What are the member's physical limitations:

Medical conditions:

What does member need assistance with (bathing, cooking, etc):

Does member have pets in the home:

Other Needs/Requests (i.e., hooyer lift, male caregiver):

Special Instructions to Enter Residence: