Health Homes Program Patient Referral Form

Date:	
Patient Name:	
DOB:	
Medi-Cal ID (if available):	
Address:	
Phone Number:	
Best time to contact:	
Preferred Language:	
Primary Care Physician:	
Diagnosis: Please check <u>all</u> that apply *See additional qualification criteria on the back.*	☐Chronic obstructive pulmonary disease (COPD) ☐Diabetes ☐Traumatic brain injury ☐Chronic or Congestive heart failure ☐Coronary Artery disease ☐Chronic (Kidney) disease ☐Dementia ☐Substance use disorders ☐Chronic obstructive pulmonary disease ☐Major depression disorders ☐Bipolar disorder, ☐Psychotic disorders (including schizophrenia) ☐Asthma *See program guide for specific diagnosis codes*
Requesting PCP:	
Phone Number:	
Fax Number:	
Signature:	
Date:	

Please email this completed form to:

Aetna	ABHCAHealthHomes@AETNA.com
Blue Shield CA	HealthHomesProgram@blueshieldca.com
Community Health Group	CHGHHPSupportTeam@chgsd.com
Health Net	Health_Homes_Program@healthnet.com
Molina Healthcare	Health_Homes_Program@MolinaHealthCare.Com
UnitedHealthcare	Sharon.t.williams@uhc.com

Please check off the qualifying criteria:

Multiple Chronic Conditions	High Acuity
Patient meets at least one category below: ☐ At least 2 of the following: chronic obstructive pulmonary disease, diabetes, traumatic brain injury, chronic or congestive heart failure, coronary artery disease, chronic (kidney) disease, dementia, substance use disorders; OR ☐ Hypertension and 1 of the following: chronic obstructive pulmonary disease, diabetes, coronary artery disease, chronic or congestive heart failure; OR ☐ One of the following: major depression disorders, bipolar disorder, psychotic disorders (including schizophrenia); OR ☐ Asthma	Patient meets at least one category below: ☐ Has three or more of the HHP-eligible chronic conditions. ☐ Has stayed in the hospital within the last year. ☐ Has visited the emergency department three or more times in the last year.

Health Homes Program Exclusions

Member **cannot** receive Health Homes Program services if:

- Skilled Nursing Facility (SNF) – longer than month of admission and the following month
- Hospice Residents

Health Homes Program Duplicative Services

Duplicative Medicaid-funded programs include, but may not be limited to, the following:

Members **must choose ONE** Health Home Programs or:

- County Targeted Case Management (TCM) (excluding Specialty Mental Health TCM) - 1915(c) Home and Community Based (HCBS) Waiver programs: HIV/AIDS, Assisted Living Waiver (ALW), Developmentally Disabled (DD), In-Home Operations (IHO), Multipurpose Senior Services Program (MSSP), Nursing Facility Acute Hospital (NF/AH), Pediatric Palliative Care (PPC)	- Cal MediConnect or Fee-for-Service Delivery Systems - Other Comprehensive Care Coordination Programs

Members can receive services **through both** Health Homes Program and other programs:

- California Children's Services (CCS) - 1115 Waiver Whole Person Care Pilot Program *(member may choose which program's care coordination services they want to receive, but member may not receive duplicative care coordination services from both WPC and HHP)*	- Specialty Mental Health and Drug Medi-Cal - For HHP members without conditions that are appropriate for specialty mental health treatment, it is anticipated that their physical-health oriented CB-CME is an appropriate setting for their HHP services.