



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	
Diagnosis: Please check <u>all</u> that apply <i>See additional qualification criteria on the back.</i>	<input type="checkbox"/> Chronic obstructive pulmonary disease (COPD) <input type="checkbox"/> Diabetes <input type="checkbox"/> Traumatic brain injury <input type="checkbox"/> Chronic or Congestive heart failure <input type="checkbox"/> Coronary Artery disease <input type="checkbox"/> Chronic (Kidney) disease <input type="checkbox"/> Dementia <input type="checkbox"/> Substance use disorders <input type="checkbox"/> Chronic obstructive pulmonary disease <input type="checkbox"/> Major depression disorders <input type="checkbox"/> Bipolar disorder, <input type="checkbox"/> Psychotic disorders (including schizophrenia) <input type="checkbox"/> Asthma <i>*See program guide for specific diagnosis codes</i>
Requesting PCP:	
Phone Number:	
Fax Number:	
Signature:	
Date:	

Please email this completed form to:

Aetna	ABHCAHealthHomes@AETNA.com
Anthem	CAHealthHomes@anthem.com
Health Net	Health_Homes_Program@healthnet.com
Molina	Health_Homes_Program@MolinaHealthCare.Com

Please check off the qualifying criteria:

Multiple Chronic Conditions	High Acuity
<p>Patient meets at least one category below:</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> Hypertension and 1 of the following: chronic obstructive pulmonary disease, diabetes, coronary artery disease, chronic or congestive heart failure; OR</p> <p><input type="checkbox"/> One of the following: major depression disorders, bipolar disorder, psychotic disorders (including schizophrenia); OR</p> <p><input type="checkbox"/> Asthma</p>	<p>Patient meets at least one category below:</p> <p><input type="checkbox"/> Has three or more of the HHP-eligible chronic conditions.</p> <p><input type="checkbox"/> Has stayed in the hospital within the last year.</p> <p><input type="checkbox"/> Has visited the emergency department three or more times in the last year.</p>

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
- 1115 Waiver Whole Person Care Pilot Program (*Members enrolled in Sacramento WPC model are excluded from HHP because members may not receive duplicative care coordination services from both WPC and HHP.)

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:

<ul style="list-style-type: none">- 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)	<ul style="list-style-type: none">- Cal MediConnect or Fee-for-Service Delivery Systems- Other Comprehensive Care Coordination Programs
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Members can receive services **through both** Health Homes Program and Other Program:

<ul style="list-style-type: none">- California Children's Services (CCS)	<ul style="list-style-type: none">- 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.
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