



Health Homes Program Patient Referral Form

Date:	
Patient Name:	
DOB:	
Medi-Cal ID (if	
Address:	
Phone Number:	
Best time to contact:	
Preferred Language:	
Primary Care Physician:	
<p>Diagnosis:</p> <p>Please check <u>all</u> that apply</p> <p><i>See additional qualification criteria on the back.</i></p>	<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

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:

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| <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- 1115 Waiver Whole Person Care Pilot Program (*Members enrolled in Sacramento’s WPC Model are excluded from Health Homes because they may not receive duplicative care coordination services from WPC and Health Homes.) |
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Members can receive services **through both** Health Homes Program and other programs:

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| <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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