Health Home Referral Form

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Section A: Member Demographics		
Last Name:		First Name:
DOB:	HARP: Yes No	CIN#
Gender: Male Female Other		Preferred Language:
Primary Phone Number: ____________ ☐ Home ☐ Cell ☐ Other: ____________		
Race:		Religion:
Address:		
Type of Residence: ☐ Private Residence (alone or with spouse/partner, parent, child, or other family) ☐ Homeless (street, park, drop-in center, or other undomiciled) ☐ MH Supportive Housing ☐ Homeless Shelter or Emergency Housing ☐ Other: ____________		

Section B: Referral Information	
Referral Source:	
☐ Family ☐ Self ☐ MCO ☐ Hospital: ____________ ☐ Other: ____________	
Referring Agency/Program/Facility:	
Referring Worker's Name:	
Referrer's Phone Number:	

Section C: Member Eligibility	
Medicaid Eligibility: ☐ Medicaid FFS ☐ Medicaid Managed Care/Managed Long Term Care:	
Members must have two or more chronic conditions OR one of the single qualifying chronic conditions below. Please check appropriate boxes below.	
☐ Two or more chronic conditions-Please specify: ☐ Hypertension Substance Use ☐ Asthma ☐ Diabetes ☐ Heart Disease ☐ BMI > 25 ☐ Other:	☐ One chronic qualifying condition-Please check one: ☐ **HIV / AIDS** ☐ **Serious Mental Illness**

Appropriateness/Functional Need: In addition to diagnositic criteria, members must be appropriate for Health Home services, by having one or more significant risk factors.

Recent release from medical, psych, or detox admission, or incarceration (Last 90 days)

Lack of social supports (fewer than 2 people identified as a support by the member)

Needs assistance applying for/accessing benefits such as SNAP, SSI, etc.

Unable to access food due to financial limitations,inability to shop, dietary restrictions, etc.

Victim of domestic violence

Does not have a PCP or specialist or has not seen their provider in the last year

Difficulty navigating system due to a physical or behavioral health condition

Not adherent/difficulty managing treatments or medications

Deficits with daily living (transportation, managing finances, hygiene, etc.). Explain:

Deficits related to lifestyle, illness, or treatment (medication side effects, home environment, isolation, cognitive or mental decline (e.g., dementia), aging, hospitalization, etc.) Explain:

Risk Factors/History: