



HEALTH HOME SUPPORTIVE HOUSING

Eligible Target Populations

This program serves individuals who are enrolled/enrolling in Health Home and may include families with minors under the age of 18 years old. Potential clients of the program must be enrolled in Medicaid, be homeless, be Health Home enrolled or the provider must work with the Health Home to enroll the eligible member, and have one of the following within the past 12 months:

- Have two or more inpatient stays;
- Have five or more emergency department visits;
- Have four or more emergency department visits and one or more inpatient stay;
- Have base period Medicaid spending above the top 20% of Medicaid recipients' relative to the county of fiscal responsibility and target population parameters (for example, an SMI recipient in Franklin County would have to have base period spending more than 80% of the SMI population in that county).

Date: _____ Person Completing this form: _____

Referral Agency & Address _____

Phone & FAX #'s: _____

Client Name: _____ Medicaid CIN # _____

Current residence: _____

City: _____ State: _____ ZIP: _____ Phone Number: _____

DOB: _____ SS#: _____ Sex: _____ Marital Status: _____

Of People living in your household and their ages:

Primary Diagnosis _____

Secondary Diagnosis _____

Medical conditions: _____



If currently inpatient what is the pending discharge date: _____

Inpatient 2 or more times in past 12 months - Yes No

List facilities and dates of all inpatient stays

5 or more emergency room visits in past 12 months - Yes No List facilities and dates:

Signature of Referred: _____

***Please attach supporting documentation/proof of hospitalizations and ER visits (required)**

****Please attach an Authorization for Release of Information signed by the person you are referring to the program.**