



CS Day Habilitation Programs All Counties
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Day Habilitation Programs Community Supports (CS) is provided in an out-of-home, non-facility setting to assist members in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to reside successfully in the member’s natural environment.

Send completed referral via secure email: MHC_CS@MolinaHealthcare.com or fax to: (833) 908-4424.

Eligibility Criteria:
Molina Enrollment: <input type="checkbox"/> Only Medi-Cal <input type="checkbox"/> Partial Duals Only: Medi-Cal with Medicare Part B and/or D
Member must meet one of the three (3) following criteria:
<input type="checkbox"/> Member is experiencing homelessness. <input type="checkbox"/> Member exited homelessness and entered housing in the last 24 months. <input type="checkbox"/> Member is at risk of homelessness or institutionalization whose housing stability could be improved through participation in a day habilitation program.
Training Topics Requested:
Immediate Concerns (example: at risk of eviction):
<input type="checkbox"/> Member is enrolled with ECM. ECM Provider Organization and Contact (if different from Referrer):
<input type="checkbox"/> Member is receiving CS services. CS Services Type: CS Provider Organization and Contact (if different from Referrer):
<input type="checkbox"/> Member consented to Day Habilitation Programs referral.

Requestor Information:
Referrer: <input type="checkbox"/> Hospital/SNF <input type="checkbox"/> PCP/Clinic <input type="checkbox"/> IPA <input type="checkbox"/> ECM <input type="checkbox"/> Molina CM <input type="checkbox"/> Other:
Referrer Organization Name:
Referrer Name: _____ Title: _____
Phone Number: _____ Referrer Fax Number: _____

Member Information:
Member Name: _____ DOB: _____
Medi-Cal ID: _____ Preferred Language: _____
Current Living Situation: _____
Cell Phone Number: _____
Alternate Contact Name: _____ Phone #: _____