

Personal Care and Homemaker Services Community Supports (CS) supports members who need assistance with Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs).
 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 two (2): <input type="checkbox"/> Member needs assistance with ADLs and/or IADL tasks and has no other adequate support system. <input type="checkbox"/> Member is at risk for hospitalization or institutionalization in a nursing facility.	<u>AND</u> meet one of the three (3) following criteria: <input type="checkbox"/> Member was referred for IHSS and searching for a caregiver through the Public Authority registry. <input type="checkbox"/> IHSS Referral Date: <input type="checkbox"/> Member currently receives IHSS and needs additional IHSS hours. The reassessment request is pending, and a caregiver is needed for support in the meantime. Reassessment Request Date: IHSS Hours Per Month: <input type="checkbox"/> Member is not eligible for IHSS and needs services to help avoid a short-term stay in a skilled nursing facility (not to exceed 60 days). <ul style="list-style-type: none"> Provide the IHSS Notice of Action indicating a denial if available.
<input type="checkbox"/> Member consented to Personal Care and Homemaker Services 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:
Referrer Phone Number:	Fax Number:

Member Information:	
Member Name:	DOB:
Medi-Cal ID:	Preferred Language:
Home Address:	
Cell Phone Number:	
Scheduling Contact Name (if different from above):	
Relationship:	Phone #:
Preferred Language:	
Preference for Caregiver Support: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> No Preference	
Other Needs/Requests (i.e., hooyer lift, male caregiver):	
Special Instructions to Enter Residence:	