

HPSM HomeAdvantage FocusCare Referral Checklist

Member's First and Last Name: _____ DOB: _____

HPSM ID #: _____ CIN: _____ Today's Date: _____

Line of Business: CareAdvantage Medi-Cal

In order to qualify for HomeAdvantage FocusCare member must both be an active HPSM member with Medi-Cal or CareAdvantage coverage AND meet at least one of the criterion from Section A with at least one additional criterion from Section B.

Section A — Must Meet 1 of the Following 4 Criteria

1. PCP Visit

No PCP visit available within
14 days of discharge

OR

Cannot access PCP due to being
homebound at time of discharge

2. Utilization

2 or more ED visits in the last 6 months

OR

1 or more inpatient stays in the
last 3 months

3. Acute ED

**1 ED admission in the last 6 months
related to:**

Overdose
Acute Intoxication
Suicidality
Seizures
Anaphylaxis

**2 ED admissions in the last 6 months
related to:**

Uncontrolled glucose levels
Uncontrolled blood pressure
Exacerbation of CHF signs & symptoms,
i.e., low O₂ saturation, weight gain, etc.
Exacerbation of Asthma or COPD signs
& symptoms, i.e., low O₂ saturation, etc.

4. Priority Diagnoses

**Newly diagnosed with or exacerbation of 1 or more of the
following chronic conditions in the last 6 months:**

Cardiovascular:

Atrial fibrillation
Coronary heart disease
Heart failure
Ischemic heart disease
Peripheral vascular disease

Renal:

Chronic kidney
disease (dialysis
excluded)

Gastrointestinal —
Severe chronic liver
disease — due to:

Alcohol abuse
Hepatitis (B & C)
Nonalcoholic
fatty liver disease

Genetics:

- Hemochromatosis
- Wilson's disease
- Alpha-1 antitrypsin
deficiency
- Cystic fibrosis

Autoimmune disorders:

- Autoimmune hepatitis
- Primary biliary
cholangitis
- Primary sclerosing
cholangitis

Neurologic:

Cerebral vascular disease
Alzheimer's Disease or
other dementia

Oncologic:

Cancer with poor prognosis
Cancer treatment with
severe side effects

Pulmonary:

Asthma, severe persistent
Chronic Obstructive
Pulmonary Disease
Interstitial lung disease

Endocrine:

Diabetes — poorly
controlled
Diabetes — multiple
complications

AND

Section B – Must Meet 1 of the Following 6 Criteria

1. Behavioral Health

Has behavioral health condition(s)

without connection to behavioral health support

OR

has not seen a behavioral health provider in the last 6 months

2. Housing

At risk of losing housing or does not have stable housing (e.g., couch surfing, living in shelter, car, or hoarding) and is at risk for rehospitalization as a result

3. Substance Use

Has history of and/or ongoing substance use issues

AND

Has no/unknown substance use support in the community

4. Medications

Member has changes to their medications

AND

Has a history of medication non-compliance

5. Social Determinants of Health (SDOH)

Has one or more of the following SDOH needs that are unmet and impacting or likely to impact health outcome:

Transportation

Food insecurities

Housing concerns

Environmental concerns

6. Therapies

Member has home health or outpatient therapies ordered (OT, PT, etc.) requiring PCP follow up

Submission Instructions:

If member meets criteria, complete [HomeAdvantage Non-Cohort Member Referral Form](#) and attach this completed **FocusCare Referral Checklist** along with any supporting clinical documentation and fax to HPSM Care Coordination/Integrated Care Management: **650-829-2047**.

If criteria not met, please refer member to HPSM Inpatient Utilization Review Nurse.