HealthPlan OF SAN MATEO
Healthy is for everyone

UpwardHealth

HomeAdvantage Non-Cohort Member Referral

This form can be used to refer a "non-cohort" HPSM member for time limited HomeAdvantage services provided by Upward Health. This referral is appropriate for those whom HPSM and Upward Health identify as a member who can benefit from receiving in-home medical care for a specific time frame to support their health needs and goals of care.

Fax this referral form to HPSM Care Coordination: **650-829-2047**

Patient information

Patient name: DOB: Age:

Home Address: Member ID#:

Phone number: Number per Member (if different):

LOB: Effective Date: Expiration Date:

HPSM Case Manager: HPSM program:

Referral information

Referred by:

Consent for referral obtained from: Patient AOR (consent must be obtained prior to submitting referral)

Diagnosis

Atrial Fibrillation	Diabetes	Heart Failure
Behavioral Health	Disabling Condition	Pulmonary Disease
Cancer	End State Renal Disease	Rheumatoid Arthritis/Osteoarthritis
Cerebral Vascular Disease	Fluid and Electrolyte Disorders	Severe Chronic Liver Disease
Chronic Kidney Disease	Frailty: Pressure Ulcers w/Necrosis (Stg 4)	Substance Abuse Disorder
Coronary Heart Disease/MI	Frailty: Protein-Calorie Malnutrition	Vascular Disease
Other:		

Other factors

Cognition: Mild cognitive impairment Dementia

Developmental disability

Homeless Marginally housed At risk of losing current housing

Hospice

Palliative Care

Mental Illness: DSM-V Diagnoses:

Substance use (describe):

3. Does the patient have decision-making capacity?

Yes No (please provide information below)

If no, name of agent for decision-making:

If an AOR is on file, please identify:

4. PCP information

Name of PCP:

If patient sees a physician other than the assigned PCP for primary care, please enter the physician's name:

Date of last appointment with the PCP/other physician?

What are the barriers to getting to the appointments?

Does this PCP have Teleheath capabilities? Yes No

Is PCP aware that member is being referred to Upward Health? Yes No

5. Current services

Please list the services the patient is currently receiving, including Home and Community Based Services (HCBS):

6. Upward Health

Describe why Upward Health needs to see this patient: (Attach additional supporting documentation, if appropriate)

Knowing the duration of Upward Health's involvement is limited, how long do you expect the patient will need their support?

1 month 2 months 3 months Longer (explain):

Identify the care goals necessitating this referral:

HPSM ADMINISTRATIVE STAFF ONLY

Reviewed by: Medical Director

Integrated Service Manager: Emerging Risk High Risk Early Intervention

Date of review: Decision: Approved Denied

Referrals will be emailed to UH: **hpsmreferral@upwardhealth.com**