Huntington Senior Care Network

MSSP Referral Form

MSSP is a voluntary program.

Have you discussed MSSP with the individual being referred? ☐ Yes ☐ No

Has the individual being referred agreed to participate in MSSP? ☐ Yes ☐ No

I. Referral source

Today's date:

First name: Last name: Title:

Address: City: State: Zip code:

Phone number: Organization: Email:

II. Reason for referral/unaddressed needs (check all that apply):

☐ Caregiver stress/breakdown ☐ Health education ☐ Lack of or insufficient IHSS hours ☐ Transportation resources

☐ Environmental hazards/DME needs ☐ Housing resources ☐ Legal resources ☐ Other

☐ Financial resources ☐ Incontinent supplies ☐ Mental/behavioral health services

☐ Food/meal resources ☐ Issue of abuse ☐ Socialization

III. Identifying information

First name: Middle name/initial: Last name:

Address: City: State: Zip code:

Phone number: Age: DOB: Gender:

Marital status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Separated ☐ Unknown

Medi-Cal CIN: Medi-Cal DOI: Language:

Does individual live alone? ☐ Yes ☐ No Does individual need a language interpreter? ☐ Yes ☐ No

Contact person/authorized representative:

First name: Last name: Relation:

Phone number: Language:

IV. Current health status

Primary medical/psychiatric diagnoses:

Recent admissions (check all that apply):

☐ Emergency room Date(s): ☐ Hospital Date(s): ☐ SNF Date(s):

Any falls within the last six months? ☐ Yes ☐ No

V. Current level of functioning (check all that apply)

ADLs/IADLs	Assistance needed with:
Eating	☐
Dressing/grooming	☐
Bathing	☐
Transfer/ambulation	☐
Toileting	☐
Meal prep	☐
Housekeeping	☐
Finances	☐
Shopping	☐
Telephone	☐
Medications	☐

Cognitive/sensory	Impairment with:
Memory	☐
Orientation	☐
Judgment	☐
Hearing	☐
Vision	☐

VI. Current Benefits and Social Support (check all that apply):

☐ Health plan care management ☐ Meals ☐ Home health ☐ Medi-Cal - health plan name:

☐ Veterans benefits ☐ CBAS ☐ Family/friends ☐ Medicare - health plan name:

☐ Behavioral health services ☐ IHSS ☐ Religious/spiritual support ☐ Palliative care hospice care (specify)

Forward completed form to:

Huntington Senior Care Network 100 W. California Blvd. Pasadena, CA 91105 FAX: (626) 397-2143 / Email: HSCNRC@huntingtonhospital.com