Email Referrals to: mgbhrsn@mgb.org

MGB HRSN Request Form

Please note: all final eligibility determinations will be made the MGB Central HRSN Team

Section 1: Referrer Information

Name of person completing this form:
Email address of person completing this form:

Section 2: Member Information

Patient Name:
Date of Birth:
Address:
Primary Phone Number:
Calling Time Preferences (day of week, time of day):
Preferred Language:

Member is in the MGB Medicaid ACO:
☐ Yes
☐ No: not eligible
MGB Health Plan ID ("R" Number):
Medicaid ID:

Referring teams are not required to enter the Medicaid ID

Section 3: Service Selection

Instructions:

1. Check the box for the service(s) you are requesting to refer a member for.
    a. A member can be referred for more than one service in each or both categories.

2. After you check the box for the service(s) you are requesting, click the name of the service to jump to the specific eligibility criteria for that service.

Click here for more information about these services

Housing	Nutrition
☐ Housing Navigation	☐ Medically Tailored Home Delivered Meals
☐ Housing Search	☐ Medically Tailored Food Boxes
☐ Transitional Goods	☐ Medically Tailored Food Prescriptions and Vouchers
	☐ Nutrition Counseling
	☐ Nutrition Education

Section 4: Eligibility: Medically Tailored Home Delivered Meals, Medically Tailored Food Boxes or Medically Tailored Food Prescriptions and Vouchers

Check the Chart

Does the patient have any of the following Health Needs Based Criteria (HNBC) conditions that require improvement, stabilization, or prevention of deterioration of functioning? Tip: Look at the "Problem List" in the chart

Click here to see an expanded list of diagnoses

- ☐ HIV
- ☐ Cardiovascular Disease
- ☐ Diabetes
- ☐ Renal Disease
- ☐ Lung Disease
- ☐ Liver Disease
- ☐ Cancer
- ☐ High- Risk Pregnancy
- ☐ None of the above: Member is NOT eligible

Ask the member:

Can you or someone at home prepare meals?

(*Reasons for being unable to prepare meals may include physical or mental conditions or lack of knowledge, capacity, or resources to prepare meals)*

☐ Yes ☐ No ☐ I don't know

Note: Members who are unable to prepare meals and/or do not have someone at home who can, will be only be eligible for Medically Tailored Home Delivered Meals. Members who can prepare meals will be eligible for Medically Tailored Food Boxes or Medically Tailored Vouchers/Prescriptions. For these members, service will be determined by member preference.

USDA Low Food Security Screening:

Instructions: If you are already speaking with the member, please ask the member to respond the following 6 statements to determine their eligibility. If this is not completed, the MGB Central HRSN Team will contact the member. This screening is required by MassHealth.

Note: Members should be guided to respond to statements as if they have not received Flexible Services in the past year.

Statement 1: *The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more.*

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true
- ☐ DK or Refused

Statement 2: *I/we couldn't afford to eat balanced meals.*

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true
- ☐ DK or Refused

Statement 3: *In the last 12 months, since last (name of current month), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?*

- ☐ Yes
- ☐ No
- ☐ Don't know/refused to answer

Statement 4: [IF YES TO #3, ASK] *How often did this happen- almost every month, some months but not every month, or in only or 2 months?*

- ☐ Almost every month
- ☐ Some months but not every month
- ☐ Only 1 or 2 months
- ☐ Don't know

Statement 5: *In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?*

- ☐ Yes
- ☐ No
- ☐ Don't know

Statement 6: *In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?*

- ☐ Yes
- ☐ No
- ☐ Don't know

The MGB Central Team will score all USDA Screenings

Click here for more information on how this survey is scored

Click here if you have completed the eligibility criteria for the services you are requesting and you are ready for Sections 5 and 6

Section 4: Eligibility: For Nutrition Counseling and Nutrition Education:

Is the member receiving or currently being referred for a Category 1 Nutrition Service?
☐Yes ☐No: member is not eligible ☐ I don't know

For the member to meet their nutritional or dietary need and utilize Category 1 service(s), do they need Nutrition Counseling or Nutrition Education?
☐Yes ☐No ☐ I don't know

Click here if you have completed the eligibility criteria for the services you are requesting and you are ready for Sections 5 and 6

Section 4: Eligibility: Transitional Goods

Click here to review MassHealth provided information about CSP

Is the patient moving out of homelessness into housing?
☐Yes ☐No ☐ I don't know

Is the patient currently enrolled in or eligible for Community Support Program for Homeless Individuals (CSP-HI)?
☐Yes ☐No ☐ I don't know

Is the patient receiving HRSN Housing Search services?
☐Yes ☐No ☐ I don't know

Click here if you have completed the eligibility criteria for the services you are requesting and you are ready for Sections 5 and 6

Section 4: Eligibility: Housing Navigation:

Check the Chart:

Does the patient have repeated incidents of emergency department use (defined as 2+ visits within 6 months, or 4+ visits within a year)?
☐Yes ☐No

Tip: Look at "encounters" in the member's chart. ED visits are in red font!

Ask the member:

Do you have at least 1 written lease violation?
☐Yes ☐No: member is not eligible ☐I don't know

Click here if you have completed the eligibility criteria for the services you are requesting and you are ready for Sections 5 and 6

Section 4: Eligibility: Housing Search:

Check the Chart:

Is the patient 55 years of age or older?

☐ Yes ☐ No: member is not eligible

Which of the following Health Needs Based Criteria (HNBC) does the patient have?

☐ Behavioral Health Need (mental health condition or substance use disorder)
☐ Complex Physical Health Need
☐ Assistance with one or more ADLs or IADLs;
☐ Repeated ED use;
☐ Pregnant individual with high-risk pregnancy or complications; or
☐ Pregnant individuals without additional clinical factors

If Behavioral Health Need is checked:

- ☐ Anxiety (e.g., Social Anxiety Disorder, Separation Anxiety Disorder, Panic Disorder, Medication-Induced Anxiety Disorder, General Anxiety Disorder)
- ☐ Attention Deficit Hyperactivity Disorder (ADHD)
- ☐ Depression (e.g., Major Depressive Disorder)
- ☐ Hoarding Disorder
- ☐ Serious Emotional Disturbance (e.g., Avoidant/restrictive food intake disorder [ARFID], eating disorders, Obsessive Compulsive Disorder [OCD], childhood schizophrenia)
- ☐ Serious Mental Illness (e.g., Schizophrenia, Bipolar Disorder)
- ☐ Substance Use Disorder (e.g., Opioid Use Disorder, Alcohol Use Disorder, Phencyclidine Use Disorder, Cannabis Use Disorder)
- ☐ Trauma/Stress Disorder (e.g., Post-Traumatic Stress Disorder)
- ☐ Other behavioral health condition:

Does the patient's behavioral health condition require treatment or care in order to improve or maintain their current condition, or prevent it from getting worse?

☐ Yes ☐ No

If Complex Physical Health Need is selected:

- ☐ Autoimmune Conditions (e.g., rheumatoid arthritis, lupus)
- ☐ Cancer (e.g., breast cancer, lymphoma, leukemia, melanoma, kidney cancer, lung cancer, prostate cancer, colorectal cancer, bladder cancer)
- ☐ Cardiovascular disease/Cardiac Condition (e.g. hypertension, heart disease, history of heart attack, high cholesterol, heart failure)
- ☐ Developmental Disabilities (e.g., Autism, Cerebral Palsy)
- ☐ Diabetes (e.g., Prediabetes, insulin dependent diabetes, Type 2 Diabetes, Type 1 Diabetes)
- ☐ Disabilities (e.g., visual impairment, hearing impairment, locomotor disability)

☐ Gastrointestinal (GI) Conditions (e.g., Crohn's, Celiac Disease, Irritable Bowel Syndrome (IBS), Peptic Ulcer Disease)
☐ Hematologic Conditions/Blood-related conditions (e.g., anemia, Sickle Cell Disease)
☐ HIV/AIDS
☐ Kidney disease/Renal disease (e.g., End-Stage Renal Disease, Chronic Kidney Disease)
☐ Liver disease (e.g., hepatitis, cirrhosis)
☐ Lung disease / respiratory condition/ Pulmonary Disease (e.g., asthma, Chronic Obstructive Pulmonary Disease (COPD)), chronic bronchitis, pulmonary fibrosis)
☐ Metabolic Conditions – Other (e.g., malnutrition, obesity)
☐ Neurologic Conditions (e.g., stroke, Parkinson's disease, Alzheimer's disease, Amyotrophic Lateral Sclerosis (ALS), dementia, epilepsy, Multiple Sclerosis)
☐ Other complex physical health conditions (e.g., transplant recipient):

Does the patient's complex physical health condition require treatment or care in order to improve or maintain their current condition, or prevent it from getting worse?
☐ Yes ☐ No

If ADL/iALDs are selected:

Ask the member:

Do you need help performing any of the following activities (please check all that apply)?
☐ Bathing
☐ Dressing
☐ Eating
☐ Using the toilet
☐ Walking or moving yourself froma bed to a wheelchair
☐ Meal preparation
☐ Household work such as doing dishes, making the bed, tidying up, doing laundry
☐ Managing personal finances
☐ Managing medication
☐ Phone use
☐ Shopping
☐ Transportation (e.g. does not arrive independently, needs assistance navigating public transit, needs assistance arranging rides)
☐ I don't need assistance with any of the above activities

If Repeated ED use is Selected:

In the past 6 months has the patient been to the emergency room (ER) 2 times or more?
☐ Yes ☐ No

In the past 12 months has the patient been to the emergency room (ER) 4 times or more?
☐ Yes ☐ No

If Pregnant individuals with high-risk pregnancy or complications; or Pregnant individuals without additional clinical factors are selected:

Is the patient currently pregnant or were they pregnant in the last 12 months?
☐ Yes ☐ No

If no to above: were they pregnant in the last 3 to 12 months?
☐ Yes ☐ No

If yes to either of the two questions above: is the patient currently or did they experience problems during their pregnancy or have they been told or made aware that they have a "high risk" pregnancy? (e.g., medical condition that existed before the pregnancy, gestational diabetes or high blood pressure, premature labor, needing to see a specialist who is not your obstetrician, etc.)?
☐ Yes ☐ No ☐ I don't know

Click here to review MassHealth provided information about CSP

Is the patient receiving Specialized Community Support Program Tenancy Preservation Program (CSP-TPP), or eligible for Specialized CSP-TPP but not yet receiving Specialized CSP-TPP?
☐ Yes ☐ No ☐ I don't know

Is the patient receiving Specialized Community Support Program for Homeless Individuals (CSP-HI) or eligible for Specialized CSP-HI but not yet receiving Specialized CSP-HI?
☐ Yes ☐ No ☐ I don't know

Is the patient receiving housing search services as part of the Emergency Assistance or HomeBase programs operated by the Executive Office of Housing and Livable Communities?
☐ Yes: member is not eligible ☐ No ☐ I don't know

Is the patient considered Category 1 Homeless by meeting at least one of the Housing and Urban Development's (HUD) following criterions:

- Member has as a primary nighttime residence that is a public or private place not meant for human habitation; or
- Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
- Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

☐ Yes ☐ No: member is not eligible ☐ I don't know

Section 5: Additional Information

Please share any additional information about the member or their situation that might be helpful for the service provider.

Section 6: Enrollee Attestation

The MassHealth enrollee attests that the information on this form is true and accurate to the best of their knowledge.

☐ Yes
☐ No

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