

Health Related Social Needs (HRSN) Housing Referral Form



WellSense Health Plan offers a variety of HRSN housing services to eligible members. Providers and social service organizations may complete this form and send to the appropriate point of contact for review.

Member Information (*Indicates required field)

Member's full legal name*	
Date of birth*	
Gender	
Member's preferred name	
Preferred spoken language*	
Pronouns	
WellSense ID number	
MassHealth ID number*	
WellSense ACO name*	<input type="checkbox"/> WellSense BILH Performance Network ACO <input type="checkbox"/> WellSense Boston Children's ACO <input type="checkbox"/> WellSense Care Alliance (Tufts Medicine ACO) <input type="checkbox"/> WellSense Community Alliance (BACO) <input type="checkbox"/> WellSense Mercy Alliance <input type="checkbox"/> WellSense SignatureAlliance <input type="checkbox"/> WellSense Southcoast Alliance <input type="checkbox"/> East Boston Neighborhood Health WellSense Alliance

Member contact information

Primary phone*	
Email	
Home address*	
Legal guardian name	
Legal guardian phone	
Preferred language	
Translator needed	

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Referring individual information

Referring individual name*	
Referring individual organization*	
Email*	
Phone	

Housing Referral Information

Members must meet specific eligibility criteria for each type of HRSN Housing Service. Please determine which HRSN Housing Service may be relevant for the member’s situation and only complete the applicable section below. If a member is not eligible for a particular service, please leave that section blank. Housing services include:

- Housing Search
- Housing Navigation
- Healthy Homes
- Transitional Goods

Based on responses to the eligibility criteria, the member will be referred to a particular housing service. Please refer to Appendix A for the housing services provided under each WellSense ACO.

Housing Search Eligibility

Please complete this section for members that are **experiencing homelessness** to document eligibility for HRSN Housing Search services. Please leave this section blank if the member is not eligible for this service.

<p>Eligibility Criteria 1: Is the member 55 years or older? <i>Members must be 55 or older for HRSN Housing Search services.</i></p>	<input type="checkbox"/> Yes
<p>Eligibility Criteria 2: Category 1 Homelessness* <i>Does the member meets the HUD definition of Category 1 Homelessness for HRSN Housing Search Services.</i></p>	<input type="checkbox"/> Yes, this member has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camp

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	<p><input type="checkbox"/> Yes, this member is living in a supervised publicly- or privately-operated emergency shelter designated to provide temporary living arrangements, including congregate shelters, transitional housing, and hotels and motels paid for by charitable organization</p> <p>Yes, this member is exiting an institution where 1) they have resided for 90 days or less and 2) they resided in an emergency shelter or place not meant for human habitation immediately before entering that institution</p>
<p>Eligibility Criteria 3: Health Needs Based Criteria <i>Please refer to the MassHealth "HRSN Supplemental Services Screening Tool for Health Needs Based Criteria" for guidance on assessing HNBC.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Behavioral – Anxiety <input type="checkbox"/> Behavioral – ADHD <input type="checkbox"/> Behavioral – Depression <input type="checkbox"/> Behavioral – Hoarding Disorder <input type="checkbox"/> Behavioral – Serious Emotional Disturbance <input type="checkbox"/> Behavioral – Serious Mental Illness <input type="checkbox"/> Behavioral – Substance Use Disorder <input type="checkbox"/> Behavioral – Trauma/Stress Disorder <input type="checkbox"/> Physical – Autoimmune Conditions <input type="checkbox"/> Physical – Cancer <input type="checkbox"/> Physical – Cardiovascular Disease/Cardiac Condition <input type="checkbox"/> Physical – Developmental Disabilities <input type="checkbox"/> Physical – Diabetes <input type="checkbox"/> Physical – Disabilities <input type="checkbox"/> Physical – Gastrointestinal (GI) Conditions <input type="checkbox"/> Physical – Hematologic Conditions/Blood-Related Conditions <input type="checkbox"/> Physical – HIV/AIDS <input type="checkbox"/> Physical – Kidney/Renal Disease <input type="checkbox"/> Physical – Liver Disease <input type="checkbox"/> Physical – Lung Disease/Respiratory Condition/Pulmonary Disease <input type="checkbox"/> Physical – Metabolic Conditions – Other <input type="checkbox"/> Physical – Neurologic Condition <input type="checkbox"/> Activities of Daily Living (ADLs) <input type="checkbox"/> Instrumental Activities of Daily Living (IADLS) <input type="checkbox"/> ED Utilization (2 or more visits within 6 months, or 4 or more visits within a year) <input type="checkbox"/> High-Risk Pregnancy - including up to 12 months postpartum (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. <input type="checkbox"/> Pregnant individual that is pregnant or postpartum up to 2 months postpartum, without additional clinical factors

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<p>Eligibility Criteria 4: CSP-HI Services <i>Please confirm if the member is receiving or eligible for Specialized Community Support Program for Homeless Individuals (CSP-HI). Please see guidance below on CSP-HI eligibility.</i></p>	<p><input type="checkbox"/> Yes, receiving CSP-HI services <input type="checkbox"/> No, not receiving and not eligible for CSP-HI <input type="checkbox"/> Not receiving CSP-HI services, but eligible for CSP-HI services</p>
<p>Eligibility Criteria 5: Other Housing Search Services <i>Please confirm the member is not receiving housing search services as part of the Emergency Assistance (EA) or HomeBASE programs operated by the Executive Office of Housing and Livable Communities.</i></p>	<p><input type="checkbox"/> Yes, receiving other housing search services <input type="checkbox"/> No, not receiving other housing search services</p>
<p>Member agrees to the HRSN referral*</p>	<p><input type="checkbox"/> Yes - Member agrees to the HRSN Services Referral</p>
<p>Date of HRSN Housing Screening</p>	
<p>Preferred Social Service Organization (SSO)/HRSN provider (if known)</p>	
<p>Other pertinent context on the referral (such as accommodations needed)</p>	

Housing Navigation Eligibility

Please complete this section for members that are **at-risk of homelessness** to document eligibility for HRSN Housing Navigation services. Please leave this section blank if the member is not eligible for this service.

<p>Eligibility Criteria 1: Does the member have a written lease violation?* <i>A lease violation is notice given by the property owner or its designee that a tenant has not complied with material aspects of the lease or other agreement governing the terms of the occupancy of the housing.</i></p>	<p><input type="checkbox"/> Yes - Member has a written lease violation</p>
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<p>Eligibility Criteria 2: Health Needs Based Criteria – Does the member meet the high-utilizer HNBC?*</p> <p><i>High-utilizer criteria is repeated incidents of emergency department use (defined as 2 or more visits within six months, or 4 or more visits within a year).</i></p>	<p><input type="checkbox"/> Yes - Member meets repeated ED Use (high-utilizer HNBC)</p>
<p>Eligibility Criteria 3: CSP-TPP Services*</p> <p><i>Please confirm if the member is receiving or eligible for Specialized Community Support Program Tenancy Preservation Program (CSP-TPP). Please see guidance below on CSP-TPP eligibility.</i></p>	<p><input type="checkbox"/> Yes - Receiving CSP-TPP services</p> <p><input type="checkbox"/> No - Not receiving and not eligible for CSP-TPP</p> <p><input type="checkbox"/> Not Receiving CSP-TPP services, but eligible for CSP-TPP Sservices</p>
<p>Member Agrees to the HRSN Referral*</p>	<p><input type="checkbox"/> Yes - Member agrees to the HRSN services referral</p>
<p>Date of HRSN Housing Screening*</p>	
<p>Preferred Social Service Organization (SSO)/HRSN Provider (if known)</p>	
<p>Other pertinent context on the referral (such as accommodations needed)</p>	

Healthy Homes Eligibility

Please complete this section for members that are in **unhealthy or physically unsafe housing** to document eligibility for HRSN Healthy Homes services. Please leave blank if the member is not eligible for this service.

<p>Eligibility Criteria 1: Does the member have one of the qualifying HNBC for Healthy Homes?*</p> <p><i>Qualifying Health Needs Based Criteria (HNBC) for Healthy Homes include a pulmonary condition, cardiac condition or hoarding condition.</i></p>	<p><input type="checkbox"/> Yes, member has a pulmonary condition (ex: asthma, COPD, other lung disease)</p> <p><input type="checkbox"/> Yes, member has a cardiac condition (ex: hypertension or other heart disease)</p> <p><input type="checkbox"/> Yes, member has a hoarding condition</p>
<p>Eligibility Criteria 2: Is the member living in unhealthy housing or housing that is physically unsafe due to their disability or medical condition?*</p> <p><i>Unhealthy housing is defined as the member’s primary living situation that is negatively impacting their health, due to factors including but not limited to pests, mold, elements of the</i></p>	<p><input type="checkbox"/> Yes, member is living in Unhealthy Housing</p> <p><input type="checkbox"/> Yes, member is living in housing that is physically unsafe due to their disability or medical condition</p> <p><input type="checkbox"/> Yes, member is living in housing that is Unhealthy and Unsafe due to their disability or medical condition</p>

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<i>home being in disrepair, exposure to pathogens/hazards, or the property being inadequately maintained.</i>	
Member Agrees to the HRSN Referral*	<input type="checkbox"/> Yes - Member Agrees to the HRSN Services Referral
Date of HRSN Housing Screening*	
Preferred Social Service Organization (SSO)/HRSN Provider (if known)	
Other pertinent context on the referral	

Transitional Goods

Please complete this section for members that are **experiencing homelessness and moving in to new housing** to document eligibility for HRSN Transitional Goods services. Please leave blank if the member is not eligible for this service.

Eligibility Criteria 1: Is the member moving out of homelessness into housing?*	<input type="checkbox"/> Yes - Member is moving out of homelessness into housing
Eligibility Criteria 2: Is the member receiving Specialized CSP-HI Services or HRSN Housing Search services?*	<input type="checkbox"/> Yes - Member is receiving CSP-HI Services <input type="checkbox"/> Yes - Member is receiving HRSN Housing Search Services
Eligibility Criteria 3: Health Needs Based Criteria <i>Please refer to the MassHealth "HRSN Supplemental Services Screening Tool for Health Needs Based Criteria" for guidance on assessing HNBC.</i>	<input type="checkbox"/> Behavioral – Anxiety <input type="checkbox"/> Behavioral – ADHD <input type="checkbox"/> Behavioral – Depression <input type="checkbox"/> Behavioral – Hoarding Disorder <input type="checkbox"/> Behavioral – Serious Emotional Disturbance <input type="checkbox"/> Behavioral – Serious Mental Illness <input type="checkbox"/> Behavioral – Substance Use Disorder <input type="checkbox"/> Behavioral – Trauma/Stress Disorder <input type="checkbox"/> Physical – Autoimmune Conditions <input type="checkbox"/> Physical – Cancer <input type="checkbox"/> Physical – Cardiovascular Disease/Cardiac Condition <input type="checkbox"/> Physical – Developmental Disabilities <input type="checkbox"/> Physical – Diabetes <input type="checkbox"/> Physical – Disabilities <input type="checkbox"/> Physical – Gastrointestinal (GI) Conditions <input type="checkbox"/> Physical – Hematologic Conditions/Blood-Related Conditions

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<p>Eligibility Criteria 3: Health Needs Based Criteria <i>Please refer to the MassHealth "HRSN Supplemental Services Screening Tool for Health Needs Based Criteria" for guidance on assessing HNBC.</i></p> <p><i>Continued</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Physical – HIV/AIDS <input type="checkbox"/> Physical – Kidney/Renal Disease <input type="checkbox"/> Physical - Liver Disease <input type="checkbox"/> Physical – Lung Disease/Respiratory Condition/Pulmonary Disease <input type="checkbox"/> Physical – Metabolic Conditions – Other <input type="checkbox"/> Physical – Neurologic Condition <input type="checkbox"/> Activities of Daily Living (ADLs) <input type="checkbox"/> Instrumental Activities of Daily Living (IADLS) <input type="checkbox"/> ED Utilization (2 or more visits within 6 months, or 4 or more visits within a year) <input type="checkbox"/> High-Risk Pregnancy - including up to 12 months postpartum (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. <input type="checkbox"/> Pregnant individual that is pregnant or postpartum up to 2 months postpartum, without additional clinical factors
<p>Member Agrees to the HRSN Referral*</p>	<p><input type="checkbox"/> Yes - Member Agrees to the HRSN Services Referral</p>
<p>Date of HRSN Housing Screening*</p>	
<p>Preferred Social Service Organization</p>	
<p>Other pertinent context on the referral (such as accommodations needed)</p>	

Specialized Community Support Program Eligibility Guidance: CSP-HI and CSP-TPP Services Eligibility

CSP-HI Services: Specialized Community Support Program (CSP) for Homeless Individuals that provides intensive housing search and ongoing housing stabilization once housed.

CSP-HI Eligibility:

1. Have a HNBC
2. Homeless status:
 - Be experiencing chronic homelessness¹ (as defined by HUD) at the onset of services or
 - Not meet the definition of chronically homeless, but be experiencing homelessness¹ at the onset of services and are frequent users of acute health MassHealth services as defined by:
 - 4+ ED visits within the past 12 months from the date of evaluation for CSP-HI services; or
 - 3+ acute and/or psychiatric hospital inpatient admissions within the past 12 months from the date of evaluation for CSP-HI services; and
3. Must have identified a permanent supportive housing opportunity and will be moving into housing within 120 days.

¹Documentation of chronic homeless or homeless status must be from a Homeless Management Information System (HMIS) or comparable system used by providers of services for victims of domestic violence

Chronic Homelessness: as set forth in Section 1 of the ACPP Contract, a definition established by the U.S. Department of Housing and Urban Development (HUD) of a disabled individual who has been continuously homeless on the streets or in an emergency shelter or safe haven for 12 months or longer, or has had four or more episodes of homelessness (on the streets, or in an emergency shelter, or safe haven) over a three-year period where the combined occasions must total at least 12 months (occasions must be separated by a break of at least seven nights; stays in institution of fewer than 90 days do not constitute a break). To meet the disabled part of the definition, the individual must have a diagnosable substance use disorder, serious and persistent mental illness, developmental disability, post-traumatic stress disorder, cognitive impairment resulting from a brain injury, or chronic physical illness, or disability, including the co-occurrence of two or more of those conditions.

CSP-TPP: Specialized Community Support Program (CSP) Tenancy Preservation Program that provides homelessness prevention services for members facing eviction due to their behavior/disability.

CSP-TPP Eligibility:

1. Have a HNBC
2. At risk of homelessness and facing eviction as a result of behavior related to a disability when services begin.

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At Risk of Homelessness: any member who does not have sufficient resources or support networks (e.g., family, friends, faith-based, or other social networks) immediately available to prevent them from moving to an emergency shelter or place not meant for human habitation

Eviction: The process of obtaining a court order to remove a tenant and other occupants from a rental property including serving either a Notice to Quit or a request for temporary, preliminary or permanent relief. Eviction may also refer to any instance in which such relief has been granted

- This may include members under the age of 18 residing with a parent/guardian facing eviction.
- Members whose eviction cases have already gone to trial in either the District Court or Boston Municipal Court are not eligible. Members whose eviction cases have already gone to trial in the Housing Court may be eligible, depending on the Judge’s ruling.

Appendix A: WellSense ACO HRSN Housing Services

WellSense Community Alliance (BACO)	WellSense Boston Children’s ACO	WellSense BILH Performance Network ACO	East Boston Neighborhood Health WellSense ACO (NeighborHealth)	WellSense Mercy Alliance	WellSense Signature Alliance	WellSense Southcoast Alliance	WellSense Care Alliance (Tufts Medicine)
Housing Search	-	Housing Search	Housing Search	Housing Search	Housing Search	Housing Search	Housing Search
Housing Navigation	Housing Navigation	Housing Navigation	Housing Navigation	Housing Navigation	Housing Navigation	Housing Navigation	Housing Navigation
-	-	Healthy Homes	Healthy Homes	Healthy Homes	-	-	
Transitional Goods	-	Transitional Goods	Transitional Goods	Transitional Goods	Transitional Goods	Transitional Goods	Transitional Goods