

# Provider Bulletin

Molina Healthcare of California

[molinahealthcare.com/members/ca/en-us/health-care-professionals/home.aspx](https://molinahealthcare.com/members/ca/en-us/health-care-professionals/home.aspx)

May 12, 2025

- Imperial
- Riverside
- San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

## Upcoming Change to Housing Tenancy and Sustaining Services (HTSS) Referrals – Updated Requirements and New Form

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to the Medi-Cal line of business.

### **What you need to know:**

Molina has made important updates to the Housing Tenancy and Sustaining Services (HTSS) referral process. Effective 30 days from the date of this notice, **Version 2 of the HTSS referral form** will be implemented for all HTSS referrals. The updated form incorporates key screening criteria to better assess housing needs and eligibility. Starting 30 days from the date of this notice, referrals submitted without the required housing and clinical information will not be processed.

While providers may continue to use any MCP form to initiate requests, **specific housing history, acuity, and support needs must be documented** in order to complete the referral review. The new HTSS referral form (Version 2) will be available on the Molina Healthcare website under Frequently Used Forms: [molinahealthcare.com/providers/ca/medicaid/forms/fuf.aspx](https://molinahealthcare.com/providers/ca/medicaid/forms/fuf.aspx).

Providers are encouraged to begin using the new form immediately to ensure continuity of care and avoid delays in service provision.

### **When this is happening:**

Beginning 30 days from the date of this notice, referrals submitted without required information will not be processed.

## Provider Action

If you have any questions or need assistance, please contact [mhc\\_cs@molinahealthcare.com](mailto:mhc_cs@molinahealthcare.com).

Thank you for your collaboration in enhancing the HTSS referral process and improving member care.

**Molina Healthcare of California  
Community Supports**



## What if you need assistance?

If you have any questions regarding the notification, please contact your Molina Provider Relations Representative below.

Service County Area	Provider Relations Representative	Contact Number	Email Address
Los Angeles County	Clemente Arias Daniel Amirian Elias Gomez	562-233-1753 747-331-0150 562-723-9760	<a href="mailto:Clemente.Arias@molinahealthcare.com">Clemente.Arias@molinahealthcare.com</a> <a href="mailto:Daniel.Amirian@molinahealthcare.com">Daniel.Amirian@molinahealthcare.com</a> <a href="mailto:Elias.Gomez@molinahealthcare.com">Elias.Gomez@molinahealthcare.com</a>
Los Angeles / Orange County	Maria Guimoye	562-783-0005	<a href="mailto:Maria.Guimoye@molinahealthcare.com">Maria.Guimoye@molinahealthcare.com</a>
Sacramento County	Johonna Eshalomi	916-268-1418	<a href="mailto:Johonna.Eshalomi@molinahealthcare.com">Johonna.Eshalomi@molinahealthcare.com</a>
San Bernardino County	Luana McIver	909-454-4247	<a href="mailto:Luana.Mciver@molinahealthcare.com">Luana.Mciver@molinahealthcare.com</a>
San Bernardino / Riverside County	Vanessa Lomeli	909-419-3026	<a href="mailto:Vanessa.Lomeli2@molinahealthcare.com">Vanessa.Lomeli2@molinahealthcare.com</a>
Riverside County	Patricia Melendez	951-447-7585	<a href="mailto:Patricia.Melendez@molinahealthcare.com">Patricia.Melendez@molinahealthcare.com</a>
San Diego / Imperial County	Lincoln Watkins Tan Do	619-972-9860 858-287-4869	<a href="mailto:Lincoln.Watkins@molinahealthcare.com">Lincoln.Watkins@molinahealthcare.com</a> <a href="mailto:Tan.Do@molinahealthcare.com">Tan.Do@molinahealthcare.com</a>

California Facilities (Hospitals, SNFs, CBAS, ICF/DD & ASC Providers)	Facility Representative	Contact Number	Email Address
Facilities Manager, Los Angeles	Laura Gonzalez	562-325-0368	<a href="mailto:Laura.Gonzalez3@molinahealthcare.com">Laura.Gonzalez3@molinahealthcare.com</a>
San Diego, Sacramento & Imperial Facilities	Dolores Garcia	619-980-7984	<a href="mailto:Dolores.Garcia@molinahealthcare.com">Dolores.Garcia@molinahealthcare.com</a>
Riverside & San Bernardino Facilities	MiMi Howard	562-455-3754	<a href="mailto:Smimi.Howard@molinahealthcare.com">Smimi.Howard@molinahealthcare.com</a>

If you are not contracted with Molina and your fax number is not shared with a contracted provider, and you wish to opt out of receiving the MHC Provider Bulletin, please email [mhcproviderbulletin@molinahealthcare.com](mailto:mhcproviderbulletin@molinahealthcare.com).

Please include the provider's name, NPI, county, and fax number, and you will be removed within 30 days.

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