

Provider Bulletin

Molina Healthcare of California

molinahealthcare.com/members/ca/en-us/health-care-professionals/home.aspx

June 30, 2026

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

Community Supports Fax Line and Referral Form Updates

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:

Dear Community Supports Providers,

Molina Healthcare of California has revised all Community Supports (CS) referral forms to align with current Department of Health Care Services (DHCS) Community Supports requirements, including updated referral standards, required data elements, and Community Supports Referral Log (CLR) reporting requirements.

The revised Community Supports Referral forms can be found on Molina's Frequently Used Forms page:

molinahealthcare.com/providers/ca/medicaid/forms/fuf.aspx

Molina also has a NEW dedicated fax line for Community Supports referrals. ALL CS Referrals should be faxed to:

(833) 305-3130

Effective 07/15/2026, all Community Supports referrals must be submitted using the updated Molina forms.

Beginning on this date:

- Only the revised forms will be accepted.
- Referrals submitted on outdated forms will be returned to the submitting provider.
- Providers may be asked to resubmit referrals using the current form version.
- Processing timeframes will begin once a complete referral is received on the updated form.

Providers should ensure all staff responsible for submitting Community Supports referrals begin using the updated forms available on Molina's Community Supports website.

Provider Action

If you have any questions or need assistance, please contact

MHC_CS@MolinaHealthcare.com.

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

**Molina Healthcare of California
Community Supports**

MHC_CS@MolinaHealthcare.com



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 | Clemente Arias | 562-233-1753 | Clemente.Arias@molinahealthcare.com |
| | Elias Gomez | 562-723-9760 | Elias.Gomez@molinahealthcare.com |
| | Velma Castillo | 626-721-3089 | Velma.Castillo@molinahealthcare.com |
| | Anisha Brar | 562-756-1347 | Anisha.Brar@molinahealthcare.com |
| | Anita White | 310-654-4832 | Princess.White@molinahealthcare.com |
| Los Angeles / Orange | Maria Guimoye | 562-783-0005 | Maria.Guimoye@molinahealthcare.com |
| Sacramento | Johonna Eshalomi | 916-268-1418 | Johonna.Eshalomi@molinahealthcare.com |
| | Zuleyma Neal | 510-421-8057 | Zuleyma.Neal@molinahealthcare.com |
| San Bernardino | Luana McIver | 909-454-4247 | Luana.Mciver@molinahealthcare.com |
| San Bernardino / Riverside | Vanessa Lomeli | 909-419-3026 | Vanessa.Lomeli2@molinahealthcare.com |
| Riverside | Patricia Melendez | 951-447-7585 | Patricia.Melendez@molinahealthcare.com |
| San Diego | Brigitte Maldonado | 760-421-1466 | Brigitte.Maldonado@molinahealthcare.com |
| | Christian Hernandez | 619-669-3307 | Christian.Hernandez@molinahealthcare.com |
| | Javier Paz | 408-663-0048 | Javier.Paz@molinahealthcare.com |
| | Carly Growdon | 559-894-4443 | Carly.Growdon@molinahealthcare.com |
| Imperial | Cynthia Bustamante | 619-693-0404 | Cynthia.Bustamante@molinahealthcare.com |

| California Facilities (Hospitals, SNFs, CBAS, ICF/DD & ASC Providers) | Facility Representative | Contact Number | Email Address |
|---|-------------------------|----------------|--|
| Los Angeles | Melessa Belcher | 714-813-8522 | Melessa.Belcher@molinahealthcare.com |
| San Diego | Brittney Aguilar | 916-216-9882 | Brittney.Aguilar@molinahealthcare.com |
| Imperial, Riverside, San Bernardino, Sacramento | MiMi Howard | 562-455-3754 | Smimi.Howard@molinahealthcare.com |

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.

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