

## Health Home Referral - Adult

Please complete this Health Home referral in its entirety. Incomplete referrals will not be accepted by the Care Management Partners of Ulster County.

Submit referrals using a secure file-sharing system to [CMPUlster@institute.org](mailto:CMPUlster@institute.org)

### REFERRER INFORMATION

Name of Referrer	
Agency	
Email	
Phone	

### PATIENT INFORMATION

Patient Name	
Date of Birth	
Phone	
Address	

### ELIGIBILITY

#### **Step One: Medicaid Eligibility**

**Active Medicaid is required to enroll in the Health Home.** All Medicaid plans will be assessed prior to the referral being accepted.

Medicaid ID (CIN)	
MCO (If applicable)	

#### **Step Two: Qualifying Diagnosis**

Individual *must* meet at least **ONE** of the diagnostic criteria below. Check all that apply and list conditions that are applicable.

<input type="radio"/>	Two or more chronic conditions
<input type="radio"/>	HIV/AIDS
<input type="radio"/>	Serious Mental Illness (SMI)
<input type="radio"/>	Sickle Cell Disease

### Step Three: Appropriateness

In addition to Medicaid eligibility and meeting diagnostic criteria, an individual must be assessed and found to have significant behavioral, medical, or social risk factors that require the intensive level of Care Management services provided by the Health Home Program.

**An individual *must* meet at least one of the criteria below, check all that apply:**

<input type="radio"/>	Probable risk for adverse events (e.g., death, disability, inpatient or nursing home admission, mandated preventive services, or out of home placement);
<input type="radio"/>	Lack of or inadequate social/family/housing support, or serious disruptions in family relationships;
<input type="radio"/>	Lack of or inadequate connectivity with healthcare system;
<input type="radio"/>	Non-adherence to treatments or medication(s) or difficulty managing medications;
<input type="radio"/>	Recent release from incarceration, detention, psychiatric hospitalization or placement;
<input type="radio"/>	Deficits in activities of daily living, learning or cognition issues <i>(This may only be selected in addition to one or more of the other criteria)</i>
<input type="radio"/>	Is concurrently eligible or enrolled, along with either their child or caregiver, in a Health Home

Based on the appropriateness criteria marked above, **describe how the individual will benefit from Health Home enrollment.**

### Care Management Agency (CMA) Assignment Preference (If any)

Please note that assignment to preferred CMA is dependent upon that CMA's capacity at the time of referral.

- Family of Woodstock (FOW)
- Gateway Hudson Valley
- Institute for Family Health (IFH)
- Mental Health Association in Ulster County (MHA)
- People USA
- Resource Center for Accessible Living (RCAL)
- No assignment preference