

## Health Home Referral - Child

Please complete this Health Home referral in its entirety. Incomplete referrals will not be accepted.  
Submit referrals using a secure file-sharing system to [CMPIUlster@institute.org](mailto:CMPIUlster@institute.org)

### CONSENT TO REFER

Consent to make this referral must be obtained from the parent/guardian/legally authorized representative for children up until the age of 18. For children/youth ages 18-21, or that are married, a parent, or pregnant may provide consent on their own behalf. Who has provided you with consent to make this referral to CMP Ulster?

- Parent    Guardian    Legally Authorize Representative  
 Child/Youth who is (select one): 18 years or older    A parent    Pregnant    Married

### 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="checkbox"/>	Two or more chronic conditions (e.g., Substance Use Disorder, Asthma, Diabetes OR
<input type="checkbox"/>	One single qualifying chronic condition (HIV/AIDS, Sickle Cell Disease, Serious Emotional Disturbance (SED) or Complex Trauma

### Step Three: Appropriateness

In addition to Medicaid eligibility and meeting diagnostic criteria, a child 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.

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

<input type="radio"/>	At risk for an adverse event (e.g., death, disability, inpatient or nursing home admission, mandated preventive services, or out of home placement);
<input type="radio"/>	Has inadequate social/family/housing support, or serious disruptions in family relationships;
<input type="radio"/>	Has inadequate connectivity with healthcare system;
<input type="radio"/>	Does not adhere to treatments or has difficulty managing medications;
<input type="radio"/>	Has recently been released from incarceration, placement, detention, or psychiatric hospitalization;
<input type="radio"/>	Has deficits in activities of daily living, learning or cognition issues, or
<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 child will benefit from Health Home enrollment.**