

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

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="checkbox"/>	ADVERSE EVENTS RISK: Member currently involved with mandated preventive services. Must specify date issued services and provider of service Comment required:
<input type="checkbox"/>	ADVERSE EVENTS RISK: Member recent inpatient/ED/psychiatric hospital/Detox within the last 6 months. Must specify name of institution and date of release Comment required:
<input type="checkbox"/>	ADVERSE EVENTS RISK: Member recent out of home placement (foster care, relative, RTF, RTC, etc.) within the last 6 months. Must specify name of institution and date of release
<input type="checkbox"/>	ADVERSE EVENTS RISK: Member recently diagnosed with a terminal illness/condition within the last 6 months. Must specify condition and date diagnosed Comment required:
<input type="checkbox"/>	ADVERSE EVENTS RISK: Member received an initial Disability Determination (SSI or DOH Disability Certificate/letter) within the last 6 months
<input type="checkbox"/>	ADVERSE EVENTS RISK: Released from Jail/Prison/Juvenile detention, involved with Probation, PINS, Family Court within the last 6 months. Must specify name program and date of release/court/probation Comment required:
<input type="checkbox"/>	HEALTHCARE RISK: Member (or guardian) is unable to appropriately navigate the healthcare system for the member's chronic conditions Comment required:
<input type="checkbox"/>	HEALTHCARE RISK: Member does not have a healthcare provider or specialist to treat a chronic health condition
<input type="checkbox"/>	HEALTHCARE RISK: Member has not seen their provider (e.g., PCP, BH, etc.) in the last year
<input type="checkbox"/>	SOCIAL DETERMINANTS RISK: Current Intimate Partner Violence/ Current Family Violence in the home of the member
<input type="checkbox"/>	SOCIAL DETERMINANTS RISK: Currently cannot access food due to financial limitations or ability to shop or access food site, dietary restrictions, etc.
<input type="checkbox"/>	SOCIAL DETERMINANTS RISK: Currently homeless (HUD 1, 2, or 4) & for Transitional Age Youth, has no stable living arrangement (living with different friends/family)
<input type="checkbox"/>	SOCIAL DETERMINANTS RISK: Member has fewer than 2 people identified as a support by the member

<input type="checkbox"/>	SOCIAL DETERMINANTS RISK: Member has had a change in guardianship/caregiver within the last 6 months
<input type="checkbox"/>	SOCIAL DETERMINANTS RISK: Member is concurrently HH appropriate due to caregiver/guardian enrolled in HH Comment required:
<input type="checkbox"/>	SOCIAL DETERMINANTS RISK: Member (or caregiver, if Member is a child) does not have needed benefits (SSI, SNAP, etc.)
<input type="checkbox"/>	TREATMENT NON-ADHERENCE RISK: Member/care team member report of non-adherence...Must specify WHICH medication(s) and/or treatment(s) are involved Comment required:
<input type="checkbox"/>	TREATMENT NON-ADHERENCE RISK: PSYCKES fag related to non-adherence or equivalent from RHIO or MCO
<input type="checkbox"/>	Direct Referral from MCO
<input type="checkbox"/>	Direct Referral from Child Protective Services/Preventive Service Program

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