

Date: \_\_\_\_\_

## 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="checkbox"/>	Two or more chronic conditions
<input type="checkbox"/>	HIV/AIDS
<input type="checkbox"/>	Serious Mental Illness (SMI)
<input type="checkbox"/>	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="checkbox"/>	ADVERSE EVENTS RISK: Current H-code in EMEDNY (HARP Eligible/Enrolled)
<input type="checkbox"/>	ADVERSE EVENTS RISK: Current POP flag in PSYCKES
<input type="checkbox"/>	ADVERSE EVENTS RISK: Current Quality or HH+ flag in PSYCKES or equivalent from RHIO or MCO
<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, BHC, etc.) in the last year
<input type="checkbox"/>	READMISSION/RECIDIVISM RISK: Released from inpatient Medical, Psych, or Detox within the last 6 months. Must specify name of institution and date of release  Comment required:
<input type="checkbox"/>	READMISSION/RECIDIVISM RISK: Released from Jail/Prison or other justice program within the last 6 months. Must specify name program and date of release  Comment required:
<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 (or caregiver, if Member is a child) does not have needed benefits (SSI, SNAP, etc.)
<input type="checkbox"/>	SOCIAL DETERMINANTS RISK: Recent institutionalization or nursing home placement of member's primary support person
<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 Adult Protective Services

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
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