

**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 until the age of 18. 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?

<input type="checkbox"/>	Parent
<input type="checkbox"/>	Guardian
<input type="checkbox"/>	Legally authorized representative
<input type="checkbox"/>	Child/youth who is 18 years or older
<input type="checkbox"/>	Child/youth who is a parent
<input type="checkbox"/>	Child/youth who is pregnant
<input type="checkbox"/>	Child youth who is 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. Individuals *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:

	<p>ADVERSE EVENTS RISK: Member currently involved with mandated preventive services and/or direct referral from Child Protective Services/Preventive Services Program, County Local Departments of Social Services, Administration for Children's Services (for New York City), Special Education Program, Schools (e.g., children suspension, truancy, grade failure/repeat grade or summer school). Must specify provider of service and date of referral:</p>
	<p>ADVERSE EVENTS RISK: Member recent inpatient/Emergency Department/psychiatric hospital/Detox/Skilled Nursing/Crisis Stabilization within the last 6 months. Must specify name of institution and date of release:</p>
	<p>ADVERSE EVENTS RISK: Member recent out of home placement (foster care, relative, Residential Treatment Facility (RTF), Residential Treatment Center (RTC), Qualified Residential Treatment Program (QRTP), Community Residence, Residential Crisis, etc.) within the last 6 months. Must specify name of institution and date of release:</p>
	<p>ADVERSE EVENTS RISK: Member recently diagnosed with a terminal illness/condition within the last 6 months. Must specify condition and date diagnosed:</p>
	<p>ADVERSE EVENTS RISK: Member received an initial Disability Determination (SSI or DOH Disability Certificate/letter) within the last 6 months</p>
	<p>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:</p>

	<p>HEALTHCARE RISK: During the last 3 months, the member has been unable to schedule and keep their healthcare appointments (medical, psychiatric, etc.) and they do not know who their provider(s) is and how to contact their provider(s). Must describe the issue:</p>
	<p>HEALTHCARE RISK: Member does not have at least one (1) of the following: Primary Care Provider, mental health provider, substance use provider, or provider to treat their Single Qualifying Condition (Complex Trauma, Sickle Cell Disease, Serious Emotional Disturbance/Serious Mental Illness, or HIV) or physical disability related to a neurologic, muscular, or neuromuscular condition.</p>
	<p>HEALTHCARE RISK: Member has not seen their provider (e.g., PCP, BH, etc.) in the last year</p>
	<p>SOCIAL DETERMINANTS RISK: Current Intimate Partner Violence/Current Family Violence in the home of the member</p>
	<p>SOCIAL DETERMINANTS RISK: Member is experiencing food insecurity (due to financial limitations, ability to shop, access food site, dietary restrictions, etc.) and needs one of the following:</p> <ul style="list-style-type: none"> • Emergency Food Assistance: Supplemental Nutrition Assistance Program (SNAP), Food Pantries, and Meals on Wheels • Women Infants and Children (WIC) for children under age 6 and pregnant/postpartum individuals.
	<p>SOCIAL DETERMINANTS RISK: Currently homeless (HUD 1, 2, or 4) & for Transitional Age Youth, has no stable living arrangement (living with different friends/family)</p>
	<p>SOCIAL DETERMINANTS RISK: Member has had a change in guardianship/caregiver within the last 6 months</p>
	<p>SOCIAL DETERMINANTS RISK: Member is concurrently Health Home appropriate due to caregiver/guardian enrolled in Health Home. Must specify the Health Home/Care Management Agency enrolled with:</p>
	<p>SOCIAL DETERMINANTS RISK: Member (or caregiver, if Member is a child) needs and does not have one (1) of the following needed entitlements:</p> <ul style="list-style-type: none"> • Medicaid Transportation/Access-a-Ride • Housing Supports (Section 8, Empire State Supportive Housing Initiative (ESSHI), New York Health Equity Reform (NYHER) Housing Supports) • Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), and Temporary Assistance for Needy Families (TANF) • Home Energy Assistance Program (HEAP) • Medical Entitlements (Medicare/Medicaid support) • Child Care Supports (for caregiver of enrolled children) • Early Intervention (Head Start or Special Education)
	<p>TREATMENT NON-ADHERENCE RISK: Member/care team member report of non-adherence...Must specify WHICH medication(s) and/or treatment(s) are involved:</p>
	<p>TREATMENT NON-ADHERENCE RISK: PSYCKES flag related to non-adherence or equivalent from RHIO or MCO</p>

Direct referral from Managed Care Organization (MCO), Local Government Units (LGU), Single Point of Access (SPOA), or county Local Department of Social Services.

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

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