

**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 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**

<b>Name of Referrer</b>	
<b>Agency</b>	
<b>Email</b>	
<b>Phone</b>	

**PATIENT INFORMATION**

<b>Patient Name</b>	
<b>Date of Birth</b>	
<b>Phone</b>	
<b>Address</b>	

**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.

<b>Medicaid ID (CIN)</b>	
<b>MCO (if applicable)</b>	

**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:

	ADVERSE EVENTS RISK: Current K1-code in EMEDNY (Children's Waiver Enrolled) (CHILDREN)
	ADVERSE EVENTS RISK: Member currently involved with mandated preventive services and/or direct referral within the last six (6) months 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:
	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:
	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:
	ADVERSE EVENTS RISK: Member recently diagnosed with a terminal illness/condition within the last 6 months. Must specify condition and date diagnosed:
	ADVERSE EVENTS RISK: Member received an initial Disability Determination (SSI or DOH Disability Certificate/letter) within the last 6 months
	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>HEALTHCARE RISK: During the last 3 months, the member has been unable to schedule and keep their healthcare appointments (medical, psychiatric, etc.) 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.) <b>and</b> needs one of the following:</p> <ul style="list-style-type: none"> <li>• Emergency Food Assistance: Supplemental Nutrition Assistance Program (SNAP), Food Pantries, and Meals on Wheels</li> <li>• Women Infants and Children (WIC) for children under age 6 and pregnant/postpartum individuals.</li> </ul>
	<p>SOCIAL DETERMINANTS RISK: Currently homeless (HUD 1, 2, or 4) &amp; 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 six (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, is eligible for, and does not have one (1) of the following needed entitlements:</p> <ul style="list-style-type: none"> <li>• Medicaid Transportation/Access-a-Ride</li> <li>• Housing Supports (Section 8, Empire State Supportive Housing Initiative (ESSHI), New York Health Equity Reform (NYHER) Housing Supports)</li> <li>• Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), and Temporary Assistance for Needy Families (TANF)</li> <li>• Home Energy Assistance Program (HEAP)</li> <li>• Medical Entitlements (Medicare/Medicaid support)</li> <li>• Child Care Supports (for caregiver of enrolled children)</li> <li>• Early Intervention (Head Start or Special Education)</li> </ul> <p>NOTE: Members who have access to a needed benefit due to current enrollment in a plan, program or waiver do not meet this criterion. For example, members who are enrolled in MLTC plan have access to Access-a-Ride through their MLTC benefit package and therefore do not meet the threshold for HH Appropriateness if their only need is Access-a-Ride.</p>
	<p>TREATMENT NON-ADHERENCE RISK: Member/care team member report of non-adherence with a clinicians written treatment plan or prescription within the last three (3) months. Must specify the clinician(s) and medication(s) and/or treatment(s) involved:</p>
	<p>TREATMENT NON-ADHERENCE RISK: PSYCKES flag related to non-adherence or equivalent from RHIO or MCO</p>

