

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).

### 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
<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

	<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>READMISSION/RECIDIVISM RISK: Released from inpatient Medical, Emergency Department, Crisis Stabilization, Residential Treatment Setting, Psych, or Detox within the last three (3) months. Must specify name of institution and date of release:</p>
	<p>READMISSION/RECIDIVISM RISK: Released from Jail/Prison or other justice program within the last three (3) months. Must specify name program and date of release:</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 three (3) months</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>

	SOCIAL DETERMINANTS RISK: Recent and ongoing institutionalization or nursing home placement of member's primary support person within the last three (3) months and there is no other person to provide the same level of support.
	TREATMENT NON-ADHERENCE RISK: Member/care team member report of non-adherence with a clinician's written treatment plan or prescription within the last three (3) months. Must specify the clinician(s) and medication(s) and/or treatment(s) involved:
	TREATMENT NON-ADHERENCE RISK: PSYCKES flag related to non-adherence or equivalent from RHIO or MCO
	Direct referral from Managed Care Organization (MCO), Local Government Units (LGU), Single Point of Access (SPOA), or county Local Department of Social Services.
	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