

COMMUNITY REFERRAL

FOR NYS HEALTH HOME CARE MANAGEMENT SERVICES FOR CHILDREN/YOUTH

CNYHHN, INC. is accepting referrals from the community for enrollment of eligible children/youth into Health Home Services. Children/Youth must meet all eligibility requirements to be considered for enrollment.

HEALTH HOME CARE MANAGEMENT SERVICES ELIGIBILITY

1. Child/youth currently has active Medicaid or Medicaid Managed Care; AND
2. Child/Youth resides in one of the following Counties: **Central Region** (Oneida, Herkimer, Madison, and Cayuga County), **North Country** (Jefferson, Lewis and St. Lawrence) OR **Capital District** (Albany, Schenectady and Rensselaer)
3. Child/Youth meets the NYS Department of Health Eligibility Criteria:
 - 2 or more Chronic Conditions (See Appendix A); or
 - 1 Single Qualifying Chronic Medical or Mental Health Condition
 - HIV/AIDS; or
 - Serious Emotional Disturbance; or
 - Complex Trauma
4. Child/Youth has significant behavioral, medical or social risk factors which can be addressed through care management.

HOW TO MAKE A REFERRAL

1. Complete the attached Community Referral Application Form.
2. Please make sure the Medicaid CIN Number is on the referral (this is two letters, followed by five numbers, and one letter) **Example: (AA12345A).**
3. Eligibility Category Information: Make sure to specify the diagnosis: **Example (Serious mental Illness – 296.8 Bipolar Disorder NOS; Example: Other Chronic Conditions – COPD).**
4. Risk Factor – Give some detailed information concerning child/youth's risk factors: **Example: (Member is at risk for hospitalization due to non-adherence with medication).**
5. No Referral can be processed without the Parent/Guardian/Legally Authorized Representative for Child/Youth consent form, which is included in the Referral. **Referral will not be processed without a consent per DOH.** CONSENT TO DISCLOSURE OF HEALTH INFORMATION from CNYHHN Referral is needed.
6. If you are an agency assisting PARENT/GUARDIAN/LEGALLY AUTHORIZED REPRESENTATIVE FOR CHILD/YOUTH in completing a self-referral, make sure to list your contact information along with the member's information, as the Referral Coordinator may not be able to reach the member which delays the referral process.
7. If Referrals are coming from an inpatient unit, please provide:
 - Name of hospital and contact information for the Discharge Planner
 - Admission and planned discharge date
 - Reason for admission
4. Send the completed application and consent via secure email or fax, or mail to:

CNYHHN, Inc.

326 Catherine St., Utica, NY 13501

Referrals@cnyhealthhome.net

Fax: 315-624-9428

Questions? Call 1-855-784-1262

Be sure to include all pages in your submission!

Approved children/youth will be assigned to a Care Management Agency who will conduct outreach and attempt to engage the child/youth in Health Home Care Management Services. Health Home services are voluntary and the Youth and/or Parent/Legal Guardian will be asked to consent during the outreach and engagement process.

Child/Youth Community Referral Application

Health Home Care Management Services

**PLEASE ATTACH SUPPORTING DOCUMENTATION, DIAGNOSIS AND SIGNED CONSENT
IN ORDER TO EXPEDITE THIS REFERRAL**

DEMOGRAPHICS

Date of Referral:	Date of Birth:	Gender:
Child's Name (Last, First, MI.):		
Child's Current Address:		City:
Zip Code:	County:	Telephone:

INSURANCE

Medicaid CIN # <i>Required to process</i> :	Managed Care Organization Plan:
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FOSTER CARE/PREVENTATIVE SERVICES

Child Currently in Foster Care:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
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If a child is currently in Foster Care, only the **LOCAL DEPARTMENT OF SOCIAL SERVICES** may complete the referral, which must be completed in Medicaid Analytics & Performance Portal (MAPP)

Preventative Services: (If any)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Contact Information (NPI if known) :
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CONSENT TO REFER

CONSENT TO MAKE THIS REFERRAL MUST BE OBTAINED FROM THE PARENT/GUARDIAN/LEGALLY AUTHORIZED REPRESENTATIVE FOR CHILDREN UP TO THE AGE OF 18. FOR CHILDREN/YOUTH AGES 18-21, OR THAT ARE MARRIED, A PARENT OR PREGNANT MAY CONSENT ON THEIR OWN BEHALF. Who has provided you with consent to make this referral to CNYHHN, Inc.?

<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Legally Authorized Representative	<input type="checkbox"/> Child/Youth (18 yrs old, Parent, Pregnant or Married)
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PARENT/LEGAL GUARDIAN DEMOGRAPHICS

Parent/Guardian's Name (Last, First, MI.)		
Address:	City:	
Zip Code:	County:	Telephone:

HEALTH HOME ELIGIBILITY

<p>Eligibility Type (Check only one)</p> <p><input type="checkbox"/> Two or more Chronic Conditions (Appendix A)</p> <p>1. 2.</p> <p><i>OR ONE OF THE FOLLOWING SINGLE QUALIFYING CONDITIONS</i></p> <p><input type="checkbox"/> Serious Emotional Disturbance (Written Diagnosis from Appendix B required to process)</p> <p><input type="checkbox"/> HIV/AIDS</p> <p><input type="checkbox"/> COMPLEX TRAUMA (Appendix C)</p> <ul style="list-style-type: none"> ○ If yes, Complex Trauma Exposure Screen Form and Referral Cover Sheet are required upon referral (Appendix C) for details. Can be completed by non-licensed or licensed professional 	<p>Appropriateness Criteria (Check all that apply)</p> <p><input type="checkbox"/> At risk for adverse event (death, disability, inpatient or nursing home admission, mandated preventative services, or out of home placement)</p> <p><input type="checkbox"/> Has inadequate social/family/housing support or serious disruptions in family relationships</p> <p><input type="checkbox"/> Has inadequate connectivity with healthcare system</p> <p><input type="checkbox"/> Does not adhere to treatments or had difficulty managing medications</p> <p><input type="checkbox"/> Has recently been released from incarceration, placement, detention, or psychiatric hospitalization</p> <p><input type="checkbox"/> Has deficits in activities of daily living, learning or cognition issues</p> <p><input type="checkbox"/> Is concurrently eligible or enrolled, along with either their child or caregiver, in a Health Home</p>
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OTHER FAMILY/RESIDENTIAL INFORMATION

Is any other family member currently enrolled in another Health Home?

Indicate any need for language/interpretation services; specify language spoken if other than English:

Specify Preferred or Recommended Care Management Agency, if any:

REFERRAL SOURCE

Name:	Title:	Organization:
Phone:	Email:	

Is referral from an embedded site (Yes or No)?	If yes, which site?
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OTHER APPLICABLE INFORMATION:

CONSENT TO DISCLOSURE OF HEALTH INFORMATION FORM PERMISSION TO USE AND DISCLOSE CONFIDENTIAL INFORMATION

By signing this Consent Form, you permit people involved in your care to share health information so that doctors and other providers can have a complete picture of your health and help you get better care. Your health records provide information about your illnesses, injuries, medicines and/or test results. Your records may include sensitive information, such as information about HIV status, mental health records, reproductive health records, drug and alcohol treatment, and genetic information.

If you permit disclosure, your child/youth's health information will only be used to provide you with medical treatment and related health and social services. This includes referral from one provider to another, consultation regarding care, provision of health care services, and coordination of care among providers. Your child/youth's health information may be re-disclosed only as permitted by state and federal laws and regulations. These laws limit re-disclosure of information about your treatment at a substance abuse or mental health program, HIV related information, genetic records, and records of sexually transmitted illnesses.

Your choice to give or deny consent to disclose your child/youth's health information will not be the basis for denial of health services or health insurance. You can withdraw your consent at any time by signing a Withdrawal of Consent Form and giving it to one of the providers listed on the following page. However, anyone who receives information while your consent is in effect may retain it. Even if you withdraw your consent, they are not required to return your information or remove it from their records. You are entitled to get a copy of this Consent Form after you sign it.

CONSENT TO DISCLOSURE OF HEALTH INFORMATION

1. The person whose information may be used or disclosed is:
Child/Youth: _____ Date of Birth: _____
2. The information that may be disclosed includes all records of diagnosis and health care treatment and all education records including, but not limited to: Mental health records, except that disclosure of psychotherapy notes is not permitted; Substance abuse treatment records; HIV related information; Genetic information; Information about sexually transmitted diseases; and Education records.
3. This information may be disclosed to the persons or organizations listed in following page.
4. This information may be disclosed by any person or organization that holds a record described below, including those listed in the following page.
5. Use and disclosure of this information is permitted only as necessary for the purposes of the provision of delivery of health and social services, including outreach, service planning, referrals, care coordination, direct care, and monitoring of the quality of service.
6. This permission expires on _____ (date).
7. I understand that this permission may be revoked. I also understand that records disclosed before this permission is revoked may not be retrieved. Any person or organization that relied on this permission may continue to use or disclose health information as needed to complete treatment.

I am THE PARENT/GUARDIAN/LEGALLY AUTHORIZED REPRESENTATIVE FOR CHILD/YOUTH UP TO THE AGE OF 18. YOUTH AGES 18-21, OR THAT ARE MARRIED, A PARENT OR PREGNANT MAY CONSENT ON THEIR OWN BEHALF; whose records will be used or disclosed. (If personal representative, parent, or guardian, please enter relationship _____). I give permission to use and disclose my records as described in this document.

Signature

Date

Health information may be disclosed for purposes of treatment to the people and organizations listed below:

Albany County
<ul style="list-style-type: none"> • Building Blocks, LLC • St. Catherine's Center for Children
Cayuga County
<ul style="list-style-type: none"> • CNYHHN, Inc. Care Management
Herkimer County
<ul style="list-style-type: none"> • Building Blocks, LLC • CNYHHN, Inc. Care Management • ICAN • The Neighborhood Center • Safe Schools Mohawk Valley • Upstate Cerebral Palsy Care Management
Jefferson County
<ul style="list-style-type: none"> • ADHD Educational Services • CNYHHN, Inc. North Country • Children's Home/Care Coordination of Northern New York • The ARC of Jefferson-St. Lawrence • Transitional Living Services of NNY
Lewis County
<ul style="list-style-type: none"> • ADHD Educational Services • Carthage Area Hospital • Children's Home/Care Coordination of Northern New York • The ARC of Jefferson-St. Lawrence • Transitional Living Services of NNY
Madison County
<ul style="list-style-type: none"> • Building Blocks, LLC • CNYHHN, Inc. Care Management • ICAN

Oneida County

- Building Blocks, LLC
- CNYHHN, Inc. Care Management
- HPCI, A.I.M. Palliative Care
- ICAN
- The Neighborhood Center, Inc.
- Safe Schools Mohawk Valley

Rensselaer County

- Building Blocks, LLC
- St. Catherine's Center for Children

Schenectady County

- Building Blocks, LLC
- St. Catherine's Center for Children

St. Lawrence County

- Children's Home/Care Coordination of Northern New York
- The ARC of Jefferson-St. Lawrence
- Transitional Living Services of NNY
- United Helpers Mosaic

Appendix A: Health Home Chronic Conditions

Name:
Acquired Hemiplegia and Diplegia
Acquired Paraplegia
Acquired Quadriplegia
Acute Lymphoid Leukemia w/wo Remission
Acute Non-Lymphoid Leukemia w/wo Remission
Alcoholic Liver Disease
Alcoholic Polyneuropathy
Alzheimer's Disease and Other Dementias
Angina and Ischemic Heart Disease
Anomalies of Kidney or Urinary Tract
Apert's Syndrome
Aplastic Anemia/Red Blood Cell Aplasia
Ascites and Portal Hypertension
Asthma
Atrial Fibrillation
Attention Deficit / Hyperactivity Disorder
Benign Prostatic Hyperplasia
Bi-Polar Disorder
Blind Loop and Short Bowel Syndrome
Blindness or Vision Loss
Bone Malignancy
Bone Transplant Status
Brain and Central Nervous System Malignancies
Breast Malignancy
Burns – Extreme
Cardiac Device Status
Cardiac Dysrhythmia and Conduction Disorders
Cardiomyopathy
Cardiovascular Diagnoses requiring ongoing evaluation and treatment
Cataracts
Cerebrovascular Disease w or w/o Infarction or Intracranial Hemorrhage
Chromosomal Anomalies
Chronic Alcohol Abuse and Dependency
Chronic Bronchitis
Chronic Disorders of Arteries and Veins
Chronic Ear Diagnoses except Hearing Loss
Chronic Endocrine, Nutritional, Fluid, Electrolyte and Immune Diagnoses
Chronic Eye Diagnoses
Chronic Gastrointestinal Diagnoses
Chronic Genitourinary Diagnoses
Chronic Gynecological Diagnoses
Chronic Hearing Loss
Chronic Hematological and Immune Diagnoses
Chronic Infections Except Tuberculosis
Chronic Joint and Musculoskeletal Diagnoses
Chronic Lymphoid Leukemia w/wo Remission
Chronic Metabolic and Endocrine Diagnoses

Chronic Neuromuscular and Other Neurological Diagnoses
Chronic Non-Lymphoid Leukemia w/wo Remission
Chronic Obstructive Pulmonary Disease and Bronchiectasis
Chronic Pain
Chronic Pancreatic and/or Liver Disorders (Including Chronic Viral Hepatitis)
Chronic Pulmonary Diagnoses
Chronic Renal Failure
Chronic Skin Ulcer
Chronic Stress and Anxiety Diagnoses
Chronic Thyroid Disease
Chronic Ulcers
Cirrhosis of the Liver
Cleft Lip and/or Palate
Coagulation Disorders
Cocaine Abuse
Colon Malignancy
Complex Cyanotic and Major Cardiac Septal Anomalies
Conduct, Impulse Control, Other Disruptive Behavior Disorders
Congestive Heart Failure
Connective Tissue Disease and Vasculitis
Coronary Atherosclerosis
Coronary Graft Atherosclerosis
Crystal Arthropathy
Curvature or Anomaly of the Spine
Cystic Fibrosis
Defibrillator Status
Dementing Disease
Depression
Depressive and Other Psychoses
Developmental Language Disorder
Developmental Delay NOS/NEC/Mixed
Diabetes w/wo Complications
Digestive Malignancy
Disc Disease and Other Chronic Back Diagnoses w/wo Myelopathy
Diverticulitis
Drug Abuse Related Diagnoses
Ear, Nose, and Throat Malignancies
Eating Disorder
Endometriosis and Other Significant Chronic Gynecological Diagnoses
Enterostomy Status
Epilepsy
Esophageal Malignancy
Extrapyramidal Diagnoses
Extreme Prematurity - Birthweight NOS
Fitting Artificial Arm or Leg
Gait Abnormalities
Gallbladder Disease
Gastrostomy Status

Name:
Genitourinary Malignancy
Genitourinary Stoma Status
Glaucoma
Gynecological Malignancies
Hemophilia Factor VIII/IX
History of Coronary Artery Bypass Graft
History of Hip Fracture Age > 64 Years
History of Major Spinal Procedure
History of Transient Ischemic Attack
HIV Disease
Hodgkin's Lymphoma
Hydrocephalus, Encephalopathy, and Other Brain Anomalies
Hyperlipidemia
Hypertension
Hyperthyroid Disease
Immune and Leukocyte Disorders
Inflammatory Bowel Disease
Intestinal Stoma Status
Joint Replacement
Kaposi's Sarcoma
Kidney Malignancy
Leg Varicosities with Ulcers or Inflammation
Liver Malignancy
Lung Malignancy
Macular Degeneration
Major Anomalies of the Kidney and Urinary Tract
Major Congenital Bone, Cartilage, and Muscle Diagnoses
Major Congenital Heart Diagnoses Except Valvular
Major Liver Disease except Alcoholic
Major Organ Transplant Status
Major Personality Disorders
Major Respiratory Anomalies
Malfunction Coronary Bypass Graft
Malignancy NOS/NEC
Mechanical Complication of Cardiac Devices, Implants and Grafts
Melanoma
Migraine
Multiple Myeloma w/wo Remission
Multiple Sclerosis and Other Progressive Neurological Diagnoses
Neoplasm of Uncertain Behavior
Nephritis
Neurodegenerative Diagnoses Except Multiple Sclerosis and Parkinson's
Neurofibromatosis
Neurogenic Bladder

Neurologic Neglect Syndrome
Neutropenia and Agranulocytosis
Non-Hodgkin's Lymphoma
Obesity (BMI at or above 25 for adults and BMI at or above the 85th percentile)
Opioid Abuse
Osteoarthritis
Osteoporosis
Other Chronic Ear, Nose, and Throat Diagnoses
Other Malignancies
Pancreatic Malignancy
Pelvis, Hip, and Femur Deformities
Peripheral Nerve Diagnoses
Peripheral Vascular Disease
Persistent Vegetative State
Phenylketonuria
Pituitary and Metabolic Diagnoses
Plasma Protein Malignancy
Post-Traumatic Stress Disorder
Postural and Other Major Spinal Anomalies
Prematurity - Birthweight < 1000 Grams
Progressive Muscular Dystrophy and Spinal Muscular Atrophy
Prostate Disease and Benign Neoplasms - Male
Prostate Malignancy
Psoriasis
Psychiatric Disease (except Schizophrenia)
Pulmonary Hypertension
Recurrent Urinary Tract Infections
Reduction and Other Major Brain Anomalies
Rheumatoid Arthritis
Schizophrenia
Secondary Malignancy
Secondary Tuberculosis
Sickle Cell Anemia
Significant Amputation w/wo Bone Disease
Significant Skin and Subcutaneous Tissue Diagnoses
Spina Bifida w/wo Hydrocephalus
Spinal Stenosis
Spondyloarthropathy and Other Inflammatory Arthropathies
Stomach Malignancy
Tracheostomy Status
Valvular Disorders
Vasculitis
Ventricular Shunt Status
Vesicostomy Status
Vesicoureteral Reflux

Appendix B: Serious Emotional Disturbance (SED)

For Health Home Serving Children, SED is a single qualifying chronic condition and is defined as a child or adolescent (under the age of 21) that has a designated mental illness diagnosis in the following Diagnostical and Statistical Manual (DSM) categories: (Schizophrenia Spectrum and Other Psychotic Disorders, Bipolar and Related Disorders, Depressive Disorders, Anxiety Disorders, Obsessive Compulsive and Related Disorders, Feeding and Eating Disorders, Gender Dysphoria, Disruptive, Impulse Control, and Conduct Disorders, Personality Disorders, Paraphilic Disorders, Sleep Wake Disorder, Medication Induced Movement Disorders, Attention Deficit Hyperactivity Disorder, Elimination Disorders, Sexual Dysfunctions, and Tic Disorder) as defined by the most recent version of the DSM of Mental Health Disorders **AND** has experienced the following functional limitations due to emotional disturbance over the past 12 months (from the date of assessment) on a continuous or intermittent basis. Functional limitations requirements for SED must be **moderate in at least two** of the following areas or **severe in at least one** of the following areas as determined by a licensed mental health professional:

- Ability to care for self (e.g. personal hygiene; obtaining and eating food; dressing; avoiding injuries);
OR
- Family Life (e.g. capacity to live in a family or family like environment; relationships with parents or substitute parents, siblings, and other relatives; behavior in a family setting); OR
- Social Relationships (e.g. establishing and maintaining friendships; interpersonal interactions with peers, neighbors and other adults; social skills; compliance with social norms; play and appropriate use of leisure time); OR
- Self-direction/Self Control (e.g. ability to sustain focused attention for a long period of time to permit completion of age appropriate tasks; behavioral self-control; appropriate judgement and value systems; decision making ability; OR
- Ability to learn (e.g. school achievement and attendance; receptive and expressive language; relationships with teachers, behavior in school)

Appendix C: Complex Trauma

Definition of Complex Trauma:

- A) The term complex trauma incorporates at least:
 - a. Infants/Children/or Adolescents exposure to multiple traumatic events, often of an invasive, interpersonal nature, and
 - b. The wide-ranging, long term impact of this exposure

- B) The nature of the traumatic events:
 - a. Often is severe and pervasive, such as abuse or profound neglect;
 - b. Usually begins early in life;
 - c. Can be disruptive of the child's development and the formation of health sense of self (with self-regulatory, executive functioning, self-perceptions etc.);
 - d. Often occur in the context of the child's relationship with a caregiver; and
 - e. Can interfere with the child's ability to form a secure attachment bond, which is considered a prerequisite for health social-emotional functioning

- C) Many aspects of a child's healthy physical and mental development rely on this secure attachment, a primary source of safety and stability

- D) Wide-ranging, long term adverse effects can include impairments in:
 - a. Physiological responses and related neurodevelopment
 - b. Emotional Responses
 - c. Cognitive processes including the ability to think, learn and concentrate
 - d. Impulse control and other self-regulating behavior
 - e. Self-image;
 - f. Relationships with others

***If child/youth eligibility is determined under the Complex Trauma, the Complex Trauma Exposure Screen Form and Referral Cover Sheet are required upon referral, which can be completed by non-licensed or licensed professional. Obtain forms from the following links through the NYS Department of Health Website.**

Complex Trauma Exposure Screen Form

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/final_complex_trauma_exposure_screen.pdf

Referral Cover Sheet

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/final_complex_trauma_referral_cover_sheet.pdf