



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, including as much detail as possible to allow CNYHHN, Inc. to verify eligibility for Health Home Care Management Services.
2. Attach a signed *Consent to Disclosure of Health Information* Form.
3. Attach supporting documentation of diagnosis (if available).
4. Send the completed application and consent via secure email or fax, or mail to:

CNYHHN, Inc.
1500 Genesee St., Utica, NY 13502
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	
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) :

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

Eligibility Type (Check only one)

- Two or more Chronic Conditions (Appendix A)
 - 1.
 - 2.

OR ONE OF THE FOLLOWING SINGLE QUALIFYING CONDITIONS

- Serious Emotional Disturbance (Written Diagnosis from Appendix B required to process)
- HIV/AIDS
- COMPLEX TRAUMA (Appendix C)
 - o 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

Appropriateness Criteria (Check all that apply)

- At risk for adverse event (death, disability, inpatient or nursing home admission, mandated preventative services, or out of home placement)
- Has inadequate social/family/housing support or serious disruptions in family relationships
- Has inadequate connectivity with healthcare system
- Does not adhere to treatments or had difficulty managing medications
- Has recently been released from incarceration, placement, detention, or psychiatric hospitalization
- Has deficits in activities of daily living, learning or cognition issues
- Is concurrently eligible or enrolled, along with either their child or caregiver, in a Health Home

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:	

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



CONSENT TO DISCLOSE HEALTH RECORDS – CNYHHN, Inc.

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

Central Region	Capital District	North County
Building Blocks Learning Center LLC	Albany County Department of Children, Youth and Families	Carthage Area Hospital
Cayuga Centers (Cayuga Home for Children)	Berkshire Farm Services for Youth	CNYHHN, Inc. North Country
Cayuga Counseling Services, Inc.	Center for Disability Services	Children’s Home/Care Coordination of Northern New York
Cayuga County Department of Mental Health	Millview, TBI, LLC	CHC of the North Country
CNYHHN, Inc. Care Management	Rensselaer County Department of Mental Health	Transitional Living Services of Northern NY
E. John Gavras Center	St. Catherine’s Center for Children	
The House of The Good Shepherd	Vanderheyden Hall	
Kids Oneida, Inc.	Wildwood Programs	
Mohawk Valley Psychiatric Center		
The Neighborhood Center, Inc.		
Upstate Cerebral Palsy Care Management		
Utica Safe Schools Health Students Partnership, Inc.		

Appendix A: Health Home Chronic Conditions

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

Name:	
Coagulation Disorders	Gynecological Malignancies
Cocaine Abuse	Hemophilia Factor VIII/IX
Colon Malignancy	History of Coronary Artery Bypass Graft
Complex Cyanotic and Major Cardiac Septal Anomalies	History of Hip Fracture Age > 64 Years
Conduct, Impulse Control, and Other Disruptive Behavior Disorders	History of Major Spinal Procedure
Congestive Heart Failure	History of Transient Ischemic Attack
Connective Tissue Disease and Vasculitis	HIV Disease
Coronary Atherosclerosis	Hodgkin's Lymphoma
Coronary Graft Atherosclerosis	Hydrocephalus, Encephalopathy, and Other Brain Anomalies
Crystal Arthropathy	Hyperlipidemia
Curvature or Anomaly of the Spine	Hypertension
Cystic Fibrosis	Hyperthyroid Disease
Defibrillator Status	Immune and Leukocyte Disorders
Dementing Disease	Inflammatory Bowel Disease
Depression	Intestinal Stoma Status
Depressive and Other Psychoses	Joint Replacement
Diabetes w/wo Complications	Kaposi's Sarcoma
Digestive Malignancy	Kidney Malignancy
Disc Disease and Other Chronic Back Diagnoses w/wo Myelopathy	Leg Varicosities with Ulcers or Inflammation
Diverticulitis	Liver Malignancy
Drug Abuse Related Diagnoses	Lung Malignancy
Ear, Nose, and Throat Malignancies	Macular Degeneration
Eating Disorder	Major Anomalies of the Kidney and Urinary Tract
Endometriosis and Other Significant Chronic Gynecological Diagnoses	Major Congenital Bone, Cartilage, and Muscle Diagnoses
Enterostomy Status	Major Congenital Heart Diagnosis Except Valvular
Epilepsy	Major Liver Disease except Alcoholic
Esophageal Malignancy	Major Organ Transplant Status
Extrapyramidal Diagnoses	Major Personality Disorders
Extreme Prematurity – Birthweight NOS	Major Respiratory Anomalies
Fitting Artificial Arm or Leg	Malfunction Coronary Bypass Graft
Gait Abnormalities	Malignancy NOS/NEC
Gallbladder Disease	Mechanical Complication of Cardiac Devices, Implants and Grafts
Gastrointestinal Anomalies	Melanoma
Gastrostomy Status	Migraine
Genitourinary Malignancy	Multiple Myeloma w/wo Remission
Genitourinary Stoma Status	Multiple Sclerosis and Other Progressive Neurological Diagnoses
Glaucoma	Neoplasm of Uncertain Behavior

Name:			
	Nephritis		Tracheostomy Status
	Neurodegenerative Diagnoses Except Multiple Sclerosis and Parkinson's		Valvular Disorders
	Neurofibromatosis		Vasculitis
	Neurogenic Bladder		Ventricular Shunt Status
	Non-Hodgkin's Lymphoma		
	Obesity		
	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		

Appendix B: Serious Emotional Disturbance (SED)

SED 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) 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:

- 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