

Children's Health Home Universal Referral Form



**Children's Health Home
of Upstate New York**
Family Driven Care Management Services
Fax: 866-243-8662
Referrals@ChildrensHealthHome.org

Greater
Rochester Health Home
Network
Phone: 585-350-1400
Fax: 585-978-7714



**Niagara Falls
Memorial Medical
Center**
Fax: 716-278-4565
NFMCMCHHReferrals@nfmcmc.org



A Collaboration of Catholic Charities and Upstate NY Partners
**Encompass
HEALTH HOME**
Fax: 607-584-0122
www.encompasshealthhome.org



OISHEI
**Healthy
KIDS**
Fax: 716-370-1009
www.oisheihealthykids.org

Choose the health home agency you would like your referral to go to. If you have a preferred or recommended care management service provider, please specify: _____ **FAX REFERRAL TO ABOVE HEALTH HOME.**
Mandatory fields are indicated by an asterisk(*).

Referral Information *Health home may contact referral source to confirm eligibility requirements*

Referred by* _____ Organization* _____

Referral date* _____ Phone* _____

Client/Family Information

Child/youth:

Last name* _____ First name* _____ Medicaid (CIN) #* _____

Age _____ Date of birth _____ Gender M F TG

Parent/guardian:

Identifies as _____

Last name _____ First name _____

Street address _____ City _____

State _____ Zip code _____ Home phone _____ Work/cell phone _____

Is parent/guardian enrolled in a health home? Y N If yes, which health home? _____

Primary language _____ Interpretation needed? Y N Race/ethnicity _____

Need primary care provider? Y N PCP name _____

Address _____ Phone _____

Insurance Information *Must have ACTIVE Medicaid, Medicaid Managed Care, or dual Medicaid/Medicare coverage. If NO active Medicaid, client IS NOT eligible for health home services.*

Insurance Provider:

Fidelis Independent Health Well Care BlueCross BlueShield of WNY

United Health Care Medicaid only YourCare Health Plan Other _____

Risk/Safety Factors *Check all that apply:*

- Probable risk for adverse events (e.g., death, disability, inpatient or nursing home admission, mandated preventive services, or out-of-home placement)
- Lack of or inadequate social/family/housing support, or serious disruptions in family relationships
- Lack of or inadequate connectivity with healthcare system
- Non-adherence to treatments or medication(s) or difficulty managing medications
- Recent release from incarceration, detention, psychiatric hospitalization, or placement
- 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

Foster Care Is the individual currently in foster care? Yes No Unknown

Consenter information *Please indicate who provided you with consent to make this referral:*

Parent Guardian Legally authorized representative

Child/youth who is: 18 years or older A parent Pregnant Married

Print name _____ Signature _____ Date _____

Additional Comments

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Eligibility Category Information*

If ICD-10 code(s) and diagnostic documentation are available, please include them

Two or more chronic conditions (e.g., asthma, substance use disorder, diabetes, cerebral palsy, sickle cell anemia, cystic fibrosis, epilepsy, spina bifida, congenital heart problems, etc.)

List qualifying chronic conditions _____

OR

Serious Emotional Disturbance (SED) (single qualifying condition)

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, Trauma-and Stressor-Related Disorders, Dissociative Disorders, Somatic Symptom 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 family setting); OR
- Social relationships (e.g., establishing and maintaining friendship; 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 enough 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)

OR

Complex Trauma (single qualifying condition)

Note: If this is the only box checked on the form, you must ALSO complete the Complex Trauma Referral Cover Sheet and the Complex Trauma Exposure Screen and attach with the referral form.

Definition of Complex Trauma:

- a. The term "complex trauma" incorporates at least:
 - a. Infants/children/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 a healthy 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 healthy 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, and
 - g. Dissociation.

OR

HIV/AIDS (single qualifying condition)