CNYHHN, Inc.
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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.

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Child/Youth Community Referral Application

Health Home Care Management Services

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

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 # ***Required to process*****:**	**Managed Care Organization Plan:**

FOSTER CARE/PREVENTATIVE SERVICES

Child Currently in Foster Care:	☐ **Yes**	☐ **No**	☐ **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)	☐ **Yes**	☐ **No**	☐ **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.?

☐ **Parent**	☐ **Guardian**	☐ **Legally Authorized Representative**	☐ **Child/Youth** (18 yrs old, Parent, Pregnant or Married)

PARENT/LEGAL GUARDIAN DEMOGRAPHICS

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

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HEALTH HOME ELIGIBILITY

Eligibility Type (Check only one)	Appropriateness Criteria (Check all that apply)
☐ 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) ○ 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	☐ 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: Bridging The Gap Care Management Services, LLC

REFERRAL SOURCE

Name:	**Title:**	**Organization:**
Phone:	**Email:**	
Is referral from an embedded site (Yes or No)?	**If yes, which site?**	

OTHER APPLICABLE INFORMATION:

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____
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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.

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Signature Date

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

Albany County
• Building Blocks, LLC • St. Catherine's Center for Children
Cayuga County
• CNYHHN, Inc. Care Management

below:

Oneida County

- Building Blocks, LLC
- CNYHHN, Inc. Care Management
- ICAN
- The Neighborhood Center
- Safe Schools Mohawk Valley
- Upstate Cerebral Palsy Care Management

Rensselaer County

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

Schenectady County

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

Jefferson County

- ADHD Educational Services
- CNYHHN, Inc. North Country
- The ARC of Jefferson-St. Lawrence
- Transitional Living Services of NNY

Lewis County

- 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

- Building Blocks, LLC
- CNYHHN, Inc. Care Management
- ICAN

- 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

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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

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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)

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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