



REFERRAL FOR CARE MANAGEMENT

Please submit referral to: Encompass Health Home 232 Main Street Binghamton, NY 13905	Email us at: EncompassHealthHome@CCBC.net Fax: (607) 584-0122	After hours/on-call/referral line: (607) 727-9196 Toll free: 1-844-844-4999 Business line: (607) 729-9166
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▪ *Referring agent obtained consent to refer (Client signature if available)* _____

Referral Agency:
Referrer Name:
Referral Date:
Referral Phone Number:

Name (First, Last, MI):						
Address (Street):						
City:		State:	Zip Code:			
Home Phone:		Cell Phone:				
Email:		Date of Birth:				
Gender:		SSN:				
MCO:	<input type="checkbox"/> Excellus	<input type="checkbox"/> Fidelis	<input type="checkbox"/> CDPHP	<input type="checkbox"/> United Health Care	<input type="checkbox"/> Molina	<input type="checkbox"/> Other: _____
Check all that apply: <input type="checkbox"/> SSI <input type="checkbox"/> SSD <input type="checkbox"/> Public Assistance <input type="checkbox"/> VA <input type="checkbox"/> Pension <input type="checkbox"/> Other; _____						
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other; _____						

Emergency Contact:
Name:
Phone Number:
Relationship:
Address:

Health Home Eligibility

Medicaid: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medicaid # (If known):
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Health Conditions: *As verified through medical records and/or clinical assessment*

☐ **HIV/AIDS** (*Attach supporting documentation from Medical or Social Work Provider indicating HIV status, date of diagnosis, most recent viral load count and most recent CD4 count);

☐ **SMI:** Serious Mental Illness (Must have qualifying diagnosis **AND** functional impairments.)

1. Current Diagnosis: (Two or more diagnoses without functional limitations should be listed under Chronic Conditions.)
➤

2. The Participant must have documented functional impairment as a result of their qualifying SMI in one or more of the following areas.
Check all that apply:

☐ Marked difficulties in self-care such as personal Hygiene; diet; clothing, avoiding injuries; securing Health care or complying with medical advice

☐ Marked restrictions of activities of daily living such As maintaining a residence, getting and maintaining a job; Attending school; using transportation, day-to-day money management; or accessing community services

☐ Marked difficulties in maintaining social functioning such as establishing and maintaining social relationships, interpersonal interactions with primary partners, children and other family members, friends, or neighbors; social skills; compliance with social norms; or appropriate use of leisure time

☐ Frequent deficiencies of concentration, persistence or pace resulting in failure to complete tasks in a timely manner in work, home or school setting. Individuals may exhibit limitations in these areas when they repeatedly are unable to complete simple tasks within an established time period, make frequent errors in task, or require assistance in the completion of tasks.

☐ **Two or More Chronic Conditions** (May include one Developmental Disability (onset prior to age 22), Mental Health Diagnosis, SUD and one other Chronic Condition.)

1.
2.
3.

Qualifying Diagnosis Confirmed: ☐ Yes ☐ No

Appropriateness Criteria-Significant Risk Factors (Check all that apply)

*Note that risk factors must be well documented in the clinical record and must be related to a requirement for intensive care management.



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In order to select a box on the left, at least one example must be selected unless more are indicated. At least one (more if indicated) box from the left must be selected to indicate appropriateness for HHCM services.

Determinates of medical, behavioral and/or social risk can include:	Documentation Guidance and Examples:
<input type="checkbox"/> At probable risk for adverse events (e.g. death, disability, inpatient or nursing home admission)	<input type="checkbox"/> Use of various Quality flags in PSYCKES, such as “Preventable admissions for asthma,” “Preventable admissions for Diabetes,” etc. <input type="checkbox"/> Anyone with a HH+ flag in PSYCKES <input type="checkbox"/> Anyone with a POP flag in PSYCKES <input type="checkbox"/> Anyone with an H-Code in EMEDNY (eligible or enrolled) <input type="checkbox"/> Direct referral from an inpatient medical, psych or detox admission <input type="checkbox"/> Direct referral from ER also possible if member is a “frequent flyer” (this could be captured as a PSYCKES category) <input type="checkbox"/> Direct referral from APS, CPS or preventive program <input type="checkbox"/> Direct referral from MCO or medical provider <i>(This should not be the only risk factor)</i> <input type="checkbox"/> Other <i>(Please identify specific high risk factors and upload supporting documentation.)</i> Define: _____ Source: _____
<input type="checkbox"/> Lack of or inadequate social/family/housing support or serious disruptions in family relationships; needs benefits; nutritional insufficiency	<input type="checkbox"/> Meeting one of the HUD definitions for homelessness (HUD 1, 2 and 4 housing) <input type="checkbox"/> Lack of social supports as evidenced by fewer than two people identified as a support by the member, change in guardianship <input type="checkbox"/> The institutionalization or nursing home placements of primary support member <input type="checkbox"/> Needs assistance applying for/accessing benefits such as SNAP, SSI, etc. <input type="checkbox"/> Unable to access food due to financial limitations or ability to shop or access food site, dietary restrictions, etc. <input type="checkbox"/> Intimate Partner Violence <input type="checkbox"/> Other <i>(Please identify specific high risk factors and upload supporting documentation.)</i> Define: _____ Source: _____
<input type="checkbox"/> Lack of or inadequate connectivity with healthcare system	<input type="checkbox"/> Individual does not have healthcare connectivity or utilization e.g., does not have a PCP or specialist to treat chronic condition or has not seen their provider in the last year. <input type="checkbox"/> Individual is unable to appropriately navigate the healthcare system for the treatment or care of the diagnoses or undiagnosed physical or behavioral health condition. <input type="checkbox"/> Potential preventable utilization based on identified flags in the RHIO, from the MCO, or in PSYCKES (such as 2 or 3+ ED visits in the past year, 1 BH or substance use inpatient visit in the last year, etc. <input type="checkbox"/> Other <i>(Please identify specific high risk factors and upload supporting documentation.)</i> Define: _____ Source: _____
<input type="checkbox"/> Non-adherence to treatments or medication(s) or difficulty managing medication (define source e.g. self-reported or other source with knowledge)	<input type="checkbox"/> Identify WHICH medication(s) and/or treatment(s) are involved per individual or referral source. _____ <input type="checkbox"/> Per PSYCKES flag (e.g., adherence to Mood Stabilizers, Antipsychotics and Antidepressants; No Diabetes monitoring) Source: _____ <input type="checkbox"/> Other <i>(Please identify specific high risk factors and upload supporting documentation.)</i> Define: _____ Source: _____
<input type="checkbox"/> Deficits in activities of daily living, learning or cognition issue (define the source e.g., self-reported, reported by other, observed by HHCM, etc.) <i>(This should not be the only risk factor)</i>	<input type="checkbox"/> Instrumental Activities of Daily Living (IADLs) include transportation, shopping, managing finances, meal preparation, housecleaning, home maintenance, communication, and managing medications <input type="checkbox"/> Deficits can be caused by medication side effects, social isolation, home environment, cognitive or mental decline (e.g. dementia), aging, Musculoskeletal, neurological, circulatory, sensory conditions, lack of Durable Medical Equipment (DME), hospitalization, or acute illness. Source: _____ <input type="checkbox"/> Other <i>(Please identify specific high risk factors and upload supporting documentation.)</i> Define: _____ Source: _____
<input type="checkbox"/> Recent release from incarceration, detention, psychiatric hospitalization or placement; other justice referral for those no incarcerated	<input type="checkbox"/> Released within the last 90 days <input type="checkbox"/> Identify name of institution, approximate date of release, or name of “other justice referral for those not incarcerated” _____ <input type="checkbox"/> Other <i>(Please identify specific high risk factors and upload supporting documentation.)</i> Define: _____ Source: _____