



COMMUNITY REFERRAL FOR HEALTH HOME CARE MANAGEMENT SERVICES

Encompass Family Health Home is accepting referrals from the community (community organizations, individuals and/or families) for the enrollment of eligible children and youth through the age of 21, into Health Home Care Management Services. Encompass Family Health Home will provide services through local providers within our coverage area*. To be considered for enrollment, Children/Youth must meet the follow eligibility requirements:

1. Child/Youth currently has active Medicaid
2. Child/Youth meets the New York State Department of Health eligibility criteria of:
 - a. Two or more chronic conditions, or
 - b. HIV/AIDS, or
 - c. Complex Trauma, or
 - d. Serious Emotional Disturbance

AND

3. Child/Youth has significant behavioral, medical or social risk factors which can be addressed through care management.

Making a Referral to Encompass Health Home

1. Complete the following Community Referral Form. Please include as much detail as possible to aid us in eligibility verification.
 - a. Ensure the "Consent to Refer" section is completed.
2. Submit the Community Referral Form by:
 - a. Submitting it directly to an Encompass Care Management Agency in your area, or
 - b. Fax it to us at: (607) 584-0122, or
 - c. Mailing it directly to us at:
Encompass Health Home
232 Main Street
Binghamton, NY 13905
Attn: Referrals

Children/Youth will be assigned to a Care Management Agency who will determine eligibility and conduct outreach to begin the enrollment process into Health Home Care Management Services. These services are voluntary and the child/youth and/or parent/guardian will be asked to consent during the outreach and engagement process.

Please contact us with any questions regarding the referral process or status at **1-844-884-4999**.

For additional information regarding Encompass Health Home, our services and providers, visit us at **encompasshealthhome.org**

***Encompass Family Health Home will be excepting community referrals for Children/Youth residing in the following counties in Upstate New York:** Albany, Allegany, Broome, Cattaraugus, Chautauqua, Cayuga, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Montgomery, Niagara, Oneida, Onondaga, Ontario, Orleans, Oswego, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Tioga, Tompkins, Wayne, Warren, Washington, Wyoming, Yates



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Identifying Information

Date of Referral:

Child/Youth Name:	Date of Birth:	Gender:
Current Address:	County of Residence:	
	Medicaid/CIN #:	
Phone :	Alternative Phone:	
Managed Care Organization:		
Please indicate any need for language/interpretation services; specify primary spoken language if other than English:		
Is the child 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 (LDSS) may complete the referral.		

Eligibility Information

Two or more Chronic Conditions; examples include: asthma, congenital heart problems, cystic fibrosis, diabetes, sickle cell anemia, spina bifida, etc. *(Please refer to our website for a comprehensive list of Chronic Conditions: <http://encompasshealthhome.org/resources/>)*

● List Qualifying Chronic Conditions:

AND/OR

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, 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)

AND/OR



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Complex Trauma (single qualifying condition)

**If Complex Trauma is being identified, the Complex Trauma Exposure Screen must be completed and submitted with the referral form.*

Definition of Complex Trauma:

- a. The term complex trauma incorporates at least:
 - a. Infants/children/or adolescents' exposure 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 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, and
 - f. Relationships with others
 - g. Disassociation

AND/OR

HIV/AIDS (single qualifying condition)

AND Appropriateness Criteria; *check all that apply.*

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

Preventive Services Connectivity

Is the Child/Youth currently receiving preventive services?



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Yes; please identify if known: _____

No

Unknown

Is the Child/Youth currently receiving services from a Care Management Agency?

Yes; please identify if known: _____

No

Unknown

Narrative; *Please provide any additional information that may be helpful in the assignment of the Child/Youth to a Care Management Agency.*

Specify preferred or recommended Care Management Agency, if any:	
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Parent Health Home Connectivity

Is the Child/Youth's parent or guardian currently enrolled in a health home program?

Yes; please identify if known: _____

CIN#, if known: _____

No

Unknown

Referrer Information

Name:	Title:
Organization:	Relationship to Child/Youth:
Phone:	Email:

Consent to Refer

Name of Consenter:	Relationship to Child/Youth
Phone:	Alternative Phone:

Consent to make this referral must be obtained from the parent/guardian/legally authorized representative for children up until the age of 18. For children/youth ages 18-21, or that are married, a parent, or pregnant may provide consent on their own behalf. Who has provided you with consent to make this referral to Encompass Family Health Home?

Parent

Guardian

Legally Authorized Representative

Child/Youth who is (Select one): 18 years or older A parent Pregnant Married

While a signature of the consenting party is not required, it is strongly encouraged.

Signature of Consenter:	Date:
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