



UR
MEDICINE

GOLISANO
CHILDREN'S HOSPITAL

Children's Health Home Program Referral Form

The Golisano Children's Hospital Health Home Care Management Agency is accepting referrals from the community for enrollment of eligible children/youth up to age 21 into health home care management services. Children/youth must meet all eligibility requirements to be considered for enrollment.

Health Home Care Management Services Eligibility:

Child/youth currently has active Medicaid;

AND

Child/youth resides in Monroe County;

AND

Child/youth meets NY State DOH eligibility criteria of:

- A. Two chronic conditions, or
- B. HIV/AIDS, or
- C. Complex Trauma, or
- D. Serious Emotional Disturbance
- E. Sickle Cell Disease

AND

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

How to make a Referral to Golisano Children's Health Home Program

Complete the attached community referral applications form. Please include as much detail as possible, which will assist Golisano Children's Hospital Health Home to verify eligibility for our care management services.

You may return the completed application directly to Golisano Children's Hospital Health Home Care Management agency via secure fax, mail or a scanned email to:

Email: CHHReferrals@URMC.Rochester.edu

Fax: (585) 341-9430

Mail: Golisano Children's Health Home
601 Elmwood Avenue, Box 777
Rochester, NY 14642

Accepted referrals will begin outreach with the objective of reaching the family to inquire if these services are desired. When or if the family agrees to participate in the program, care management will begin at that time.

Child/ Youth Information:

Child's Name:	Date of Birth:
Gender:	Medicaid CIN #:
Address:	Phone Number:
Primary Language?	Interpreter Services? Yes/No

Please answer the following questions to the best of your knowledge:

Is the child currently in Foster Care?

- Yes
- No
- Unknown

If a child is in Foster Care, please include the name and contact information of the Department of Social Services caseworker who is currently working with the child.

Consent to Refer:

Consent to make this referral must be obtained from the parent/guardian or legally authorized representative for children up to 18 years of age. For children/youth ages 18-21, or that are married, a parent, or pregnant, they may provide consent on their own behalf.

Who has 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

Consenter Information:

(Please provide the following information about the person you received consent from to make this referral)

First Name:	Last Name:
Relationship to Child:	Telephone Number:

Contact Information for Person Completing Referral:

Name:	Title:
Organization:	Phone:
E-Mail:	Today's Date:

Please answer the following questions to the best of your knowledge:

Is the child's parent/guardian currently enrolled in a Health Home Program?

- Yes
- No

Is the child currently receiving preventative services?

- Yes (please specify provider name and NPI if known) _____
- No

Is the child currently admitted to an inpatient facility?

- Yes *
- No

*If yes, what is the name of the facility? _____

Expected discharge date: _____

Risk Factors: Check all that apply and provide an explanation of how the child/youth exhibits risk factors:

<ul style="list-style-type: none"><input type="checkbox"/> At risk for adverse event (e.g. death, disability, inpatient or nursing home admission, mandated preventative services or out of home placement);<input type="checkbox"/> Has inadequate social/family/housing support or serious disruptions in family relationships;<input type="checkbox"/> Has inadequate connectivity with healthcare system;<input type="checkbox"/> Does not adhere to treatments or has difficulty managing medications;<input type="checkbox"/> Has recently been released from incarceration, placement, detention or psychiatric hospitalization;<input type="checkbox"/> Has deficits in activities of daily living, learning or cognition issues;<input type="checkbox"/> Is concurrently eligible or enrolled, along with either their child or caregiver, in a Health Home.	<p><u>Explanation:</u></p>
---	-----------------------------------

Narrative: Please provide any additional information that you believe would be helpful.

- Two or more Chronic Conditions:** (examples include asthma, substance use disorder, diabetes, cerebral palsy, sickle cell anemia, cystic fibrosis, epilepsy, spina bifida, congenital heart problems, intellectual developmental disability, etc.) **Please list Diagnoses and ICD-10 Codes:** _____

OR

- Serious Emotional Disturbance (SED):** *Single Qualifying Condition*

Please List Diagnosis and ICD-10 Code: _____

NOTE: If this is the only box checked on this form, you must **ALSO** complete the **Serious Emotional Disturbance Verification Form in addition to the Referral Form Packet.**

Definition of a Serious Emotional Disturbance: An SED is defined as a child or adolescent (under the age of 21) that has a designated mental illness diagnosis in the following Diagnostically 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 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 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 this form, you must **ALSO** complete the **Complex Trauma Referral Cover Sheet, Complex Trauma Exposure Sheet and Referral Form Packet.** (Licensed Professionals Only: Please Complete Assessment and Determination Form.

Definition of Complex Trauma:

- a) The term complex trauma incorporates at least:
 1. Infants/children/or adolescents exposure to multiple traumatic events, often of an invasive, interpersonal nature, and
 2. The wide-ranging, long term impact of this exposure
- b) The nature of the traumatic events:
 1. Often is severe and pervasive, such as abuse or profound neglect.
 2. Usually begins early in life
 3. Can be disruptive to the child's development and the formation of a health sense of self (with self-regulatory, executive functioning, self-perceptions, etc.
 4. Often occurs in the context of the child's relationship with a caregiver; and
 5. Can interfere with the child's ability to form a secure attachment bond, which is considered a prerequisite for health and 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:
 1. Physiological responses and related neurodevelopment
 2. Emotional responses
 3. Cognitive processes including the ability to think, learn and concentrate
 4. Impulse control and other self-regulating behavior
 5. Self-image
 6. Relationships with others

OR

- HIV/AIDS:** *Single Qualifying Condition*

- Sickle Cell:** *Single Qualifying Condition*