CNYHHN, Inc.
Where Care Comes Together

COMMUNITY REFERRAL
FOR NYS HEALTH HOME CARE MANAGEMENT SERVICES FOR ADULTS

CNYHHN, Inc. is accepting referrals from the community for enrollment of eligible adults into Health Home Services. Adults must meet all eligibility requirements to be considered for enrollment.

HEALTH HOME CARE MANAGEMENT SERVICES ELIGIBILITY

1. Adult currently has active Medicaid or Medicaid Managed Care; AND,
2. Adult resides in one of the following counties: Cayuga, Herkimer, Jefferson, Lewis, Madison, Oneida, St. Lawrence; AND,
3. Adult meets the NYS Department of Health Eligibility Criteria:
    - 2 or more chronic medical or mental health conditions (See List of Chronic Conditions), or
    - HIV/AIDS, or
    - Sickle Cell Disease, or
    - one or more serious mental illness; AND,
4. Adult 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 member's risk factors: ***Example: (Member is at risk for hospitalization due to non-adherence with medication).***
5. No Referral can be processed without the member's consent form, which is included in the Referral. ***Referral will not be processed without a consent per DOH; this can include noted verbal consent.*** CONSENT TO DISCLOSURE OF HEALTH INFORMATION from CNYHHN Referral is needed.
6. If you are an agency assisting a member 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***
8. Send the completed application and consent via secure email or fax, or mail to:

CNYHHN, Inc.
268 Genesee Street, Suite 202
Utica, NY 13502
Referrals@cnyhealthhome.net
Fax: 315-624-9428
Questions? Call 1-855-784-1262
Be sure to include all pages in your submission!

Approved Adults will be assigned to a Care Management Agency who will conduct outreach and attempt to engage the Adult in Health Home Care Management Services. Health Home services are voluntary and the Adult will be asked to consent during the outreach and engagement process.

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Adult Community Referral Application

Health Home Care Management Services

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

PLEASE PROVIDE THE FOLLOWING INFORMATION			
Date of Referral:	**Date of Birth:**	**Gender:**	**Medicaid CIN#:** ***Required to process***
Name:			
Address: **County of Residence:** ***Cayuga, Herkimer, Jefferson, Lewis, Madison, Oneida or St. Lawrence***		**Medicaid Managed Care Organization Name** ***(if known):*** **Social Security# if CIN unavailable:**	
Best way for care manager to contact:			
Indicate any need for language/interpretation services; specify language spoken if other than English:			
Specify Preferred or Recommended Care Management Agency, if any: **Why are you selecting this Agency?**			

CONTACT INFORMATION FOR PERSON COMPLETING REFERRAL	
Name:	**Title:**
Organization:	
Phone:	**Email:**
Is referral from an embedded site (Yes or No)?	**If yes, which site?**

ELIGIBILTY INFORMATION

1. Does Individual have significant behavioral, medical, or social risk factors which can be addressed through care management? Check all that apply

	Probable risk for adverse event, e.g. death, disability, or nursing home admission		Lack of, or inadequate connectivity with healthcare
	Learning or cognition issues		Recent release from inpatient setting
	Deficits in activities of daily living such as dressing, eating, etc.		Non-adherence to treatments or medication(s), or difficulty managing medications
	Other (*please describe):*		

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Name:

ELIGIBILITY INFORMATION (CONTINUED)

1. Does Individual have ONE single qualifying condition of a Serious Mental Illness, Sickle Cell Disease, or HIV/AIDS, or TWO or more chronic conditions? Check all that apply

SINGLE QUALIFYING CONDITION

	Serious Mental Illness
	HIV/AIDS
	Sickle Cell Disease

OR, 2 OR MORE CHRONIC CONDITIONS: please check at least 2 on list below

Health Home Chronic Conditions, in alphabetical order

	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, and 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

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NAME:	
	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
	Gastrointestinal Anomalies
	Gastrostomy Status
	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/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

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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 your health information so that your 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 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 healthcare services, and coordination of care among providers. Your 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 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 in Attachment A. 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 HEALTHINFORMATION

1. The person whose information may be used or disclosed is:
   Name:_____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 Attachment A.
4. This information may be disclosed by any person or organization that holds a record described below, including those listed in Attachment A.
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 person whose records will be used or disclosed, or that individual's personal representative. (If personal representative, parent, or guardian, please enter relationship_____) I give permission to use and disclose my records as described in this document.

_____

Signature Date

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CONSENT TO DISCLOSURE OF HEALTH RECORDS– ATTACHMENTA
CNYHYHN, INC.

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

Cayuga County
• CNYHHN, Inc. Care Management • Salvation Army
Herkimer County
• ACR Health • Building Blocks • CNYHHN, Inc. Care Management • Helio Health • ICAN • Salvation Army • The Neighborhood Center • Upstate Cerebral Palsy Care Management
Jefferson County
• ACR Health • Bridging the Gap Care Management • Children's Home/Care Coordination of Northern New York • CREDO Community Center • HCR Health Care Management, LLC • Mental Health Association in Jefferson Co. • Transitional Living Services of NNY
Lewis County
• ACR Health • Bridging the Gap Care Management • Children's Home/Care Coordination of Northern New York • CREDO Community Center • HCR Health Care Management • Transitional Living Services of NNY
Madison County
• ACR Health • Building Blocks • CNYHHN, Inc. Care Management • Helio Health • ICAN • Salvation Army

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Oneida County
• ACR Health • Building Blocks, LLC • CNYHHN, Inc. Care Management • Helio Health • ICAN • The Neighborhood Center, Inc. • Presbyterian Residential Community • Salvation Army
St. Lawrence County
• ACR Health • Bridging the Gap Care Management • Children's Home/Care Coordination of Northern New York • HCR Health Care Management, LLC • Mental Health Association in Jefferson Co. • St. Lawrence County Community Services • Transitional Living Services of NNY • United Helpers Mosaic