

Children's Care Management Referral

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? ____ Guardian ____ Legally Authorized Representative Youth who is (circle): 18 years or older A parent Pregnant Married Consenter Name (Printed) Consenter Signature (Preferred): Consenter Information – Address: _____ Address Line 2 (county/city/state/zip): Phone Number(s) – Mobile: ______ Alternate Phone: _____ Email: _____ Relationship to Youth: Preferred Time/Method of Contact? Is the Consenter currently enrolled in a Health Home? _____Yes If YES, Consenter's Medicaid CIN: Youth First/Last Name: DOB: Youth Medicaid CIN (required): ____ Yes Is the Youth currently in foster care? Is the Youth currently receiving Preventive or Care Management services?

____ Yes No ______Title: _____ Referral Source Name: Referral Source Organization: Referral Address: _____ Referral Phone Number(s): ______ Referral Email: _____ Youth/Consenter's Preferred "Health Home" (the nationwide Health Home model provides an umbrella of coordinated care through a group of providers – it is not a place): Children's Health Home of Upstate New York Encompass No preference

Eligibility Criteria

☐ 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, ADHD, mental health diagnoses, substance use disorder, developmental disorder)
List Qualifying Chronic Conditions:
OR
□ Serious Emotional Disturbance (SED): single qualifying condition SED is defined as a child or adolescent (under the age of 21) that has a mental health diagnosis in the most recent
version of the Diagnostical and Statistical Manual (DSM) under one of the following categories: ADHD; Anxiety
Disorders; Bipolar and Related Disorders; Depressive Disorders; Disruptive, Impulse-Control, and Conduct
Disorders; Dissociative Disorders; Elimination Disorders; Feeding and Eating Disorders; Gender Dysphoria;
Obsessive-Compulsive and Related Disorders; Medication Induced Movement Disorders; Paraphilic Disorders;
Personality Disorders; Schizophrenia Spectrum and Other Psychotic Disorders; Sexual Dysfunctions; Sleep Wake
Disorders; Somatic Symptom and Related Disorders; Trauma-and Stressor-Related Disorders; Tic Disorder 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) OR
□ Complex Trauma: single qualifying condition
Note – If this is the only box checked on the form you must ALSO complete the Complex Trauma Referral Cover Sheet and the Complex Trauma Exposure Screen and attach with the referral form.
Definition of Complex Trauma:
a. The term complex trauma incorporates at least:
- Infants/children/or adolescents' exposure multiple traumatic events, often of an invasive, interpersonal nature, and
- The wide-ranging, long-term impact of this exposure
b. The nature of the traumatic events:Often is severe and pervasive, such as abuse or profound neglect;
- Usually begins early in life;
- 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.);
- Often occur in the context of the child's relationship with a caregiver; and
- 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 physiological responses and related
neurodevelopment, emotional responses, cognitive processes including the ability to think, learn, and concentrate,
impulse control and other self-regulating behavior, self-image, and relationships with others. OR
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□ HIV/AIDS: single qualifying condition

Risk Factors

Please check applicable risk factor(s) and provide a brief explanation.

At risk for adverse event (e.g. death, disability, inpatient or nursing home admission, mandated preventive 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 has 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

Explanation:

Please attach any relevant documentation to support above with appropriately authorized release of information.

Other helpful information regarding this referral:

Thank you for your referral!

You can submit this form to Angie Longwell, Manager of Care Coordination, via fax (607-937-3206), secure email (alongwell@pathwaysforyou.org), or mail/in person (Administrative offices: 33 Denison Parkway W, Corning, NY 14830).

Please call Angie at 607-937-4520 with any questions!