

Children's Care Management Referral
Please provide DOH Frequently Asked Questions form to the family when reviewing referral

Consent to make this referral must be obtained from the particular children up until the age of 18. For children/youth ages 18-2 consent on their own behalf. Who has provided you with consent on their own behalf. Who has provided you with consent on their own behalf. Who has provided you with consent on their own behalf.	21, or that are mansent to make thi	rried, a parent, or pre is referral?	egnant may provide
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 Ph	one:	
Email: Rela			
Preferred Time/Method of Contact?			
Is the Consenter currently enrolled in a Health Home? If YES, Conse		No CIN:	
Youth First/Last Name:		Gende	er:
Youth Medicaid CIN (required):	DO	B:	
Is the Youth currently in foster care?		Yes	No
Is the Youth currently receiving Preventive or Care Manager	ment services?	Yes	No
Referral Source Name:	Title	e:	
Referral Source Organization:			
Referral Address:			
Referral Phone Number(s):			
Referral Email:			
Youth/Consenter's Preferred "Health Home" (the nationwide Health through a group of providers, it is not a place):	th Home model pro	ovides an umbrella of co	oordinated care
Children's Health Home of Unstate New York	Encompass	N	n nreference

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, etc.)		
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 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)		
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; 		
- Osually begins early lit 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		
☐ HIV/AIDS: single qualifying condition		
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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
Explana	ition:
·	197
	1.00
Other helpful information regarding this referral:	
	7

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

Thank you for your referral!