

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 Diagnostic 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:

- 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
- 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.
- Many aspects of a child's healthy physical and mental development rely on this secure attachment, a primary source of safety and stability
- 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***

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: _____

Other helpful information regarding this referral: _____

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

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)