

COMMUNITY REFERRAL FOR CARE MANAGEMENT SERVICES

The three local, lead Health Homes: Central New York Health Home Network, Inc. (CNYHHN); St. Joseph's Care Coordination Network (SJCCN); and Onondaga Case Management Services, Inc. (OCMS), are accepting referrals from the community for enrollment of eligible individuals into care management services. Individuals must meet all eligibility requirements to be considered for enrollment.

CARE MANAGEMENT SERVICES ELIGIBILITY

1. Individual must be 18 or older; AND
2. Individual currently has active Medicaid; AND,
3. Individual resides in one of the following counties: Cayuga, Lewis, Madison, Oneida, Onondaga, or Oswego; AND,
4. Individual meets the NYS DOH eligibility criteria of: one or more chronic conditions; AND,
5. Individual has significant behavioral, medical, or social risk factors which can be addressed through caremanagement.

HOW TO MAKE A REFERRAL

1. Complete the attached Community Referral Application Form, including as much detail as possible to allow the lead Health Homes to verify eligibility for care management services.
2. Attach a signed *Consent to Disclosure of Health Information* Form.
3. Attach supporting documentation of diagnosis (if available).
4. Send the completed application and consent via secure e-mail or fax, or mail to:

<p>CNYHHN, Inc. 1020 Mary St. Utica, NY 13501 Attn: Referrals CNYHHN, Inc. lea.tolman@upstatecp.org Fax: 315-624-9428 Questions? Call 1-855-784-1262 Be sure to include all pages in your submission!</p>	<p>SJCCN 4888 West Taft Road Liverpool, NY 13088 Attn: DSRIP Coordination Care Alexandra.Butterfield@sjhsyr.org Bernard.Mucitelli@sjhsyr.org Fax: 315-703-2466 Call: 315-703-2802 Ask for Alex or Bernie</p>	<p>OCMS, Inc. 620 Erie Blvd. West Suite 302 Syracuse, NY 13204 Attn.: DSRIP At-Risk Referral Fax: (315) 472 – 0084 Margaret Fontenot mfontenot@ocmsinc.org</p>
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Approved individuals will be assigned to a Care Management Agency who will conduct outreach and attempt to engage the person in care management services. Services are voluntary and the individual will be asked to consent during the outreach and engagement process.

Care Management through Health Homes

Community Referral Application

Care Management Services for: Cayuga, Lewis,
Madison, Oneida, Onondaga, and Oswego
Counties

Please provide the following information:

Date of Referral:	Date of Birth:	<input type="checkbox"/> Male
		<input type="checkbox"/> Female

Name:

Address:	Medicaid CIN#: <i>Required to process</i>
County of Residence (circle): <i>Cayuga, Lewis, Madison, Oneida, Onondaga, or Oswego</i>	Medicaid Managed Care Organization Name: <i>If known</i>

Best way for care manager to contact:

Indicate any need for language/interpretation services; specify language spoken if other than English:

Contact Information for Person Completing Referral

Name:	Title:
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Organization:

Phone:	Email:
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Eligibility Information

1. Does Individual have significant behavioral, medical, or social risk factors which can be addressed through care management? Check All That Apply

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

Internal Use Only:

Health Home Program
DSRIP Care Management
(CNYCC Project 2aiii)

Name:

Eligibility Information, Continued

2. Check all that apply. If the Lead Health Home determines that the patient is eligible for traditional Health Homes then they will make a referral for services.

Serious Mental Illness	HIV/AIDS
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Health Home Chronic Conditions, in alphabetical order

Acquired or Congenital Hemiplegia and Diplegia	Cardiovascular Diagnoses requiring ongoing evaluation and treatment
Acquired or Congenital Paraplegia	Cataracts
Acquired or Congenital Quadriplegia	Cerebral PalsyNOS
Acute Lymphoid Leukemia w/wo Remission	Cerebrovascular Disease w or w/o Infarction or Intracranial Hemorrhage
Acute Non-Lymphoid Leukemia w/wo Remission	Chromosomal Anomalies
Alcoholic LiverDisease	Chronic Alcohol Abuse and Dependency
Alcoholic Polyneuropathy	ChronicBronchitis
Alzheimer's Disease and Other Dementias	Chronic Disorders of Arteries and Veins
Angina and Ischemic Heart Disease	Chronic Ear Diagnoses except Hearing Loss
Anomalies of Kidney or Urinary Tract	Chronic Endocrine, Nutritional, Fluid, Electrolyte and Immune Diagnoses
Apert's Syndrome	Chronic EyeDiagnoses
Aplastic Anemia/Red Blood Cell Aplasia	Chronic Gastrointestinal Diagnoses
Ascites and Portal Hypertension	Chronic Genitourinary Diagnoses
Asthma	Chronic Gynecological Diagnoses
AtrialFibrillation	Chronic Hearing Loss
Attention Deficit / Hyperactivity Disorder	Chronic Hematological and Immune Diagnoses
Autism	Chronic Infections Except Tuberculosis
Benign Prostatic Hyperplasia	Chronic Joint and Musculoskeletal Diagnoses
Bi-Polar Disorder	Chronic Lymphoid Leukemia w/wo Remission
Blind Loop and Short Bowel Syndrome	Chronic Metabolic and Endocrine Diagnoses
Blindness or Vision Loss	Chronic Neuromuscular and Other
Bone Malignancy	Chronic Neuromuscular and Other
Bone Transplant Status	Chronic Non-Lymphoid Leukemia w/wo
Brain and Central Nervous System	Chronic Obstructive Pulmonary Disease and
Breast Malignancy	Chronic Pain
Burns - Extreme	Chronic Pancreatic and/or Liver Disorders (Including Chronic Viral Hepatitis)
Cardiac Device Status	
Cardiac Dysrhythmia and Conduction	
Cardiomyopathy	

Chronic Pulmonary Diagnoses	Gait Abnormalities
Chronic Renal Failure	Gallbladder Disease
Chronic Skin Ulcer	Gastrointestinal Anomalies
Chronic Stress and Anxiety Diagnoses	Gastrostomy Status
Chronic Thyroid Disease	Genitourinary Malignancy
Chronic Ulcers	Genitourinary Stoma Status
Cirrhosis of the Liver	Glaucoma
Cleft Lip and/or Palate	Gynecological Malignancies
Coagulation Disorders	Hemophilia Factor VIII/IX
Cocaine Abuse	History of Coronary Artery Bypass Graft
Colon Malignancy	History of Hip Fracture Age > 64 Years
Complex Cyanotic and Major Cardiac Septal Anomalies	History of Major Spinal Procedure
Conduct, Impulse Control, and Other Disruptive Behavior Disorders	History of Transient Ischemic Attack
Congestive Heart Failure	HIV Disease
Connective Tissue Disease and Vasculitis	Hodgkin's Lymphoma
Coronary Atherosclerosis	Hydrocephalus, Encephalopathy, and Other Brain Anomalies
Coronary Graft Atherosclerosis	Hyperlipidemia
Crystal Arthropathy	Hypertension
Curvature or Anomaly of the Spine	Hyperthyroid Disease
Cystic Fibrosis	Immune and Leukocyte Disorders
Defibrillator Status	Inflammatory Bowel Disease
Dementing Disease	Intestinal Stoma Status
Depression	Joint Replacement
Depressive and Other Psychoses	Kaposi's Sarcoma
Developmental Delay NOS / NEC / Mixed	Kidney Malignancy
Developmental Language Disorder	Leg Varicosities with Ulcers or Inflammation
Diabetes w/wo Complications	Liver Malignancy
Digestive Malignancy	Lung Malignancy
Disc Disease and Other Chronic Back Diagnoses w/wo Myelopathy	Macular Degeneration
Diverticulitis	Major Anomalies of the Kidney and Urinary Tract
Drug Abuse Related Diagnoses	Major Congenital Bone, Cartilage, and Muscle Diagnoses
Ear, Nose, and Throat Malignancies	Major Congenital Heart Diagnoses Except Valvular
Eating Disorder	Major Liver Disease except Alcoholic
Encephalopathy	Major Organ Transplant Status
Endometriosis and Other Significant Chronic Gynecological Diagnoses	Major Personality Disorders
Enterostomy Status	Major Respiratory Anomalies
Epilepsy	Malfunction Coronary Bypass Graft
Esophageal Malignancy	Malignancy NOS/NEC
Extrapyramidal Diagnoses	Mechanical Complication of Cardiac Devices, Implants and Grafts
Extreme Prematurity - Birthweight NOS	Melanoma
Fitting Artificial Arm or Leg	

Migraine
Mild / Moderate Mental Retardation
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
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
Pervasive Development Disorder
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
Severe / Profound Mental Retardation
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
Stomach Malignancy
Tracheostomy Status
Valvular Disorders
Vasculitis
Ventricular Shunt Status
Vesicostomy Status
Vesicoureteral Reflux

**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 health care 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. But 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 HEALTH INFORMATION

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

CONSENT TO DISCLOSE HEALTH RECORDS- ATTACHMENT A

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

- ACR Health
- Catholic Charities of Madison/Oneida/Onondaga/Oswego Co.
- Cayuga County Community Mental Health Center
- Cayuga County Department of Mental Health
- Center for Family Life and Recovery
- Children's Home of Jefferson Co.
- Excellus Health Plans
- Fidelis Care
- Herkimer County Department of Mental Health
- Hillside Family of Agencies
- Jefferson County Department of Mental Health
- Lewis County Department of Mental Health
- Liberty Resources & Behavioral Health Care
- Madison County Department of Mental Health
- Mohawk Valley Psychiatric Center/State Operated Services
- New York State Department of Health
- New York State Office of Alcohol and Substance Abuse Services
- New York State Office of Mental Health
- Oneida County Department of Mental Health
- Onondaga Case Management/HHUNY
- Oswego Health
- St. Joseph's Care Coordination Network
- St. Lawrence Co. Department of Mental Health
- St. Lawrence Co. Community Services
- St. Lawrence Psychiatric Center /State Operated Services
- The Neighborhood Center
- Total Care a Today's Options of NY Health Plan
- Transitional Living Services of Northern New York
- United Healthcare
- United Helpers, dba Mosaic
- Upstate Cerebral Palsy