Oishei Healthy Kids – Children's Health Home

UNIVERSAL REFERRAL FORM

Phone: 716-370-1000 Fax: 716-370-1009 Email:

PLEASE FAX OR E-MAIL THIS REFERRAL FORM TO OISHEI HEALTHY KIDS FOR FOLLOW-UP.

OHK partners with other Care Management agencies and will contact them as needed to achieve the best care coordination for our members.
If you have a preferred or recommended Care Management Servicing Provider, please specify under additional comments.

Client/Family Information:

CHILD/YOUTH: Last Name _____ First Name _____ Medicaid (CIN) #_____

PARENT/GUARDIAN: Last Name _____ First Name _____

Street Address_____ City_____ State_____ Zip_____

County_____ Home Phone_____ Work/Cell Phone_____

CHILD/YOUTH AGE_____ DOB_____ Gender ☐ M ☐F ☐T SCHOOL_____

Primary Language_____ Race/Ethnicity_____ SSN_____

Need Primary Care Provider: ☐ Yes ☐ No PCP Name_____ Phone_____

Address_____

Referral Date_____ Referred By/Organization_____ Phone_____

☐ CHILD receives services from OMH SPOA

Insurance Information:

*Must have **ACTIVE** Medicaid, Medicaid Managed Care or dual Medicaid/Medicare coverage.
***If NO active Medicaid, client IS NOT eligible for Health Home Services.**

Insurance Provider:
☐ Fidelis ☐ HealthNow ☐ Independent Health ☐ Well Care ☐ YourCare Health Plan
☐ United Health Care ☐ Fee for Service ☐ CHP ☐ Other_____

Care Coordination Needs:

Check all that apply:

☐ Homeless	☐ Inadequate Housing	☐ Financial
☐ Nutrition	☐ Food Access	☐ Self-Management
☐ Support System	☐ Daily Living Skills	☐ Repeat ED/In-Patient Visits
☐ Transportation	☐ Disease Education	☐ Provider Linkage: oPCP oBH
☐ Medication Adherence	☐ Vocational	☐ Other_____

Risk/Safety Factors:

Check all that apply:

☐ Suicidal Ideation/History	☐ Homicidal Ideation/History	
☐ Unsafe Housing	☐ Assault	☐ Violent Behavior

Client/Family Consent:

Print Name_____ Signature_____ Date_____

CHW/Enroller:_____

Verbal Consent: ¨Yes ¨No Date: _____ Consenter Name: _____

Additional Comments:

_____

_____

_____

Health Home Use Only:

Date Assigned to Case Management: _____ Care Manager: _____

Date Assigned to CMA Agency: _____ Care Manager: _____

Reason Declined

☐ No active Medicaid ☐ Does Not Meet Eligibility Requirements ☐ Already Enrolled with Another Health Home

Print Name_____ Signature_____ Date_____

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Eligibility Category Information *(if ICD-10 code(s) are available please include them)*

¨ **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

¨ **HIV/AIDS: *single qualifying condition***

(eligibility criteria continued on next page)

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:

a. The term complex trauma incorporates at least:
    a. Infants/children/or adolescents' exposure multiple traumatic events, often of an invasive, interpersonal nature, and
    b. The wide-ranging, long-term impact of this exposure
b. The nature of the traumatic events:
    a. Often is severe and pervasive, such as abuse or profound neglect;
    b. Usually begins early in life;
    c. 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.);
    d. Often occur in the context of the child's relationship with a caregiver; and
    e. 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:
    a. Physiological responses and related neurodevelopment,
    b. Emotional responses,
    c. Cognitive processes including the ability to think, learn, and concentrate,
    d. Impulse control and other self-regulating behavior,
    e. Self-image,
    f. Relationships with others, and
    g. Dissociation