



# Pathways, Inc.

we put people first

## Children's Care Management Referral

*Services provided under contract with CHHUNY, LLC, which is a "Health Home" (the nationwide Health Home model provides an umbrella of coordinated care through a group of providers – it is not a place)*

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?

Parent                       Guardian                       Legally Authorized Representative

Youth who is (circle):                      18 years or older                      A parent

Pregnant                       Married

Consenter Name (Printed) \_\_\_\_\_

Consenter Signature (Preferred): \_\_\_\_\_ Date: \_\_\_\_\_

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                       No

If YES, Consenter's Medicaid CIN (if available): \_\_\_\_\_

Youth First/Last Name: \_\_\_\_\_ Assigned Gender (on IDs): \_\_\_\_\_

Youth Preferred Name: \_\_\_\_\_ Youth Preferred Pronouns (he/she/they/etc): \_\_\_\_\_

Youth Medicaid CIN (required): \_\_\_\_\_ DOB: \_\_\_\_\_

Is the Youth currently in foster care?  Yes                       No

Is the Youth currently with Preventive or Care Management services?  Yes                       No

Referral Source Name: \_\_\_\_\_ Title: \_\_\_\_\_

Referral Source Organization: \_\_\_\_\_

Referral Address: \_\_\_\_\_

Referral Phone Number(s): \_\_\_\_\_

Referral Email: \_\_\_\_\_

## 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.**

List SED diagnosis: \_\_\_\_\_

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

- HIV/AIDS: single qualifying condition**

### Please Screen for Additional Services

- Youth would benefit from assessment to Children's Waiver / HCBS due to (circle):** placed out-of-home, was recently (within 6 months) out-of-home or referred to out-of-home placement, is at risk of out-of-home placement, within 6 months has been seen at the Emergency Room or CPEP for behavioral health needs, or has multiple types of services involved (CSE, mental health, juvenile justice, child welfare, etc).
- Family would like to be assessed for High Fidelity Wraparound & meets above criteria.** Only the following areas are eligible for HFW through Pathways, Inc. (other regions will be automatically assessed and can be referred to approved HFW agencies if found eligible):
  - Yates County *or* Students of Dundee Central School or Marcus Whitman Central School Districts
  - Residing in Steuben, Chemung, or Schuyler Counties

## Risk Factors

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

- ADVERSE EVENTS RISK:
  - Currently involved with mandated preventive services. Must specify date issued services and provider of service.
  - Recent inpatient/ED/psychiatric hospital/Detox within the last 6 months. Must specify name of institution and date of release.
  - Recent out of home placement (foster care, relative, RTF, RTC, etc.) within last 6 months. Must specify name of institution and date of release.
  - Recently diagnosed with terminal illness/condition within the last 6 months. Must specify condition and date diagnosed.
  - Received an initial Disability Determination (SSI or DOH Disability Certificate / letter) within the last 6 months.
  - Released from jail/prison/juvenile detention, involved with Probation, PINS, Family Court within the last 6 months. Must specify program and date of release/court/probation.
- HEALTHCARE RISK:
  - Youth or Caregiver unable to appropriately navigate the healthcare system for youth's chronic conditions.
  - Youth does not have a healthcare provider or specialist to treat chronic health conditions.
  - Youth has not seen their provider (eg. PCP, Behav Health, etc.) in the last year
- SOCIAL DETERMINANTS RISK:
  - Current intimate partner violence / current family violence in the home of the youth
  - Currently cannot access food due to financial limitations or ability to shop or access food site, dietary restrictions, etc.
  - Currently homeless (HUD 1,2, or 4) & for Transitional Age Youth, has no stable living arrangement (living with different friends/family)
  - Youth has fewer than 2 people identified as a support by the youth
  - Youth has had a change in guardianship/caregiver within the last 6 months
  - Youth is concurrently Health Home appropriate due to caregiver being enrolled in Health Home services
  - Youth or Caregiver does not have needed benefits (SSI, SNAP, etc.) for Youth
- TREATMENT NON-ADHERENCE RISK:
  - Youth / care team member report of non-adherence. Must specify WHICH medication(s) and/or treatment(s) are involved
  - PSYCKES flag related to non-adherence or equivalent from RHIO or MCO
- OTHER:
  - Direct referral from MCO
  - Direct referral from Child Protective Services / Preventive Services program

Explanation / Other helpful information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 our Referrals team at [referrals5545@pathwaysforyou.org](mailto:referrals5545@pathwaysforyou.org), fax to (607) 937-3207, or mail to our Administrative offices (Pathways, Inc. Attn: CCM Referrals, 33 Denison Parkway W, Corning, NY 14830). Please call the program at (607) 937-4506 with any questions!