MONROE COUNTY COMMUNITY REFERRAL FOR CARE MANAGEMENT

Community Referrals for Health Home Care Management (HHCM) for Medicaid and dual eligible Medicaid/Medicare persons and Non Medicaid Mental Health Care Management for persons not Medicaid eligible and/or not eligible for Health Home Care Management are now being accepted in Monroe County from providers, community organizations, individuals and/ or family members.

- Health Home Care Management is being provided by Health Homes of Upstate New York – Finger Lakes (HHUNY-Finger Lakes) for eligible Medicaid and Medicaid/Medicare dual eligible persons.
- Non Medicaid Mental Health Care Management is being triaged through the Monroe County Office of Mental Health for individuals with a primary mental health diagnosis who are not eligible for Health Home Care Management.

Individuals must meet all eligibility requirements to be considered for enrollment. Please check the type of care management the person qualifies for:

☐ **Non Medicaid Care Management**	☐ **Health Home Care Management**
☐ 1. Individual is **not** eligible for Health Home Care Management services because: • Individual is not eligible for Medicaid; **OR** • Individual does not meet DOH eligibility criteria; **AND**	☐ 1. Individual meets the NYS DOH eligibility criteria of: • two chronic conditions, **OR** • HIV/AIDS and the risk of developing another chronic condition **OR**, • one or more serious mental illnesses; **AND**
☐ 2. Individual has a primary mental health diagnosis; **AND**	☐ 2. Individual currently has active Medicaid or Medicaid and Medicare; **AND**
☐ 3. Individual resides in Monroe County; **AND**	☐ 3. Individual resides or receives services in Monroe County; **AND**
☐ 4. Individual has significant behavioral, medical or social risk factors which can be addressed through care management.	☐ 4. Individual has significant behavioral, medical or social risk factors which can be addressed through care management.

How to Make a Care Management (CM) Referral:

1. Complete the attached Referral Application Form, including as much detail as possible to allow the Health Homes and Monroe County Office of Mental Health / Single Point of Access (SPOA) to determine eligibility. **DIAGNOSIS IS REQUIRED TO PROCESS THE REFERRAL.**
2. Attach a signed "Consent to Disclosure of Health Information" Form
3. Send completed application and Consent via secure e-mail or fax, or mail to ONE of the following:

NON MEDICAID CARE MANAGEMENT	**HEALTH HOME CARE MANAGEMENT: HEALTH HOMES**
Monroe County Office of Mental Health Priority Services	**Health Homes of Upstate New York: Finger Lakes**
Lisa Babbitt lbabbitt@monroecounty.gov Phone: (585) 753-2874 Fax: (585) 753-2885 Mail: Monroe County SPOA 1099 Jay St., Bldg J, 3rd Floor Rochester, NY 14611	Tracy Marchese referrals@hhuny.org Phone: 1-855-613-7659 Fax: 585-613-7670 Mail: Community Referral Health Homes of Upstate NY 1150 University Ave, Suite 142A Rochester, NY 14607 Online Referral at www.hhuny.org

Approved individuals will be assigned to a CM Agency who will conduct outreach and engage the person in care management services. CM services are voluntary and the individual will be asked to consent during the outreach and engagement process.

Community Referral Application

Identifying Information		
Name:	Date of Birth:	Gender:
Address:	Medicaid CIN #:	
	Medicaid Managed Care Organization Name	
	County of Residence:	
Phone:	E-Mail:	
Indicate any need for language/interpretation services; specify language spoken if other than English:		

Identifying Information for Additional Contacts	
Name:	Phone:

Information for Services Currently Being Provided
List Current Medical and/or Behavioral Health Treatment Providers, if known:
Specify Preferred or Recommended Care Management Agency, if any

Eligibility Category Information – Check All that Apply

Health Home Care Management: Must meet either **A only** or **B only** or **two Cs** and **HAVE active Medicaid**.
Non Medicaid Care Management: Must meet **A or C as primary diagnosis** and **NOT HAVE active Medicaid**.

Check		**Category**	**Specify Diagnosis; Provide available detail - *REQUIRED or will not be processed***
☐	A	Serious emotional disturbance	
☐	B	HIV/AIDS & the risk of developing another chronic condition	
☐	C	Mental Health condition	
☐	C	Substance Abuse Disorder	
☐	C	Asthma	
☐	C	Diabetes	
☐	C	Heart Disease	
☐	C	BMI > 25	
☐	C	Other Chronic Conditions (Specify)	

Care Management Needs - Check All that Apply and Specify Detail		
Check	**Category**	**Explain Factor and Care Management Need - *REQUIRED***
☐	Probable risk for adverse event	
☐	Repeated ER/Inpatient Use, Including Avoidable ER Use	
☐	Lack of or inadequate social/family/housing support	
☐	Lack of or inadequate connectivity with healthcare system	
☐	Non-adherence to treatments or medication(s) or difficulty managing medications	

Care Management Needs - Check All that Apply and Specify Detail (Continued)		
Check	**Category**	**Explain Factor and Care Management Need - *REQUIRED***
☐	Recent release from incarceration	
☐	Recent release from psychiatric hospitalization	
☐	Deficits in activities of daily living such as dressing, eating, etc.	
☐	Learning or cognition issues	
☐	Financial Needs	

Risk and Safety Concerns - Check All that Apply			
Check	**Concern**	**Check**	**Concern**
☐	Suicidal Ideation	☐	History of Suicide Attempts
☐	Homicidal Ideation	☐	History of Violence
☐	Active Substance Abuse	☐	Unsafe Living Environment
☐	Other – Specify		

Provide additional information regarding Risk and Safety Concerns checked above.

Narrative

Provide any additional information that may be helpful in assignment to a care management agency. If known, include strengths and/or interests of the referred individual

Contact Information for Person Completing Referral	
Name:	Title:
Organization:	
Phone:	Email:

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 care management and related health and social services. This includes referral from one provider to another, consultation regarding care, provision of care management 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

The person whose information may be used or disclosed is:

Name: _____.

Date of Birth: _____.

1. 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.
2. This information may be disclosed to the persons or organizations listed in Attachment A.
3. This information may be disclosed by any person or organization that holds a record described below, including those listed in Attachment A.
4. 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.
5. This permission expires on _____(date).
6. 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, please enter relationship _____.)

I give permission to use and disclose my records as described in this document.

_____ _____

Signature Date

Verbal Consent obtained via: (Phone/In-Person) _____ from: (Client or Representative) _____

By Name and Title: _____ Date: _____

Attachment A

This permission to disclose records applies to the following organizations and people who work at those organizations. These organizations work together to deliver services to residents of Monroe County.

Access-VR
Action for a Better Community
Adult Protective Services
Anthony Jordan Health Center
Baden Street Settlement
Balanced Care
Beacon Health Strategies, LLC (Medicaid Managed Care Organization)
Blue Cross/Blue Shield of Western New York/Health Now (Medicaid Managed Care Organization)
Catholic Family Center
Catholic Charities Community Services
Center for Youth
Child Protective Services
Community Care of Rochester, Inc. DBA Visiting Nurse Signature Care
Community Place of Greater Rochester
Companion Care of Rochester
Compeer Rochester
Conifer Park, Inc.
Coordinated Care Services, Inc.
Correct Care Solutions
Crestwood Children's Center
Daisy Marquis Jones Women's Residence
Delphi Drug & Alcohol Services
DePaul Community Services
Department of Corrections and Community Supervision
Eagle Star Housing
East House Corporation
Eldersource / Lifespan
Endeavor Counseling Services
Epilepsy-Pralid, Inc.
Excellus/Centene/Evolve Health (Medicaid Managed Care Organization)
Fidelis (Medicaid Managed Care Organization)
Finger Lakes Area Counseling and Recovery Agency (FLACRA)
Finger Lakes Developmental Disabilities Services Office (DDSO)
Gavia LifeCare Center
Greater Rochester Health Home Network (GRHHN)
Genesee County Mental Health Clinic
HCR Home Care
Health Homes of Upstate New York (HHUNY)
Helio Health, Inc.
Hickok Center
Hillside Family of Agencies
Hillside Children's Center
Huther-Doyle Memorial Institute, Inc.
Ibero-American Action League
Interim Mental Health
Jewish Family Service of Rochester
John L. Norris ATC
Liberty Resources
Lifetime Care
MC Collaborative
Mental Health Association of Rochester
Molina Healthcare
Monroe Correctional Facility
Monroe County Department of Human Services
Monroe County Jail
Monroe County Office of Mental Health
Monroe Plan for Medical Care, Inc.
MVP (Medicaid Managed Care Organization)
National Alliance on Mental Illness (NAMI)
New York Care Coordination Program, Inc.
NY Connects
Office of Addiction Services and Supports (OASAS)
Office of People with Developmental Disabilities (OPWDD)
OnTrack NY
NYS Office of Mental Health
Pathways Methadone Maintenance Treatment Program
Pathway Houses of Rochester
Prime Care (effective 1/14/18 formally known as Correct Care Solutions)
Puerto Rican Youth Development
Recovery Options Made Easy (ROME)
Reentry Association of Western NY (RAWNY)
Rehabilitation Counseling & Assessment Services, LLC.
Rochester/Monroe Recovery Network
Rochester Regional Health
Rochester Psychiatric Center
Rochester Rehabilitation Center
Spectrum Health and Human Services
Steven Schwarzkopf Community Mental Health Center
The Healing Connection, Inc.
Threshold Center
Trillium Health
United Health Care (Medicaid Managed Care Organization)
University of Rochester/Strong Memorial Hospital
Urban League of Rochester
YWCA Supportive Living Program
Venture For the, Inc.
Veteran's Administration
Veteran's Outreach Center
Villa of Hope
Westfall Associates