Health Home Child Enrollment Referral

A child/youth must meet all enrollment eligibility requirements as required by the New York State Department of Health *before* MVP Health Care® can accept him/her into Health Home Care Management Services.

Health Home Care Management Services Eligibility Requirements

The child/youth must be currently enrolled in Medicaid Managed Care ***and*** is being treated for two chronic conditions, ***or*** is being treated for HIV/AIDS, complex trauma, serious emotional disturbance, or Sickle Cell Disease; ***and*** have significant behavioral, medical, or social risk factors which can be addressed through care management. **See Section 3** for more detailed descriptions of eligibility requirements.

If the child/youth being referred is currently in Foster Care, only the Local Department of Social Services (LDSS) may submit a referral. If the child/youth is in Foster Care, *do not complete and submit this Referral*.
Contact the LDSS for more information.

Provide as much detail as possible when completing this Referral. Return the completed Referral to **HealthHome@mvphealthcare.com**. If you are completing this Referral electronically, select the email link to submit it via email. Be sure to return all five pages.

Section 1: Child/Youth Information *(please print)*

Child's Name | Date of Birth *(MM/DD/YYYY)* | Gender ☐ Male ☐ Female

Current Street Address | City | State | Zip Code

County of Residence | Phone No. | Cell Phone No. *(if applicable)*

Is this Referral Urgent? ☐ Yes ☐ No | Medicaid Managed Care Organization | Medicaid CIN

Is the child currently in Foster Care? ☐ Yes ☐ No

Primary Language Spoken ☐ English ☐ Spanish ☐ French ☐ Russian ☐ Other: _____

Language/Interpretation Services Needed ☐ Yes ☐ No

Inpatient Status

☐ Currently admitted to an inpatient facility
Facility Name _____ *Expected Discharge Date* _____

☐ Not currently admitted to an inpatient facility

Section 2: Consent Information

Consent to make this Referral must be obtained from the parent, guardian, or legally authorized representative for individuals age 17 and under. If the individual being referred is 18–21 years of age, married, a parent, or pregnant, that individual may provide consent on his or her own behalf.

Who has provided consent to make this referral to MVP?

☐ Parent ☐ Guardian ☐ Legally Authorized Representative

☐ The Individual Being Referred, is *(check one)*: ☐ 18 years of age or older ☐ A parent ☐ Pregnant ☐ Married

Consenter Name | Relationship to Child/Youth | Phone No.

Name of Individual Completing Referral | Title and Organization

Email Address | Referral Date | Phone No.

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Section 3: Eligibility Category Information

☐ **Two or More Chronic Conditions**, or

(Examples include: asthma, substance use disorder, diabetes, cerebral palsy, sickle cell anemia, cystic fibrosis, epilepsy, spina bifida, congenital heart problems, etc.)

List qualifying chronic condition(s) and include ICD-10 codes, if known/available.

☐ **HIV/AIDS** ***(Single qualifying condition)***, or

☐ **Serious Emotional Disturbance (SED)** ***(Single qualifying condition)***, or

SED is defined as a child or adolescent *(under the age of 21)* that has a designated mental illness diagnosis in the Diagnostic and Statistical Manual (DSM) categories below 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.

SED Definition for Health Home DSM Qualifying Mental Health Categories

- Anxiety Disorders
- Bipolar and Related Disorders
- Depressive Disorders
- Disruptive, Impulse-Control, and Conduct Disorders
- Dissociative Disorders
- Obsessive-Compulsive and Related Disorders
- Feeding and Eating Disorders
- Gender Dysphoria
- Paraphilic Disorders
- Personality Disorders
- Schizophrenia Spectrum and Other Psychotic Disorders
- Somatic Symptom and Related Disorders
- Trauma- and Stressor-Related Disorders
- Sleep-Wake Disorders
- Medication-Induced Movement Disorders
- Attention Deficit/Hyperactivity Disorder (ADHD)
- Elimination Disorders
- Sexual Dysfunctions
- Tic Disorder

Any diagnosis in the above categories can be used when evaluating a child for SED. However, any diagnosis that is secondary to another medical condition is excluded.

Functional Limitations Requirements for SED Definition of Health Home

The functional limitations must be ***moderate in at least two*** of the following areas, or ***severe in at least*** *one* of the following areas as determined by a licensed mental health professional.

- Ability to care for self (e.g., personal hygiene, obtaining and eating food, dressing, avoiding injuries)
- 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)
- Social relationships (e.g., establishing and maintaining friendships; interpersonal interactions with peers, neighbors, and other adults; social skills; compliance with social norms; play and appropriate use of leisure time)
- Self-direction/self-control (e.g., ability to sustain focused attention for a long enough period to permit completion of age-appropriate tasks, behavioral self-control, appropriate judgment and value systems, decision-making ability)
- Ability to learn (e.g., school achievement and attendance, receptive and expressive language, relationships with teachers, behavior in school)

ADHD can be utilized as the primary condition for SED if the functional limitations and the determination of SED is made by a licensed mental health professional. Subsequently, it is no longer required that past services within the last three years is needed.

☐ **Sickle Cell Disease** ***(Single qualifying condition)***, or

☐ **Complex Trauma** ***(Single qualifying condition)***

Complex Trauma incorporates at least infants/children or adolescents' exposure to 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.

Eligibility Category Information continued on page 3.

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Eligibility Category Information continued from page 2.

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
- Relationships with others

☐ **HCBS/LOC** *(Referral)*

Section 4: Complex Trauma Exposure Screen Questionnaire

If *Complex Trauma* is the eligibility criterion selected in Section 3, *this Questionnaire section must be completed.*

Using all available information, e.g., self- or caregiver report, review of records, etc., indicate whether the child experienced the traumatic event below. If speaking directly with the child, avoid undue stress by only asking about types of trauma for which you do not already have information. If information about a trauma is known, it is not necessary to request additional details about that trauma. For example, if the child has a documented history of physical maltreatment, select ***Present*** and continue to the next trauma type.

Information Source(s) *(check all that apply)*

☐ Parent(s)/Caregiver ☐ Child/Youth Report ☐ Chart/Records Review ☐ Other *(specify)*: _____

Questions/Prompts* *(Suggested questions for assessing trauma exposure within each Trauma Type)*	**Trauma Type**	**Trauma Present?**	**Extended Trauma Present?** *(Over six months)*
• Was there a time when adults who were supposed to be taking care of you didn't? • Has there ever been a time when you did not have enough food to eat?	**Physical/Emotional Neglect**	☐ Yes	☐ Yes
• Did a parent or other adult in the household often swear at you, insult you, put you down, or humiliate you or act in a way that made you afraid that you might be physically hurt? • Did other children often tease or insult you, put you down, or threaten you physically? • Did other children spread lies about you or turn other people against you?	**Emotional Maltreatment, Including Bullying**	☐ Yes	☐ Yes
• Have you lived with someone other than your parents/caregiver while you were growing up (because they couldn't take care of you or you were kicked out of the home)? • Have you ever been homeless? This means you ran away or were kicked out of the home and lived on the street for more than a few days. Or you and your family had no place to stay and lived on the street, in a car, or in a shelter.	**Displacement**	☐ Yes	☐ Yes
• Have you lost a primary caregiver through death or incarceration? • Have you been left in the care of different people due to parental incapacity or dysfunction, even if your primary place of residence did not change? • Have you had two or more changes in your primary caregiver or guardian, either formally (legally) or informally?	**Attachment Disruption**	☐ Yes	☐ Yes
• Has anyone ever made you do sexual things you didn't want to do, like touch you, make you touch them, or try to have any kind of sex with you?	**Sexual Abuse**	☐ Yes	☐ Yes
• Has anyone ever tried to make you do sexual things you didn't want to do? • Has anyone ever forced you, or tried to force you, to have intercourse?	**Sexual Assault/Rape**	☐ Yes	☐ Yes
• Have you ever been hit or intentionally hurt by a family member? • If yes, did you have bruises, marks, or injuries?	**Physical Abuse**	☐ Yes	☐ Yes
• Have you ever seen or heard someone in your family/house being beaten up? • Have you ever seen or heard someone in your family/house get threatened with harm?	**Domestic Violence**	☐ Yes	☐ Yes

Complex Trauma Exposure Screen Questionnaire continued on page 4.

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Complex Trauma Exposure Screen Questionnaire continued from page 3.

Questions/Prompts* *(Suggested questions for assessing trauma exposure within each Trauma Type)*	**Trauma Type**	**Trauma Present?**	**Extended Trauma Present?** *(Over six months)*
• Have you ever seen or heard someone being beaten, or who was badly hurt? • Have you ever seen someone who was dead or dying, or watched or heard them being killed? • Has anyone ever hit you or beaten you up (physically assaulted you?) • Has anyone ever threatened to physically assault you, with or without a weapon?	**Community Violence (Chronic)**	☐ Yes	☐ Yes
	Interpersonal Violence (Episodic)	☐ Yes	☐ Yes
• Have you or anyone in your family been involved in, or directly affected by, a war?	**War/Political Violence**	☐ Yes	☐ Yes
• Have you ever been in the hospital, or been treated for a serious or life-threatening illness or injury? • Has anyone ever stalked you? Has anyone ever tried to kidnap you? • Have you ever been directly affected by a terrorist attack like 9/11? • Is there anything else scary or upsetting that has happened to you? Sometimes people have something in mind, but they're not comfortable talking about the details. Is that true for you?	**Medical Trauma**	☐ Yes	☐ Yes
	Stalking/Kidnapping	☐ Yes	☐ Yes
	Terrorism	☐ Yes	☐ Yes
	Other Trauma	☐ Yes	☐ Yes

**Prompts derived from Trauma History Checklist and Interview. Trauma Types derived from Trauma History Profile.*

Total Number of *Trauma Present* Yes Responses
***If number totals 2 or more**, refer the child to Health Home for further Assessment.*

Total Number of *Extended (Chronic) Trauma Present* Yes Responses
***If number totals 1 or more**, refer the child to Health Home for further Assessment.*

Section 5: Risk Factors *(select all that apply)*

Provide an explanation of how the child/youth exhibits each risk factor for each Risk Factor selected below.

☐ 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 health care 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	

Risk Factors continued on page 5.

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Risk Factors continued from page 4.

☐ Is concurrently eligible or enrolled, along with either their child or caregiver, in a Health Home

Please provide any additional information that may be helpful in determining Health Home eligibility:

Section 6: Confidentiality

This information has been disclosed to you from confidential records which are protected by state law. State law prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Any unauthorized further disclosure in violation of state law may result in a fine or jail sentence or both. A general authorization for the release of medical or other information is NOT sufficient authorization for the release for further disclosure. New York Public Health Law §2782(5)(a).