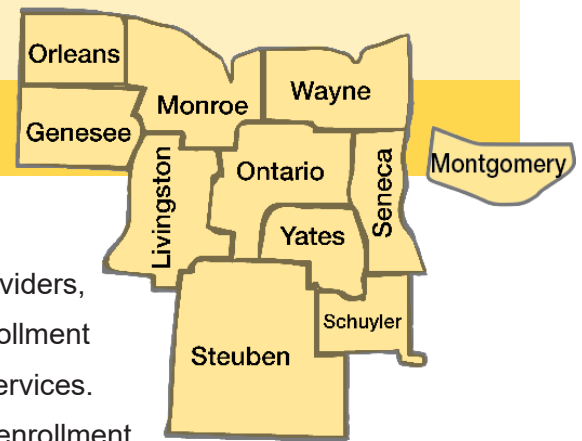


COMMUNITY REFERRAL  
FOR HEALTH HOME CARE MANAGEMENT SERVICES

Huther Doyle, a HHUNY affiliated Health Home  
Serving the Finger Lakes Region and Montgomery County



HHUNY is accepting referrals from the community (health care providers, community organizations, individuals and/or family members) for enrollment of eligible individuals into HHUNY Health Home Care Management Services. Individuals must meet all eligibility requirements to be considered for enrollment.

### HEALTH HOME CARE MANAGEMENT SERVICES ELIGIBILITY

1. Individual currently has active Medicaid; AND;
2. Individual resides in one of the following Counties: Genesee, Livingston, Monroe, Montgomery, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, or Yates County; AND;
3. Individual meets the NYS DOH eligibility criteria of: two chronic conditions, or HIV/AIDS or Serious Mental Illness (SMI) or Sickle Cell Disease; AND;
4. Individual has significant behavioral, medical or social risk factors which can be addressed through caremanagement.

### HOW TO MAKE A REFERRAL TO HHUNY

1. Complete the attached Community Referral Application Form, including as much detail as possible to allow HHUNY to verify eligibility for health home care management services.
2. Attached a signed "Consent to Disclosure of Health Information" Form

SAVE TIME AND PAPER!

Make referrals online.

Visit [www.hhuny.org](http://www.hhuny.org) and click on "Make a Referral" in the right hand corner on any webpage.

3. Send the completed Application and Consent via secure e-mail or fax, or mail to:

**HHUNY Referral Team**

**Email:** [referrals@hhuny.org](mailto:referrals@hhuny.org)

**Fax:** 585-613-7670

**Mail:** HHUNY Referral Team  
New York Care Coordination Program  
Health Homes of Upstate New York  
1150 University Ave, Suite 142A  
Rochester NY 14607

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

HHUNY, through its affiliates, also provides health home services in the counties of Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Cortland, Erie, Madison, Niagara, Onondaga, Oswego, Tompkins, and Tioga. Please contact the Community Referral Coordinator to make a referral for services in any of these counties. Please sign consent forms on page 5.



**HHUNY**  
HEALTH HOMES OF UPSTATE NEW YORK  
Empowering you. Expanding possibilities.

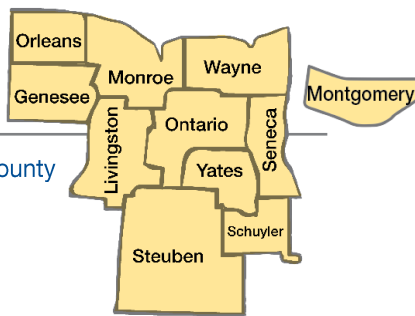
SAVE TIME AND PAPER!

**Make referrals online.**

**Visit [www.hhuny.org](http://www.hhuny.org) and click on  
“Make a Referral” in the right hand  
corner on any webpage.**



# COMMUNITY REFERRAL APPLICATION



Huther Doyle, a HHUNY affiliated Health Home Serving the Finger Lakes Region & Montgomery County

**save time and paper!** Make referrals online. Visit [www.hhuny.org](http://www.hhuny.org) and click on "Make a Referral" in the right hand corner on any webpage.

If the referral is for a youth between the ages of 18-21, please complete the following:  
 Is the youth in Foster Care? Yes No If yes, please contact your local DSS  
 Does the youth prefer to be served under the Adult HH system? Yes No  
 Does the youth prefer to be served under the Children's HH system? Yes No  
 If yes, please complete child/youth referral at [www.childrenshealthhome.com](http://www.childrenshealthhome.com)

## IDENTIFYING INFORMATION

Name:	Date of Birth:	
Address:	Medicaid CIN #: CIN has 8 characters total - 2 letters, 5 numbers, 1 letter	
	If CIN unavailable, provide SS #	
Phone:	County of Residence:	Gender:
	Cell Phone:	
Indicate any need for language/interpretation services; specify language spoken if other than English:		

## ELIGIBILITY CATEGORY INFORMATION

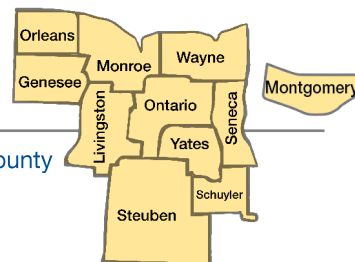
Check All that Apply. Must meet either A only or two B to be eligible.

Check	Category	Specify Diagnosis; Provide Available Detail
A	Serious Mental Illness	
A	HIV/AIDS & the risk of developing another chronic condition	
A	Sickle Cell Disease	
B	Mental Health Conditions	
B	Substance Use Disorder	
B	Asthma	
B	Diabetes	
B	Heart Disease	
B	BMI > 25	
B	Other Chronic Conditions (Specify)	



COMMUNITY REFERRAL APPLICATION (continued)

Huther Doyle, a HHUNY affiliated Health Home Serving the Finger Lakes Region & Montgomery County



RISK FACTORS Check All that Apply

Check	Category	Detail Indicating How Referral Meets the Risk Factor
	Probable risk for adverse event (e.g., death, disability, inpatient or nursing home admission)	
	Lack of or inadequate social/family/housing support	
	Lack of or inadequate connectivity with healthcare system	
	Difficulty adhering to treatments or difficulty managing medications	
	Recent release from incarceration	
	History of incarceration	
	Most recent psychiatric hospitalization discharge date	
	Deficits in activities of daily living such as dressing, eating, etc.	
	Learning or cognition issues	
	Suicidal Ideation	
	History of Suicide Attempts	
	Homicidal Ideation	
	History of Violence	
	Legal History/Sex Offender Status	
	Unsafe Living Environment	
	Care Manager visitation issues (e.g., household hazards, safety concerns)	
	Other - Specify	

NARRATIVE Provide any additional information that may be helpful in assignment to a Care Management Agency:

Specify Preferred or Recommended Care Management Agency, if any:	
Contact Information for Person Completing Referral:	Title:
Organization:	
Phone:	Email:*

\*The agency assignment is communicated via secure email to both the referral source and the agency receiving the assignment.



## PERMISSION TO USE AND DISCLOSE CONFIDENTIAL INFORMATION

Huther Doyle, a HHUNY affiliated Health Home Serving the Finger Lakes Region and Montgomery County

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:
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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:
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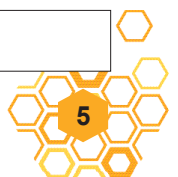
7. I understand that this permission may be revoked. I also understand that records disclosed before this permission is revoked may not be retrieved. Any person or organization that relied on this permission may continue to use or disclose health information as needed to complete treatment.

I am the person whose records will be used or disclosed, or that individual's personal representative:  
(If personal representative, please enter relationship)

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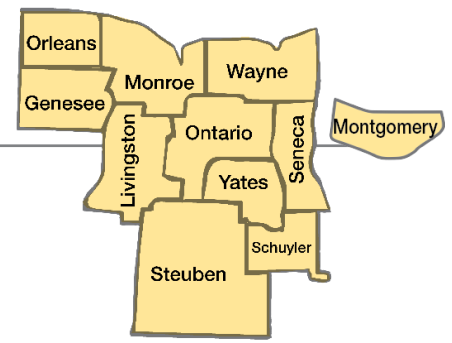
I give permission to use and disclose my records as described in this document.

Signature:	Date:
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## CONSENT TO DISCLOSE HEALTH RECORDS – ATTACHMENT A

Huther Doyle, a HHUNY affiliated Health Home Serving the Finger Lakes Region



Arbor Housing and Development  
Baden Street Settlement  
Catholic Charities Family & Community Services  
CCR / dba Visiting Nurse Service (formerly CCOR)  
Companion Care of Rochester: (formerly Blossom)  
Coordinated Care Services, Inc.  
DePaul Community Services  
East House  
Elm & Oak Health (formerly Monroe Plan for Med Care)  
Elmira Psychiatric Center  
Excellus Health Plans  
Finger Lakes Community Health  
Finger Lakes Area Counseling & Recovery Agency  
FreedomCare  
Genesee County Mental Health Services  
Greater Rochester Health Home Network (GRHHN)  
HCR Care Management LLC  
Highmark Western & Northeastern NY  
Hillside  
Huther-Doyle Memorial Institute, Inc.  
Ibero-American Action League  
John D. Kelly Behavioral Health Center  
Lakeview Health Services  
Liberty Resources  
Livingston County Mental Health Services

Monroe County Office of Mental Health  
MVP Health Care  
New York Care Coordination Program, Inc.  
New York State Catholic Health Plan dba Fidelis Care New York  
New York State Office of Mental Health  
New York State Office of Alcohol and Substance Abuse Services  
Ontario County Department of Mental Health  
Orleans County Department of Mental Health  
Pathways, Inc.  
Person Centered Housing Options (PCHO)  
Rochester Regional Health System  
Rochester Regional - Unity  
Rochester Psychiatric Center  
Rochester Rehabilitation Center  
Schuyler County Community Services  
Steuben County Community Mental Health Services  
TruCare Connections, Inc.  
United Healthcare  
University of Rochester/Strong Memorial Hospital  
Villa of Hope  
Wayne ARC  
Wayne County – Wayne Behavioral Health Network  
Western New York Independent Living, Inc.  
Westside Community Care Management  
Yates County Department of Community Services  
YWCA of Rochester and Monroe County



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1150 University Ave, Suite 142A  
Rochester NY 14607  
1-855-613-7659  
[askhhuny@hhuny.org](mailto:askhhuny@hhuny.org)

