

## CBC-Pathways to Wellness (PTW) Upward Enrollment Referral Form

To enroll in the Health Home (HH) program, applicants must be actively enrolled in Medicaid Fee for Service (FFS) or a Medicaid Managed Care program, have a qualifying condition(s), and would benefit from HH Services. Please complete this confidential form to confirm the member's eligibility.

### SECTION A: DEMOGRAPHIC INFORMATION

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Gender:**  Male  Female  Unknown  Other

**Applicant's Address** (if applicant is homeless, note the shelter/drop-in center or place where the applicant may be contacted):

STREET CITY ZIP CODE EMAIL

**Telephone:** \_\_\_\_\_ **Alternate Number:** \_\_\_\_\_

**Medicaid Number/CIN:** \_\_\_\_\_ **Medicaid Status:**  Active  Inactive  Unknown

**Medicare/Dual:**  Yes  No **Applicant's Primary Language:**  English  Spanish  Other \_\_\_\_\_

**Applicant's PCP:** \_\_\_\_\_

NAME PHONE FAX ADDRESS

**Current Living Situation:**

<input type="checkbox"/> Private/Permanent Residence	<input type="checkbox"/> Supportive Housing or Supported SRO
<input type="checkbox"/> Temporary or Unstable Housing	<input type="checkbox"/> Street Homeless
<input type="checkbox"/> Drop In-Shelter or ER Housing	<input type="checkbox"/> Other _____

### SECTION B: HEALTH HOME ELIGIBILITY

**Applicant Diagnosed:**  Two Chronic Conditions\*  Serious Mental Illness (SMI)  HIV/AIDS

**Applicant has significant behavioral, medical, or social risk factors (needs) which can be ameliorated through CC services.**

- |   |   |
|---|---|
| <input type="checkbox"/> Lack of or inadequate connectivity to health care system             | <input type="checkbox"/> Learning or Cognitive issues       |
| <input type="checkbox"/> Non-adherence to treatment or medication or difficulty managing meds | <input type="checkbox"/> Deficits in ADLs                   |
| <input type="checkbox"/> Recent release from incarceration or psych hospitalization           | <input type="checkbox"/> Probable risk for an adverse event |
| <input type="checkbox"/> Lack of or inadequate social, family, or housing support             |   |

**Applicant has a history of poor connectivity to care, including but not limited to:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> No Primary Care (PCP)             | <input type="checkbox"/> No connection to specialty MDs | <input type="checkbox"/> Does not keep appointments                                       |
| <input type="checkbox"/> Homelessness                      | <input type="checkbox"/> Inappropriate ER use           | <input type="checkbox"/> Repeated recent hospitalizations for preventable conditions      |
| <input type="checkbox"/> Recent release from incarceration |   | <input type="checkbox"/> Cannot be effectively treated in a patient centered medical home |

### SECTION C: REFERRAL SOURCE INFORMATION

Referral Source (Name): \_\_\_\_\_ Agency/Phone Number: \_\_\_\_\_

### SECTION D: RESOURCES & LINKS

**FAX DIRECTLY TO SI BEHAVIORAL NETWORK, INC. (718) 351-5639**  
**INCLUDE MOST RECENT PSYCHOSOCIAL WITH THIS FORM**

\*Qualifying chronic conditions include: mental health condition (SMI), substance abuse disorder, asthma, diabetes, heart disease, a BMI over 25, and other chronic conditions described in detail in the New York State Medicaid State Plan Amendment 11-56, which can be accessed on the New York State Department of Health's Medicaid Health Home website.

The CBC Pathways to Wellness Consent [http://www.pathways2wellness.org/wp-content/uploads/2014/03/Health\\_Home\\_Consent.pdf](http://www.pathways2wellness.org/wp-content/uploads/2014/03/Health_Home_Consent.pdf).

For a full listing CBC PTW MCO contracts <http://www.pathways2wellness.org/our-contracted-mcos-2/>