

Oishei Healthy Kids – Children's Health Home

UNIVERSAL REFERRAL FORM

Phone: 716-370-1000 Email: OHK@kaleidahealth.org

PLEASE E-MAIL THIS REFERRAL FORM TO OISHEI HEALTHY KIDS FOR FOLLOW-UP.

OHK partners with other Care Management agencies and will contact them as needed to achieve the best care coordination for our members. If you have a preferred or recommended Care Management Servicing Provider, please specify under additional comments.

Client/Family Information:

CHILD/YOUTH: Last Name			First Name		Medicaid	Medicaid (CIN) #	
PARENT/GUARDIAN: Last Name			First Name				
Street Address			City		State	Zip	
CountyHome Phone_				ork/Cell Phone			
CHILD/YOUTH AGE		DOB	_ Gender 🗆 M 🛛	F 🗆	t school		
		Race/Et	•			-	
□ Yes □ No PCP Name		Phone			Address		
						Referral	
	R	eferred By/Organization_	red By/Organization		Phone		
CHILD receives servio	ces from	OMH SPOA					
Completed By:		Method: 🛛 Phone, 🗆 Email, 🗆 F			iled, □In-F	' erson	
(Print na	member completing form)		(check appr	(check appropriate box)			
Insurance Informa	ation:	*Must have ACTIVE M *If NO active Medica		-			-
Insurance Provider:	-	is 🛛 Health Now ed Health Care	 ✓ □ Independent H □ Fee for Service 				are Health Plan
Care Coordinatio	n Need	<u>s:</u>					
Check all that apply Homeless Nutrition Support System Transportation Medication Adherence			 Inadequate Housing Food Access Daily Living Skills Disease Education Vocational 		□ Self- □ Rep □ Prov	□ Financial □ Self-Management □ Repeat ED/In-Patient Visits □ Provider Linkage: □PCP □BH □ Other	
Risk/Safety Factor	<u>'s:</u>						
Check, all that apply Guicidal Ideation/History			□ Homicidal Ideation/History □ Assault			□ Violent Behavior	
Client/Family Conser	y complete if you have	spoken to legal consenter		er Date: _	Date:		
		n, source of this referrates to a representative				has	been informed
CHW/Enroller:							
Verbal Consent: 14	Consenter Name:						
Additional Comm	ents:						
		Healt	h Home Use Only	:			
□ No active Medicaid	Doe:	R es Not Meet Eligibility Req	e ason Declined Juirements	y Enro	lled with Another	Health Hor	ne
Print Name						Date	



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Eligibility Category Information (if ICD-10 code(s) are available please include them)

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, etc.)

List Qualifying Chronic Conditions:

OR HIV/AIDS: single qualifying condition

(eligibility criteria continued on next page)

OR

□ Serious Emotional Disturbance (SED): single qualifying condition

SED is defined as a child or adolescent (under the age of 21) that has a designated mental illness diagnosis in the following Diagnostic and Statistical Manual (DSM) categories (Schizophrenia Spectrum and Other Psychotic Disorders, Bipolar and Related Disorders, Depressive Disorders, Anxiety Disorders, Obsessive-Compulsive and Related Disorders, Trauma-and Stressor-Related Disorders, Dissociative Disorders, Somatic Symptom and Related Disorders, Feeding and Eating Disorders, Gender Dysphoria, Disruptive, Impulse-Control, and Conduct Disorders, Personality Disorders, Paraphilic Disorders) 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:

- 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

□ Complex Trauma: single qualifying condition

Note – If this is the only box checked on the form, you must ALSO complete the Complex Trauma Referral Cover Sheet and the Complex Trauma Exposure Screen and attach with the referral form.

Definition of Complex Trauma:

- a. The term complex trauma incorporates at least:
 - a. Infants/children/or adolescents' exposure multiple traumatic events, often of an invasive, interpersonal nature, and
 - b. The wide-ranging, long-term impact of this exposure
- b. The nature of the traumatic events:
 - a. Often is severe and pervasive, such as abuse or profound neglect;
 - b. Usually begins early in life;
 - c. 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.);
 - d. Often occur in the context of the child's relationship with a caregiver; and
 - e. Can interfere with the child's ability to form a secure attachment bond, which is considered a prerequisite for health social-emotional functioning.
- c. Many aspects of a child's healthy physical and mental development rely on this secure attachment, a primary source of safety and stability
- d. Wide-ranging, long-term adverse effects can include impairments in:
 - a. Physiological responses and related neurodevelopment,
 - b. Emotional responses,
 - c. Cognitive processes including the ability to think, learn, and concentrate,
 - d. Impulse control and other self-regulating behavior,
 - e. Self-image,
 - f. Relationships with others, and
 - g. Dissociation