



713 Union Street, Hudson, NY 12534 * ph: 518-947-6208*fax: 518-943-4500

Care Coordination Referral Form

The Care Coordination program by the New York State Department of Health is to facilitate access to a multi-disciplinary array of services and supports for Medicaid recipients with chronic medical and/or behavioral health conditions. The goal of the program is to assure that members receive appropriate access to medical, behavioral and social services in an integrated manner.

A Care Coordinator, whose primary role is to oversee the coordination of a member's care and to focus on health promotion, is assigned to each individual.

Applicants must have active Medicaid coverage in order to be enrolled in the program and meet one of the following diagnostic criteria:

- One serious Mental Illness (SMI); and/or,
- HIV/AIDS and the risk of developing another chronic condition; and/or,
- Two chronic conditions: mental health condition, substance use disorder, asthma, diabetes, heart disease, BMI over 25, other chronic conditions.

*=required information

Date: _____ Referring Provider/Agency: _____

Contact Person: _____ Contact Phone/email: _____

Applicant Name*: _____ Applicant Date of Birth*: _____

Medicaid CIN*: _____ -or- Social Security #*: _____

Managed Care Plan (If applicable): _____ Gender*: _____

Home Phone #*: _____ Cell Phone #: _____ Email: _____

Preferred method of contact (Circle one): Phone Call Email Text

Home Address (#, Street, City, State, Zip Code) _____

Mailing Address (If different from above) _____

Emergency Contact Name/Phone/Relationship to individual: _____

Reason for Referral

- No primary care provider or specialty doctor or other practitioner.
- Inpatient stays for Substance Abuse Treatment within previous 6-12 months.
- Difficulty with compliance (does not keep appointments, etc.)
- Inappropriate Emergency Department use.
- Repeated recent hospitalizations for preventable conditions (medical or psychiatric) within past year.
- Recent release from incarceration within 6-12 months.
- Cannot be effectively treated in an appropriately resourced patient centered medical home.
- Homelessness.

How may a Care Coordinator Assist You?

- SPOA/ Housing/ Homelessness
- Food Stamps (SNAP) or HEAP
- Substance Abuse Treatment
- Managing Prescriptions
- Locating a doctor or specialist
- Education Services/ High School Equivalency (GED)
- Employment Services/Unemployment
- Help with benefits/ Medicaid/ SSI/ SSDI/ Spend Down
- Mental Health Services/ Scheduling/ Clinical Services
- Referral to PROS

Please include any other relevant information

Signature of Referring Provider: _____

Signature of Applicant: _____

If you have any questions, please call:

Jacklyn Perez, Program Director
518-943-2591

Samantha Rekemeyer, Assistant Director
518-265-4613