C.H.T.Services,Inc.

2901 Campus Road, Brooklyn, NY 11210
Phone: (718) 874-6226 **Ext**.101 **Fax:**(718) 874-0041
www: chtservices.com

Do You...

Have Medicaid?

Need help with your healthcare?

Need a partner in hope?

It's all free.

Your Care Coordinator can help you and put you on a path to a better life.

1

Coordinate
Free care services at your home.

2

Advocate
On your behalf so you receive the care you deserve.

3

Refer
You to doctors and specialists for medical and mental health needs.

Find
You all financial assistance programs you may qualify for.

Schedule
All your necessary appointments.

Help
You manage your medications and treatment plans.

Provide
For finding affordable housing, food, clothing, and childcare.

Care Coordination Needs
(Please check all that apply)

- ☐ Homelessness
- ☐ Inadequate Housing
- ☐ Inadequate Nutrition/Food
- ☐ Financial Needs
- ☐ Lack of Natural Supports
- ☐ Deficits in Daily Living Skills
- ☐ Unaddressed Physical Health Needs
- ☐ Non-adherence to Treatment
- ☐ Non-adherence with Medications
- ☐ Transition from Hospital (Last Six Months)
- ☐ Repeated ER/Inpatient Use
- ☐ Lack of or Inadequate Connectivity to Outpatient Health Care
- ☐ Learning or Cognition Issues
- ☐ Transition from Incarceration (Last 12 Months)
- ☐ Probable Risk for Adverse Events (i.e., Death, Disability, Inpatient/Nursing Home Admissions)

Comments:_____

_____

_____

_____

_____

_____

We're always here.

2901 Campus Road, Brooklyn, NY 11210
Phone: (718) 874-6226 Ext. 101.
Fax: (718) 874-0041
Email: radmila@chtservices.com

C.H.T.Services,Inc.

2901 Campus Road, Brooklyn, NY 11210
Phone: (718) 874-6226 Ext.101 Fax:(718) 874-0041
Email: radmils@chtservices.com

Referral for care coordination services:

Child/Youth currently has active Medicaid and be under 21 years of age.

Have two or more chronic health conditions or one of the following single qualifying conditions.

Client Name:_____ Referral Date: _____/____/_____

Address: _____ Gender: M____ F____

_____

DOB:___/___/____ Phone: _____-_____-_____

Primary Language: _____

Translator Needed: Y___ N___

Please provide answers to all of the following

HIV/AIDS Diagnosis: _____

Serious Mental Illness Diagnosis:_____

Mental Health Diagnosis:_____

Substance Abuse Diagnosis:_____

Please Indicate Any of the Following: Asthma___ BMI>25___ Diabetes___ Heart Disease___

Other Chronic Conditions:_____

Insurance Information:

Medicaid Number: _____

Is the client enrolled with a Managed Care Organization? Y___ N___

If yes, which MCO?_____

Are you currently enrolled in a Health Home? Y___ N___

If yes, which Health Home? _____

QUALITY CRITERIA FOR ENROLLMENT

Insurance Plans:

- ☐ Medicaid
- ☐ Affinity
- ☐ Amidacare
- ☐ AlphaCare MLTC
- ☐ CenterLight MLTC
- ☐ Centers Plan for Healthy Living MLTC
- ☐ ElderServe MLTC
- ☐ Empire Blue Cross Shield/Health First/ Anthem
- ☐ Fidelis/ NY CatholiC & Fidelis MLTC
- ☐ Health First
- ☐ Integra MLTC
- ☐ MetroPlus
- ☐ Montefiore Diamond Care
- ☐ Senior Health MLTC
- ☐ Senior Whole Health MLTC
- ☐ United Health Plan
- ☐ VillageCare Max MLTC
- ☐ VNSNY Choice/Select Health
- ☐ WellCare
- ☐ None
- ☐ Other:_____

* 1 Single Qualifying Chronic Condition:

- ☐ Serious Emotional Disturbance (SED): ADHD, Bipolar Disorder, Feeding & Eating Disorder, Disruptive, Impulse-Control, and Conduct Disorders, OCD, Dissociative Disorder, Complex Trauma & Stressor Related Disorder
- ☐ Serious Mental Illness (SMI)
- ☐ HIV/AIDS

* 2 or More Qualifying Chronic Conditions:

- ☐ Aplastic Anemia
- ☐ Asthma
- ☐ Attention Deficit Hyperactivity Disorder (ADSHD)
- ☐ Autism spectrum disorder
- ☐ Blindness or Vision Loss
- ☐ Bone, Digestive, Kidney, & Liver Malignancies
- ☐ Brain & Central Nervous System
- ☐ Cardiac
- ☐ Cardiac Device Status
- ☐ Cardiomyopathy
- ☐ Cerebral Palsy
- ☐ Chromosomal Anomalies
- ☐ Chronic Alcohol Abuse & Dependency
- ☐ Chronic Bronchitis
- ☐ Chronic Ear Diagnosis except
- ☐ Diabetes with or without Complications
- ☐ Dysrhythmia & Conduction Disorder
- ☐ Drug Abuse Related Diagnoses
- ☐ Ear, Nose, and Throat Malignancies
- ☐ Epilepsy
- ☐ Extreme Prematurity-Birthweight NOS
- ☐ Gait Abnormalities
- ☐ Learning or cognition issues
- ☐ Malignancy
- ☐ Malnutrition
- ☐ Mental illnesses
- ☐ Obesity and overweight
- ☐ Prematurity- Birthweight <1000 grams
- ☐ Sickle Cell Anemia