



Community Referral Form For Health Home and DSRIP

Mary Imogene Bassett Hospital is offering a **FREE** service and accepting referrals to help individuals obtain Health Insurance and also to assist Medicaid recipients with obtaining services from Community Based Organizations; which includes linking them to the medical community.

Does the candidate have Active Medicaid Insurance?

If not then, please complete the Demographic Information and Referral Contact Information sections located on the attached referral form and fax to 315-867-1341 (Attention Referral Coordinator). *If you have access to the PAM Assessment tool please complete the PAM Assessment Information and identify the level.*

If the candidate does have Active Medicaid Insurance please complete as much detail on the attached referral form to allow Bassett to verify eligibility into our DSRIP Navigation or Medicaid Health Home Programs. The eligibility requirements for each program are listed below. **If the patient is eligible for DSRIP Navigation (eligibility listed below) please complete the attached Navigation Patient Information Sharing Consent.**

DSRIP Navigation Eligibility - please complete the Navigation

- ✓ Active Medicaid Insurance **and**
- ✓ 1 Chronic Condition **or** 1 Risk Factor (Listed Below)

If the candidate is not interested in Medicaid Health Home Services and but would like Navigation Services please check of the box located on the bottom of the form indicating this.

Medicaid Health Home Eligibility

- ✓ Active Medicaid Insurance **and**
- ✓ HIV **or** Serious Mental Health Condition **or** 2 Chronic Conditions **and** 1 Risk Factor (Listed Below)

Risk Factors -Probable risk for adverse events (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, Non-adherence to treatments or medication(s) or difficulty managing medications, Recent release from incarceration or psychiatric hospitalization and Deficits in activities of daily living such as dressing or eating

We can help with the following items – just to name a few.

- ✓ Help to obtain a Primary Care Physician
- ✓ Change Providers such as Doctors, Dentists and Specialist.
- ✓ Serve as a link to your healthcare providers so that you feel your needs are being met
- ✓ Assist individuals apply for and/or appeal SSI/SSDI and also assisting people with maintaining their benefits
- ✓ Coordinating hospital admission, discharge including outpatient procedures and assisting with any services needed after discharge
- ✓ Help link you with any available programs, services and funding sources to help in any area the candidate is struggling with (to include Medicaid Transportation and Housing Assistance)

Please include this cover sheet with the referral form and fax to Attention: Referral Coordinator (Fax # - 315-867-1341)

Name _____ Fax# _____ # of Pages Including Coversheet _____

This Program does not cost the candidate anything, is voluntary and will not affect your Medicaid

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