

NEW DIRECTIONS CARE MANAGEMENT REFERRAL

Serving Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming Counties



Phone: 1-866-617-0065 Fax: (716) 833-3264

Youth Information

Youth Name: _____ DOB: _____

Medicaid CIN#: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Parent/Guardian: _____

Address: check if same as youth _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

DSS Worker Name: if linked with DSS _____

Phone: _____ County: _____

Eligibility Information

Single Qualifying Condition (see list): _____

OR – Two Chronic Conditions (see list)

Chronic Health Condition: _____

Chronic Health Condition: _____

Appropriateness Criteria: (check one or more that apply)

- At risk for adverse event (e.g. death, disability, inpatient or nursing home admission, mandated preventive services, or out of home placement);
Has inadequate social/family/housing support, or serious disruptions in family relationships;
Has inadequate connectivity with healthcare system;
Does not adhere to treatments or has difficulty managing medications;
Has recently been released from incarceration, placement, detention, or psychiatric hospitalization;
Has deficits in activities of daily living, learning or cognition issues;
Provider Linkage: Primary Care Provider Dental Behavioral Health Other

Referral Information

Please describe the reason this youth is being referred: What are the concerns? How will Care Management benefit the youth?

Are there any Safety Concerns? Suicidal Homicidal Domestic Violence Gang Activity
Neighborhood Concerns History of Violence Other:

Referral Source (if applicable): _____

Worker Name: _____ Phone: _____

Signatures or if verbal consent

Youth: _____ Date: _____

Parent/Guardian: _____ Date: _____

I want New Directions to provide Care Management Services