

# GENERIC HEALTH HOME REFERRAL WORKFLOW

**HEALTH HOME CRITERIA:** Make a clinically informed, presumptive assessment about eligibility:

**Step 1:** Ensure the patient is eligible for Medicaid and the Medicaid is active

**Step 2:** Assess Diagnostic Eligibility

- At least **TWO** chronic conditions including, but not limited to: mental health condition, substance use disorder, asthma, diabetes, heart disease, BMI>25 or other\* **OR**
- HIV/AIDS; **OR**
- A Serious Mental Illness

**AND**

**Step 3: Assess Health Home Appropriateness**

The person has significant behavioral, medical, or social risk factors and can benefit from comprehensive care management services:

- ✓ Inadequate connectivity to the healthcare system for example no primary care provider, no connection to specialty doctor, does not keep appointments, etc.
- ✓ Non-adherence to treatment/medications or difficulty managing medications
- ✓ Inappropriate ED use
- ✓ Repeated hospitalizations for preventable conditions either medical or psychiatric
- ✓ Recent release from incarceration
- ✓ Deficits in activities of daily living such as dressing & eating
- ✓ Lack of or inadequate social/family/housing support (including homelessness) or serious disruptions in family relationship

\*[https://www.health.ny.gov/health\\_care/medicaid/progrm/medicaid\\_health\\_homes/docs/health\\_home\\_chronic\\_conditions.pdf](https://www.health.ny.gov/health_care/medicaid/progrm/medicaid_health_homes/docs/health_home_chronic_conditions.pdf)

Does the patient have Medicaid?

YES

Does Patient meet Health Home Criteria?  
Refer to the box on the left

**Guiding Questions for Adapting Health Home referral processes to your clinic's workflow**

1. Which staff role can accomplish each task?
2. Where in your appointment workflow can designated staff check to see if the patient has Medicaid?
3. Where in the appointment workflow can designated staff discuss the HH program with patient?
  - Can an educational brochure be shared with the patient while waiting to be seen?
4. Where in the appointment can the designated staff person make the referral?

NO

No referral can be made at this time.

YES

Discuss HH Program with Patient

Does Patient agree to be referred to a Health Home Program?

NO

No referral can be made at this time.

YES

Designated Staff person securely sends referral form to HVC [achoudhary@hvc.net](mailto:achoudhary@hvc.net)/  
Fax: 914.941.3270

**Assumptions:**

- Workflow assumes intake language in consent form for referrals services covers HH referrals
- Staff need to be educated on HH criteria and referral processes.