RAPID ENGAGEMENT DELIVERY (RED) REFERRAL

DATE OF REFERRAL:
RATIONALE FOR REQUESTED SERVICES:

Please check all that apply

☐ Adult- 18 Years of age of older
☐ Resident of Monroe County
☐ Eligible for Temporary Assistance (TA) or presumed to be eligible
☐ History of unsuccessful attempts at obtaining Temporary Assistance (TA) benefits or currently unable to do so; OR history of emergency housing utilization
☐ Eligible for care management in Monroe County- Health Home Care Management or Behavioral Health Care Management **(please see back page for eligibility criteria):**

First Name: **Last Name:** **DOB:** **SSN:**
Do you require services in a language other than English? ☐ Yes ☐No If Yes, Language:

Gender: ☐Male ☐Female ☐Transgender Race/Ethnicity: Marital Status:
Permanent Address: **Zip:** **Telephone:**
Are you currently in the following facility? ☐**Inpatient (MH or CD),** ☐**Jail/Prison,** ☐**Hospital (Medical)** ☐**Other** __
If Yes, Name: Telephone #: Planned Discharge Date:
Is someone assisting you with referral today? ☐ Yes ☐No
If Yes, Name: Agency: Telephone #:
I have worked/am working with a care management provider(e.g. case manager, transitional coach, etc.) ☐ Yes☐No
If Yes, Name: Agency: Telephone #:
I am receiving services from a Doctor or other treatment provider? ☐ Yes ☐No
If Yes, Name: Agency: Telephone #:
I can be contacted today at this email, address and/or telephone number:
Email Address:
Address:
Additional places where I can be contacted/best days or times to reach me:
Address: Phone #: Time:
Address: Phone #: Time:
Address: Phone #: Time:

Additional Comments:

DHS Sanctioned? Y N Unknown
Medicaid Info.
__ Applied for Medicaid
__ Receive Medicaid
Medicaid #: _____
(if known)

Please fax referral to: 585-753-5015 (ATTN: RED Program)

If you have any questions please contact:
James A. Felicita - RED Program Coordinator: 585-753-6333

Nathalie Somerszaul-Rivera – RED DSS Examiner: 585-753-6418

(Please attach consent for Release/Exchange of Information)

Office Use Only
Seen by: _____ **Date:** _____

Monroe County Care Management Eligibility Criteria

☐ **Behavioral Health Care Management**	☐ **Health Home Care Management**
☐ 1. Individual is not eligible for Health Home Care Management services because: • Individual is not eligible for Medicaid; **OR** • Individual does not meet DOH eligibility criteria; **AND** ☐ 2. Individual has a mental health and/or chronic substance use disorder; AND ☐ 3. Individual resides in Monroe County AND ☐ 4. Individual has significant behavioral, medical or social risk factors which can be addressed through care management.	☐ 1. Individual meets the NYS DOH eligibility criteria of: • two chronic conditions, **OR** • HIV/AIDS and the risk of developing another chronic condition **OR**, • one or more serious mental illnesses; **AND** ☐ 2. Individual currently has active Medicaid or Medicaid and Medicare; ☐ 3. Individual resides or receives services in Monroe County; AND ☐ 4. Individual has significant behavioral, medical or social risk factors which can be addressed through care management.

Rapid Engagement Demonstration (RED) Project- Staff Responsibilities

- RED OMH staff identify, or are referred, high-risk, high-need individuals within the community, that meet RED eligibility criteria
- RED OMH staff engage with identified eligible individual
- RED DSS Financial Assistance Staff complete expedited procedures to obtain benefits
- RED OMH staff refers members to appropriate care management (Health Home or Behavioral Health)