



Children and Youth Evaluation Service

Your Connection to Home and Community-Based Services

Referral Instructions for Care Management Agencies (CMAs)

The following information must be submitted with the Referral Packet to the Children and Youth Evaluation Service (C-YES).

- **C-YES Referral Form.** This referral form is available on the C-YES website page
- **Health Home Opt-Out Form.** Please use the link provided on the C-YES website page for the NYSDOH Health Home Opt-Out Form (DOH 5059).
- CMA Consent to Share Information Form
- An updated Plan of Care (POC) for the child/youth being referred to C-YES, identifying involved providers and services **cross walked** to new service names.
- Historic/supporting clinical, treatment, and service information
- Current Level of Care (LOC) assessments/forms, which indicate the due date for waiver eligibility re-assessment.

CMAs must send this Referral Packet to C-YES, using a secure mail protocol, to the following address CYESREFERRAL@MAXIMUS.COM.

Questions?

If you have questions about this form, please call Children and Youth Evaluation Service (C-YES) at **1-833-333-CYES** (1-833-333-2937) TTY: 1-888-329-1541