

Unite Us Referral Pathway

Step-by-step guide to refer to Doctors for Asthma
Integrated Pest Management (Doc AIM)

NYC REACH

LOG INTO UNITE US (APP.UNITEUS.IO)



Dashboard

Clients

Exports

Browse Resources



Joohee Suh



INBOUND REFERRALS

Needs Action

In Review

INTERNAL CASES

Open

Closed

All

OUTBOUND REFERRALS

Drafts

Rejected

Recalled

Needs Action

In Review

Closed

All

EXTERNAL CASES

Open

Closed

All

OUT OF NETWORK CASES

Open

Closed

All

Care Coordinator

Program

Service Type



There are no new referrals.



MAKE A REFERRAL



- New Referral
- New Client
- New Screening

Care Coordinator ▾

Program ▾

Service Type ▾

⏪ ⏩

To make a referral, start by clicking the + button on the top right.

There are no new referrals.

INBOUND REFERRALS

- Needs Action
- In Review

INTERNAL CASES

- Open
- Closed
- All

OUTBOUND REFERRALS

- Drafts
- Rejected
- Recalled
- Needs Action
- In Review
- Closed
- All

EXTERNAL CASES

- Open
- Closed
- All

OFF-PLATFORM CASES

- Open
- Closed
- All

MAKE A REFERRAL

1 Select Client

2 Add Resources

3 Refer

4 Add Assessments

5 Review

Create Client

If your client has an existing record, we can use it to expedite the creation process.

* indicates a required field

FIRST NAME *

LAST NAME *

DATE OF BIRTH *

MM/DD/YYYY



This will pop up a screen to select a client.

1. If the client already exists in Unite Us, search for their first name, last name, and DOB.
2. If the client does not exist in Unite Us, the platform will ask you to create a new client.

Search Our Records

MAKE A REFERRAL

If the client already exists in Unite Us, searching for their first name, last name and DOB will pop up with their client profile.

If the client is not found in Unite Us, you will be prompted to create a new client profile.

Create Client
We Found Matching Records
The information you provided matched our existing records.

Jane Doe

Date of Birth
[REDACTED]

Phone

Address

[Use This Record](#)


[Create New Client](#)

Create Client
We did not find your client in our records. Please fill out your client's basic contact information below.

1 Select Client — **2 Add Resources** — **3 Refer** — **4 Add Assessments** — **5 Review**

Personal Information
* indicates a required field

FIRST NAME * **LAST NAME ***

DATE OF BIRTH * 

SOCIAL SECURITY NUMBER

GENDER * x ▼

SEXUAL ORIENTATION

MARITAL STATUS * x ▼

Please note that Social Security Number is NOT required for a client profile. Only starred items are required for building a client profile.

ADD THE RESOURCE YOU WANT TO REFER TO

1 Select Client — 2 Add Resources — 3 Refer — 4 Add Assessments — 5 Review

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Add programs to send referrals or share resources.

Service Types

Distance: 50 Miles

from 42-09 28th St, Queens, Queens County, NY, 11101

Program Status (2)

Favorite Status

Sort: Relevance

The next step is to add resources.

In the search bar, begin typing “**Doc AIM**” or the former name, “**Medicaid Together**”.

Recommended

Unlisted

Showing 1 results.

Nearby Resources (1)

Doctors for Asthma Integrated Pest Management (Doc AIM) **Distance:** 3.45 miles
Provided By CABS Health Network

Receiving On-Platform Referrals

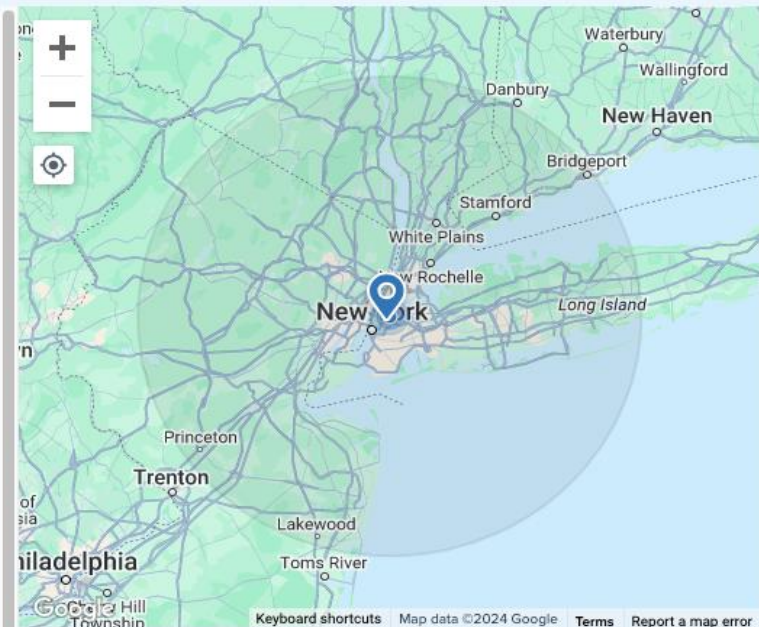
Service Types Offered: Health Literacy Classes, Chronic... (See More)

Program Delivery: In Home

Hours: Tue 9:00 AM - 5:00 PM

Program Description:

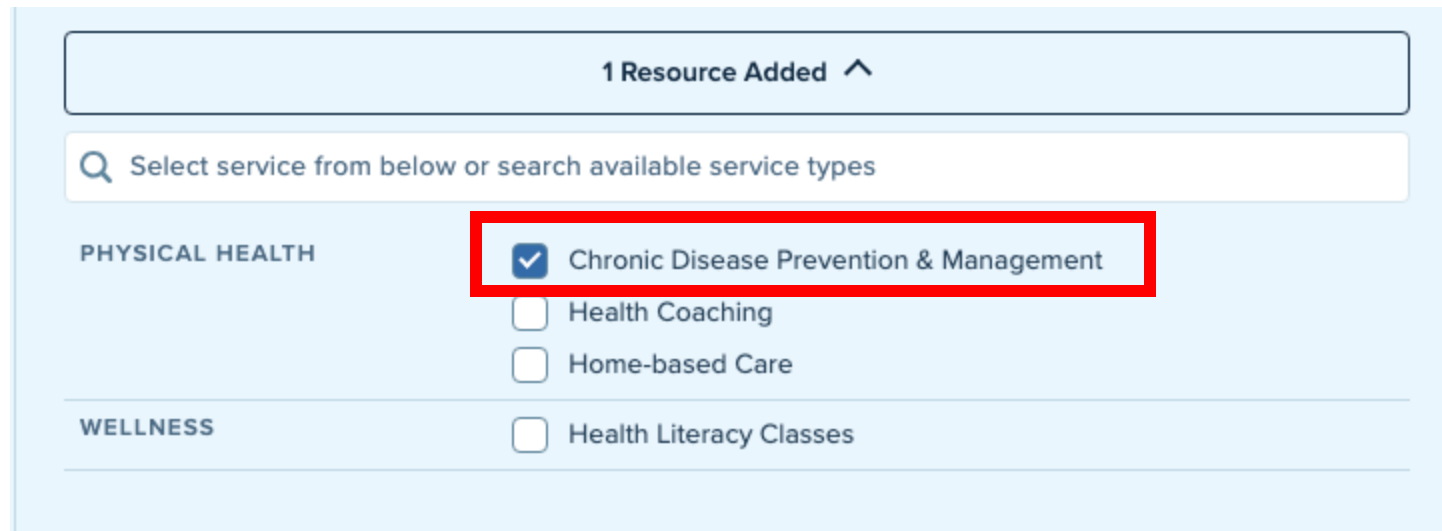
Pediatric Asthma Program which aims to reduce pediatric asthma re-hospitalizations through home environmental interventions of Integrated Pest Management and Allergen Reduction (IPM-AR) services. [... \(See More\)](#)



ADD THE RESOURCE YOU WANT TO REFER TO

When you add the resource, a drop down menu will ask you to select a service.

You will select “**Chronic Disease Prevention & Management**” for Doc AIM Services.



1 Resource Added ^

🔍 Select service from below or search available service types

PHYSICAL HEALTH

- Chronic Disease Prevention & Management
- Health Coaching
- Home-based Care

WELLNESS

- Health Literacy Classes

MAKING THE REFERRAL

A drop-down menu will ask you to select a service.

You will select “**Chronic Disease Prevention & Management**” for Doc AIM Services.

1 Resource Added ^

Select service from below or search available service types

PHYSICAL HEALTH

- Chronic Disease Prevention & Management
- Health Coaching
- Home-based Care

WELLNESS

- Health Literacy Classes

Click on “Added Resources” on the top right of the page.

Then select “Create Referrals”

1 Added Resources

Added Resources

Create Referrals

Save Share

SERVICE TYPE: CHRONIC DISEASE PREVENTION & MANAGEMENT

Doctors for Asthma Integrated Pest Management (Doc AIM)
(CABS Health Network)
✓ Receiving On-Platform Referrals ?

Details X

PDF REFERRAL FORM EXAMPLE

Pest Control for Children with a Recent Hospital Visit Due to Asthma

Doc AIM*

Referral Form

Please email the form to CABS Health Network at cabsMTIA@cabshomecare.org with the subject line: "Doc AIM Referral" or fax to (718) 889-7113.

Referral Date: _____

Parent Guardian

Parent / Guardian's Name: _____

Child's Address: _____

Phone: _____ Email: _____

Child's Name: _____

Date of Birth: _____

Hospital Name: _____

Hospitalization Observation Stay 2nd asthma ED Visit in 12 Months

Asthma Admission Date: _____ Asthma Discharge Date: _____

2nd Asthma ED Visit Date : _____

Pests in the Home

Mice Cockroaches

Referring Organization: _____ Contact Name: _____

Phone: _____ Email: _____

NYC REACH
* Formerly known as Medicaid Together

The Doc AIM Assessment on Unite Us is **identical** to the PDF and excel form options.

You will need to provide:

- Referral Date
- Information about the Parent/Guardian & Child:
 - Name of Parent/Guardian & Child
 - Date of Birth of Child
 - Address for IPM services
 - Phone
 - Email
- Clinical Information:
 - Hospital where ED or Hospitalization Occurred
 - Dates of ED or Hospitalizations
- Are there mice or cockroaches in the home?
- Contact information of the referring organization

MAKING THE REFERRAL

Organize referrals according to your client's needs, then add referral descriptions and upload any necessary attachments. We group compatible referrals by default. [Learn more about referrals.](#)

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[Save Draft Referral\(s\)](#)

[Next](#)

Referrals

REFERRAL 1:

1 Action Item

Please enter a short description of the current situation and reason for referral.

Then select “Next”

Referral 1: Chronic Disease Prevention & Management

The recipient will be able to accept, reject, or forward this referral.

PROGRAMS

Doctors for Asthma Integrated Pest Management (Doc AIM)

✓ Accepting Referrals



Click on the three-dot icon to edit referral groupings.

REFERRAL DESCRIPTION *

ⓘ Only include personally identifiable information (PII), protected health information (PHI), or other sensitive information if it is necessary to provide services to the client.

Describe your client's current situation and reason for referral.



Drag and drop files or [Browse](#)

Supported: csv, doc, docx, pdf, rtf, txt, xls, xlsx, gif, jpg, jpeg, png, mp3, m4a, wav, wma

Maximum file size 10 mb



COMPLETE THE ASSESSMENT

Complete Assessments

Provide supporting information to help quickly connect your client with services.

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[Save Draft Referral\(s\)](#)

[Next](#)

DOC AIM

Doc AIM

Referral Date:

MM/DD/YYYY



Parent or Guardian:

Choose...



Parent or Guardian's Name

Child's Address:

Phone:

Email:

You will be prompted to complete the Doc AIM Assessment. All fields must be completed for the referral.

*** Please note that the Doc AIM Assessment is identical to the excel and PDF forms for referral.**

CONFIRM & SUBMIT THE REFERRAL

✔ Select Client ————— ✔ Add Resources ————— ✔ Refer ————— ✔ Add Assessments ————— 5 Review

Review Referrals

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After you filled out the assessment information, you will be asked to review your referral before confirming and submission.

[Save Draft Referral\(s\)](#) [Confirm & Submit](#)

REFERRAL 1: CHRONIC DISEASE PREVENTION & MANAGEMENT

REFERRAL PROGRAMS

Doctors for Asthma Integrated Pest Management (Doc AIM)

REFERRAL NETWORK


Unite NYC

REFERRAL DESCRIPTION

Asthma

ATTACHED DOCUMENTS

No Items

 Ready to submit? Great! Please remind your client that their information may be shared to connect them with the service(s) they requested.