

SubCommittee Recommendations for Documenting HML Functional and Clinical Indicators - January 26, 2016

Clinical Adjustments	Low	Medium	High
Predictive Risk	< 30%	between 30% and 50%	> 50%
HIV Viral Load	Functional definition: < 200 within the last six months Required documentation: Lab work Reportable time frame: Every six months Sources: PCP, Specialist, Hospital records, MCO	Functional definition: between 200 and 400 within the last six months Required documentation: Lab work Reportable time frame: Every six months Sources: PCP, Specialist, Hospital records, MCO	Functional definition: > 400 within the last six months Required documentation: Lab work Reportable time frame: Every six months Sources: PCP, Specialist, Hospital records, MCO
HIV T-cell Counts	Functional definition: > 350 within the last six months Required documentation: Lab work Reportable time frame: Every six months Sources: PCP, Specialist, Hospital records, MCO	Functional definition: between 200 and 350 within the last six months Required documentation: Lab work Reportable time frame: Every six months Sources: PCP, Specialist, Hospital records, MCO	Functional definition: < 200 within the last six months Required documentation: Lab work Reportable time frame: Every six months Sources: PCP, Specialist, Hospital records, MCO

Functional Adjustments	Medium	High
Homelessness	Functional definition: Meets HUD Category 2: Imminent Risk of Homelessness definition within the last six months Required documentation: *Self-report, letter from shelter, hospital d/c summary Reportable time frame: Every six months Sources: Shelter, HRA, Patient, DOH assignment list, Hospital records	Functional definition: Meets HUD Category 1: Literally homeless definition within the last six months Required documentation: *Self-report, letter from shelter, hospital d/c summary Reportable time frame: Every six months Sources: Shelter, HRA, Patient, DOH assignment list, Hospital records
	Functional definition: Recent incarceration between 7 - 12 months	Functional definition: Recent incarceration within 6 months

<p>Incarceration</p>	<p>Required documentation:*Self-report, release papers, documentation from parole/probation, documented conversation from collateral contact, Print-out from Webcrims, Letter from 1/2 way house</p> <p>Reportable time frame:Every six months</p> <p>Sources: Patient, Parole/Probation, Collateral contact, Webcrims, Housing residence</p>	<p>Required documentation:*Self-report, release papers, documentation from parole/probation, documented conversation from collateral contact, Print-out from Webcrims</p> <p>Reportable time frame:Every six months</p> <p>Sources: Patient, Parole/Probation, Collateral contact, Webcrims, Housing residence</p>
<p>IP Stay for Mental Illness</p>	<p>Functional definition:IP stay for mental illness within 7 - 12 months</p> <p>Required documentation:*Self-report, hospital d/c summary, documented progress note (including name, title, contact information of person on inpatient unit who verified patient's d/c date), print out from Psyckes</p> <p>Reportable time frame:Every six months</p> <p>Sources: Patient, Hospital records, Hospital staff Collateral contact, Psyckes</p>	<p>Functional definition:IP stay for mental illness within 6 months</p> <p>Required documentation:*Self-report, hospital d/c summary, documented progress note (including name, title, contact information of person on inpatient unit who verified patient's d/c date), print out from Psyckes</p> <p>Reportable time frame:Every six months</p> <p>Sources: Patient, Hospital records, Hospital staff Collateral contact, Psyckes</p>
<p>IP Stay for SUD Treatment</p>	<p>Functional definition:IP stay SUD treatment within 7 - 12 months</p> <p>Required documentation:*Self-report, hospital d/c summary, documented progress note (including name, title, contact information of person on inpatient unit who verified patient's d/c date), print out from Psyckes</p> <p>Reportable time frame:Every six months</p> <p>Sources: Patient, Hospital records, Hospital staff Collateral contact, Psyckes</p>	<p>Functional definition:IP stay for SUD treatment within 6 months</p> <p>Required documentation:*Self-report, hospital d/c summary, documented progress note (including name, title, contact information of person on inpatient unit who verified patient's d/c date), print out from Psyckes</p> <p>Reportable time frame:Every six months</p> <p>Sources: Patient, Hospital records, Hospital staff Collateral contact, Psyckes</p>
		<p>Functional definition:Active substance use that is impairing patient functioning</p>

SUD Active Use/Functional
Impairment

Required documentationPositive Lab test OR clinical observation OR LDSS positive screening for referral to SUD service OR referral for SUD service from parole/probation within last 30 days, or care manager observation (with supervisory sign-off), MCO report, OR *self-report, OR demonstrating a functional impairment such as continued use despite persistent or recurring social, occupational, or recreational activities due to drug or alcohol use; repeatedly unable to carry out major obligations at work, school or home due to drug or alcohol use; consistent use of drugs or alcohol despite acknowledgement of persistent or recurrent physical or psychological difficulties.

Reportable time frame:Every six months

Sources: Patient, Hospital records, Collateral contact, HRA, Parole/probation