



Children’s Health Home Eligibility and Appropriateness Form

*Please Note: This form is a template suggestion. Care Managers should verify their Health Home’s policy and procedure for documenting initial eligibility and appropriateness, prior to using these forms.

This document is to ensure that a Care Manager has gathered the necessary documentation to indicate that the child meets Health Home eligibility and appropriateness criteria to enter Health Homes.

Child’s Name: _____

Date of Birth: _____

Eligibility for Children’s Health Homes: Please check appropriate boxes

- The child is enrolled in Medicaid
Medicaid CIN #: _____
□ The child has two or more chronic conditions
Please list chronic conditions and attach documentation providing diagnoses:

□ The child has one single qualifying chronic condition
□ HIV/AIDS
*please attach documentation from a medical or social work provider indicating HIV status, date of diagnosis, most recent viral load count and most recent CD4 count.
□ Serious Emotional Disturbance-SED
*please attach documentation providing diagnosis made by licensed medical providers
Please list condition(s): _____
□ Complex Trauma
*Documents from a non-licensed professional that must be attached include the Complex Trauma Cover Sheet, CT Exposure Screen, Consent and other/additional family and child history and supporting documentation. Documents from a licensed behavioral health professional that must be attached include the CT Exposure Screen or CT Exposure Assessment Form, Functional Impairment Assessment, CT Eligibility Determination Form and other/additional family and child history and supporting documentation.

Appropriateness Criteria: Please check appropriate box/boxes and attach documentation supporting appropriateness criteria

- At risk for an adverse event (e.g., death, disability, inpatient or nursing home admission, mandated preventive services, or out of home placement)
□ Has inadequate social/family/housing support, or serious disruptions in family relationships;
□ Has inadequate connectivity with healthcare system;
□ Does not adhere to treatments or has difficulty managing medications;
□ Has recently been released from incarceration, placement, detention, or psychiatric hospitalization;
□ Has deficits in activities of daily living, learning or cognition issues, or
□ Is concurrently eligible or enrolled, along with either their child or caregiver, in a Health Home.



Department of Health

Children's Health Home Eligibility and Appropriateness Quarterly Review Form

**Please Note: This form is a template suggestion. Care Managers should verify their Health Home's policy and procedure for documenting quarterly eligibility and appropriateness, prior to using these forms.*

This document is to confirm that a child continues to meet Health Home eligibility and appropriateness criteria.

Child's Name: _____

Date of Birth: _____

Eligibility for Children's Health Homes: *Please check applicable boxes below*

- The child is enrolled in Medicaid
Medicaid CIN #: _____

- The child has two or more chronic conditions.
Please list chronic conditions:

- The child has one single qualifying chronic condition
 - HIV/AIDS
 - Serious Emotional Disturbance-SED
 - Complex Trauma

Appropriateness Criteria: *Please check appropriate box/boxes*

- At risk for an adverse event (e.g., death, disability, inpatient or nursing home admission, mandated preventive services, or out of home placement)
- Has inadequate social/family/housing support, or serious disruptions in family relationships;
- Has inadequate connectivity with healthcare system;
- Does not adhere to treatments or has difficulty managing medications;
- Has recently been released from incarceration, placement, detention, or psychiatric hospitalization;
- Has deficits in activities of daily living, learning or cognition issues, or
- Is concurrently eligible or enrolled, along with either their child or caregiver, in a Health Home.