

New York State Medicaid Health Home Program Chart Review Tool

Health Home:	Date of Visit:
CMA:	Unique ID #:

Section 1: Basic Member Information

1. Initial eligibility criteria?

Two Chronic Medical Conditions HIV/AIDS SMI SUD and Other

Please specify exact diagnosis:

2. Other pertinent criteria?

HARP AOT Health Home Plus Adult Home Plus

3. How was the member referred to the Health Home?

DOH Assigned Community Referral Legacy Conversion Unknown

Other (please specify) :

Section 2: Outreach and Engagement

4. Was outreach conducted for this member?

Yes [Date Range of Outreach _____] No [SKIP TO SECTION 3]

5. Did outreach lead to enrollment?

Yes No

IF OUTREACH OCCURRED ON OR AFTER 10/1/2017:

6. Did outreach occur for no more than 2 consecutive months?

Yes No

7. Was the second month of outreach a face to face meeting?

Yes No N/A

Section 3: Required Forms and Documents

8. Patient Information Consent (DOH 5055) in file?

Yes No

a. DOH 5055 signed and dated by the member?

Yes [Date of **initial** consent: _____]

No (Please Explain):

b. DOH 5055 (page 3) lists all individuals and/or entities with which PHI information sharing is evident (*i.e.* specific providers, Care team, family members, *etc.*), with the member’s signature or initials approving each one? Consent completed after September 1, 2018 should follow specifications identified by policy #HH009: Access to/Sharing of PHI and the Use of Health Home Consents.

Yes
No (Please Explain):

c. If DOH 5055 was updated, did the member sign and date the update?

Yes [Date of **most recent** update: _____]
No (Please Explain):

N/A

d. Is there any evidence of PHI and/or member information sharing with a provider or family member not listed in the 5055 or in any other form of written consent?

Yes (Please Explain):

No

FOR MEMBERS ENROLLED AFTER NOVEMBER 10, 2017

9. Notice of Determination for Enrollment (DOH 5234) on file?

Yes No

FOR MEMBERS ENROLLED AFTER JUNE 1, 2017

10. How long after enrollment was the comprehensive assessment completed for this member?

1-60 days Greater than 60 days Not completed

Additional comments:

11. Is the most recent comprehensive assessment completed within 12 months of the prior assessment?

Yes No N/A

Section 4: Plan of Care

12. Barriers to care identified? (Assessment of barriers [denial of disease, unwilling to engage in treatment, cognitive impairments, lack of social supports, cultural or linguistic barriers])

Yes No N/A

13. Barriers to care addressed and acted upon as needed?

Yes No N/A

14. Plan of care identifies member strengths?

Yes No N/A

15. Evidence of advance directives being explained to the member?

Yes No N/A

16. Evidence that the individual plays a central active role in the development of the care plan. (eg. Would you consider the services provided by the CM as person-centered?)

Yes

No (Please Explain):

17. Is there evidence that the care plan is being updated as needed (e.g. if goals are either added, achieved or discontinued are those changes being reflected in the plan of care)?

Yes

No (Please Explain):

18. If a member identified family/caregiver involvement, have member preferences been acted upon? (E.g. member wants updates to mother, is there evidence in the chart to support the mother receiving updates?)

Yes No N/A

19. [FOR HARP MEMBERS ONLY] Was an HCBS Eligibility Assessment completed?

Yes [Completion Date: _____]

No (Please Explain):

20. What services were identified as being needed by the member? [SELECT ALL THAT APPLY]

Date of most recent annual assessment: _____

Service Identification (Check all that Apply)	Action taken (Check all that apply)	Explain how this service was or was not addressed
Medical		
<p style="text-align: center;">Primary Care</p> <input type="checkbox"/> Screened in most recent assessment and not identified as a need <input type="checkbox"/> Screened in most recent assessment and identified as a need <input type="checkbox"/> Identified as need between assessments by CM [Date: _____] <input type="checkbox"/> Identified as a need between assessments as a member request [Date: _____] <input type="checkbox"/> Other (Specify in explanation) <input type="checkbox"/> Was not included and/or not screened in most recent assessment	<input type="checkbox"/> Identified as a need, but not addressed by the CM <input type="checkbox"/> Identified as a need, but not member did not wish to address <input type="checkbox"/> Added as a goal to POC If goal created, was there a: <input type="checkbox"/> Timeframe <input type="checkbox"/> Intervention <input type="checkbox"/> Immediate need not requiring a POC goal and addressed in progress notes <input type="checkbox"/> Completed full reassessment or abbreviated assessment Date:	
<p style="text-align: center;">Home Care</p> <input type="checkbox"/> Screened in most recent assessment and not identified as a need <input type="checkbox"/> Screened in most recent assessment and identified as a need <input type="checkbox"/> Identified as need between assessments by CM [Date: _____] <input type="checkbox"/> Identified as a need between assessments as a member request [Date: _____] <input type="checkbox"/> Other (Specify in explanation) <input type="checkbox"/> Was not included and/or not screened in most recent assessment	<input type="checkbox"/> Identified as a need, but not addressed by the CM <input type="checkbox"/> Identified as a need, but not member did not wish to address <input type="checkbox"/> Added as a goal to POC If goal created, was there a: <input type="checkbox"/> Timeframe <input type="checkbox"/> Intervention <input type="checkbox"/> Immediate need not requiring a POC goal and addressed in progress notes <input type="checkbox"/> Completed full reassessment or abbreviated assessment Date:	
<p style="text-align: center;">Physical Rehabilitation</p> <input type="checkbox"/> Screened in most recent assessment and not identified as a need <input type="checkbox"/> Screened in most recent assessment and identified as a need <input type="checkbox"/> Identified as need between assessments by CM [Date: _____] <input type="checkbox"/> Identified as a need between assessments as a member request [Date: _____] <input type="checkbox"/> Other (Specify in explanation) <input type="checkbox"/> Was not included and/or not screened in most recent assessment	<input type="checkbox"/> Identified as a need, but not addressed by the CM <input type="checkbox"/> Identified as a need, but not member did not wish to address <input type="checkbox"/> Added as a goal to POC If goal created, was there a: <input type="checkbox"/> Timeframe <input type="checkbox"/> Intervention <input type="checkbox"/> Immediate need not requiring a POC goal and addressed in progress notes <input type="checkbox"/> Completed full reassessment or abbreviated assessment Date:	

Service Identification (Check all that Apply)	Action taken (Check all that apply)	Explain how this service was or was not addressed
<p style="text-align: center;">SUD</p> <p><input type="checkbox"/> Screened in most recent assessment and not identified as a need</p> <p><input type="checkbox"/> Screened in most recent assessment and identified as a need</p> <p><input type="checkbox"/> Identified as need between assessments by CM [Date:_____]</p> <p><input type="checkbox"/> Identified as a need between assessments as a member request [Date:_____]</p> <p><input type="checkbox"/> Other (Specify in explanation)</p> <p><input type="checkbox"/> Was not included and/or not screened in most recent assessment</p>	<p><input type="checkbox"/> Identified as a need, but not addressed by the CM</p> <p><input type="checkbox"/> Identified as a need, but not member did not wish to address</p> <p><input type="checkbox"/> Added as a goal to POC If goal created, was there a: <input type="checkbox"/> Timeframe <input type="checkbox"/> Intervention</p> <p><input type="checkbox"/> Immediate need not requiring a POC goal and addressed in progress notes</p> <p><input type="checkbox"/> Completed full reassessment or abbreviated assessment</p> <p>Date:</p>	
<p style="text-align: center;">Mental Health</p> <p><input type="checkbox"/> Screened in most recent assessment and not identified as a need</p> <p><input type="checkbox"/> Screened in most recent assessment and identified as a need</p> <p><input type="checkbox"/> Identified as need between assessments by CM [Date:_____]</p> <p><input type="checkbox"/> Identified as a need between assessments as a member request [Date:_____]</p> <p><input type="checkbox"/> Other (Specify in explanation)</p> <p><input type="checkbox"/> Was not included and/or not screened in most recent assessment</p>	<p><input type="checkbox"/> Identified as a need, but not addressed by the CM</p> <p><input type="checkbox"/> Identified as a need, but not member did not wish to address</p> <p><input type="checkbox"/> Added as a goal to POC If goal created, was there a: <input type="checkbox"/> Timeframe <input type="checkbox"/> Intervention</p> <p><input type="checkbox"/> Immediate need not requiring a POC goal and addressed in progress notes</p> <p><input type="checkbox"/> Completed full reassessment or abbreviated assessment</p> <p>Date:</p>	
<p style="text-align: center;">HIV/AIDS</p> <p><input type="checkbox"/> Screened in most recent assessment and not identified as a need</p> <p><input type="checkbox"/> Screened in most recent assessment and identified as a need</p> <p><input type="checkbox"/> Identified as need between assessments by CM [Date:_____]</p> <p><input type="checkbox"/> Identified as a need between assessments as a member request [Date:_____]</p> <p><input type="checkbox"/> Other (Specify in explanation)</p> <p><input type="checkbox"/> Was not included and/or not screened in most recent assessment</p>	<p><input type="checkbox"/> Identified as a need, but not addressed by the CM</p> <p><input type="checkbox"/> Identified as a need, but not member did not wish to address</p> <p><input type="checkbox"/> Added as a goal to POC If goal created, was there a: <input type="checkbox"/> Timeframe <input type="checkbox"/> Intervention</p> <p><input type="checkbox"/> Immediate need not requiring a POC goal and addressed in progress notes</p> <p><input type="checkbox"/> Completed full reassessment or abbreviated assessment</p> <p>Date:</p>	

Service Identification (Check all that Apply)	Action taken (Check all that apply)	Explain how this service was or was not addressed
<p style="text-align: center;">Specialist Please Specify:</p> <p><input type="checkbox"/> Screened in most recent assessment and not identified as a need</p> <p><input type="checkbox"/> Screened in most recent assessment and identified as a need</p> <p><input type="checkbox"/> Identified as need between assessments by CM [Date:_____]</p> <p><input type="checkbox"/> Identified as a need between assessments as a member request [Date:_____]</p> <p><input type="checkbox"/> Other (Specify in explanation)</p> <p><input type="checkbox"/> Was not included and/or not screened in most recent assessment</p>	<p><input type="checkbox"/> Identified as a need, but not addressed by the CM</p> <p><input type="checkbox"/> Identified as a need, but not member did not wish to address</p> <p><input type="checkbox"/> Added as a goal to POC If goal created, was there a: <input type="checkbox"/> Timeframe <input type="checkbox"/> Intervention</p> <p><input type="checkbox"/> Immediate need not requiring a POC goal and addressed in progress notes</p> <p><input type="checkbox"/> Completed full reassessment or abbreviated assessment</p> <p>Date:</p>	
<p style="text-align: center;">Specialist Please Specify:</p> <p><input type="checkbox"/> Screened in most recent assessment and not identified as a need</p> <p><input type="checkbox"/> Screened in most recent assessment and identified as a need</p> <p><input type="checkbox"/> Identified as need between assessments by CM [Date:_____]</p> <p><input type="checkbox"/> Identified as a need between assessments as a member request [Date:_____]</p> <p><input type="checkbox"/> Other (Specify in explanation)</p> <p><input type="checkbox"/> Was not included and/or not screened in most recent assessment</p>	<p><input type="checkbox"/> Identified as a need, but not addressed by the CM</p> <p><input type="checkbox"/> Identified as a need, but not member did not wish to address</p> <p><input type="checkbox"/> Added as a goal to POC If goal created, was there a: <input type="checkbox"/> Timeframe <input type="checkbox"/> Intervention</p> <p><input type="checkbox"/> Immediate need not requiring a POC goal and addressed in progress notes</p> <p><input type="checkbox"/> Completed full reassessment or abbreviated assessment</p> <p>Date:</p>	
<p style="text-align: center;">Specialist Please Specify:</p> <p><input type="checkbox"/> Screened in most recent assessment and not identified as a need</p> <p><input type="checkbox"/> Screened in most recent assessment and identified as a need</p> <p><input type="checkbox"/> Identified as need between assessments by CM [Date:_____]</p> <p><input type="checkbox"/> Identified as a need between assessments as a member request [Date:_____]</p> <p><input type="checkbox"/> Other (Specify in explanation)</p> <p><input type="checkbox"/> Was not included and/or not screened in most recent assessment</p>	<p><input type="checkbox"/> Identified as a need, but not addressed by the CM</p> <p><input type="checkbox"/> Identified as a need, but not member did not wish to address</p> <p><input type="checkbox"/> Added as a goal to POC If goal created, was there a: <input type="checkbox"/> Timeframe <input type="checkbox"/> Intervention</p> <p><input type="checkbox"/> Immediate need not requiring a POC goal and addressed in progress notes</p> <p><input type="checkbox"/> Completed full reassessment or abbreviated assessment</p> <p>Date:</p>	

Service Identification (Check all that Apply)	Action taken (Check all that apply)	Explain how this service was or was not addressed
Social		
<p style="text-align: center;">Housing</p> <p><input type="checkbox"/> Screened in most recent assessment and not identified as a need</p> <p><input type="checkbox"/> Screened in most recent assessment and identified as a need</p> <p><input type="checkbox"/> Identified as need between assessments by CM [Date:_____]</p> <p><input type="checkbox"/> Identified as a need between assessments as a member request [Date:_____]</p> <p><input type="checkbox"/> Other (Specify in explanation)</p> <p><input type="checkbox"/> Was not included and/or not screened in most recent assessment</p>	<p><input type="checkbox"/> Identified as a need, but not addressed by the CM</p> <p><input type="checkbox"/> Identified as a need, but not member did not wish to address</p> <p><input type="checkbox"/> Added as a goal to POC If goal created, was there a: <input type="checkbox"/> Timeframe <input type="checkbox"/> Intervention</p> <p><input type="checkbox"/> Immediate need not requiring a POC goal and addressed in progress notes</p> <p><input type="checkbox"/> Completed full reassessment or abbreviated assessment</p> <p>Date:</p>	
<p style="text-align: center;">Transportation</p> <p><input type="checkbox"/> Screened in most recent assessment and not identified as a need</p> <p><input type="checkbox"/> Screened in most recent assessment and identified as a need</p> <p><input type="checkbox"/> Identified as need between assessments by CM [Date:_____]</p> <p><input type="checkbox"/> Identified as a need between assessments as a member request [Date:_____]</p> <p><input type="checkbox"/> Other (Specify in explanation)</p> <p><input type="checkbox"/> Was not included and/or not screened in most recent assessment</p>	<p><input type="checkbox"/> Identified as a need, but not addressed by the CM</p> <p><input type="checkbox"/> Identified as a need, but not member did not wish to address</p> <p><input type="checkbox"/> Added as a goal to POC If goal created, was there a: <input type="checkbox"/> Timeframe <input type="checkbox"/> Intervention</p> <p><input type="checkbox"/> Immediate need not requiring a POC goal and addressed in progress notes</p> <p><input type="checkbox"/> Completed full reassessment or abbreviated assessment</p> <p>Date:</p>	
<p style="text-align: center;">Food</p> <p><input type="checkbox"/> Screened in most recent assessment and not identified as a need</p> <p><input type="checkbox"/> Screened in most recent assessment and identified as a need</p> <p><input type="checkbox"/> Identified as need between assessments by CM [Date:_____]</p> <p><input type="checkbox"/> Identified as a need between assessments as a member request [Date:_____]</p> <p><input type="checkbox"/> Other (Specify in explanation)</p> <p><input type="checkbox"/> Was not included and/or not screened in most recent assessment</p>	<p><input type="checkbox"/> Identified as a need, but not addressed by the CM</p> <p><input type="checkbox"/> Identified as a need, but not member did not wish to address</p> <p><input type="checkbox"/> Added as a goal to POC If goal created, was there a: <input type="checkbox"/> Timeframe <input type="checkbox"/> Intervention</p> <p><input type="checkbox"/> Immediate need not requiring a POC goal and addressed in progress notes</p> <p><input type="checkbox"/> Completed full reassessment or abbreviated assessment</p> <p>Date:</p>	

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<p style="text-align: center;">Financial</p> <p><input type="checkbox"/> Screened in most recent assessment and not identified as a need</p> <p><input type="checkbox"/> Screened in most recent assessment and identified as a need</p> <p><input type="checkbox"/> Identified as need between assessments by CM [Date:_____]</p> <p><input type="checkbox"/> Identified as a need between assessments as a member request [Date:_____]</p> <p><input type="checkbox"/> Other (Specify in explanation)</p> <p><input type="checkbox"/> Was not included and/or not screened in most recent assessment</p>	<p><input type="checkbox"/> Identified as a need, but not addressed by the CM</p> <p><input type="checkbox"/> Identified as a need, but not member did not wish to address</p> <p><input type="checkbox"/> Added as a goal to POC If goal created, was there a: <input type="checkbox"/> Timeframe <input type="checkbox"/> Intervention</p> <p><input type="checkbox"/> Immediate need not requiring a POC goal and addressed in progress notes</p> <p><input type="checkbox"/> Completed full reassessment or abbreviated assessment</p> <p>Date:</p>	
<p style="text-align: center;">Education/Literacy</p> <p><input type="checkbox"/> Screened in most recent assessment and not identified as a need</p> <p><input type="checkbox"/> Screened in most recent assessment and identified as a need</p> <p><input type="checkbox"/> Identified as need between assessments by CM [Date:_____]</p> <p><input type="checkbox"/> Identified as a need between assessments as a member request [Date:_____]</p> <p><input type="checkbox"/> Other (Specify in explanation)</p> <p><input type="checkbox"/> Was not included and/or not screened in most recent assessment</p>	<p><input type="checkbox"/> Identified as a need, but not addressed by the CM</p> <p><input type="checkbox"/> Identified as a need, but not member did not wish to address</p> <p><input type="checkbox"/> Added as a goal to POC If goal created, was there a: <input type="checkbox"/> Timeframe <input type="checkbox"/> Intervention</p> <p><input type="checkbox"/> Immediate need not requiring a POC goal and addressed in progress notes</p> <p><input type="checkbox"/> Completed full reassessment or abbreviated assessment</p> <p>Date:</p>	
<p style="text-align: center;">Language Preferences</p> <p><input type="checkbox"/> Screened in most recent assessment and not identified as a need</p> <p><input type="checkbox"/> Screened in most recent assessment and identified as a need</p> <p><input type="checkbox"/> Identified as need between assessments by CM [Date:_____]</p> <p><input type="checkbox"/> Identified as a need between assessments as a member request [Date:_____]</p> <p><input type="checkbox"/> Other (Specify in explanation)</p> <p><input type="checkbox"/> Was not included and/or not screened in most recent assessment</p>	<p><input type="checkbox"/> Identified as a need, but not addressed by the CM</p> <p><input type="checkbox"/> Identified as a need, but not member did not wish to address</p> <p><input type="checkbox"/> Added as a goal to POC If goal created, was there a: <input type="checkbox"/> Timeframe <input type="checkbox"/> Intervention</p> <p><input type="checkbox"/> Immediate need not requiring a POC goal and addressed in progress notes</p> <p><input type="checkbox"/> Completed full reassessment or abbreviated assessment</p> <p>Date:</p>	

Service Identification (Check all that Apply)	Action taken (Check all that apply)	Explain how this service was or was not addressed
<p style="text-align: center;">Cultural Preferences</p> <p><input type="checkbox"/> Screened in most recent assessment and not identified as a need</p> <p><input type="checkbox"/> Screened in most recent assessment and identified as a need</p> <p><input type="checkbox"/> Identified as need between assessments by CM [Date:_____]</p> <p><input type="checkbox"/> Identified as a need between assessments as a member request [Date:_____]</p> <p><input type="checkbox"/> Other (Specify in explanation)</p> <p><input type="checkbox"/> Was not included and/or not screened in most recent assessment</p>	<p><input type="checkbox"/> Identified as a need, but not addressed by the CM</p> <p><input type="checkbox"/> Identified as a need, but not member did not wish to address</p> <p><input type="checkbox"/> Added as a goal to POC If goal created, was there a: <input type="checkbox"/> Timeframe <input type="checkbox"/> Intervention</p> <p><input type="checkbox"/> Immediate need not requiring a POC goal and addressed in progress notes</p> <p><input type="checkbox"/> Completed full reassessment or abbreviated assessment</p> <p>Date:</p>	
<p style="text-align: center;">Employment Please Specify:</p> <p><input type="checkbox"/> Screened in most recent assessment and not identified as a need</p> <p><input type="checkbox"/> Screened in most recent assessment and identified as a need</p> <p><input type="checkbox"/> Identified as need between assessments by CM [Date:_____]</p> <p><input type="checkbox"/> Identified as a need between assessments as a member request [Date:_____]</p> <p><input type="checkbox"/> Other (Specify in explanation)</p> <p><input type="checkbox"/> Was not included and/or not screened in most recent assessment</p>	<p><input type="checkbox"/> Identified as a need, but not addressed by the CM</p> <p><input type="checkbox"/> Identified as a need, but not member did not wish to address</p> <p><input type="checkbox"/> Added as a goal to POC If goal created, was there a: <input type="checkbox"/> Timeframe <input type="checkbox"/> Intervention</p> <p><input type="checkbox"/> Immediate need not requiring a POC goal and addressed in progress notes</p> <p><input type="checkbox"/> Completed full reassessment or abbreviated assessment</p> <p>Date:</p>	
<p style="text-align: center;">Other Social Please Specify:</p> <p><input type="checkbox"/> Screened in most recent assessment and not identified as a need</p> <p><input type="checkbox"/> Screened in most recent assessment and identified as a need</p> <p><input type="checkbox"/> Identified as need between assessments by CM [Date:_____]</p> <p><input type="checkbox"/> Identified as a need between assessments as a member request [Date:_____]</p> <p><input type="checkbox"/> Other (Specify in explanation)</p> <p><input type="checkbox"/> Was not included and/or not screened in most recent assessment</p>	<p><input type="checkbox"/> Identified as a need, but not addressed by the CM</p> <p><input type="checkbox"/> Identified as a need, but not member did not wish to address</p> <p><input type="checkbox"/> Added as a goal to POC If goal created, was there a: <input type="checkbox"/> Timeframe <input type="checkbox"/> Intervention</p> <p><input type="checkbox"/> Immediate need not requiring a POC goal and addressed in progress notes</p> <p><input type="checkbox"/> Completed full reassessment or abbreviated assessment</p> <p>Date:</p>	

Service Identification (Check all that Apply)	Action taken (Check all that apply)	Explain how this service was or was not addressed
HARP		
<p style="text-align: center;">HCBS</p> <p><input type="checkbox"/> Screened in most recent assessment and not identified as a need</p> <p><input type="checkbox"/> Screened in most recent assessment and identified as a need</p> <p><input type="checkbox"/> Identified as need between assessments by CM [Date:_____]</p> <p><input type="checkbox"/> Identified as a need between assessments as a member request [Date:_____]</p> <p><input type="checkbox"/> Other (Specify in explanation)</p> <p><input type="checkbox"/> Was not included and/or not screened in most recent assessment</p>	<p><input type="checkbox"/> Identified as a need, but not addressed by the CM</p> <p><input type="checkbox"/> Identified as a need, but not member did not wish to address</p> <p><input type="checkbox"/> Added as a goal to POC If goal created, was there a: <input type="checkbox"/> Timeframe <input type="checkbox"/> Intervention</p> <p><input type="checkbox"/> Immediate need not requiring a POC goal and addressed in progress notes</p> <p><input type="checkbox"/> Completed full reassessment or abbreviated assessment</p> <p>Date:</p>	
Other		
<p style="text-align: center;">Health Promotion Services Please Specify:</p> <p><input type="checkbox"/> Screened in most recent assessment and not identified as a need</p> <p><input type="checkbox"/> Screened in most recent assessment and identified as a need</p> <p><input type="checkbox"/> Identified as need between assessments by CM [Date:_____]</p> <p><input type="checkbox"/> Identified as a need between assessments as a member request [Date:_____]</p> <p><input type="checkbox"/> Other (Specify in explanation)</p> <p><input type="checkbox"/> Was not included and/or not screened in most recent assessment</p>	<p><input type="checkbox"/> Identified as a need, but not addressed by the CM</p> <p><input type="checkbox"/> Identified as a need, but not member did not wish to address</p> <p><input type="checkbox"/> Added as a goal to POC If goal created, was there a: <input type="checkbox"/> Timeframe <input type="checkbox"/> Intervention</p> <p><input type="checkbox"/> Immediate need not requiring a POC goal and addressed in progress notes</p> <p><input type="checkbox"/> Completed full reassessment or abbreviated assessment</p> <p>Date:</p>	
<p style="text-align: center;">Other Please Specify:</p> <p><input type="checkbox"/> Screened in most recent assessment and not identified as a need</p> <p><input type="checkbox"/> Screened in most recent assessment and identified as a need</p> <p><input type="checkbox"/> Identified as need between assessments by CM [Date:_____]</p> <p><input type="checkbox"/> Identified as a need between assessments as a member request [Date:_____]</p> <p><input type="checkbox"/> Other (Specify in explanation)</p> <p><input type="checkbox"/> Was not included and/or not screened in most recent assessment</p>	<p><input type="checkbox"/> Identified as a need, but not addressed by the CM</p> <p><input type="checkbox"/> Identified as a need, but not member did not wish to address</p> <p><input type="checkbox"/> Added as a goal to POC If goal created, was there a: <input type="checkbox"/> Timeframe <input type="checkbox"/> Intervention</p> <p><input type="checkbox"/> Immediate need not requiring a POC goal and addressed in progress notes</p> <p><input type="checkbox"/> Completed full reassessment or abbreviated assessment</p> <p>Date:</p>	

21. [For HARP MEMBERS ONLY] **IF HCBS** is identified as a service in the member’s Plan of Care, are additional federal HCBS requirements for the plan of care also met?

Yes

No (Please Explain):

N/A

Section 5: Ongoing/Reassessment and Transition of Care

22. Evidence of coordination/collaboration with care team members?

Yes

No (Please Explain):

a. Evidence of care team meetings occurring?

Yes

No (Please Explain):

N/A

23. Did the member experience an emergency department visit (ED), inpatient stay (IP), and/or incarceration (IC) since being enrolled in the Health Home?

Yes No [SKIP to 24] N/A [SKIP to 24]

a. If Yes, was there evidence that the HH CM: [SELECT ALL THAT APPLY]

Date of Event	Type of Event (ED, IP, IC)	CM aware of event prior to discharge?	CM contact with member or staff? (Indicate Initial Contact Date)	CM Participated in Discharge Plan?	CM have post-discharge follow up with member? (Indicate follow up date)	CM ensure adherence to discharge plan?	Readmission within 30 days? (Indicate Date of Readmission)	Reassessment or abbreviated assessment completed? (Indicate Date)	POC Update?
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Did member request a transition to a new CMA or Health Home? [IF NO, SKIP TO 25]

Yes No

a. Documentation of transfer from CMA to CMA or HH to HH?

Yes No N/A

IF MEMBER DISENROLLED FROM THE PROGRAM [If not disenrolled skip to Question 27]:

25. Evidence of discharge plan from Health Home program including referrals to services or programs with appropriate follow-up to confirm the plan is being implemented

Yes No N/A

a. If member was lost to service discharge, is there evidence that a discharge note was created?

Yes No

i. **If YES:**

1. Was the disenrollment communicated to the care team members?

Yes No

2. Did the CM forward disenrollment notice to the member?

Yes No

26. Notice of Determination for Disenrollment (DOH 5235) on file for a disenrollment that was not at the request of the member?

Yes No

Section 6: Interaction with Managed Care

27. Evidence that the CM utilizes the Managed Care Plan’s provider network when referring the member to medically necessary services?

Yes No N/A

28. Evidence that the CM actively collaborates with the managed care plan as needed for coordinating care (*i.e.* is there evidence that CM consulted with the MCP for referrals made out-of-network? For HARP members, did CM obtain a LOSD for BH HCBS referrals? *etc.*)

Yes [Please specify type of contact: _____]

No (Please Explain):

N/A

29. Was the MCP utilized to support outreach?

Yes (Please Explain):

No (Please Explain):

N/A

Overall Findings

Reviewer signature: _____

Reviewer print name: _____

Reviewer agency: _____