

Children's Health Home Comprehensive Chart Review Tool

Care Management Agency: _____

Client CIN: _____ Client ID: _____

Member Name: _____ Date Chart reviewed: _____

Care Manager: _____ MCO: _____

DOB: _____ Is the member is Foster Care? Yes No

Status of Member: _____ Episode Start Date in Netsmart: _____

Date the Original Consent to Enroll was Signed: _____

Referral Source: _____

Closure Date: _____ Reason for Discharge: _____

Eligibility Criteria Two Chronic Conditions HIV/AIDS SED Complex Trauma HCBS- Waiver Sickle Cell

Scoring:

YES = 1 point NO= 0 points N/A = NULL

For each section calculate the total possible points. Possible points equal the number of questions that were answered with a YES or NO (do not include questions that receive an N/A response). Points received will be the number of YES responses in each section.

Section A – Necessary Documentation

1. Was the referral source contacted within 48 hours of accepting the referral?
 Yes No N/A (Self-Referral Only)
2. If the member was referred to Health Home for HCBS from an excluded setting was the HCBS LOC completed within the first 30 days of enrollment? Yes No N/A
3. Is the consent to enroll - information sharing consent, DOH-5201, in the chart. DOH-5055, if applicable? Yes No
4. If section 2 of the DOH -5201 was not completed, is there documentation on the tracking form and has it been uploaded? Yes No N/A
5. Does the member's record indicate that the HHCM attempted to meet alone with the youth to complete Section 2? Yes No N/A due to age
6. Has the 5201/tracker been updated annually or Birthday? Yes No N/A
7. Does the most recent consent list the required entities (current CMA, MCO, PCP, etc.) Yes No
8. Eligibility Criteria for Complex Trauma Completed? Yes No N/A
 CTES CTEA Eligibility Determination Form
9. Does the member have an initial Eligibility Screening tool completed within 30 days of enrollment? Yes No
10. Has the member had an annual Eligibility Screening tool completed? Yes No N/A

11. Does the member's eligibility screen match the member's problems list and supporting documentation for Health Home Eligibility? Yes No
12. Does the member's record contain evidence that the member meets appropriateness criteria? Yes No
13. Does the member have the correct Sub-Program in Netsmart assigned? Yes No N/A
14. If the member is enrolled in Health Home under Chronic Conditions, does the member have two Health Home eligible chronic conditions listed on their problems list? Yes No N/A
15. Does the Problem List reflect the Health Home Qualifying Diagnosis as the Primary Problem? Yes No
16. For the Problems listed, is the correct Problem Type assigned? Yes No
17. Is there Health Home eligibility documentation uploaded into the chart? Yes No
18. Does the problems list match the supporting documentation uploaded into the record? Yes No
19. Does the eligibility screen in Netsmart match the supporting documentation uploaded? Yes No
20. If the member is enrolled in Health Home under the single qualifying condition of SED, has an attestation of Diagnosis and Functional Limitations been collected and documented from the provider within the last 12 months? Yes No N/A
21. Does the member have a DOH-5203 in the chart? Yes No N/A
22. Was the member, parent, or legal guardian issued the DOH-5234? Yes No
23. Are all of the DOH forms completed correctly and uploaded in their entirety? Yes No
24. Does the record contain evidence of the Consent FAQ being reviewed with the family? Yes No N/A
25. Does the member have a current Emergency Planning Assessment/Safety and Crisis Plan completed and signed? Yes No
26. Is all the uploaded documentation labeled correctly? Yes No

Comments:

Points Received:	
Total Possible Points:	

Section B – CANS Assessment

27. Does the member have a current CANS Assessment completed?
 Yes No N/A Date Completed: _____
28. Were the CANS assessment results uploaded into the chart? Yes No
29. Does the record contain supporting evidence that support the CANS ratings (case notes, diagnosis, collaboration with other providers)? Yes No

Comments:

Points Received:	
Total Possible Points:	

Section C – Comprehensive Assessment

30. Does the member have a current Comprehensive Assessment electronically entered into the Care Management Record?
 Yes, Date Finalized: _____ No N/A
31. Has the member had a child well visit and up-to-date immunizations within the last year and is there a copy of a current physical and immunization record on file; if not, is it addressed in the Plan of Care? Yes No
32. Has the member had a dental visit within the last six months; if not is this addressed in the POC? Yes No
33. Does the member have a current PHQ-9 (12 and older) completed? Yes No N/A

Comments:

Points Received:	
Total Possible Points:	

Domain	Area of Need (Y/N)
Demographics language/literacy/cultural preferences or needs	
Social Determinants	
Benefits	
Medical	
HIV/AIDS	
Trauma	
Mental health	
Medications	
Substance Use	
Risk Factors	
ADL's	
Social Supports	
Developmental Milestones	
School / Academics	

Employment	
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Member's Priority: _____

Section D – Care Plan

- 34. Does the member have a current Plan of Care entered into the Care Management Record?
 Yes No
- 35. Is the primary problem listed on the problems list addressed in the Plan of Care? Yes No
- 36. Does the POC address the member's active/monitoring problems listed on the Problems list?
 Yes No
- 37. Does the Plan of Care contain goals addressing the member's immediate needs that support the member's enrollment in Health Home? Yes No
- 38. Are the needs and strengths from the CANS addressed in the Plan of Care? Yes No
- 39. Is there evidence that needs identified in the Comprehensive Assessment were appropriately addressed with the member and addressed in the Plan of Care.
 Yes No N/A
- 40. Are the objectives in the Plan of Care developed to address the identified needs and barriers to care based on the assessments conducted and person-centered planning? Yes No
- 41. For the health and safety risks identified at intake/during the assessments, were these risks incorporated into the POC and/or Safety Plan? Yes No N/A (none identified)
- 42. Is the Care Plan Signed by the Parent/Guardian (and youth if applicable-age 10)? Yes No
- 43. Is there evidence in the record that the POC was developed with input from the Care Team?
 Yes No
- 44. Are the members' strengths and barriers noted by incorporating CANS Scores directly to the POC demonstrating the families Strengths and Needs? Yes No
- 45. Are the members' goals clearly identified? Yes No
- 46. If the youth is 14 years or older, does the Plan of Care include a goal related to identifying the ability to live independently? Yes No N/A
- 47. If the youth is of transitional age (17-21) is there a goal related to the transition to adult services? Yes No N/A

Points Received:	
Total Possible Points:	

Section E – Notes

Acuity: **High** **Medium** **Low**

- 48. If the child/youth is High or Medium Acuity were at least TWO Core Services provided for the month with ONE being a Face-to-Face encounter? If Low Acuity, was at least ONE Core Service provided monthly and a Quarterly Face to Face Conducted (members enrolled under Family of One Medicaid must receive a monthly in person contact regardless of acuity). If a Core service(s) were not completed due to the Child/Youth/Parent or Guardian's lack of engagement did the HHCM document this in the chart?

Yes No

49. Is there a monthly Care Manager note addressing the Plan of Care? Yes No N/A
50. Are the majority of Notes and encounters documented within 3 business days? Yes No
51. Do the notes document active and progressive movement towards attainment of objectives and overall goals? Yes No
52. Do the notes show how barriers to care are being addressed and acted upon as needed?
 Yes No N/A
53. The Care Manager shows evidence of identifying risk factors that may indicate a higher level of care is needed (Inpatient, Residential, HCBS, ACT)? Yes No N/A
54. Is there evidence of contact/coordination with the member's care team (MCO, Providers, Social Supports)? Yes No
55. Is there evidence of Interdisciplinary Team Meetings occurring (At least one annually)?
 Yes No
56. If the youth is enrolled in HCBS Waiver or receiving CFTSS does the Care Manager clearly document referrals and coordination of those services/activities in detailed progress notes?
 Yes No N/A
57. Do the billable core services notes include adequate detail of core health home services being provided? Yes No
58. Do the conditions being billed under in the CBQ match the member's qualifying conditions and proof of eligibility documentation? Yes No
59. If the child/youth became "lost to contact" or "Disengaged", were diligent search efforts made to locate the child/youth with documentation of the appropriate number and type of contacts?
 Yes No N/A
60. Did the CMA only share information/PHI with parties who have been listed on the consent forms? Yes No

Comments:

Points Received:	
Total Possible Points:	

Section F – Care Transition, Referrals, and Incidents

61. If the member had an ER visit or an admission did the HHCM attempt to follow up with the discharge staff and/or request records from the visit? Yes No N/A
62. If the member experienced a crisis/ER visit/Inpatient stay etc. did the HHCM review/update the Safety and Crisis plan with the member? Yes No N/A
63. If an incident occurred, was a report made and follow up completed by the HHCM?
 Yes No N/A
64. If this member was referred from an excluded setting to Health Home did the HHCM connect with discharge planning staff to discuss the member's needs, including HCBS?
 Yes No N/A

- 65. If the referral came from an excluded setting did the assigned CMA/HHCM ensure that they did not duplicate services by the discharge planning staff? Yes No N/A
- 66. Did the HHCM participate in a Warm handoff from the excluded setting (for new HH referrals)? Yes No N/A
- 67. If the member entered or exited an excluded setting, were proper billing protocols followed? Yes No N/A
- 68. For newly referred members from an excluded setting was the HH segment opened after HH consent to enroll is on file? Yes No N/A
- 69. If a newly referred member from an excluded setting had a delayed discharge was the segment pending in MAPP? Yes No N/A

Points Received:	
Total Possible Points:	

Section G – Discharge Planning / Disenrollment from Health Home

Disenrollment End Reason Selected: _____

- 70. If the child/youth has disenrolled from Health Home, was a Discharge plan made, documented, and given to the member (either in person or through mail) in the chart? Yes No
- 71. Was discharge communicated to the Care Team (PCP, MOC, Providers)? Yes No
- 72. Was the member issued in writing (Disenrollment letter on agency letter head) notification of disenrollment (date and reason)? Yes No
- 73. Was the Plan of Care updated with change in goal status to “discharge” and the status of potential outstanding referrals noted? Yes No
- 74. Was the correct end reason selected? Yes No
- 75. Was the member informed of how to re-enroll in the program should they need to? Yes No
- 76. Was the member disenrolled appropriately given the individual circumstances of the case? Yes No N/A
- 77. Was the member issued in writing a notification of their disenrollment, including that the consent for information has ended, or issued a DOH 5235? Yes No
- 78. If the member was issued the DOH-5235; was it issued 10 days prior to disenrollment? Yes No N/A
- 79. If the child transferred or disenrolled to other services is there evidence of a warm hand off meeting or follow up to ensure that child’s engagement for the needed service? Yes No N/A
- 80. If the member disenrolled and transitioned to OPWDD does the record contain documentation to support that transition? Yes No N/A
- 81. If the member transitioned to OPWDD were the transfer steps followed per policy? Yes No N/A

82. If the member is HCBS enrolled and chose to disenroll from Health Home did the care manager offer/make a referral to CYES? Yes No N/A

Comments: _____

Points Received:	
Total Possible Points:	

Comments and Findings:

****If the member is enrolled in HCBS Please complete the corresponding Target Population HCBS Audit Tool****

Scoring:

Yes = 1 point

No = 0 points

N/A = Null

SCORE = Points received divided by total possible points.

Points Received:		Points Received on HCBS Tool:		Total Points Received	
Total Possible Points:		Total Possible Points on HCBS Tool:		Total Possible Points	
Audit Score:	%	HCBS Audit Score:	%	Overall Score	%

Reviewer: _____