Adult Health Home Comprehensive Chart Review Tool

Care Management Agency: _____

Client CIN: _____ Client ID: _____

Member Name: _____ Date Chart Reviewed: _____

Care Manager: _____ MCO: _____

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

Date Original 5055 was Signed (enrollment date): _____

Referral Source: _____

Closure Date: _____ Reason for Discharge: _____

Eligibility Criteria: ☐ Two Chronic Conditions ☐ HIV/AIDS ☐ SMI ☐ Sickle Cell

Specialty Population Criteria: ☐ HH+ ☐ AOT ☐ HARP

Member's Current Billing Rate: ☐ High ☐ Medium ☐ Low

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. Is there a DOH-5055 in the chart for the enrolled member? ☐ Yes ☐ No
2. Does the most recent DOH-5055 list the required entities (Current CMA, MCO, PCP, etc.)? ☐ Yes ☐ No
3. Has the individual been notified of enrollment and is DOH-5234 in the chart? ☐ Yes ☐ No
4. Are all of the DOH forms completed correctly and uploaded in their entirety? ☐ Yes ☐ No
5. Does the member have an Eligibility Screening tool completed within 30 days of enrollment? ☐ Yes ☐ No
6. Does the member's eligibility screen match the member's problems list and supporting documentation for Health Home Eligibility? ☐ Yes ☐ No
7. Does the member's record contain evidence that the member meets appropriateness criteria? ☐ Yes ☐ No
8. Does the member have the correct Sub-Program assigned in Netsmart? ☐ Yes☐ `No ☐ N/A

9. 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
10. Does the Problem List reflect the Health Home Qualifying Diagnosis as the Primary Problem? ☐ Yes ☐ No
11. For the Problems listed, is the correct Problem Type assigned to each problem? ☐ Yes ☐ No
12. Does either the single qualifying condition and/or the 2 chronic conditions listed on the problems list have an active status? ☐ Yes ☐ No
13. Is there Health Home Eligibility Documentation scanned into the chart? ☐ Yes ☐ No
14. Does the problems list match the supporting documentation uploaded into the record? ☐ Yes ☐ No
15. Does the eligibility screen in Netsmart match the supporting documentation uploaded? ☐ Yes ☐ No
16. If the member is part of the HH+ population, is there current (within the last 12 months) documentation of HH+ eligibility in the chart? ☐ Yes ☐ No ☐ N/A
17. If the member is HH+ for SMI/HIV is that Diagnosis listed as the primary problem? ☐ Yes ☐ No ☐N/A
18. Is all the uploaded documentation labeled correctly? ☐ Yes ☐ No

Comments: _____

Points Received:	
Total Possible Points:	

Section B – Comprehensive Assessment

19. Does the member have a current Comprehensive Assessment electronically entered into the Care Management Record? ☐ Yes ☐ No Date Completed: _____
20. Does the member have a current PHQ-9 on file? ☐ Yes ☐ No

Comments: _____

Points Received:	
Total Possible Points:	

Domain	Identified Area of Need (Y/N)
Demographics language/literacy/cultural preferences or needs	
Social Determinants	
Benefits	
Medical	
HIV/AIDS	
Trauma	
Mental health	
Medications	
Substance Use	
Justice	
ADL's	
Social Supports	
Employment	

Member's Priority: _____

Section C- HIV/AIDS

21. If the member is HIV+, did they receive a Care Team Meeting within the last 6 months? ☐ Yes ☐ No ☐ N/A
22. If the member is HIV+ does the record contain documentation/evidence that the member has been educated on the importance of viral suppression? ☐ Yes ☐ No ☐ N/A
23. If the member has not reached viral suppression does the record contain documentation/evidence/POC goals that demonstrate the HHCM has followed up with the HIV provider and is addressing the barriers to viral suppression? ☐ Yes ☐ No ☐ N/A
24. Does the member's record contain evidence that the member was educated on the importance of HIV prevention? ☐ Yes ☐ No

Points Received:	
Total Possible Points:	

Comments: _____

Section D – Plan of Care

25. Does the member have a current Plan of Care entered into the Care Management Record? ☐Yes ☐No
26. Are the Plans of Care signed by the enrolled member? ☐ Yes ☐ No
27. Is the primary problem listed on the Problem List addressed in the Plan of Care? ☐ Yes ☐ No
28. Does the POC address the member's active/monitoring problems listed on the Problems list? ☐ Yes ☐ No

29. 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
30. Objectives in the Plan of Care are developed to address the identified needs and barriers to care based on the assessments conducted and person-centered planning? ☐ Yes ☐ No
31. Does the Plan of Care contain goals addressing the member's immediate needs that support the member's enrollment in Health Home? ☐ Yes ☐ No
32. Are the members' goals clearly identified? ☐ Yes ☐ No
33. Are the members' strengths and barriers noted in the care plan? ☐ Yes ☐ No
34. Was the member's Plan of Care updated to reflect a change in needs (added goals, achieved goals, discontinued goals)? ☐ Yes ☐ No ☐ N/A
35. If the member has been enrolled 12+ months (non HH+) is there evidence that the HHCM discussed Graduation with the member? ☐ Yes ☐ No ☐N/A
36. Does the Plan of Care reflect immediate goals the member still needs support with? ☐ Yes ☐ No ☐N/A
37. If the member has been enrolled for over a year does the member have a CES Tool completed? ☐ Yes ☐ No ☐ N/A
38. Has a follow up CES Tool been completed, if applicable? ☐ Yes ☐ No ☐ N/A
39. If the CES Tool recommendation outcome was "Continued Service" does the record contain evidence to support the recommendation? ☐ Yes ☐ No ☐ N/A
40. Was the CES Tool reviewed and/or completed by a supervisor? ☐ Yes ☐ No ☐ N/A
41. If the results of the CES Tool were discharged, was the process completed within the policy timeframe? ☐ Yes ☐ No ☐ N/A

    Comments: _____

Points Received:	
Total Possible Points:	

Section E – HARP Member Only

42. If the member is HARP enrolled were HCBS/CORE services offered and discussed with the member? ☐ Yes ☐ No
43. If the member is HARP enrolled and completed an initial HARP Eligibility Assessment was the assessment, then completed annually? ☐ Yes ☐ No ☐ N/A (member declined initial assessment)
44. For members who are interested in HARP services, did the HHCM take steps to complete a Level of Service Determination? ☐ Yes ☐ No ☐ N/A
45. If a member had a LOSD submitted is their evidence in the record that the HHCM connected them to services? ☐ Yes ☐ No ☐ N/A
46. Has the LOSD been uploaded into the record? ☐ Yes ☐ No ☐ N/A
47. If the member is enrolled in HCBS did the HHCM complete and share the HARP Plan of Care with the MCO? ☐ Yes ☐ No ☐ N/A

☐ Section not applicable

Points Received:	
Total Possible Points:	

Section F – Notes

48. Are the majority of notes entered into the system within 3 business days? ☐ Yes ☐ No
49. Have the minimum Core Service(s) per month been provided (this includes specialty populations with increased number of core services needed)? If a Core Service was not delivered due to lack of engagement by the enrolled member, is there documentation of the HHCM attempting to contact the member? ☐ Yes ☐ No
50. Is there a monthly Care Manager note addressing the Plan of Care? ☐ Yes ☐ No ☐ N/A
51. Do the notes show how barriers to care are being addressed and acted upon as needed? ☐ Yes ☐ No ☐ N/A
52. Is there evidence of contact/coordination with the member's care team (MCO, Providers, Social Supports)? ☐ Yes ☐ No
53. Do the billable core service notes include adequate detail of core health home services being provided? ☐ Yes ☐ No
54. Do the conditions being billed under in the HML match the member's qualifying conditions and proof of eligibility documentation? ☐Yes ☐ No
55. Does the Care Manager show evidence of identifying risk factors that may indicate a higher level of care is needed (Inpatient/Residential)? ☐ Yes ☐ No ☐ N/A
56. If the individual became "lost to contact" or "Disengaged" were diligent search efforts made to locate the member and the correct number and type of contacts conducted? ☐ Yes ☐ No ☐ N/A
57. 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 G – Care Transitions, Referrals, and Incidents

58. If the member had an admission did the HHCM attempt to follow up with the discharge staff? ☐ Yes ☐ No ☐ N/A
59. If the member experienced and ED/Inpatient event did the CM complete the appropriate follow up with the member? ☐ Yes ☐ No ☐ N/A
60. If an incident occurred, was the proper reporting followed and followed up on by the HHCM? ☐ Yes ☐ No ☐ N/A

61. 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
62. 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
63. Did the HHCM participate in a Warm handoff from the excluded setting (for new HH referrals)? ☐ Yes ☐No ☐ N/A
64. If the member entered or exited an excluded setting were proper billing protocols followed? ☐Yes☐ No ☐N/A
65. 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
66. If a newly referred member from an excluded setting had a delayed discharge was the segment pended in MAPP? ☐ Yes ☐ No ☐ N/A

Points Received:	
Total Possible Points:	

Section H- Discharge Planning / Disenrollment from Health Home

Disenrollment End Reason Selected: _____

Specialty Population: ☐ HH+ ☐ AOT ☐ HARP

67. If the individual has disenrolled from Health Home was a Discharge plan made and documented? ☐Yes ☐ No ☐ N/A
68. Was the member informed of how to re-enroll in the program following disenrollment? ☐ Yes ☐ No
69. Was the correct end reason selected? ☐ Yes ☐ No
70. Was the member issued a disenrollment letter on agency letter head stating the date and reason for the disenrollment? ☐ Yes ☐ No
71. Was discharge communicated to the Care Team (PCP, MOC, Providers)? ☐ Yes ☐ No
72. Was the Plan of Care updated with change in goal status to "discharge" and the status of potential outstanding referrals noted? ☐ Yes ☐ No

73. Was the member disenrolled appropriately given the individual circumstances of the case? ☐ Yes ☐ No ☐ N/A
74. If the individual has disenrolled from Health Home was the member issued in writing that they have been disenrolled and that consent is no longer active (disenrollment Letter) or DOH-5235 in the chart? ☐ Yes ☐ No
75. If the member was issued the DOH-5235; was it issued 10 days prior to the disenrollment? ☐ Yes ☐ No ☐ N/A
76. If the individual transferred or disenrolled to other services is their evidence of a warm hand off meeting or follow up to ensure that individual engaged for the needed service? ☐ Yes ☐ No ☐ N/A

Comments:

_____

_____

Points Received:	
Total Possible Points:	

Comments and Findings:

_____

_____

Scoring:

YES = 1 point

NO= 0 points

N/A = NULL

SCORE = Points received in total divided by total possible points.

Points Received in total:	
Total Possible Points:	
Audit Score:	%

Reviewer: _____