Adirondack Health Institute

# 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:** _____

**Reason for Refferal:** _____

**Closure Date:** _____ **Reason for Discharge:** _____

**Episode Detail (status change):** _____

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

**Specialty Population Criteria**: ☐ HH+ ☐ HH+ Stepdown ☐ AOT ☐ HARP

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

**Member's Primary Diagnosis:** _____

**Member's Appropriateness Criteria:** _____

**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.***

Adirondack Health Institute

**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 28 days of enrollment? ☐ Yes ☐No
   **Date Completed: _____**
6. Does the member's record contain evidence that the member meets appropriateness criteria?
   ☐ Yes ☐ No
7. Does the member have the correct Sub-Program assigned in Netsmart? ☐ Yes☐ No ☐ N/A
8. 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
9. Does the Problem List reflect the Health Home Qualifying Diagnosis as the Primary Problem? ☐ Yes ☐ No
10. For the Problems listed, is the correct Problem Type assigned to each problem? ☐ Yes ☐ No
11. Does either the single qualifying condition and/or the 2 chronic conditions listed on the problems list have an active status? ☐ Yes ☐ No
12. Is there Health Home Eligibility Documentation scanned into the chart, with a date on it, uploaded prior to the first billing claim, including enrollment documents? ☐ Yes ☐ No
13. Does the problems list match the supporting documentation uploaded into the record? ☐ Yes ☐ No
14. Does the eligibility screen in Netsmart match the supporting documentation uploaded? ☐ Yes ☐ No
15. Is all the uploaded documentation labeled correctly? ☐ Yes ☐ No
16. If the member has consented to HIXNY has the consent been turned on in Netsmart? ☐Yes ☐ No ☐ N/A

Comments: _____

| | |
|---|---|
| **Points Received:** | |
| **Total Possible Points:** | |

**Section B – Comprehensive Assessment**

17. Does the member have a current Comprehensive Assessment electronically entered into the Care Management Record?
    ☐ Yes ☐ No Date Completed: _____
18. Does the member have a current PHQ-9 on file? ☐ Yes ☐ No
19. Was there a Face to Face to coincide with the initial Comprehensive Assessment? ☐ Yes ☐ No

    Comments:
    _____

| **Points Received:** | |
|---|---|
| **Total Possible Points:** | |

| **Domain** | **Identified Area of Need (Y/N)** | **Action taken by HHCM** |
|---|---|---|
| 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**

20. If the member is HIV+, have they received a Care Team Meeting within the last 6 months? ☐ Yes ☐ No ☐ N/A
21. 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
22. 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
23. Does the member's record contain evidence that the member was educated on the importance of HIV prevention? ☐ Yes ☐ No
24. If the member has not reached Viral Suppression, did the HHCM document steps taken to support the member with achieving viral suppression? ☐ Yes ☐ No ☐ N/A

| | |
|---|---|
| **Points Received:** | |
| **Total Possible Points:** | |

Comments: _____

**Section D - Health Home Plus/AOT**

Date of First HH+ HML Claim: _____ Eligible Population SMI ☐ HIV ☐

HH+ Program Start Date: _____ HH+ Program End Date: _____

HH+ Stepdown Program Start Date: _____ HH+ Stepdown Program End Date: _____

Category Being Billed for: _____

25. 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
26. If the member is HH+ for SMI/HIV is that Diagnosis listed as the primary problem? ☐ Yes ☐ No ☐N/A
27. Does the supporting documentation for Qualifying Diagnosis match HML? ☐ Yes ☐ No ☐ N/A
28. Does the supporting documentation for the HH+ category match the HML? ☐ Yes ☐ No ☐ N/A
29. If the member meets the HH+ eligibility Criteria is the member being served at a higher level of care in the HH+ program? ☐ Yes ☐ No ☐ N/A
30. If the member was served at HH+ for more than 12 months, is there supporting documentation in the record to support all months of HH+ billing? ☐ Yes ☐ No ☐ N/A
31. If the member completed their 12 months in HH+ and stepped down did the HHCM end the HH+ subprogram and switch it to HH+ Stepdown? ☐ Yes ☐ No ☐ N/A

32. Was billing accurately completed for the 6-month stepdown period if the member was placed in stepdown? ☐ Yes ☐ No ☐ N/A
33. If the member is enrolled in AOT, does the record contain evidence that the HHCM was in communication with the LGU? ☐ Yes ☐ No ☐ N/A

☐ Section not applicable

| | |
|---|---|
| **Points Received:** | |
| **Total Possible Points:** | |

Comments: _____

**Section E – Plan of Care**

**Current Plan of Care Date: _____**

34. Does the member have a current Plan of Care entered into the Care Management Record? ☐Yes ☐No
35. Are all of the Plans of Care signed by the enrolled member? ☐ Yes ☐ No
36. Are the Plans of Care signature date in compliance with billing requirements? ☐ Yes ☐ No
37. Is the primary problem listed on the Problem List addressed in the Plan of Care? ☐ Yes ☐ No
38. Does the POC address the members' active/monitoring problems listed on the Problems list? ☐ Yes ☐ No
39. 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
40. Does the Plan of Care contain goals addressing the members' immediate needs that support the members' enrolment in Health Home? ☐ Yes ☐ No
41. Are the members' strengths and barriers noted in the care plan? ☐ Yes ☐ No
42. Does the record contain evidence that key care team members played a role in assisting in the development of the Plan of Care? ☐ Yes ☐ No ☐ N/A
43. Was the members' Plan of Care updated to reflect a change in needs (added goals, achieved goals, discontinued goals)? ☐ Yes ☐ No ☐ N/A
44. If the member has been enrolled 12+ months does the Plan of Care reflect immediate goals the member still needs support with? ☐ Yes ☐ No ☐N/A
45. If the member has been enrolled for over a year does the member have a CES Tool completed? ☐ Yes ☐ No ☐ N/A
46. Has a follow up CES Tool been completed, if applicable, within the correct timeframe?☐ Yes ☐ No ☐ N/A

47. If the CES Tool recommendation outcome was "Continued Service" does the record contain evidence to support the recommendation? ☐ Yes ☐ No ☐ N/A
48. If the recommendation was more information needed, does the record indicate that the HHCM or Supervisor attempted to collect documentation to determine if the member is still appropriate for Health Home? ☐ Yes ☐ No ☐ N/A
49. Was the CES Tool reviewed and/or completed by a supervisor? ☐ Yes ☐ No ☐ N/A
50. 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 F – HARP Member Only**

**HARP Program Start Date: _____ HARP Program End Date: _____**

51. If the member is HARP enrolled were HCBS/CORE services offered and discussed with the member? ☐ Yes ☐ No
52. Was the HARP/CORE form completed at enrollment, documenting the discussion and member choice? ☐ Yes ☐ No
53. Was the HARP/CORE form completed annually, documenting the discussion and member choice? ☐ Yes ☐ No ☐ N/A
54. 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)
55. For members who are interested in HCBS services, did the HHCM take steps to complete a Level of Service Request? ☐ Yes ☐ No ☐ N/A
56. If a member had a LOSR submitted is their evidence in the record that the HHCM connected them to services? ☐ Yes ☐ No ☐ N/A
57. Has the LOSD been uploaded into the record? ☐ Yes ☐ No ☐ N/A
58. 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
59. If the member is interested in CORE Services, did the HHCM take steps to make a referral for those services? ☐ Yes ☐ No ☐ N/A
60. If the member is interested in HCBS, was the Adult HCBS form completed? ☐ Yes ☐ No ☐ N/A

☐ Section not applicable

| | |
|---|---|
| **Points Received:** | |
| **Total Possible Points:** | |

Comments: _____

**Section G – Notes**

61. Are the majority of notes entered into the system within 3 business days? ☐ Yes ☐ No
62. 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
63. Is there a monthly Care Manager note addressing the Plan of Care? ☐ Yes ☐ No ☐ N/A
64. If there was a need/service indicated in the comprehensive assessment that could not be met does the HHCM document barriers to accessing care?
    ☐ Yes ☐ No ☐ N/A
65. Is there evidence of contact/coordination with the members' care team (MCO, Providers, Social Supports)? ☐ Yes ☐ No
66. Do the billable core service notes include adequate detail of core health home services being provided?
    ☐ Yes ☐ No
67. Do the conditions being billed under in the HML match the members' qualifying conditions and proof of eligibility documentation? ☐Yes ☐ No
68. 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
69. 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
70. 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 H – Care Transitions, Gaps in Care, Referrals, and Incidents**

71. If the member had an admission did the HHCM attempt to follow up with the discharge staff? ☐ Yes ☐ No ☐ N/A
72. If the member experienced an ED/Inpatient event did the CM complete the appropriate follow up with the member within 48 hours? ☐ Yes ☐ No ☐ N/A
73. Did the HHCM support the member with attending follow up appointment associated with the Care Transition? ☐ Yes ☐ No ☐ N/A
74. If an incident occurred, was the proper reporting followed and followed up on by the HHCM? ☐ Yes ☐ No ☐ N/A
75. If this member was referred from an excluded setting to Health Home did the HHCM connect with discharge planning staff to discuss the members' needs, including HCBS? ☐ Yes ☐ No ☐ N/A
76. 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
77. If the member was placed in an excluded setting did the HHCM make steps to reengage the member upon discharge? ☐ Yes ☐ No ☐ N/A
78. Did the HHCM participate in a Warm handoff from the excluded setting (for new HH referrals)? ☐ Yes ☐No ☐ N/A
79. If the member entered or exited an excluded setting were proper billing protocols followed? ☐Yes☐ No ☐N/A
80. 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
81. If a newly referred member from an excluded setting had a delayed discharge was the segment pended in MAPP? ☐ Yes ☐ No ☐ N/A
82. If the member has an open Gap in Care, did the HHCM attempt to close the Gap in Care (GIC) within a reasonable timeframe? ☐Yes ☐No ☐N/A
83. If the member refused to complete/close the GIC did the HHCM attempt to educate the member on the importance and re-visit the GIC at a future date? ☐Yes ☐No ☐N/A

| | |
|---|---|
| **Points Received:** | |
| **Total Possible Points:** | |

Comments: _____

Adirondack Health Institute

**Section I- Discharge Planning / Disenrollment from Health Home**

**Disenrollment End Reason Selected:** _____

**Specialty Population: ☐ HH+ ☐ AOT ☐ HARP**

84. If the individual has been disenrolled from Health Home was a Discharge plan made and documented? ☐Yes ☐ No ☐ N/A
85. Was the member informed of how to re-enroll in the program following disenrollment? ☐ Yes ☐ No
86. Was the correct end reason selected? ☐ Yes ☐ No
87. Was the member issued a disenrollment letter on agency letter head stating the date and reason for the disenrollment? ☐ Yes ☐ No
88. Was the discharge communicated to the Care Team (PCP, MOC, Providers)? ☐ Yes ☐ No
89. Was the Plan of Care updated with change in goal status to "discharge" and the status of potential outstanding referrals noted? ☐ Yes ☐ No
90. Was the member disenrolled appropriately given the individual circumstances of the case? ☐ Yes ☐ No ☐ N/A
91. 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
92. If the member was issued the DOH-5235; was it issued 10 days prior to the disenrollment? ☐ Yes ☐ No ☐ N/A
93. 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 is engaged for the needed service? ☐ Yes ☐ No ☐ N/A

Comments:

_____

_____

| | |
|---|---|
| **Points Received:** | |
| **Total Possible Points:** | |

Overall 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:** _____

**Date:** _____

**Validated By:** _____

**Validation Date:** _____