Adirondack Health Institute

Children's Health Home Comprehensive Chart Review Tool

Care Management Agency: _____

Client CIN: _____ **Client ID:** _____

Member Name: _____ **Date Chart reviewed:** _____

Care Manager: _____ **MCO:** _____

DOB: _____**AGE:** _____ **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: _____

Reason for Referral: _____

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

Episode Detail (Change in Status): _____

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

Member's Sub-Program ☐ HCBS ☐ Early Intervention ☐ High Fidelity Wrap

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. 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 the member is part of the homeless youth population under 18 and signed a 5055, is there an attestation on file? ☐ Yes ☐ No ☐ N/A
5. 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 ☐ DOH-5055
6. 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
7. Has the 5201/tracker been updated annually or Birthday? ☐ Yes ☐ No ☐ N/A
8. Does the most recent consent list the required entities (current CMA, MCO, PCP, etc.)☐ Yes ☐ No
9. Eligibility Criteria for Complex Trauma Completed? ☐ Yes ☐ No ☐ N/A
   ☐ CTES ☐ CTEA ☐ Eligibility Determination Form
10. Does the member have an initial Eligibility Screening tool completed within 28 days of enrollment? ☐ Yes ☐ No **Date Completed**: _____
11. Has the member had an annual Eligibility Screening tool completed? ☐ Yes ☐ No ☐ N/A
12. Does the member's eligibility screen match the member's problems list and supporting documentation for Health Home Eligibility? ☐ Yes ☐ No
13. Does the member's record contain evidence that the member meets appropriateness criteria? ☐ Yes ☐ No
14. Does the member have the correct Sub-Program in Netsmart assigned? ☐ Yes ☐ No ☐ N/A
15. 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
16. Does the Problem List reflect the Health Home Qualifying Diagnosis as the Primary Problem? ☐ Yes ☐ No
17. For the Problems listed, is the correct Problem Type assigned? ☐ Yes ☐ No
18. Is there Health Home eligibility documentation uploaded into the chart, with a date on it, and uploaded prior to the first billing claim, including enrollment documents? ☐ Yes ☐ No
19. Does the problems list match the supporting documentation uploaded into the record? ☐ Yes ☐ No
20. Does the eligibility screen in Netsmart match the supporting documentation uploaded? ☐ Yes ☐ No

21. 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
22. Does the member have a DOH-5203 in the chart, for all educational settings? ☐ Yes ☐ No ☐ N/A
23. Was the member, parent, or legal guardian issued the DOH-5234? ☐ Yes ☐ No
24. If the Medical Consenter or member has consented to HIXNY, has the consent been turned on in Netsmart? ☐Yes ☐ No ☐ N/A
25. Are all the DOH forms completed correctly and uploaded in their entirety? ☐ Yes ☐ No
26. Does the record contain evidence of the Consent FAQ being reviewed with the family prior to consent? ☐ Yes ☐ No ☐ N/A
27. Does the member have a current and signed Emergency Planning Assessment/Safety and Crisis Plan completed. ☐ Yes ☐ No
28. Is all the uploaded documentation labeled correctly? ☐ Yes ☐ No

Comments:

_____

Points Received:	
Total Possible Points:	

Section B – Assessments

29. Does the member have a current CANS-NY Assessment completed? ☐ Yes ☐ No ☐ N/A Date Completed: _____
30. Does the record contain supporting evidence that supports the CANS ratings (case notes, diagnosis, collaboration with other providers)? ☐ Yes ☐ No
31. Does the CANS assessment contain evidence of the HHCM noting what information was used to support the ratings? ☐ Yes ☐ No
32. If the member was flagged as HFW eligible in the UAS did the HHCM have a documented conversation and educate the family regarding services? ☐ Yes ☐ No ☐ N/A
33. If the member is determined eligible for HFW and would like to access HFW did the HHCM reach out to the lead HH within 2 business days to inquire about availability? ☐ Yes ☐ No ☐ N/A
34. Did the HHCM verify that HFW eligibility documentation was on file? ☐ Yes ☐ No ☐ N/A
35. Was the HFW agreement form signed, reviewed, and uploaded into the record? ☐ Yes☐ No☐ N/A
36. 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
37. Has the member had a dental visit within the last six months, if not is this addressed in the POC? ☐ Yes ☐ No

Comments:

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Points Received:	
Total Possible Points:	

Domain/Module	**Area of Need**	**Action taken by HHCM**
Demographics language/literacy/cultural preferences or needs		
Social Determinants		
Medical/Dental		
HIV/AIDS		
Trauma		
Mental and Behavioral Health		
Medications		
Substance Use		
Risk Factors/Criminal Justice		
ADL's		
Social Supports		
Developmental Milestones		
Education		
Employment		

Section C – Care Plan **Current POC Date:_____**

38. Does the member have a current Plan of Care entered into the Care Management Record? ☐Yes ☐No
39. Is the primary problem listed on the problems list addressed in the Plan of Care? ☐ Yes ☐ No
40. Does the POC address the members' active/monitoring problems listed on the Problems list? ☐ Yes ☐ No
41. Does the Plan of Care contain goals addressing the member's immediate needs that support the member's enrollment in Health Home (non-maintenance goals)? ☐ Yes ☐ No
42. Are the needs and strengths from the CANS addressed in the Plan of Care? ☐ Yes ☐ No
43. Is there evidence that needs identified in the Assessments were appropriately addressed with the member and addressed in the Plan of Care (Objective/Intervention created). ☐Yes ☐ No ☐ N/A
44. Did the Care Manager take action to address the Objectives/Interventions associated with the need? ☐ Yes ☐ No
45. 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)
46. Are all Care Plans Signed by the Parent/Guardian (and youth if applicable age 10), dated, and uploaded into the record? ☐ Yes ☐ No
47. Is there evidence in the record that the POC was developed with input from the Care Team? ☐ Yes ☐ No
48. Are the members' goals clearly identified? ☐ Yes ☐ No
49. 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
50. 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:	

Comments:

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Section D – Notes

Acuity: ☐ **Complex** ☐ **Early Development/Intensive** ☐ **Low/Standard** ☐ **HFW**

51. Did the HHCM deliver the correct number of core services as determined by the member's CANS-NY and Sub-Program? If not, did the HHCM document the reason for not completing the minimum core services?☐ Yes ☐ No
52. If the HHCM did not complete the required number or core services or in-person contacts, is there documentation from the HHCM as to why? ☐ Yes ☐ No ☐ N/A
53. Is there a monthly Care Manager note addressing the Plan of Care? ☐ Yes ☐ No ☐ N/A
54. Are most Notes and encounters documented within 3 business days? ☐ Yes ☐ No
55. Do the notes document active and progressive movement towards attainment of objectives and interventions? ☐ Yes ☐ No
56. Do the notes show how barriers to care are being addressed and acted upon as needed? ☐ Yes ☐ No ☐ N/A
57. If there are barriers to accessing needed supports or services identified in the assessment process, does the HHCM document that in the members record? ☐ Yes ☐ No ☐ N/A
58. 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
59. Is there evidence of contact/coordination with the members' care team (MCO, Providers, Social Supports)? ☐ Yes ☐ No
60. Is there evidence of Interdisciplinary Team Meetings occurring per the required frequency? ☐ Yes ☐ No **Date of Last IDT**: _____
61. 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
62. Do the billable core services notes include adequate detail of core health home services being provided? ☐ Yes ☐ No
63. If a telehealth visit was conducted does the record indicate that it was completed at the member/Caregiver request? ☐ Yes ☐ No ☐ N/A
64. Do the conditions being billed under in the CBQ match the member's qualifying conditions and proof of eligibility documentation? ☐Yes ☐ No
65. 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
66. Did the CMA only share information/PHI with parties who have been listed on the consent forms? ☐ Yes ☐ No

Comments:

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Points Received:	
Total Possible Points:	

Section F – Care Transition, Gaps in Care, Referrals, and Incidents

67. If the member had an admission did the HHCM attempt to follow up with the discharge staff and/or request records from the visit? ☐ Yes ☐ No ☐ N/A
68. If the member experienced a crisis/ER visit/Inpatient stay etc. did the HHCM review/update the Safety and Crisis plan with the member and follow up with the member? ☐ Yes ☐ No ☐ N/A
69. Did the HHCM support the member with follow up appoints as a result of the care transition? ☐ Yes ☐ No ☐ N/A
70. If the member returned from an excluded setting did the HHCM make steps to reengage the member? ☐ Yes ☐ No ☐ N/A
71. If an incident occurred, was a report made and follow up completed by the HHCM? ☐ Yes ☐ No ☐ N/A
72. 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
73. 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
74. Did the HHCM participate in a Warm handoff from the excluded setting (for new HH referrals)? ☐ Yes ☐ No ☐ N/A
75. If the member entered or exited an excluded setting, were proper billing protocols followed? ☐ Yes ☐ No ☐ N/A
76. 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
77. If a newly referred member from an excluded setting had a delayed discharge was the segment pended in MAPP? ☐ Yes ☐ No ☐ N/A
78. If the member has an open Gap in Care did the HHCM attempt to close the Gap in Care (GIC) within policy timeframe? ☐Yes ☐No ☐N/A
79. 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

Comments:

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Points Received:	
Total Possible Points:	

Section G – Discharge Planning / Disenrollment from Health Home

Disenrollment End Reason Selected: _____

Specialty Population: ☐ HCBS Waiver ☐ HFW

80. 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
81. Was discharge communicated to the Care Team (PCP, MOC, Providers)? ☐ Yes ☐ No
82. Was the member issued in writing (Disenrollment letter on agency letter head) notification of disenrollment (date and reason)?
    ☐ Yes ☐ No
83. Was the Plan of Care updated to reflect a closed-out status and the status of potential outstanding referrals noted? ☐ Yes ☐ No
84. Was the correct end reason selected? ☐ Yes ☐ No
85. Was the member informed of how to re-enroll in the program should they need to?
    ☐ Yes ☐No
86. Was the member disenrolled appropriately given the individual circumstances of the case?
    ☐ Yes ☐ No ☐ N/A
87. 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
88. If the member was issued the DOH-5235; was it issued 10 days prior to disenrollment?
    ☐ Yes ☐ No ☐ N/A
89. If the child transferred or disenrolled to other services is their evidence of a warm hand off meeting or follow up to ensure that child's engagement for the needed service?
    ☐ Yes ☐ No ☐ N/A
90. If the member disenrolled and transitioned to OPWDD does the record contain documentation to support that transition? ☐ Yes ☐ No ☐ N/A
91. If the member transitioned to OPWDD were the transfer steps followed per policy?
    ☐ Yes ☐ No ☐ N/A
92. If the member is HCBS enrolled and chooses to disenroll from Health Home, did the care manager offer/make a referral to CYES? ☐ Yes ☐ No ☐ N/A

Comments:

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Points Received:	
Total Possible Points:	

Comments and Findings:

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****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 dived 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: _____

Date: _____

Validated By: _____

Validation Date: _____