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 ☐

    HHSC Eligibility Criteria Only: SED ☐   Complex Trauma ☐   HCBS Eligible ☐

2. Other pertinent criteria?

    HARP ☐   AOT ☐   Health Home Plus ☐   Adult Home Plus ☐

Section 2: Required Forms and Documents

3. Eligibility and appropriateness documentation in file?

    Yes ☐   No ☐

4. **Initial** Patient Information Sharing Consent (DOH 5055 or 5200 & 5201) on file, signed and dated by the member upon enrollment?

    Yes ☐

    No ☐ [Please Explain]:

5. **Current** DOH 5055 (page 3) or 5201 (page 2) lists the Care Management Agency, MCO (if applicable), and 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?

    Yes ☐

    No ☐ [Please Explain]:

6. Is there any evidence of PHI and/or member information sharing with a provider or family member not listed in the 5055, 5201 or in any other appropriate form of written consent?

    Yes ☐ [Please Explain]:

    No ☐

7. Notice of Determination for Enrollment (DOH 5234) provided at time of enrollment and on file?
    Yes ☐   No ☐

8. Initial comprehensive assessment completed within 60 days of enrollment?
    Yes ☐   No ☐   Not Completed ☐   N/A ☐

9. For members enrolled 1 year or longer, annual reassessments are on time and on file for each year of enrollment and/or there is documentation supporting attempts for reassessment or screening tool updates annually?

    Yes ☐   No ☐   N/A ☐ [If enrolled less than 2 years]

Section 3: Plan of Care

10. Was the initial Plan of Care developed within 60 days of Health Home enrollment?
    Yes ☐   No ☐   N/A ☐

11. Were barrier(s) 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 ☐

12. Does the Plan of Care identify member's strengths?
    Yes ☐   No ☐   N/A ☐

13. Evidence that the individual/Parent/Guardian/Legally Authorized Representative plays a central active role in the development of the Plan of Care. (e.g. Would you consider the service(s) provided by the CM as Person-Centered? Is there a signature present on the POC?)
    Yes ☐

    No ☐ [Please Explain]:

14. Is there evidence that the Plan of Care 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]:

Section 4: HARP and HCBS [Adults enrolled in HARP ONLY]

15. Was the HCBS Eligibility Assessment completed annually?
    Yes ☐   No ☐

16. If the member is eligible and interested in receiving HCBS, is there evidence that the CM took steps to complete a Level of Service Determination (LOSD)?
    Yes ☐   No ☐   N/A ☐

17. Is there evidence that the CM connected the member with HCBS?
    Yes ☐   No ☐   N/A ☐

18. For member is eligible and interested in receiving HCBS, are the additional Federal requirements for the Plan of Care met?
    Yes ☐   No ☐   N/A ☐

19. For members receiving HCBS, is there evidence that the POC was shared with the member's MCP?
    Yes ☐   No ☐   N/A ☐

Service Identification	Action Taken	Explain
Primary Care Was this area screened for in the most recent comprehensive assessment? ☐ Yes ☐ No *Was this identified as need requiring an intervention? ☐ Yes ☐ No Maintenance Need? ☐ Yes ☐ No **If yes**, how was it identified? [Specify date] ☐ Assessment [Date(s):_____] ☐ Member/Member Support [Date(s):_____] ☐ Care Manager [Date(s):_____] ☐ Provider/Care Team Member [Date(s):_____] ☐ Critical/Adverse Event [Date(s):_____]	Identify Action Taken by the CM **(Select <u>ONE</u>)** ☐ A complete goal, including a timeframe or intervention was added to the POC ☐ Was added as an intervention for another goal on the POC ☐ A goal was added, but it was **missing** a timeframe and/or intervention ☐ **CM did not update/change POC** Is there documentation in progress notes demonstrating follow up to a plan of care goal **and/or** a point-in-time intervention not included in the POC related to an immediate need? ☐ Yes ☐ No CM completed an abbreviated assessment/screening ☐ *Did the member refuse, or choose to defer addressing the need ☐	
Home Care Was this area screened for in the most recent comprehensive assessment? ☐ Yes ☐ No *Was this identified as need requiring an intervention?☐ Yes ☐ No Maintenance Need? ☐ Yes ☐ No **If yes**, how was it identified? [Specify date] ☐ Assessment [Date(s):_____] ☐ Member/Member Support [Date(s):_____] ☐ Care Manager [Date(s):_____] ☐ Provider/Care Team Member [Date(s):_____] ☐ Critical/Adverse Event [Date(s):_____]	Identify Action Taken by the CM **(Select <u>ONE</u>)** ☐ A complete goal, including a timeframe or intervention was added to the POC ☐ Was added as an intervention for another goal on the POC ☐ A goal was added, but it was **missing** a timeframe and/or intervention ☐ **CM did not update/change POC** Is there documentation in progress notes demonstrating follow up to a plan of care goal **and/or** a point-in-time intervention not included in the POC related to an immediate need? ☐ Yes ☐ No CM completed an abbreviated assessment/screening ☐ *Did the member refuse, or choose to defer addressing the need ☐	
Advanced Directive ***HHSA, HHSC with critical/terminal condition** Was this area screened for in the most recent comprehensive assessment? ☐ Yes ☐ No *Was this identified as need requiring an intervention? ☐ Yes ☐ No Maintenance Need? ☐ Yes ☐ No **If yes**, how was it identified? [Specify date] ☐ Assessment [Date(s):_____] ☐ Member/Member Support [Date(s):_____] ☐ Care Manager [Date(s):_____] ☐ Provider/Care Team Member [Date(s):_____] ☐ Critical/Adverse Event [Date(s):_____]	Identify Action Taken by the CM **(Select <u>ONE</u>)** ☐ A complete goal, including a timeframe or intervention was added to the POC ☐ Was added as an intervention for another goal on the POC ☐ A goal was added, but it was **missing** a timeframe and/or intervention ☐ **CM did not update/change POC** Is there documentation in progress notes demonstrating follow up to a plan of care goal **and/or** a point-in-time intervention not included in the POC related to an immediate need? ☐ Yes ☐ No CM completed an abbreviated assessment/screening ☐ *Did the member refuse, or choose to defer addressing the need ☐	

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SUD Was this area screened for in the most recent comprehensive assessment? ☐ Yes ☐ No *Was this identified as need requiring an intervention? ☐ Yes ☐ No Maintenance Need? ☐ Yes ☐ No **If yes**, how was it identified? [Specify date] ☐ Assessment [Date(s): ___] ☐ Member/Member Support [Date(s): ___] ☐ Care Manager [Date(s): ___] ☐ Provider/Care Team Member [Date(s): ___] ☐ Critical/Adverse Event [Date(s): ___]	Identify Action Taken by the CM **(Select <u>ONE</u>)** ☐ A complete goal, including a timeframe or intervention was added to the POC ☐ Was added as an intervention for another goal on the POC ☐ A goal was added, but it was **missing** a timeframe and/or intervention ☐ **CM did not update/change POC**	
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Mental Health Was this area screened for in the most recent comprehensive assessment? ☐ Yes ☐ No *Was this identified as need requiring an intervention? ☐ Yes ☐ No Maintenance Need? ☐ Yes ☐ No **If yes**, how was it identified? [Specify date] ☐ Assessment [Date(s): ___] ☐ Member/Member Support [Date(s): ___] ☐ Care Manager [Date(s): ___] ☐ Provider/Care Team Member [Date(s): ___] ☐ Critical/Adverse Event [Date(s): ___]	Identify Action Taken by the CM **(Select <u>ONE</u>)** ☐ A complete goal, including a timeframe or intervention was added to the POC ☐ Was added as an intervention for another goal on the POC ☐ A goal was added, but it was **missing** a timeframe and/or intervention ☐ **CM did not update/change POC**	
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HIV/AIDS Was this area screened for in the most recent comprehensive assessment? ☐ Yes ☐ No *Was this identified as need requiring an intervention? ☐ Yes ☐ No Maintenance Need? ☐ Yes ☐ No **If yes**, how was it identified? [Specify date] ☐ Assessment [Date(s): ___] ☐ Member/Member Support [Date(s): ___] ☐ Care Manager [Date(s): ___] ☐ Provider/Care Team Member [Date(s): ___] ☐ Critical/Adverse Event [Date(s): ___]	Identify Action Taken by the CM **(Select <u>ONE</u>)** ☐ A complete goal, including a timeframe or intervention was added to the POC ☐ Was added as an intervention for another goal on the POC ☐ A goal was added, but it was **missing** a timeframe and/or intervention ☐ **CM did not update/change POC**	
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Specialist (Please Specify) Was this area screened for in the most recent comprehensive assessment? ☐ Yes ☐ No *Was this identified as need requiring an intervention? ☐ Yes ☐ No Maintenance Need? ☐ Yes ☐ No **If yes**, how was it identified? [Specify date] ☐ Assessment [Date(s):_____] ☐ Member/Member Support [Date(s):_____] ☐ Care Manager [Date(s):_____] ☐ Provider/Care Team Member [Date(s):_____] ☐ Critical/Adverse Event [Date(s):_____]	Identify Action Taken by the CM **(Select <u>ONE</u>)** ☐ A complete goal, including a timeframe or intervention was added to the POC ☐ Was added as an intervention for another goal on the POC ☐ A goal was added, but it was **missing** a timeframe and/or intervention ☐ **CM did not update/change POC** Is there documentation in progress notes demonstrating follow up to a plan of care goal **and/or** a point-in-time intervention not included in the POC related to an immediate need? ☐ Yes ☐ No CM completed an abbreviated assessment/screening ☐ *Did the member refuse, or choose to defer addressing the need ☐	
Housing Was this area screened for in the most recent comprehensive assessment? ☐ Yes ☐ No *Was this identified as need requiring an intervention? ☐ Yes ☐ No Maintenance Need? ☐ Yes ☐ No **If yes**, how was it identified? [Specify date] ☐ Assessment [Date(s):_____] ☐ Member/Member Support [Date(s):_____] ☐ Care Manager [Date(s):_____] ☐ Provider/Care Team Member [Date(s):_____] ☐ Critical/Adverse Event [Date(s):_____]	Identify Action Taken by the CM **(Select <u>ONE</u>)** ☐ A complete goal, including a timeframe or intervention was added to the POC ☐ Was added as an intervention for another goal on the POC ☐ A goal was added, but it was **missing** a timeframe and/or intervention ☐ **CM did not update/change POC** Is there documentation in progress notes demonstrating follow up to a plan of care goal **and/or** a point-in-time intervention not included in the POC related to an immediate need? ☐ Yes ☐ No CM completed an abbreviated assessment/screening ☐ *Did the member refuse, or choose to defer addressing the need ☐	
Transportation Was this area screened for in the most recent comprehensive assessment? ☐ Yes ☐ No *Was this identified as need requiring an intervention? ☐ Yes ☐ No Maintenance Need? ☐ Yes ☐ No **If yes**, how was it identified? [Specify date] ☐ Assessment [Date(s):_____] ☐ Member/Member Support [Date(s):_____] ☐ Care Manager [Date(s):_____] ☐ Provider/Care Team Member [Date(s):_____] ☐ Critical/Adverse Event [Date(s):_____]	Identify Action Taken by the CM **(Select <u>ONE</u>)** ☐ A complete goal, including a timeframe or intervention was added to the POC ☐ Was added as an intervention for another goal on the POC ☐ A goal was added, but it was **missing** a timeframe and/or intervention ☐ **CM did not update/change POC** Is there documentation in progress notes demonstrating follow up to a plan of care goal **and/or** a point-in-time intervention not included in the POC related to an immediate need? ☐ Yes ☐ No CM completed an abbreviated assessment/screening ☐ *Did the member refuse, or choose to defer addressing the need ☐	

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Food Was this area screened for in the most recent comprehensive assessment? ☐ Yes ☐ No *Was this identified as need requiring an intervention? ☐ Yes ☐ No Maintenance Need? ☐ Yes ☐ No **If yes**, how was it identified? [Specify date] ☐ Assessment [Date(s):_____] ☐ Member/Member Support [Date(s):_____] ☐ Care Manager [Date(s):_____] ☐ Provider/Care Team Member [Date(s):_____] ☐ Critical/Adverse Event [Date(s):_____]	Identify Action Taken by the CM **(Select <u>ONE</u>)** ☐ A complete goal, including a timeframe or intervention was added to the POC ☐ Was added as an intervention for another goal on the POC ☐ A goal was added, but it was **missing** a timeframe and/or intervention ☐ **CM did not update/change POC** Is there documentation in progress notes demonstrating follow up to a plan of care goal **and/or** a point-in-time intervention not included in the POC related to an immediate need? ☐ Yes ☐ No CM completed an abbreviated assessment/screening ☐ *Did the member refuse, or choose to defer addressing the need ☐	
Financial/Entitlements Was this area screened for in the most recent comprehensive assessment? ☐ Yes ☐ No *Was this identified as need requiring an intervention? ☐ Yes ☐ No Maintenance Need? ☐ Yes ☐ No **If yes**, how was it identified? [Specify date] ☐ Assessment [Date(s):_____] ☐ Member/Member Support [Date(s):_____] ☐ Care Manager [Date(s):_____] ☐ Provider/Care Team Member [Date(s):_____] ☐ Critical/Adverse Event [Date(s):_____]	Identify Action Taken by the CM **(Select <u>ONE</u>)** ☐ A complete goal, including a timeframe or intervention was added to the POC ☐ Was added as an intervention for another goal on the POC ☐ A goal was added, but it was **missing** a timeframe and/or intervention ☐ **CM did not update/change POC** Is there documentation in progress notes demonstrating follow up to a plan of care goal **and/or** a point-in-time intervention not included in the POC related to an immediate need? ☐ Yes ☐ No CM completed an abbreviated assessment/screening ☐ *Did the member refuse, or choose to defer addressing the need ☐	
Education Was this area screened for in the most recent comprehensive assessment? ☐ Yes ☐ No *Was this identified as need requiring an intervention? ☐ Yes ☐ No Maintenance Need? ☐ Yes ☐ No **If yes**, how was it identified? [Specify date] ☐ Assessment [Date(s):_____] ☐ Member/Member Support [Date(s):_____] ☐ Care Manager [Date(s):_____] ☐ Provider/Care Team Member [Date(s):_____] ☐ Critical/Adverse Event [Date(s):_____]	Identify Action Taken by the CM **(Select <u>ONE</u>)** ☐ A complete goal, including a timeframe or intervention was added to the POC ☐ Was added as an intervention for another goal on the POC ☐ A goal was added, but it was **missing** a timeframe and/or intervention ☐ **CM did not update/change POC** Is there documentation in progress notes demonstrating follow up to a plan of care goal **and/or** a point-in-time intervention not included in the POC related to an immediate need? ☐ Yes ☐ No CM completed an abbreviated assessment/screening ☐ *Did the member refuse, or choose to defer addressing the need ☐	

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Literacy Was this area screened for in the most recent comprehensive assessment? ☐ Yes ☐ No *Was this identified as need requiring an intervention? ☐ Yes ☐ No Maintenance Need? ☐ Yes ☐ No **If yes**, how was it identified? [Specify date] ☐ Assessment [Date(s):_____] ☐ Member/Member Support [Date(s):_____] ☐ Care Manager [Date(s):_____] ☐ Provider/Care Team Member [Date(s):_____] ☐ Critical/Adverse Event [Date(s):_____]	Identify Action Taken by the CM **(Select <u>ONE</u>)** ☐ A complete goal, including a timeframe or intervention was added to the POC ☐ Was added as an intervention for another goal on the POC ☐ A goal was added, but it was **missing** a timeframe and/or intervention ☐ **CM did not update/change POC** Is there documentation in progress notes demonstrating follow up to a plan of care goal **and/or** a point-in-time intervention not included in the POC related to an immediate need? ☐ Yes ☐ No CM completed an abbreviated assessment/screening ☐ *Did the member refuse, or choose to defer addressing the need ☐	
Language Preferences Was this area screened for in the most recent comprehensive assessment? ☐ Yes ☐ No *Was this identified as need requiring an intervention? ☐ Yes ☐ No Maintenance Need? ☐ Yes ☐ No **If yes**, how was it identified? [Specify date] ☐ Assessment [Date(s):_____] ☐ Member/Member Support [Date(s):_____] ☐ Care Manager [Date(s):_____] ☐ Provider/Care Team Member [Date(s):_____] ☐ Critical/Adverse Event [Date(s):_____]	Identify Action Taken by the CM **(Select <u>ONE</u>)** ☐ A complete goal, including a timeframe or intervention was added to the POC ☐ Was added as an intervention for another goal on the POC ☐ A goal was added, but it was **missing** a timeframe and/or intervention ☐ **CM did not update/change POC** Is there documentation in progress notes demonstrating follow up to a plan of care goal **and/or** a point-in-time intervention not included in the POC related to an immediate need? ☐ Yes ☐ No CM completed an abbreviated assessment/screening ☐ *Did the member refuse, or choose to defer addressing the need ☐	
Cultural Preferences Was this area screened for in the most recent comprehensive assessment? ☐ Yes ☐ No *Was this identified as need requiring an intervention? ☐ Yes ☐ No Maintenance Need? ☐ Yes ☐ No **If yes**, how was it identified? [Specify date] ☐ Assessment [Date(s):_____] ☐ Member/Member Support [Date(s):_____] ☐ Care Manager [Date(s):_____] ☐ Provider/Care Team Member [Date(s):_____] ☐ Critical/Adverse Event [Date(s):_____]	Identify Action Taken by the CM **(Select <u>ONE</u>)** ☐ A complete goal, including a timeframe or intervention was added to the POC ☐ Was added as an intervention for another goal on the POC ☐ A goal was added, but it was **missing** a timeframe and/or intervention ☐ **CM did not update/change POC** Is there documentation in progress notes demonstrating follow up to a plan of care goal **and/or** a point-in-time intervention not included in the POC related to an immediate need? ☐ Yes ☐ No CM completed an abbreviated assessment/screening ☐ *Did the member refuse, or choose to defer addressing the need ☐	

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Employment Was this area screened for in the most recent comprehensive assessment? ☐ Yes ☐ No *Was this identified as need requiring an intervention? ☐ Yes ☐ No Maintenance Need? ☐ Yes ☐ No **If yes**, how was it identified? [Specify date] ☐ Assessment [Date(s):_____] ☐ Member/Member Support [Date(s):_____] ☐ Care Manager [Date(s):_____] ☐ Provider/Care Team Member [Date(s):_____] ☐ Critical/Adverse Event [Date(s):_____]	Identify Action Taken by the CM **(Select <u>ONE</u>)** ☐ A complete goal, including a timeframe or intervention was added to the POC ☐ Was added as an intervention for another goal on the POC ☐ A goal was added, but it was **missing** a timeframe and/or intervention ☐ **CM did not update/change POC**	
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	CM completed an abbreviated assessment/screening ☐	
	*Did the member refuse, or choose to defer addressing the need ☐	
Health Promotion Services Was this area screened for in the most recent comprehensive assessment? ☐ Yes ☐ No *Was this identified as need requiring an intervention? ☐ Yes ☐ No Maintenance Need? ☐ Yes ☐ No **If yes**, how was it identified? [Specify date] ☐ Assessment [Date(s):_____] ☐ Member/Member Support [Date(s):_____] ☐ Care Manager [Date(s):_____] ☐ Provider/Care Team Member [Date(s):_____] ☐ Critical/Adverse Event [Date(s):_____]	Identify Action Taken by the CM **(Select <u>ONE</u>)** ☐ A complete goal, including a timeframe or intervention was added to the POC ☐ Was added as an intervention for another goal on the POC ☐ A goal was added, but it was **missing** a timeframe and/or intervention ☐ **CM did not update/change POC**	
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	CM completed an abbreviated assessment/screening ☐	
	*Did the member refuse, or choose to defer addressing the need ☐	
Other (Please Specify) Was this area screened for in the most recent comprehensive assessment? ☐ Yes ☐ No *Was this identified as need requiring an intervention? ☐ Yes ☐ No Maintenance Need? ☐ Yes ☐ No **If yes**, how was it identified? [Specify date] ☐ Assessment [Date(s):_____] ☐ Member/Member Support [Date(s):_____] ☐ Care Manager [Date(s):_____] ☐ Provider/Care Team Member [Date(s):_____] ☐ Critical/Adverse Event [Date(s):_____]	Identify Action Taken by the CM **(Select <u>ONE</u>)** ☐ A complete goal, including a timeframe or intervention was added to the POC ☑ Was added as an intervention for another goal on the POC ☐ A goal was added, but it was **missing** a timeframe and/or intervention ☐ **CM did not update/change POC**	
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	CM completed an abbreviated assessment/screening ☐	
	*Did the member refuse, or choose to defer addressing the need ☐	

Section 5: Ongoing Care Coordination and Transitions of Care

20. Barriers to care addressed and acted upon as needed?
    Yes ☐   No ☐   N/A ☐

21. 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 ☐

22. Evidence of coordination/collaboration with care team members?
    Yes ☐   No ☐   N/A ☐

23. Evidence of care team meetings being attempted or occurring?
    Yes ☐   No ☐   N/A ☐

24. Did the member experience an emergency department visit (ED), inpatient stay (IP), and/or incarceration (IC) since being enrolled in the Health Home **that the Care Manager was aware of**?
    Yes ☐   No ☐ [SKIP to 20]   N/A ☐ [SKIP to 20]

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

Date of Event	Type of Event	CM contact with member or staff prior to discharge?	CM participation in discharge plan?	CM have post discharge follow up with member?	CM ensure adherence to discharge plan?	CM completed brief screening/POC review with member?

25. If member requested a transition to a new CMA or Health Home, is there documentation of the transfer from CMA to CMA or HH to HH?
    Yes ☐   No ☐   N/A ☐ [Member did not request transfer]

Section 6: Member Disenrollment

26. Member chart contains disenrollment note documenting reason for disenrollment?
    Yes ☐   No ☐   N/A ☐

27. Evidence of a Plan of Care update containing goal status, discharge and safety plan, and status of outstanding referrals?
    Yes ☐   No ☐   N/A ☐

28. Evidence that a notification of disenrollment letter on agency letterhead has been provided to member?
    Yes ☐   No ☐   N/A ☐

29. Evidence of collaboration with the care team in the disenrollment process?

   Yes ☐   No ☐   N/A ☐

30. Notice of Determination for Disenrollment (DOH 5235) issued a minimum of 10 days prior to disenrolling the member on file for a disenrollment that was not at the request of the member?

   Yes ☐   No ☐   N/A ☐

31. Withdrawal of Consent (DOH 5058 or 5202 for Children) signed and on file, or on file with documentation of attempt to have member sign?

   Yes ☐   No ☐   N/A ☐

Section 7: Interaction with Managed Care

32. Evidence that the CM actively collaborates with the Managed Care Plan (MCP) as needed for coordinating care (*i.e.* is there evidence that CM consulted with the MCP for referrals to network providers and/or providers out-of-network? For HARP members, did CM obtain a LOSD for BH HCBS referrals and share HCBS POC? *etc.*)

   Yes ☐ [Specify type of contact]:

   No ☐ [Please Explain]:

   N/A ☐[Member is not enrolled in an MCP]

Overall Findings:

Reviewer Signature: _____
Reviewer Print Name: _____
Reviewer Agency: _____