

**New York State Medicaid Health Home Program Chart Review Tool  
Supplemental Tool for Children's Health Home Services**

Health Home:  
CMA:

Date of Site Visit:  
Unique Identifier:

**Section 1: Basic Member Information**

1. Is the member in foster care?  
Yes  No
2. Was the initial referral for service for Health Homes or HCBS?  
Yes  No

**Section 2: Required Forms and Documents**

FOR MEMBERS WITHOUT A DOH 5055 ON FILE [If DOH 5055 on file, SKIP to 5]

3. Are there case notes documenting that the Health Homes FAQ and consent forms were reviewed by member and or parent/guardian/legally authorized representative?  
Yes  No
4. For DOH 5201, is there evidence that the CM requested to meet with the member (child/adolescent) alone to complete section 2 of the consent without the Parent/Guardian/Legally Authorized Representative?  
Yes  No  N/A  [Member under 10 years of age, SKIP to 5]
  - a. If section 2 is not completed, is there evidence that the CM attempted to complete section 2 and the reason why it is not completed? (e.g., the CM could not meet with the member alone, member did not understand the section for it to be completed, or the member did not want to sign section?)  
Yes  No
  - b. If section 2 is completed, is it signed by the member (child/adolescent)?  
Yes  No
5. Functional Assessment Consent DOH 5230 in file and signed?  
Yes  No
6. Release of Educational records DOH 5203 in file and signed?  
Yes  No

**Section 3: CANS-NY**

7. The initial CANS-NY for Health Home enrollment was completed (signed/finalized) within the UAS-NY in the recommended timeframe of 30 days from date of enrollment?  
Yes  No
8. Is there documentation such as case notes, diagnosis and input from other providers within the case record to support the ratings within the CANS-NY, specifically ratings of 2 or 3?  
Yes  No

9. If the member's acuity was medium/high, are there face to face contacts for each month?  
Yes  No  N/A  [Only if Low Acuity]
- a. If not, is there documentation in the case record justifying why a face-to-face did not occur?  
Yes  No  N/A  [Only if Low Acuity]

**Section 4: HCBS [SKIP if not enrolled in HCBS]**

10. During the eligibility process and/or working with the family/team members, was it identified that HCBS eligibility should be determined?  
Yes  No
- a. If no, was there a reason/justification in the file?  
Yes  No
- b. If referred for HCBS, was the HCBS/LOC eligibility determination conducted and completed within 30 days of the referral or consideration for HCBS?  
Yes  No
11. Is the required documentation in the file for the selected Target Population? (Including: Diagnosis, Risk Factors [LPHA form and/or other risks documented], Functional Limitation [CANS-NY or OPWDD ICF/IID LCED Documentation for DD/MF children])?  
Yes   
No  Please Explain:
12. Was the Freedom of Choice (DOH 5276) reviewed with the member/Parent, Guardian, or Legally Authorized Representative, signed and on file?  
  
Yes  No
13. Was a Notice of Decision for HCBS Enrollment or Denial of Enrollment in the New York State 1915(c) Children's Waiver (DOH 5287) form appropriately completed and on file?  
Yes  No
14. If the Member was referred to an HCBS provider, was the "Health Home Care Management/C-YES Referral for Home and Community Based Services (HCBS) to HCBS Provider Form" utilized and on file?  
Yes  No
15. Did the member receive HCBS/LOC Determination Reassessment within 364 days of last annual assessment review period?  
Yes  No

**Section 5: Plan of Care (POC)**

16. Was the POC updated at least every 6 months?  
Yes  No

Unique Identifier:

17. Does the POC address identified Needs and Strengths (scores of 2 or 3) on the CANS-NY?  
Yes  No  N/A  [ONLY if score of 1]
18. Does the POC contain the required 10 elements outlined in the HHSC Standards?  
Yes  No

**Section 6: POC for HCBS Enrolled Children**

19. Was the initial Plan of Care developed within 30 days of the signing and finalization of the HCBS/LOC Eligibility Determination?  
Yes  No
20. If the member is HCBS eligible, does the POC specifically list HCB service/goals?  
Yes  No
21. If the HCBS member is Family of One and only receiving Health Home CM for HCBS, is it clearly documented within the POC?  
Yes  No
22. For each of the HCBS, including HH CM for the Family of One as outlined the above question are Frequency, Scope, and Duration indicated in the POC identified by the HCBS provider/HHCM (for Family of One)?  
Yes  No
23. The “*Children’s HCBS Authorization and Care Manager Notification Form*” with identified “Frequency”, “Scope”, and “Duration” provided to the HHCM by the HCBS Provider is on file?  
Yes  No
24. Is the member receiving at least one monthly HCB service including HHCM for Family of one?  
Yes  [SKIP to 26] No
25. If member is not receiving an HCB service monthly, are there attempts to refer member and/or progress notes documenting reasoning why service(s) have not been provided?  
Yes  No
- a. Was the Medicaid Managed Care Plan (MMCP) and/or Lead Health Home notified when there were barriers to services?  
Yes  No
26. For HCBS members 14 years old and older, did the POC contain an Independent Living Goal(s)?  
Yes  No  N/A

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**Section 7: Transitions of Care**

27. If the member experienced a transition out of a service/program or to a new service/program (i.e. Early Intervention, Foster Care, one program to another, to/from Waiver or due to turning 21 years old), was the HHCM involved with the transition (i.e., assisted the member and family/ worked with other provider(s) to ensure the member and family experienced a smooth transition)?

Yes  No  N/A

28. For HCBS members 16 years old and older, a transitional plan to adult service(s) and/or provider(s) has been discussed and documented on the file?

Yes  No  N/A

29. Was the member placed in a residential placement or ineligible setting?

Yes  No  N/A

a. If yes, was the placement less than 90 days?

Yes  No  N/A

b. Was there documentation of the HHCM assisting with discharge planning from residential placement or ineligible setting 30 days prior to discharge?

Yes  No  N/A

30. Was the member transitioned to the OPWDD CCO HH or Comprehensive Waiver?

Yes  No

a. If yes, is there documentation of the HHCM following the OPWDD transfer policy steps?

Yes  No  N/A

**Reviewer Comments:**

**Reviewer Signature:** \_\_\_\_\_

**Reviewer Print Name:** \_\_\_\_\_

**Reviewer Agency:** \_\_\_\_\_