

Health Home Program Qualification & Tier Questionnaire

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| CB-CME: | |
| Completed by: | |
| Completion Date: | |
| Member Name: | |
| DOB: | |



| Does the member qualify for the health home program? | |
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| <p>#1</p> <p>You must check at least one of the boxes on the right:</p> | <p><input type="checkbox"/> Member has at least two of these conditions: chronic obstructive pulmonary disease (COPD), diabetes, traumatic brain injury, chronic or congestive heart failure, coronary artery disease, chronic liver disease, chronic kidney disease, dementia, or substance use disorders.</p> <p><input type="checkbox"/> Member has hypertension (high blood pressure) and one of these conditions: COPD, diabetes, coronary artery disease, or chronic or congestive heart failure.</p> <p><input type="checkbox"/> Member has one of these conditions: major depression disorders, bipolar disorder, or psychotic disorders (including schizophrenia).</p> <p><input type="checkbox"/> Member has asthma.</p> |
| <p>#2</p> <p>You must check at least one of the boxes on the right:</p> | <p><input type="checkbox"/> Member has three or more of the conditions listed under #1.</p> <p><input type="checkbox"/> Member has stayed in the hospital in the last year.</p> <p><input type="checkbox"/> Member has visited the emergency department three or more times in the last year.</p> <p><input type="checkbox"/> Member does not have a place to live. (Homeless)</p> |
| Exclusions | |
| <p>Member is not eligible if any box on the right applies:</p> | <p><input type="checkbox"/> Member's health is well-managed through self-management or another program, or the member is determined to not fit the high-risk criteria.</p> <p style="margin-left: 20px;">▪ Name of other program: _____</p> <p><input type="checkbox"/> Member does not want to participate or cooperate in the HHP.</p> <p><input type="checkbox"/> Member's behavior or environment is unsafe for staff.</p> <p><input type="checkbox"/> Member would be better served in another care management program.</p> <p><input type="checkbox"/> Member receives hospice services.</p> |



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| | <input type="checkbox"/> Member has been residing in a skilled nursing facility longer than the month of admission and the following month. |
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Member consent to enroll in HHP:

No
 Yes: verbal written
 Date of Consent: _____

KEY Questions to Determine Tier & Priority



| YES | NO | Tier 1 | Tier 1 is for homeless member. Homeless members are the most vulnerable and would be at the highest risk. |
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| <input type="checkbox"/> | <input type="checkbox"/> | 1 st Question | In the past two months, have you NOT been living in stable housing that you own, rent, or stay in as part of a household? ("YES" response indicates member is positive for homelessness.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 nd Question | Are you worried or concerned that in the next two months you may NOT have stable housing that you own, rent, or stay in as part of a household? ("Yes" response indicates member is positive for risk of homelessness.) |
| Member belongs in Tier 1 if: | | | Question 1 = YES OR Question 2 = YES |
| YES | NO | Tier 2 | Tier 2 is for members who have 1 Chronic Disease <u>and</u> 1 Mental Health or SUD Condition. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 rd Question | Have you been diagnosed with a Chronic Disease? Check all that apply below: <input type="checkbox"/> Asthma <input type="checkbox"/> Coronary Artery Disease (CAD) <input type="checkbox"/> Congestive Heart Failure (CHF) <input type="checkbox"/> Chronic obstructive pulmonary disease (COPD) <input type="checkbox"/> Dementia <input type="checkbox"/> Diabetes <input type="checkbox"/> High blood pressure (HBP) <input type="checkbox"/> Liver disease <input type="checkbox"/> Traumatic Brain Injury (TBI) |



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| | | | <input type="checkbox"/> Kidney disease <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 th Question | Have you been diagnosed with a mental health or substance use disorder (SUD)? Check all that apply: <input type="checkbox"/> Bipolar disorder <input type="checkbox"/> Major depressive disorder <input type="checkbox"/> Psychotic disorders <input type="checkbox"/> Alcohol related <input type="checkbox"/> Substance related <input type="checkbox"/> Other: _____ |
| Member belongs in Tier 2 if: | | | Question 3 = Yes AND Question 4 = Yes |
| Tier 3 | | | Tier 3 is for members who have 1 chronic disease <u>or</u> 1 mental health disorder <u>or</u> 1 substance use disorder. |
| Member belongs in Tier 3 if: | | | Question 3 = Yes OR Question 4 = Yes |

| Tier Appropriate Intervention | |
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| Minimum in-person visits for the aggregated population is 260 visits per 100 enrolled members per quarter. | |
| TIER 1 Interventions | Two in-person visits per month. |
| TIER 2 Interventions | One in-person visit per month. |
| TIER 3 Interventions | One in-person visit per quarter. |

Appropriate Member Engagement Requirements for CB-CME

CB-CME shall make 5 outreach attempts total, within 90 days of receiving the referral from the health plan. CB-CME should use various modes of communication (i.e., letters, calls, in-person meetings, etc.).

CB-CME shall document the 5 attempts and outcomes.

CB-CME shall reach out to members' PCP when appropriate to help engage the member before or after the PCP appointments. PCPs can also discuss the HHP with the member to help them get engaged.

| First Appointment to Start the "Health Action Plan" (HAP) | |
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| Member Phone Numbers: | Current Address: |
| Member Allows Text Messages: <input type="checkbox"/> Yes <input type="checkbox"/> No | Known locations where the member can be found: (Restaurants, public spaces etc.) |



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| Email Address: | <u>Emergency Contacts</u> |
| | Name: Phone Numbers: Address: |
| Appointment Date: | Appointment Day & Time: |
| Appointment reminder #1 Date: | Appointment reminder #2 Date: |