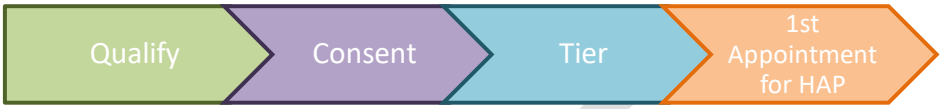
# Health Home Program Qualification & Tier Questionnaire

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




| **Does the member qualify for the health home program?** | |
|---|---|
| **#1**<br><br>**You must check at least one of the boxes on the right:** | ☐ 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.<br>☐ Member has hypertension (high blood pressure) and one of these conditions: COPD, diabetes, coronary artery disease, or chronic or congestive heart failure.<br>☐ Member has one of these conditions: major depression disorders, bipolar disorder, or psychotic disorders (including schizophrenia).<br>☐ Member has asthma. |
| **#2**<br><br>**You must check at least one of the boxes on the right:** | ☐ Member has three or more of the conditions listed under #1.<br>☐ Member has stayed in the hospital in the last year.<br>☐ Member has visited the emergency department three or more times in the last year.<br>☐ Member does not have a place to live. (Homeless) |
| **Exclusions** | |
| **Member is not eligible if any box on the right applies:** | ☐ Member's health is well-managed through elf-management or another program, or the member is determined to not fit the high-risk criteria.<br>▪ Name of other program: _____<br>☐ Member does not want to participate or cooperate in the HHP.<br>☐ Member's behavior or environment is unsafe for staff.<br>☐ Member would be better served in another care management program. |

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# Health Home Program Qualification & Tier Questionnaire

**Member consent to enroll in HHP:**

☐ **No** **Yes:** ☐ verbal ☐ written **Date of Consent:** _____

## KEY Questions to Determine Tier & Priority

Tier 1 Homeless → Tier 2 Chronic Disease & Mental Health OR SUD Conditions → Tier 3 1 Chronic Disease or 1 Mental Health OR SUD Condition → Tier Appropirate Interventions

| YES | NO | | |
|---|---|---|---|
| YES | NO | **Tier 1** | **Tier 1 is for homeless member. Homeless members are the most vulnerable and would be at the highest risk.** |
| ☐ | ☐ | 1st 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.) |
| ☐ | ☐ | 2nd 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 and 1 Mental Health or SUD Condition.** |
| ☐ | ☐ | 3rd Question | Have you been diagnosed with a Chronic Disease? Check all that apply below:<br>☐ Asthma ☐ Coronary Artery Disease (CAD) ☐ Congestive Heart Failure (CHF)<br>☐ Chronic obstructive pulmonary disease (COPD) ☐ Dementia ☐ Diabetes<br>☐ High blood pressure (HBP) ☐ Liver disease ☐ Traumatic Brain Injury (TBI)<br>☐ Kidney disease ☐ Other:<br>_____ |
| ☐ | ☐ | 4th Question | Have you been diagnosed with a mental health or substance use disorder (SUD)? Check all that apply:<br>☐ Bipolar disorder ☐ Major depressive disorder ☐ Psychotic disorders<br>☐ Alcohol related ☐ Substance related ☐ Other:<br>_____ |
| **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 or 1 mental health disorder or 1 substance use disorder.** |
| **Member belongs in Tier 3 if:** | | | Question 3 = Yes **OR** Question 4 = Yes |

# Health Home Program Qualification & Tier Questionnaire

| Tier Appropriate Intervention<br>**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. (CB-CME providers can mark the member's record when possible to remind the PCP and other staff when appropriate). |

**Commented [NS1]:** What is this for? Is it necessary?

| First Appointment to Start the "Health Action Plan" (HAP) | |
|---|---|
| Member Phone Numbers: | Current Address: |
| Member Allows Text Messages:<br>□ Yes □ No | Known locations where the member can be found: (Restaurants, public spaces etc.) |
| Email Address: | Emergency Contacts<br>Name:<br>Phone Numbers:<br>Address: |
| Appointment Date: | Appointment Day & Time: |
| Appointment reminder #1 Date: | Appointment reminder #2 Date: |