FINAL DRAFT: DOH CES TOOL

REMEMBER THE GOAL: WHAT ARE THE **MINIMUM NECCESSARY QUESTIONS TO DETERMINE** IF SOMEONE SHOULD “RECOMMEND CONTINUED ENROLLMENT”, “RECOMMEND DISENROLLMENT”, OR “MORE INFORMATION NEEDED”

MEMBER NAME	MEMBER CIN	CARE MANAGER NAME
LAST IN PERSON CONTACT WITH MEMBER (DATE)	**LAST CONTACT WITH AT LEAST ONE CARE TEAM MEMBER (DATE)**	**LAST COMPREHENSIVE REASSESSMENT (DATE)**
ELIGIBLE FOR HH+ SMI OR HH+ HIV?	**LENGTH OF STAY IN THEIR CURRENT HEALTH HOME PROGRAM (MONTHS)**	**TYPE OF STAFF COMPLETING THE TOOL (CARE MANAGER, SUPERVISOR, OR QUALITY ASSURANCE)**

AT THIS TIME THE CES TOOL SHOULD NOT BE COMPLETED FOR ANY MEMBER THAT IS ELIGIBLE FOR HH+

BASIC ELIGIBILITY PRE-SCREEN Any "No" answer ends the screening and generates a "Recommend Disenrollment" result. Any "Unclear" answer ends the screening and generates a "More Information Needed" result.	
Does the member have qualifying diagnoses for Health Home verified in the member record?	Yes/No/Unclear
Which one(s)?	
Does the Member still have Active Medicaid, with no disqualifying R/E codes? Remember: Members can only be disenrolled due to inactive Medicaid if they are no longer eligible for Medicaid or if they have been refusing to take the necessary steps to fix the Medicaid case. It is expected that HHCM's will need to help members reactivate their Medicaid at times.	Yes/No/Unclear

SIGNIFICANT RISK FACTORS Selection of at least one Concrete Example skips straight to Member Engagement Selection of "No Concrete Example of a Significant Risk Factor in record" skips straight to Additional Risk Factors.	
Does member currently have a concrete Significant Risk Factor?	*SINGLE SELECT* o ADVERSE EVENTS RISK: Current Quality flag in PSYCKES or equivalent from RHIO or MCO. o ADVERSE EVENTS RISK: Current POP flag in PSYCKES. o ADVERSE EVENTS RISK: Current H-code in EMEDNY (HARP Eligible/Enrolled). o SOCIAL DETERMINANTS RISK: Currently homeless (HUD 1, 2, or 4). o SOCIAL DETERMINANTS RISK: Member has had a change in guardianship/caregiver within the last three (3) months. o SOCIAL DETERMINANTS RISK: Currently cannot access food due to financial limitations or ability to shop or access food site, dietary restrictions, etc. o SOCIAL DETERMINANTS RISK: Current Intimate Partner Violence. o HEALTHCARE RISK: Member does not have at least one (1) of the following: Primary Care Provider, mental health provider, substance use provider, or provider to treat their Single Qualifying Condition (Complex Trauma, Sickle Cell Disease, Serious Emotional Disturbance/Serious Mental Illness, or HIV) or progressive neurologic condition. o TREATMENT NON-ADHERENCE RISK: Member/care team member report of treatment non-adherence within the last three (3) months …Must specify WHICH medication(s) and/or treatment(s) are involved. o TREATMENT NON-ADHERENCE RISK: PSYCKES flag related to non-adherence or equivalent from RHIO or MCO. o RE-ADMISSION/RECIDIVISM RISK: Released from inpatient Medical, Psych, Crisis Stabilization, Residential Treatment Setting, or Detox within the last three (3) months. Must specify name of institution and date of release. o RE-ADMISSION/RECIDIVISM RISK: Released from Jail/Prison or other justice program within the last three (3) months. Must specify name program and date of release. **No Concrete Example of a Significant Risk Factor in record – PROCEED TO ADDITIONAL RISK FACTORS**
Description/Specifics if indicated:	FREE TEXT, only required if one of the Examples that says "must specify" is selected

Has member had preventable or unnecessary hospitalizations or ER visits related to their chronic or qualifying condition over the last three (3) months? *"Preventable" means hospitalization/Emergency Department visit was directly attributable to their lack of adherence to or access to treatments, appointments, or understanding of their Chronic Diagnoses.* *"Unnecessary" means the health care need could or should have been met in an outpatient or urgent care setting instead.*	Yes/No/Unclear
Is the member's current housing unsafe?	Yes/No/Unclear
The member has safety concerns in their environment or community, and the member does not have a safety plan (last three (3) months).	Yes/No/Unclear
Has the member been a danger to themselves or others within the last six months? *Examples: Suicidal or homicidal ideation or attempts, violence towards self or others, inclusive of self-harm or arson, subject of a temporary restraining order, etc.*	Yes/No/Unclear
If the member has a mental health diagnosis, have they experienced the need for crisis management responses within the last three (3) months? *Crisis management could be provided through a formal crisis response team, or through their Health Home Care Manager.*	Yes/No/Unclear/N/A
If the member has a Substance Use Disorder diagnosis, has the member met and maintained their Substance Use Disorder goals over the last three (3) months, such as Abstinence, Moderation, or Harm Reduction? *SUD applies to legal and illegal drugs of abuse, alcohol, and/or tobacco if the member has identified a goal related to use of that substance.*	Yes/No/Unclear/N/A
Has the member had stable housing over the last three (3) months? *This means there have been no evictions or periods/risk of homelessness.*	Yes/No/Unclear
If the member is in a relationship with chronic Intimate Partner Violence, do they have a Safety Plan in place?	Yes/No/Unclear
If the member is involved in the Criminal Justice System, have they been following the health/behavioral health requirements of their Parole/Probation over the last three (3) months?	Yes/No/Unclear/N/A
Does the member or caregiver know who the member's core medical/behavioral health providers are and how to contact them?	Yes/No/Unclear
Does the member or caregiver manage the member's Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) (with or without homecare/personal assistance/caregiver support)?	Yes/No/Unclear

ENGAGEMENT Any “No” answer ends the screening and generates a “Recommend Disenrollment” result. Any “Unclear” answer ends the screening and generates a “More Information Needed” result. A "Yes" answer for ALL THREE questions ends the screening and generates a “Recommend Continued Services” result. *Members with legal guardians may not be able to engage actively with the HHCM, and progress on HH POC goals may look different than for other members.* *For example: A member with severe dementia may not be able to talk directly to the HHCM, and the HHCM's primary engagement may be with the member's son or daughter.* *The "Member Engagement" questions may be considered as "Caregiver Engagement" questions in these cases.*	
Does the member have non-maintenance goals left to accomplish on the POC? *An active (non-maintenance) goal is one that requires actions by the HHCM to elicit progress towards completion of the goal. The members' goal(s) would not be achieved without concrete interventions and support of the HHCM.* *Maintenance goals are goals that the member has met, and although ongoing, do not require any active assistance from the HHCM. Example: “Member will continue to fill their medication monthly”.*	Yes/No/Unclear
Has the member been actively engaged and working with the CM on their HH POC Goals and Tasks in the last six months? *A member is not actively engaged if they are only in touch with the HHCM to say they are busy, or will call them back, or if regularly, Core Services being provided are only being provided through the Care Team because the member is unavailable.* *A member is not working with the HHCM on their HH POC Goals and Tasks if during their contacts they are solely updating the HHCM on their life or persistently addressing something not on the POC.*	Yes/No/Unclear
Have the member and Care Manager been making progress on their HH POC Goals and Tasks in the last six months? *A member is and HHCM are not making progress on the HH POC Goals and Tasks if the same task is being attempted month after month and nothing changes or moves forward.*	Yes/No/Unclear

RECOMMENDATION	
Recommendations:	*AUTO-GENERATED BY THE TOOL* o Recommend Continued Services o Recommend Disenrollment o More Information Needed

Comments	*Free Text*