



HHUNY
HEALTH HOMES OF UPSTATE NEW YORK
Empowering you. Expanding possibilities.

Reassessment

| | |
|------------------------|-------|
| Member Name | _____ |
| Member NSID or CIN | _____ |
| Care Management Agency | _____ |
| Completed By | _____ |
| Date Started | _____ |
| Date Completed | _____ |

The below requirements MUST be completed along with a reassessment

- Eligibility Screen reviewed and updated as necessary
- Problems reviewed and updated in the system including status and chronicity as applicable
- Notes support that CM discussed with member any problems marked as deferred or uncontrolled, declines Care Team Assistance
- New diagnoses/ symptoms added to the system as needed
- Any newly identified Social Support added to the system
- Care Coordination page updated to reflect current Care Team
- Consent reviewed and updated as needed (consent forms tab, uploaded into attachments)
- Case Review completed with care team providers. Notes must show attempts to meet with entire care team but at minimum, a case review must include the member, care manager and care manager supervisor
- Reassessment process included face to face visit with member
- New medication listing obtained and uploaded at minimum annually
- Demographic page updated as needed

Review the member's current Assessment and Update forms on file.

The questions below are intended to capture information that has changed or come about since the member's last Assessment or Assessment Update Form(s) was completed.

1 Has the member linked to a new PCP?

No → Move to next question

Yes → Provide Narrative and ensure that new PCP is documented within the system

2 What preventive services are needed by the member that aren't already being addressed on the plan of care?

3 Does the member have any new physical or behavioral health diagnoses or symptoms? Are there any changes to current physical or behavioral health problems already documented in the system?

No → Move to next question

Yes → Provide Narrative and ensure that new diagnosis/ symptom or changes are documented and updated within the system

- 4 Are there any physical or behavioral health diagnoses given to the member that they deny or disagree with that are not already captured on an assessment document?
- No → Move to next question
 - Yes → Provide a narrative identifying the diagnosis and why the member disagrees or denies the presence of the diagnosis

- 5 Are there any changes to the member's HIV status?
- No → Move to next question
 - Yes → Provide Narrative and ensure that new diagnosis/ symptom or changes are documented and updated within the system

- 6 If HIV Positive, what is the member's Viral Load and CD 4 Count?
- Not HIV Positive

Viral Load _____ Date Obtained _____
CD4 Count _____ Date Obtained _____

- 7 If HIV Positive, are there any changes or new needs (ex: understanding of VL and CD4, treatment, etc.)?
- No or Member is not HIV Positive → Move to next question
 - Yes → Provide Narrative about changes or new needs

- 8 If HIV Positive, is the member in need of any new treatments or services or are there changes in treatment in regards to their HIV?
- Yes → In the box below provide a narrative about new or needed treatment/ services including satisfaction or preferences
 - No → Move to next question
 - Not HIV Positive

- 9 If HIV Negative, does the member need PrEP, PEP or have any changes in high risk behaviors such as practicing unprotected sex, intravenous drug use, etc.?
- Yes → In the box below provide a narrative about need or change
 - No → Move to next question
 - NA → Member is HIV Positive

- 10 Have there been any changes in the member's functioning level in regard to their mental health needs? (Review Comprehensive Assessment for previous data)
- Yes → In the box below provide a narrative about the change and any related needs
 - No → Move to next question
 - No Mental Health needs → Move to next question

11 Are there any new or continued presence of any of the following within the last year?

| Category | New or Continued | NA | Narrative |
|---|--------------------------|--------------------------|-----------|
| Harm to Self | <input type="checkbox"/> | <input type="checkbox"/> | |
| Ideation of harming self | <input type="checkbox"/> | <input type="checkbox"/> | |
| Harm to Others | <input type="checkbox"/> | <input type="checkbox"/> | |
| Ideation of harming others | <input type="checkbox"/> | <input type="checkbox"/> | |
| Trauma | <input type="checkbox"/> | <input type="checkbox"/> | |
| Abuse | <input type="checkbox"/> | <input type="checkbox"/> | |
| Domestic Violence | <input type="checkbox"/> | <input type="checkbox"/> | |
| Child Protective Services | <input type="checkbox"/> | <input type="checkbox"/> | |
| Adult Protective Services | <input type="checkbox"/> | <input type="checkbox"/> | |
| High Risk Behaviors such as IDU or unprotected sex, STD/I | <input type="checkbox"/> | <input type="checkbox"/> | |

12 Is the member currently using any substances? Select answer that applies regardless of if data is captured on previous assessment document.

- Yes, per member → Provide a narrative about use in box below and ensure problem list include substance use
- No, per member and care team → Move to question 16
- No per member, Care Team identifies evidence of use → Provide a narrative about difference in the box below

13 If the member or care team identify evidence of use, complete the following questions:

| Question | Yes | No | Prefers not to answer |
|---|--------------------------|--------------------------|--------------------------|
| Have you felt you ought to cut down on your drinking or drug use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have people annoyed you by criticizing your drinking or drug use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you felt bad or guilty about your drinking or drug use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14 If the member has current or historic substance use, what is their overall stage of change?

- Pre-contemplation: Not yet acknowledging that there is a problem behavior that needs to be changed
- Contemplation: Acknowledging that there is a problem but not yet ready to make a change
- Preparation/Determination: Getting ready to change
- Action/Willpower: Changing behavior
- Maintenance: Maintaining the behavior change

15 Indicate any area of daily living impacted by the member's use of substances that is not currently captured on the plan of care. Indicate in narrative if the member would or would not like assistance with the area affected

| Impacted | Not Impacted | Area of Daily Living | How is the area affected? |
|--------------------------|--------------------------|----------------------------|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Relationships- Family | |
| <input type="checkbox"/> | <input type="checkbox"/> | Relationships- Social | |
| <input type="checkbox"/> | <input type="checkbox"/> | Employment | |
| <input type="checkbox"/> | <input type="checkbox"/> | Finances | |
| <input type="checkbox"/> | <input type="checkbox"/> | Education | |
| <input type="checkbox"/> | <input type="checkbox"/> | Legal | |
| <input type="checkbox"/> | <input type="checkbox"/> | Behavioral Problems | |
| <input type="checkbox"/> | <input type="checkbox"/> | Psychiatric Symptoms | |
| <input type="checkbox"/> | <input type="checkbox"/> | Activities of Daily Living | |
| <input type="checkbox"/> | <input type="checkbox"/> | Other | |

16 Has the member had any changes to their medications, level of understanding of medications, etc. within the last 12 months?

No changes identified

Yes, per member → Provide a narrative about changes

17 Has there been any change in the member's independent living skills?

No changes identified

Yes, changes identified → Provide a narrative about area of change

18 Has the member experienced any change in their living situation in the last 12 months?

No changes identified

Yes, changes identified → Provide a narrative about change

19 Has the member had any change in income?

No changes identified

Yes, changes identified → Provide a narrative about change

20 Has the member had any change in their need for a representative payee?

No changes identified

Yes, changes identified → Provide a narrative about change

21 Does the member need any referrals to community resources?

No changes identified

Yes, changes identified → Provide a narrative about change

22 Has the member had any change in their legal status or needs?

No changes identified

Yes, changes identified → Provide a narrative about change

23 Has the member had any change in their education, vocation or volunteering needs or wants?

No changes identified

Yes, changes identified → Provide a narrative about change

24 Has the member had any change in Health Care Proxy or Advance Directives?

No changes identified

Yes, changes identified → Provide a narrative about change