

Health Home Eligibility Verification Screening

Client Name:	Date:
Client ID:	DOB:
CIN:	Status:

Does the individual have an active and open Medicaid case, with coverage compatible with the HH Program?	
Does the individual have one of the single qualifying conditions listed below? <input type="checkbox"/> HIV/AIDS	
Does the individual have two or more qualifying conditions?	
How many Qualifying Conditions does the individual have?	
Condition 1	
Condition 2	
Appropriateness Criteria: in addition to the above eligibility criteria, the individual must be assessed and found to have significant behavioral, medical or social risk factors that require the intensive level of Care Management services provided by the Health Home Program as follows:	

Please provide any additional pertinent information:

Screening Outcome:

- Participant is Eligible for the Health Home Program
- Participant is not Eligible for the Health Home Program