

Health Home Plus – Verification

Each perspective client must meet 1 or more for considerations of Health Home Plus Service beyond an SMI, if the Client has not already been identified in PSYCKES as Health Home Plus eligible. Use this Form to identify how the Client is qualified for Health Home Plus. When uploading this Form into the Clients Chart, please attach all verification information identified.

Client Name:	Health Home:
DOB:	Medicaid CIN:
Address:	MCO/MLTC:
Phone:	Language Preference:

Automatic Qualifier - Client flagged Health Home Plus Eligible in PSYCKES: **Yes** **No**

If they Client is **not** flagged in PSYCKES as being Health Home Plus Eligible, put a check box next to each piece that applies to the Client and attach verification:

- Assertive Community Treatment (ACT) step down:
 - Individuals transitioning off ACT to a lower level of service

- Enhanced Service Package / Voluntary Agreement:
 - Identified by the Local Government Unit (LGU)
 - An agreement signed by individuals otherwise considered for AOT by the LGU but agreeing that he/she will adhere to a prescribed community treatment plan rather than be subject to an AOT court order.
 - These agreements are most frequently used as trial periods before initiating a formal AOT order. The agreement can also be used following a period of AOT when the individual is deemed ready to transition off an AOT order.

- History of an expired AOT court order within the past year.

- Homeless: a. Meeting the Housing Urban Development's (HUD) Category One (1) Literally Homeless definition of an individual who:
 - i. Lacks a fixed, regular, and adequate nighttime residence meaning their primary nighttime residence is a public or private place not meant for human habitation, such as a car, park, sidewalk, abandoned building, bus or train station, airport, or camping ground; Is living in a publicly- or privately-operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing) OR
 - ii. Is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

- High utilization of inpatient/emergency department (ED) services. This population is typically known to staff in emergency departments, inpatient units, as well as to providers of other acute and crisis services. Individuals will have had the following:
 - Three (3) or more psychiatric inpatient hospitalizations within the past year OR
 - Four (4) or more psychiatric ED visits within the past year. ED may also include Comprehensive Psychiatric Emergency Department (CPEP) under an observation status, or other psychiatric emergency/respice programs
 - Three (3) or more medical inpatient hospitalizations within the past year and who have a diagnosis of Schizophrenia or Bipolar.

- Criminal Justice involvement: Release from incarceration (jail, prison) within the past year and requires linkage to community resources to avoid re-incarceration. Eligible individuals have been incarcerated due to poor engagement in community services and supports.

- Ineffectively engaged in care:
 - No outpatient mental health services within the last year and two (2) or more psychiatric hospitalizations OR
 - No outpatient mental health services within the last year and three (3) or more psychiatric ED visits. ED may also include Comprehensive Psychiatric Emergency Department (CPEP) under an observation status, or other psychiatric emergency/respice programs.

- Based on the clinical discretion of the individuals MCO and Single Point of Access (SPOA).

SMI qualifying diagnosis: _____

Preliminary approval by Venture Forthe Director:

 (Name) (Title)

 (Signature) (Date)

Clinical approval by Venture Forthe Employee:

 (Name) (Title)

 (Signature) (Date)

Date of Review: _____

Admission: Approved Denied