

Health Homes Program (HHP) Eligibility Screening Checklist

Please use this checklist as a resource to support your efforts to refer and enroll HHP eligible members. The checklist is recommended to be used as a reference during the referral process.

Eligibility Criteria

HHP is for Medi-Cal members only; Cal Mediconnect members do not qualify. In addition to being a Medi-Cal member, a member would have to meet at least one condition from each of the two eligibility criteria below to be eligible: Chronic Conditions and High Acuity.

| Chronic Conditions | High Acuity |
|--|---|
| <p>For the chronic condition criteria, the member must have a chronic condition in at least one of the following categories:</p> <ul style="list-style-type: none"> • At least two of the following: chronic obstructive pulmonary disease*, diabetes*, traumatic brain injury, chronic or congestive heart failure*, coronary artery disease*, chronic liver disease*, chronic renal (kidney) disease*, dementia, substance use disorders <p>OR</p> <ul style="list-style-type: none"> • Hypertension* and one of the following: chronic obstructive pulmonary disease*, diabetes*, coronary artery disease*, chronic or congestive heart failure* <p>OR</p> <ul style="list-style-type: none"> • One of the following: major depression disorders, bipolar disorder, psychotic disorders (including schizophrenia) <p>OR</p> <ul style="list-style-type: none"> • Asthma* <p>*Aligns with PRK eligibility criteria</p> | <p>The member must meet at least one acuity/complexity criteria:</p> <ul style="list-style-type: none"> • Has at least three or more of the HHP eligible chronic conditions <p>OR</p> <ul style="list-style-type: none"> • At least one inpatient stay in the last year <p>OR</p> <ul style="list-style-type: none"> • Three or more emergency department visits in the last year <p>OR</p> <ul style="list-style-type: none"> • Chronic homelessness |

Duplicative Programs

Members who are enrolled in the below duplicative programs have a choice of continuing enrollment in these programs or enrolling in HHP. The member maintains the right to choose or switch between HHP and other duplicative care management programs. However, health plans encourage members to choose the program that best meets their needs.

1. Member is currently enrolled in one of the following **duplicative** Whole Person Care programs:

- Intensive Service Recipients (ISR)
- Residential and Bridging Care
- Substance Use Disorder-Engagement Navigation and Support (SUD-ENS)
- Re-Entry Post-Release Program a.k.a. Reentry-Intensive Case Management Services (R-ICMS), a.k.a. Office of Diversion & Reentry (ODR-ICMS)
- Transitions of Care (TOC) Program

If box is checked, **STOP**. Member has a choice to continue in their existing WPC program or switch to Health Homes. Please consult with WPC program if possible.
 If no box is checked, move on to next question.

2. Member is currently enrolled in one of the following **duplicative** Whole Person Care programs:
- Homeless - Housing for Health Intensive Case Management Services (H-ICMS), a.k.a. Homeless Care Support Services & Tenancy Support Services
 - MAMA'S Neighborhood

If box is checked, **STOP**. Member is highly recommended to continue enrollment in existing program and **not** enroll in HHP. Consult with Health Plan if member would like more information.
 If no box is checked, move on to next question.

3. Member is currently enrolled in one of the following **complementary** Whole Person Care programs:
- Countywide Benefits Entitlement Services Team (CBEST), a.k.a. Benefits Advocacy
 - Housing for Health Interim Housing Programs (Recuperative Care and Stabilization Housing)
 - Sobering Center
 - Kin Through Peer

Note: Member can be concurrently enrolled in HHP and these complementary WPC programs.
 If box is checked, begin care coordination with WPC Program and move on to next question.
 If no box is checked, move on to next question.

4. Member is currently enrolled in a County Targeted Case Management (TCM) program, other than a Department of Mental Health (DMH) program.
- TCM (such as Nurse Family Partnership), excluding DMH programs
- If a box is checked, **STOP**. Member has the choice to continue in existing program or switch to Health Homes.
 If no box is checked, move on to next question.

5. Member is currently enrolled in in one of the following 1915(c) Home and Community Based (HCBS) Waiver programs:
- HIV/AIDS
 - Assisted Living
 - Developmentally Disabled (DD)
 - In-Home Operations (IHO)
 - Multipurpose Senior Services Program (MSSP)
 - Nursing Facility Acute Hospital (NF/AH)

If a box is checked, **STOP**. Member is highly recommended to continue enrollment in existing program and not enroll in HHP program.
 If no box is checked, move on to next question.

6. Member is currently enrolled in in one of the following Specialty Managed Care Plans:
- Program of All-Inclusive Care for the Elderly (PACE)

Senior Care Action Network (SCAN)

AIDS Healthcare Foundation (AHF)

If a box is checked, **STOP**. Member is highly recommended to continue enrollment in existing program and not enroll in HHP program.

If no box is checked, proceed with referral/enrollment.

If member enrolls in HHP, but then enters a Skilled Nursing Facility or Hospice for more than a month, member's HHP eligibility will be terminated. To re-enroll into HHP, the member would need a new referral.