

ENCOMPASS FAMILY HEALTH HOME

Children Quarterly Eligibility/Appropriateness Review

Review Child's continued eligibility and appropriateness for Care Management services, based on available information and documentation of services during the prior 3 months.

Date of Review: _____ Enrollment Date: _____

Child's Name: _____ DOB: _____
First Name MI Last Name

Current Address: _____
Street Apt No

City State Zip Code +4

Phone: () - _____

Parent/Guardian/Caregiver:

Name Phone Number Relationship
Consenter (If different from above): Name: _____ Phone Number: _____

Address: _____
Street Apt City State Zip code + 4

Eligibility

Child has active Medicaid

Medicaid #: _____

Child has one single qualifying condition:

HIV/AIDS

Serious Emotional Disturbance:

Complex Trauma

Child has two or more chronic conditions:

1. _____
2. _____
3. _____
4. _____
5. _____

Appropriateness Criteria (Check all that apply):

- At probable risk for adverse events (e.g.: death, disability, inpatient or nursing home admission, mandated preventive services or out of home placement);
- Has inadequate social/family/housing supports or serious disruptions in family relationships;
- Has inadequate connectivity with healthcare system;
- Does not adhere to treatments or has difficulty managing medications;
- Has been recently released from incarceration, placement, detention or psychiatric hospitalization;
- Has deficits in activities of daily living skills, learning or cognition issues; or
- Is concurrently eligible or enrolled, along with either their child or caregiver, in a Health Home.

Child/Family continues to need Health Home Care Management Services

Identify Continued Child/Family Needs:

Identify Interventions and needed Plan of Care Updates:

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Child/Family is no longer eligible, or needs Care Management Services (Check all that apply):

Child's chronic condition is being managed/maintained;

Interdisciplinary Team concurs that the Child has met the goals of their plan of care, and is stable enough to no longer require the services of Health Home Care Management;

Child has services and support needs that can be met by family/guardian, without the assistance of a Care Manager.

Plans for discharge:

Signatures:

Care Manager

Date

Supervisor

Date

Other Participants:

Child Participant

Date

Parent/Guardian

Date

Name/Title

Date

Name/Title

Date

Name/Title

Date

Name/Title

Date

Name/Title

Date