Please complete the following form outlining what factors made the Member eligible for HIV HH+ rate of service. Please note that eligibility must be re-confirmed every 12 months. The completed form must be attached to the Member electronic health record along with the supporting documentation.

|  |
| --- |
| **Member Information** |
| Chart Number: |
| Assigned Care Coordinator: |
| Person Completing Form: |
| Date of Health Home Enrollment:  |
| Date of HH+ Eligibility Confirmation: |

|  |
| --- |
| **Verification of Eligibility (Required)** |
|  | **Eligibility Requirement** | **Supporting Documentation on File** |
|[ ]  HIV+ Diagnosis (Required) |  |

**AND**

One of the eligibility criteria on the next page must also be selected for the Member to be eligible for HIV HH+ level of care.

|  |
| --- |
| **Must have at least ONE of the following boxes checked and supporting documentation on file to be eligible for HIV HH+ for 12 months** |
|  | **Eligibility Requirement** | **Supporting Documentation on File** |
| **☐** | Not virally suppressed |  |
| **☐** | **☐** Diagnosed SMI or Intravenous Drug Use |  |
| **AND****☐** Three or more Inpatient HospitalizationsOR**☐**  Four or more Emergency Room visitsOR**☐**  Criminal Justice involvement, including release from incarceration within the past yearOR**☐** Homelessness1 |  |
| **☐** | MCO Clinical Discretion |  |
| **☐** | Medical Provider Clinical Discretion2*(Must include Viral Load and factors that impact the Member's need for HH+ services)* |  |

1. Homelessness is defined as: has a primary nighttime residence that is a public or private place not meant for human habitation, such as;
	1. 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**
	2. 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.
2. For medical providers, there is no standard template for clinical discretion, but clinical discretion requests from providers must include both of the following items.
	1. The status of the Member's viral load
	2. Factors that indicate the need for referral to HH+ or a continuation of HH+ services such as: new diagnoses of HIV, viral load suppression is not stable, housing instabilities, poor adherence to treatment plans, etc.