**Discharge: Graduation Readiness Questionnaire**

*Graduation / discharge should be considered when the Care Coordinator and the Member have discussed the current Plan of Care and determined that the articulated goals have been achieved to the extent they can be under Health Home services and there are no additional goals to pursue related to the Member’s overall wellness. This questionnaire may be used to help determine if additional goals should be worked on with the Member.*

*The intention of this questionnaire is not to create set criteria for discharge/graduation. Decisions to discharge someone should be made on a case-by-case basis and discussed with the Member and Care Coordinator’s Supervisor. This checklist may serve as a guide when discussing graduation readiness.*

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| **Utilization** | **Yes** | **No** | **N/A** |
| Has the Member managed to avoid unnecessary ED visits in the past six months? |  |  |  |
| Has the Member managed to avoid unnecessary inpatient hospitalizations in the past six months? |  |  |  |
| Comments: | | | |

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| --- | --- | --- | --- | --- |
| **Follow-up and Continuing Care** | **All** | **Some** | **None** | **N/A** |
| Is the Member connected with all needed service providers (medical, behavioral health, substance abuse)? |  |  |  |  |
| Does the Member understand who his/her providers are and why s/he would contact them? |  |  |  |  |
| Can the Member make appointments independently with the providers? |  |  |  |  |
| Does the Member understand the frequency of follow-up that is required for each provider? |  |  |  |  |
| Is the Member able to arrange for transportation independently? |  |  |  |  |
| Comments: | | | | |

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| --- | --- | --- | --- | --- |
| **Medication Compliance and Health Literacy** | **All** | **Some** | **None** | **N/A** |
| Has the Member been compliant with all prescribed medications for the past six months? |  |  |  |  |
| Has the Member verbalized an understanding of his or her current health conditions, including the risks of poor compliance with medical visits and medications? |  |  |  |  |
| Comments: | | | | |

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| --- | --- | --- | --- |
| **Mental Health** | **Yes** | **No** | **N/A** |
| Has the Member demonstrated stable mental health, without decompensation over the past six months? |  |  |  |
| Has the Member been compliant with mental health providers over the past six months? |  |  |  |
| Has the patient followed through with treatment recommendations over the past six months? |  |  |  |
| Has the Member maintained stability without the assistance of crisis management over the past six months? |  |  |  |
| Comments: | | | |

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| --- | --- | --- | --- |
| **Substance Abuse** | **Yes** | **No** | **N/A** |
| Has the Member abstained from abuse of substances for the past three months? |  |  |  |
| Has the Member followed through with smoking cessation services offered? |  |  |  |
| Comments: | | | |

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| --- | --- | --- | --- |
| **Finances/Entitlements/Benefits** | **Yes** | **No** | **N/A** |
| Is the Member aware and capable of following through with his or her next recertification for SSI and/or Medicaid? |  |  |  |
| Is the Member able to manage his or her finances (i.e., pay bills, pay rent, budget, etc.)? |  |  |  |
| Comments: | | | |

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| --- | --- | --- | --- |
| **Housing** | **Yes** | **No** | **N/A** |
| Has the Member had stable housing over the past six months? |  |  |  |
| Is the Member’s current housing without major deficiencies or safety issues? |  |  |  |
| Is the Member’s current housing stable without immediate risk of eviction? |  |  |  |
| Comments: | | | |

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| --- | --- | --- | --- |
| **Legal and Safety** | **Yes** | **No** | **N/A** |
| Has the Member remained out of danger to him/herself or others for the past six months? |  |  |  |
| Have domestic violence issues been addressed, including development of a safety plan? |  |  |  |
| Comments: | | | |

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| --- | --- | --- | --- |
| **Support and Leisure Activities** | **Yes** | **No** | **N/A** |
| Has the Member identified a support system to assist with need of the Member’s chronic conditions? |  |  |  |
| Is the Member’s family or caregivers involved with and aware of the Member’s needs and how they can assist as needed? |  |  |  |
| Comments: | | | |

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| --- | --- | --- | --- |
| **Additional Assessment** | **Yes** | **No** | **N/A** |
| Has graduation been discussed with other (consented) providers? |  |  |  |
| Has graduation been discussed with the Member? |  |  |  |
| Does the Member agree to graduation and demonstrate an understanding of his or her plans post-discharge? |  |  |  |
| Comments: | | | |

**Discharge: Lack of Meaningful Engagement**

*When Members have goals identified but are not meaningfully engaged with the program and working towards those goals, the following should be considered in the decision to discharge the Member from Health Home Services.*

| **Questions to Consider** | **Yes** | **No** |
| --- | --- | --- |
| Will the Member be at significant risk in terms of medical, mental health or substance abuse needs if the case is closed? |  |  |
| Although he or she is not making significant progress, is the Member still benefiting from Health Home services? |  |  |
| Are the goals in the current Plan of Care the goals that the Member is ready to work towards achieving? |  |  |
| Comments: | | |

**Required Tasks at Case Closing**

*If a Member is deemed ready for discharge / graduation from the Health Home Program, please ensure the following activities are completed.*

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| --- | --- |
| **Care Coordinator Closing Tasks** |  |
| If the Member's case is closed due to ineligibility, inappropriateness or loss of contact, provide the DOH 5235 *Notification of Disenrollment in the NY Health Home Program* to Member at least ten (10 days) in advance of closing case and upload a copy into CareManager. | ☐ |
| Regardless of closure reason the Required Disenrollment Letter must be sent to the Member letting him or her know that the case is being closed. Please be sure to update all information to tailor the letter to your Member and their reason for closure and put the letter on your agency's letterhead. | ☐ |
| End the Consent in CareManager by opened the Electronic HIE consent, clicking Edit and changing the value in the Client Opt-in/Out drop down to "Client Opt-out" and save. | ☐ |
| Complete a Discharge Summary in CareManager documenting the rational for the case closure. (*Note: If required forms cannot be completed without or sent to the Member due to lack of current contact information such as address, this must be noted in the Discharge Summary.)* | ☐ |
| Complete the final HML in CareManager | ☐ |
| Review any paper records in the Member's file and ensure ALL documents in the file are uploaded. | ☐ |
| Bring paper chart and written discharge summary to Supervisor for closure. | ☐ |