ST PETER'S HEALTH PARTNERS	**Effective Date:** May 2, 2022

Category: **B. Outreach and Engagement**

Title: **2. Medicaid and Health Home Eligibility**

Applies to:

☐ St. Peter's Health Partners (SPHP)

☐ All SPHP Component Corporations **OR** ☐ Only the following Component Corporations: (Click here for a list)
☐ _____

☐ All SPHP Affiliates **OR** only the following Affiliates: (Click here for a list)
☒ **All Capital Region Health Connections Care Management Agencies**

☐ St. Peter's Health Partners Medical Associates (SPHPMA)

Contents

PURPOSE

This policy is designed to ensure that the Lead Health Home and all Care Management Agencies understand Health Home eligibility guidelines. In addition, it provides a standard set of expectations regarding eligibility and appropriateness for Health Home services. All Care Management Agencies must develop systems to ensure that only those deemed eligible and appropriate for Health Home services receive Health Home services.

POLICY STATEMENTS

All individuals served by Capital Region Health Connections Health Home program must meet the eligibility criteria determined by the New York State Department of Health and be appropriate to receive Health Home services as evidenced by the presence of risk factors.

SCOPE OF AUTHORITY / COMPETENCY

All Care Management Agencies that comprise the Capital Region Health Connections Health Home program.

DEFINITIONS

***Chronic Condition*:** Includes diabetes, heart disease, asthma, overweight (BMI over 25), substance use disorder, or other chronic conditions. Qualifying chronic conditions are any of those included in the "Major" categories of the 3M Clinical Risk Groups (CRGs); See Attachment A: Health Home Qualifying Chronic Conditions for a complete list of qualifying chronic conditions

***DOH 5055*:** Health Home Patient Information Sharing Consent Form; the State produced form for capturing consent for other providers as well as natural supports

DOH 5234: Notice of Determination for Enrollment in the New York State Health Home Program; used when a Member is newly enrolled in the Health Home program; should be reviewed with the Member with the Welcome Letter/Member Bill of Rights

DOH 5235: Notice of Determination for Disenrollment in the New York State Health Home Program; used when an enrolled Health Home Member's case is being closed due to ineligibility, inappropriateness or lost to contact

DOH 5236: Notice of Determination for Denial of Enrollment in the New York State Health Home Program; used when a Candidate is found to be ineligible or inappropriate for Health Home services

Health Home Candidate: An individual who is in active Client Search (Outreach) status, but who has not yet been enrolled in Health Home services

Health Home Member: An individual who is enrolled in Health Home services

PROCEDURE

A. Medicaid Eligibility

1. Each Care Management Agency is responsible for verifying that each Candidate or Member with an open Outreach or Enrollment segment has current Medicaid coverage. Verification of Medicaid coverage can be done via eMedNY. Medicaid coverage is date specific and it is incumbent on the Care Management Agency to ensure that they are providing services to a Medicaid member prior to rendering services.

2. Agencies cannot bill for Health Home services provided to any Members whose Medicaid restrictions are not compatible with Health Homes. Restrictions are known as Restriction Exception (RE) codes and can be found in eMedNY. A list indicating all RE codes and their compatibility with Health Home services can be found here.
(https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/restriction_exception_codes.pdf)

3. Agencies cannot bill for Health Home services provided to any Members whose Medicaid coverage is not compatible with Health Homes. These Medicaid compatibility codes are known as Coverage Codes and can be found in eMedNY. A list indicating all Coverage Codes and their compatibility with Health Home services can be found here.
(https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_coverage_codes.pdf)

4. CMA's may choose to serve the non-Medicaid population. If an agency chooses to serve the non-Medicaid population, that decisions should be reflected in the agency's internal policies. Candidates or Members served who do not have Medicaid are not captured in any Patient Tracking, HML or CMART reports to New York State, however the services provided may be captured in CareManager. If the agency elects to document services provided to these Members in CareManager, the Non-Medicaid identifier must be selected in the Programs Tab of CareManager to exclude the Candidate or Member from state reporting.

B. Health Home Eligibility

1. Individuals served in a Health Home must meet the following criteria:
   a. Medicaid eligible / active Medicaid; **AND**
   b. Two (2) or more chronic conditions;[1] **OR**

[1] See Attachment A: Health Home Chronic Conditions for a complete list of qualifying chronic conditions.

c. One (1) single qualifying condition of either HIV/AIDS, Serious and Persistent Mental Illness or Sickle Cell Disease.

2. For the purposes of Health Home enrollment, a Serious and Persistent Mental Illness as a single qualifying condition is defined as follows.
   a. A qualifying diagnosis of a Psychotic Disorder, Bipolar Disorder, Obsessive-Compulsive Disorder, Depression, Anxiety Disorder or Personality Disorders

Psychotic Disorders	F21, F22, F23, F20.81, F20.9, F25.0, F25.1, F06.2, F06.0, F06.1,F28, F29
Bipolar Disorders	F31.11, F31.12, F31.14, F31.2, F31.73, F31.74, F31.9, F31.0,F31.31, F31.32, F31.4, F31.5, F31.75, F31.76, F31.9, F31.81, F34.0, F06.33, F06.34,F31.89
Obsessive-Compulsive Disorders	F42
Depression	F34.8, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1,F33.2, F233.3, F33.41, F33.42, F33.9, F34.1, N94.3, F06.31, F06.32, F06.34, F32.8,F32.9, F34, F32.08
Anxiety Disorders	F41.9, F41.0, F41.1, F44.81, F40.0, F43.10
Personality Disorders	F60.0, F60.1, F60.3, F60.04, F60.5, F60.6, F60.9, F60.81, F21

AND

   b. An extended impairment in functioning as a result of the qualifying diagnoses above.
      i. Marked difficulties in self-care such as personal hygiene, diet, clothing, avoiding injuries, securing health care or complying; or
      ii. Marked restrictions of activities of daily living such as maintaining a residence, getting and maintaining a job, attending school, using transportation, day-to-day money management, or accessing community service; or
      iii. Marked difficulties in maintaining social functioning such as establishing and maintaining social relationships, interpersonal interactions with primary partners, children and other family members, friends or neighbors, social skills, compliance with social norms, or appropriate use of leisure time; or
      iv. Frequent deficiencies of concentration, persistence, or pace resulting in failure to complete tasks in a timely manner in work, home or school setting. Individuals may exhibit limitations in these areas when they repeatedly are unable to complete simple tasks within an established time period, make frequent errors in tasks or require assistance in the completion of tasks.

3. Substance use disorders are considered chronic conditions, but do not by themselves qualify an individual for Health Home services. Individuals with

substance use disorders must have another chronic condition to be eligible for the Health Home program.

4. Candidates or Members with developmental disabilities are eligible for Health Home services as long as the Candidate or Member has another non-developmental chronic condition that is listed in the Chronic Conditions list (see Attachment A).

   If the Candidate or Member has one or more developmental disabilities but does not have another diagnosis listed in the Chronic Conditions list, he or she should be referred to OPWDD or a Care Coordination Organization/Health Home serving those with intellectual or developmental disabilities.

5. It is the responsibility of the Care Management Agency to confirm diagnostic eligibility for each Health Home Candidate, including those assigned from the Lead Health Home. Patient report of a chronic condition or single qualifying condition does not constitute confirmation of eligibility.

6. Confirmation of a Member's diagnostic eligibility must be documented in the electronic health record in CareManager. Sources such as medical records or assessments from a licensed provider or a Managed Care Organization or Hixny must be used to document diagnostic eligibility prior to enrolling an individual in Health Homes. Medical records must be uploaded to the record in CareManager as an Attachment and the diagnoses listed on the medical record must be entered as Problems in the CareManager record.

7. Diagnostic eligibility must be confirmed prior to enrolling a Candidate in Health Home services.

C. Appropriateness of Health Home Services / Risk Factors

1. In addition to Medicaid and Health Home eligibility, the appropriateness of Health Home services for the individual must be considered prior to enrollment. Individuals who meet Medicaid eligibility and Health Home eligibility as described in Sections A and B above, may not necessarily be <u>appropriate</u> for Health Home services. An individual can have two chronic conditions but be managing his or her care effectively.

2. All Candidates must be assessed and found to have significant behavioral, medical or social risk factors that deem them appropriate for Health Home services. This determination of appropriate Health Home Members may occur via the Health Home Intake Assessment. The risk factors may include:
   - probable risk of adverse events (e.g., death, disability, inpatient or nursing home admission);

- lack of or inadequate social/family/housing support;
- lack of or inadequate connectivity with healthcare system;
- non-adherence to treatments or medication(s) or difficulty managing medications;
- recent release from incarceration or psychiatric hospitalization;
- deficits in activities of daily living such as dressing or eating; or
- learning or cognition issues.

Attachment B provides examples of what factors may be considered to evaluate and determine appropriateness and risk factors appropriate for enrollment.

3. Risk factors will be initially documented based on the Care Coordinator's Intake Assessment with the individual housed in the Candidate's record in CareManager.

4. Annually at the time of re-assessment, risk factors will be re-confirmed to ensure the Member is still appropriate for Health Home services.

D. Enrolling Health Home Members

1. A Member is considered enrolled when the following have occurred.
   a. Medical or mental health documentation is received confirming that the Member is eligible for Health Home services based on diagnoses.
   b. The Intake was completed, and the Member has been deemed appropriate for Health Home services based on his or her risk factors.
   c. The Member consented, via the DOH 5055, to being in the Health Home.

2. When the determination is made to enroll the Member in Health Home services, the *Notice of Determination for Enrollment in the New York State Health Home Program* (DOH 5234) must be reviewed with the Member along with the Welcome Letter / Bill of Rights. The completed form must be scanned and attached to the Member's record in CareManager.

For more information on Health Home enrollment, see Policy B3.Outreach and Engagement: Health Home Outreach and Enrollment

E. Candidates and Members Ineligible for Medicaid

1. If a Candidate is determined during outreach and engagement to not be eligible for Medicaid or does not have coverage compatible with Health Home services, the Candidate and referral source, if applicable, must be notified. In addition, the *Notice of Determination for Denial of Enrollment in the New York State Health Home Program* (DOH 5236) must be mailed to the Candidate letting him or her know that they will not be enrolled in Health Homes and that they have the right to request a Fair Hearing regarding the decision. The DOH 5236 must be sent to the Candidate

within five (5) days of the determination of ineligibility. The completed form must be scanned and uploaded to the Candidate's record in CareManager prior to mailing it to the Candidate.

2. Upon identification of an enrolled Health Home Member's Medicaid status being inactive, each Care Management Agency must have a procedure in place to follow-up with the now ineligible Member. The procedure should include a staff person investigating the reason for the change in status (i.e., spend-down, recertification lapse, etc.).

3. If the reason for the change in status is not an issue that will be addressed in the following month, such as a spend-down, the issue must be addressed with the Member and documented in the case record.

4. To the degree that a Member can be assisted to effectively manage a spend-down or recertify in a timely manner, it is expected that the Care Coordinator (or other staff assigned) would do so.

5. Care Management Agency staff must notify the Member of the change in status and how it will impact the Member, including that Health Home services can no longer be provided, if applicable. In these instances, the *Notice of Determination for Disenrollment in the New York State Health Home Program* (DOH 5235) must be mailed to the Member at least ten (10) days prior to closing the Member's case. The completed form must be scanned and uploaded to the Member's record in CareManager prior to mailing the notice. (See Policy C6. Care Coordination: Case Closure and Re-engagement for information on closing cases of enrolled Members)

6. On a case-by-case basis, Care Management Agencies may choose to serve a Health Home Candidate who is presumptively eligible for Medicaid or who needs assistance applying for or reestablishing Medicaid eligibility. Care Management Agencies must be aware that if Medicaid is not active at the time a Health Home service is delivered, the CMA will not be reimbursed for that service.

F. Candidates or Members Ineligible or Inappropriate for Health Home Services

1. If a Candidate is deemed ineligible or inappropriate for Health Home services due to diagnostic criteria or appropriateness criteria, the Candidate must be notified of the reason for the denial of enrollment, as well as the referral source.

2. The Candidate's record in CareManager must be closed, citing the appropriate closure reason.

3. The *Notice of Determination for Denial of Enrollment in the New York State Health Home Program* (DOH 5236) must be mailed to the Candidate if he or she is not being enrolled in Health Home services, regardless of the reason for the lack of enrollment. CMA staff will indicate the reason for the lack of enrollment on the form. The DOH 5236 must be sent to the Candidate within five (5) days of the determination of ineligibility. The completed form must be scanned and uploaded to the Member's record in CareManager prior to mailing the notice.

4. If a Care Management Agency elects to keep an ineligible or inappropriate Candidate's case open for services, Medicaid may not be billed for any services provided.

5. If enrolled Members are no longer appropriate for Health Home services, their case should be closed in CareManager. In these instances, the *Notice of Determination for Disenrollment in the New York State Health Home Program* (DOH 5235) must be mailed to the Member at least ten (10) days prior to closing the Member's case. The completed form must be scanned and uploaded to the Member's record in CareManager prior to mailing the notice. (See Policy C6. Care Coordination: Case Closure and Re-engagement for information on closing cases of enrolled Members)

REFERENCES

New York State Department of Health (April 2022). Eligibility Requirements: Identifying Potential Members for Health Home Services Appropriateness Criteria. (https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/health_home_chronic_conditions.pdf)

New York State Department of Health (November 10, 2017). Health Home Notices of Determination and Fair Health Policy. (https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh0004_fair_hearing_nod_policy.pdf)

New York State Department of Health (March 2, 2017). Eligibility Requirements: Identifying Potential Members for Health Home Services. (https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/health_home_chronic_conditions.pdf)

New York State Department of Health (May 10, 2016). Guide to Restriction Exception (RE) Codes and Health Home Services. (https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/restriction_exception_codes.pdf)

New York State Department of Health (November 20, 2015). Guide to Coverage Codes and Health Home Services.
(https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_coverage_codes.pdf)

New York State Department of Health (January 9, 2014). Health Home Provider Manual: Billing Policy and Guidance.
(https://www.emedny.org/ProviderManuals/HealthHomes/PDFS/Health_Homes_Provider_Manual.pdf)

New York State Department of Health. Definition of Serious Mental Illness for Health Home Eligibility.
(https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/smi_definition_for_health_home_eligibility.pdf)

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Replaces: Health Home Eligibility
Medicaid Eligibility
Outreach and Engagement: Medicaid and Health Home Eligibility (May 1, 2017)
Outreach and Engagement: Medicaid and Health Home Eligibility (January 15, 2018)
Outreach and Engagement: Medicaid and Health Home Eligibility (August 1, 2019)
Outreach and Engagement: Medicaid and Health Home Eligibility (January 1, 2021)

ATTACHMENT A: Health Home Qualifying Chronic Conditions

Acquired Hemiplegia and Diplegia
Acquired Paraplegia
Acquired Quadriplegia
Acute Lymphoid Leukemia w/wo Remission
Acute Non-Lymphoid Leukemia w/wo Remission
Alcoholic Liver Disease
Alcoholic Polyneuropathy
Alzheimer's Disease and Other Dementias
Angina and Ischemic Heart Disease
Anomalies of Kidney or Urinary Tract
Apert's Syndrome
Aplastic Anemia/Red Blood Cell Aplasia
Ascites and Portal Hypertension
Asthma
Atrial Fibrillation
Attention Deficit / Hyperactivity Disorder (Must meet specific criteria)
Benign Prostatic Hyperplasia
Bi-Polar Disorder
Blind Loop and Short Bowel Syndrome
Blindness or Vision Loss
Bone Malignancy
Bone Transplant Status
Brain and Central Nervous System Malignancies
Breast Malignancy
Burns - Extreme
Cardiac Device Status
Cardiac Dysrhythmia and Conduction Disorders
Cardiomyopathy
Cardiovascular Diagnoses requiring ongoing evaluation and treatment
Cataracts
Cerebrovascular Disease w or w/o Infarction or Intracranial Hemorrhage
Chromosomal Anomalies
Chronic Alcohol Abuse and Dependency
Chronic Bronchitis
Chronic Disorders of Arteries and Veins
Chronic Ear Diagnoses except Hearing Loss
Chronic Endocrine, Nutritional, Fluid, Electrolyte and Immune Diagnoses
Chronic Eye Diagnoses
Chronic Gastrointestinal Diagnoses
Chronic Genitourinary Diagnoses
Chronic Gynecological Diagnoses
Chronic Hearing Loss
Chronic Hematological and Immune Diagnoses
Chronic Infections Except Tuberculosis
Chronic Joint and Musculoskeletal Diagnoses
Chronic Lymphoid Leukemia w/wo Remission
Chronic Metabolic and Endocrine Diagnoses

Chronic Neuromuscular and Other Neurological Diagnoses
Chronic Non-Lymphoid Leukemia w/wo Remission
Chronic Obstructive Pulmonary Disease and Bronchiectasis
Chronic Pain
Chronic Pancreatic and/or Liver Disorders (Including Chronic Viral Hepatitis)
Chronic Pulmonary Diagnoses
Chronic Renal Failure
Chronic Skin Ulcer
Chronic Stress and Anxiety Diagnoses
Chronic Thyroid Disease
Chronic Ulcers
Cirrhosis of the Liver
Cleft Lip and/or Palate
Coagulation Disorders
Cocaine Abuse
Colon Malignancy
Complex Cyanotic and Major Cardiac Septal Anomalies
Conduct, Impulse Control, and Other Disruptive Behavior Disorders
Congestive Heart Failure
Connective Tissue Disease and Vasculitis
Coronary Atherosclerosis
Coronary Graft Atherosclerosis
Crystal Arthropathy
Curvature or Anomaly of the Spine
Cystic Fibrosis
Defibrillator Status
Dementing Disease
Depression
Depressive and Other Psychoses
Developmental Language Disorder
Developmental Delay NOS/NEC/Mixed
Diabetes w/wo Complications
Digestive Malignancy
Disc Disease and Other Chronic Back Diagnoses w/wo Myelopathy
Diverticulitis
Drug Abuse Related Diagnoses
Ear, Nose, and Throat Malignancies
Eating Disorder
Endometriosis and Other Significant Chronic Gynecological Diagnoses
Enterostomy Status
Epilepsy
Esophageal Malignancy
Extrapyramidal Diagnoses
Extreme Prematurity - Birthweight NOS
Fitting Artificial Arm or Leg
Gait Abnormalities
Gallbladder Disease
Gastrointestinal Anomalies
Gastrostomy Status

Genitourinary Malignancy
Genitourinary Stoma Status
Glaucoma
Gynecological Malignancies
Hemophilia Factor VIII/IX
History of Coronary Artery Bypass Graft
History of Hip Fracture Age > 64 Years
History of Major Spinal Procedure
History of Transient Ischemic Attack
HIV Disease
Hodgkin's Lymphoma
Hydrocephalus, Encephalopathy, and Other Brain Anomalies
Hyperlipidemia
Hypertension
Hyperthyroid Disease
Immune and Leukocyte Disorders
Inflammatory Bowel Disease
Intestinal Stoma Status
Joint Replacement
Kaposi's Sarcoma
Kidney Malignancy
Leg Varicosities with Ulcers or Inflammation
Liver Malignancy
Lung Malignancy
Macular Degeneration
Major Anomalies of the Kidney and Urinary Tract
Major Congenital Bone, Cartilage, and Muscle Diagnoses
Major Congenital Heart Diagnoses Except Valvular
Major Liver Disease except Alcoholic
Major Organ Transplant Status
Major Personality Disorders
Major Respiratory Anomalies
Malfunction Coronary Bypass Graft
Malignancy NOS/NEC
Mechanical Complication of Cardiac Devices, Implants and Grafts
Melanoma
Migraine
Multiple Myeloma w/wo Remission
Multiple Sclerosis and Other Progressive Neurological Diagnoses
Neoplasm of Uncertain Behavior
Nephritis
Neurodegenerative Diagnoses Except Multiple Sclerosis and Parkinson's
Neurofibromatosis
Neurogenic Bladder
Neurologic Neglect Syndrome
Neutropenia and Agranulocytosis
Non-Hodgkin's Lymphoma
Obesity (BMI at or above 25 for adults and BMI at or above the 85th percentile for children)
Opioid Abuse

Osteoarthritis
Osteoporosis
Other Chronic Ear, Nose, and Throat Diagnoses
Other Malignancies
Pancreatic Malignancy
Pelvis, Hip, and Femur Deformities
Peripheral Nerve Diagnoses
Peripheral Vascular Disease
Persistent Vegetative State
Phenylketonuria
Pituitary and Metabolic Diagnoses
Plasma Protein Malignancy
Post-Traumatic Stress Disorder
Postural and Other Major Spinal Anomalies
Prematurity - Birthweight < 1000 Grams
Progressive Muscular Dystrophy and Spinal Muscular Atrophy
Prostate Disease and Benign Neoplasms - Male
Prostate Malignancy
Psoriasis
Psychiatric Disease (except Schizophrenia)
Pulmonary Hypertension
Recurrent Urinary Tract Infections
Reduction and Other Major Brain Anomalies
Rheumatoid Arthritis
Schizophrenia
Secondary Malignancy
Secondary Tuberculosis
Sickle Cell Anemia
Significant Amputation w/wo Bone Disease
Significant Skin and Subcutaneous Tissue Diagnoses
Spina Bifida w/wo Hydrocephalus
Spinal Stenosis
Spondyloarthropathy and Other Inflammatory Arthropathies
Stomach Malignancy
Tracheostomy Status
Valvular Disorders
Vasculitis
Ventricular Shunt Status
Vesicostomy Status
Vesicoureteral Reflux

ATTACHMENT B: Examples of Appropriateness Criteria / Risk Factors

Appropriateness Criteria / Risk Factor	Documentation Guidance and Examples
Probable risk for adverse events (e.g., death, disability, inpatient or nursing home admission, mandated preventive services, or out of home placement)	• Use various Quality flags in PSYCKES, such as "Preventable admissions for asthma" "Preventable admissions for Diabetes", etc. • Anyone with a HH+ flag in PSYCKES at the time of enrollment • Anyone with a POP flag in PSYCKES at the time of enrollment • Anyone with an H-code in EMEDNY at the time of enrollment (eligible or enrolled) • Direct referral from an inpatient medical, psych, or detox admission • Direct referral from ER also possible if member is a frequent flyer (this could be captured as a PSYCKES category) • Direct referral from APS, CPS, or preventive program • Direct referral from MCO or medical provider
Lack of or inadequate social/family/housing support, or serious disruptions in family relationships; needs benefits; nutritional insufficiency	• Meeting one of the HUD definitions for homelessness (HUD 1, 2 and 4 housing) • Lack of social supports as evidenced by fewer than 2 people identified as a support by the member, change in guardianship • The institutionalization or nursing home placement of primary support member • Needs assistance applying for/accessing benefits such as SNAP, SSI, etc. • Unable to access food due to financial limitations or ability to shop or access food site, dietary restrictions, etc. • Intimate Partner Violence
Lack of or inadequate connectivity with healthcare system	• Individual does not have healthcare connectivity or utilization e.g., does not have a PCP or specialist to treat a chronic condition, or has not seen their provider in the last year. • Individual is unable to appropriately navigate the health care system for the treatment or care of the diagnosed or undiagnosed physical or behavioral health condition. • Potentially preventable utilization based on identified flags in the RHIO, from the Plan, or in PSYCKES (such as 2 or 3+ ED visits in the past year, 1 BH or substance use inpatient visit in the past year, etc.)
Non-adherence to treatments or medication(s) or difficulty managing medications (define source e.g. self-reported or other source with knowledge)	• Identify WHICH medication(s) and/or treatment(s) are involved per individual or referral source. • Per PSYCKES flag (e.g., Adherence to Mood Stabilizers, Antipsychotics, and Antidepressants; No Diabetes Monitoring)

Appropriateness Criteria / Risk Factor	Documentation Guidance and Examples
Deficits in activities of daily living, learning or cognition issue (define source e.g., self-reported, reported by other, observed by HHCM, etc.) (This should not be the only risk factor)	• Instrumental Activities of Daily Living (IADLs) include transportation, shopping, managing finances, meal preparation, housecleaning, home maintenance, communications, and managing medications • Deficits can be caused by medication side effects, social isolation, home environment, cognitive or mental decline (e.g. dementia), aging, Musculoskeletal, neurological, circulatory, sensory conditions, lack of Durable Medical Equipment (DME), hospitalization, or acute illnesses.
Recent release from incarceration, detention, psychiatric hospitalization or placement; other justice referrals for those not incarcerated	• Released within the last 90 days • Identify name of institution, approximate date of release, or name of “other justice referral for those not incarcerated”