Bassett Healthcare Network

HH+ Status Request

Member Information
Chart Number:
Assigned Care Coordinator:
Person Completing Form:
Date of HH+ Enrollment:
Date of HH+ Eligibility Confirmation:

Verification of Eligibility (Required)		
	Eligibility Requirement	**Supporting Documentation on File**
☐	SMI Diagnosis (Required)	

AND

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

Must have at least ONE of the following boxes checked and supporting documentation on file to be eligible for SMI HH+ for 12 months		
	Eligibility Requirement	**Supporting Documentation on File**
☐	ACT Step Down	
☐	AOT Status (Current AOT order)	
☐	Enhanced Service Package / Voluntary Agreement (Identified by LGU)	
☐	History of expired AOT order in the last year	
☐	Homeless *(Must meet HUD Category 1, Literally Homeless, definition)***See Below*	
☐	High utilization of Inpatient or Emergency Department services ☐ Three or more psychiatric inpatient hospitalizations in the last year OR ☐ Four or more psychiatric ED visits in the last year OR ☐ Three or more medical inpatient hospitalizations within the last year AND diagnosis of Schizophrenia or Bipolar	

Must have at least ONE of the following boxes checked and supporting documentation on file to be eligible for SMI HH+ for 12 months		
	Eligibility Requirement	**Supporting Documentation on File**
☐	Criminal Justice Involvement *(Release from incarceration within the past year and requires linkage to community resources to avoid re-incarceration)*	
☐	State Facility Release	
☐	Ineffectively engaged in care ☐ No outpatient mental health services within the last year and 2 or more psychiatric hospitalizations OR ☐ o outpatient mental health services within the last year and 3 or more psychiatric ED visits	
☐	MCO Clinical Discretion	
☐	LGU/SPOA Clinical Discretion	

******HUD 1 Defined: Literally homeless individuals/families**

Individuals and families who lack a fixed, regular, and adequate nighttime residence, which includes one of the following:

- Place not meant for human habitation
- Living in a shelter (Emergency shelter, hotel/motel paid by government or charitable organization)
- Exiting an institution (where they resided for **90 days or less** AND were residing in **emergency shelter or place not meant for human habitation** immediately before entering institution)

******Serious Mental Illness (SMI) (Must meet both i. and ii. below to be designated as SMI) i. Mental Health Diagnosis (one of the following diagnoses/categories):**

a) Psychotic Disorders: F21, F22, F23, F20.81, F20.9, F25.0, F25.1, F06.2, F06.0, F06.1, F28, F29
b) 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
c) Obsessive-Compulsive Disorders: F42
d) 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
e) Anxiety Disorders: F41.9, F41.0, F41.1, F44.81, F40.0, F43.10
f) Personality Disorders: F60.0, F60.1, F60.3, F60.04, F60.5, F60.6, F60.9, F60.81, F21