BCHN002 – ATTACHMENT B

Initial Appropriateness Assessment Tool – Health Homes Serving Adults

Based on NYS DOH Appropriateness Codes and Criteria – March 2025

Policy	BCHN002	**Attachment**	B
Population	Health Homes Serving Adults (HHSA)	**Criteria Version**	March 2025
Criteria Effective	April 1, 2025	**Policy Revision**	October 1, 2026

Purpose

This attachment provides a BCHN operational worksheet for completing and documenting the Initial Appropriateness assessment for adults being considered for Health Home Care Management Services. The assessment questions below are based on the adult-applicable criteria in the NYS DOH Appropriateness Codes and Criteria chart revised March 2025 and effective April 1, 2025.

Use Instructions

• Complete the assessment using information available in the member's record, referral information, assessment, and other permitted sources.
• Answer each applicable criterion Yes, No, or N/A. A Yes response must be supported by documentation in the member's case record.
• For criteria marked by NYS DOH as requiring comments (Y), complete the supporting documentation field with the required details identified in the criterion.
• Select the single Initial Appropriateness criterion for MAPP HHTS reporting that reflects the significant risk supporting the Health Home care management activities to be addressed and that is important to the member.
• This worksheet does not replace the NYS DOH Appropriateness Codes and Criteria chart or HH0016. Staff must use the current State resources when completing and reporting Initial Appropriateness.

Member / Assessment Information

Member Name		**Medicaid CIN**	
DOB		**Assessment Date**	
Care Manager		**CMA**	
Referral Source		**Referral Date**	

Adult Initial Appropriateness Criteria Review

The following table includes the adult-applicable criteria from the supplied March 2025 chart. Criteria identified as Children-only in the source have not been included in this HHSA worksheet.

Code	Risk Category	Assessment Question	Comments Required?	Yes / No / N/A	Supporting Documentation / Required Details
10	ADVERSE EVENTS RISK	Does the member have a current H-code in eMedNY indicating HARP Eligible/Enrolled?	N	☐ Yes ☐ No ☐ N/A	Adults – current H-code in eMedNY (HARP Eligible/Enrolled).
11	ADVERSE EVENTS RISK	Does the member have a current POP flag in PSYCKES?	N	☐ Yes ☐ No ☐ N/A	

12	ADVERSE EVENTS RISK	Does the member have a current Quality or HH+ flag in PSYCKES, or an equivalent flag from a RHIO or MCO?	N	☐ Yes ☐ No ☐ N/A	
20	HEALTHCARE RISK	Does the member lack at least one of the following: a Primary Care Provider; mental health provider; substance use provider; provider to treat the member's Single Qualifying Condition (Complex Trauma, Sickle Cell Disease, Serious Emotional Disturbance/Serious Mental Illness, or HIV); or provider to treat a physical disability related to a neurologic, muscular, or neuromuscular condition?	N	☐ Yes ☐ No ☐ N/A	
22	READMISSION/RECIDIVISM RISK	Was the member released from an inpatient medical setting, Emergency Department, Crisis Stabilization, Residential Treatment Setting, psychiatric setting, or detox within the last three (3) months?	Y	☐ Yes ☐ No ☐ N/A	Must specify the name of the institution and date of release.
23	READMISSION/RECIDIVISM RISK	Was the member released from jail/prison or another justice program within the last three (3) months?	Y	☐ Yes ☐ No ☐ N/A	Must specify the name of the program and date of release.
24	SOCIAL DETERMINANTS RISK	Is there current intimate partner violence or current family violence in the member's home?	N	☐ Yes ☐ No ☐ N/A	
25	SOCIAL DETERMINANTS RISK	Is the member experiencing food insecurity due to financial limitations, ability to shop, access to a food site, dietary restrictions, or another identified barrier, and does the member need emergency food assistance or WIC?	N	☐ Yes ☐ No ☐ N/A	Emergency Food Assistance includes SNAP, food pantries, and Meals on Wheels. WIC applies to children under age 6 and pregnant/postpartum individuals.

26	SOCIAL DETERMINANTS RISK	Is the member currently homeless (HUD 1, 2, or 4) or, if a Transitional Age Youth, without a stable living arrangement (for example, living with different friends/family)?	N	☐ Yes ☐ No ☐ N/A	
28	SOCIAL DETERMINANTS RISK	Has the member experienced a change in guardianship/caregiver within the last three (3) months?	N	☐ Yes ☐ No ☐ N/A	
30	SOCIAL DETERMINANTS RISK	Does the member need, qualify for, and not currently have one of the needed entitlements identified by NYS DOH?	N	☐ Yes ☐ No ☐ N/A	Entitlements listed in the State criterion include Medicaid Transportation/Access-a-Ride; Housing Supports (including Section 8, ESSHI, NYHER Housing Supports); SSI, SSDI, and TANF; HEAP; medical entitlements (Medicare/Medicaid support); child care supports for caregiver of enrolled children only; and Early Intervention (Head Start or Special Education). Members who already have access to a needed benefit through a plan, program, or waiver do not meet this criterion based on that need alone.
31	SOCIAL DETERMINANTS RISK	Has the member's primary support person experienced recent and ongoing institutionalization or nursing home placement within the last three (3) months, with no other person available to provide the same level of support?	N	☐ Yes ☐ No ☐ N/A	
32	TREATMENT NON-ADHERENCE RISK	Has the member or a member of the care team reported non-adherence to a clinician's written treatment plan or prescription within the last three (3) months?	Y	☐ Yes ☐ No ☐ N/A	Must specify the clinician(s) and medication(s) and/or treatment(s) involved.

33	TREATMENT NON-ADHERENCE RISK	Does the member have a PSYCKES flag related to non-adherence, or an equivalent flag from a RHIO or MCO?	N	☐ Yes ☐ No ☐ N/A	
34	REFERRAL / RISK INDICATOR	Is this a direct referral from a Managed Care Organization (MCO), Local Government Unit (LGU), Single Point of Access (SPOA), or county Local Department of Social Services?	N	☐ Yes ☐ No ☐ N/A	
35	REFERRAL / RISK INDICATOR	Is this a direct referral from Adult Protective Services?	N	☐ Yes ☐ No ☐ N/A	
36	HEALTHCARE RISK	Does the member have an established relationship with a provider but has not seen that provider in the last year?	N	☐ Yes ☐ No ☐ N/A	Applicable providers include a Primary Care Provider, mental health provider, substance use provider, provider to treat the member's Single Qualifying Condition (Complex Trauma, Sickle Cell Disease, Serious Emotional Disturbance/Serious Mental Illness, or HIV), or provider to treat a physical disability related to a neurologic, muscular, or neuromuscular condition.

Initial Appropriateness Determination and MAPP HHTS Reporting

Does the assessment identify a significant risk requiring the intensive level of Health Home Care Management Services?	☐ Yes ☐ No
Selected Appropriateness Code for MAPP HHTS Reporting	
Selected Risk Category	
Why does the selected criterion reflect the significant risk supporting the member's care management activities?	
What care management need/activity will be addressed based on the selected criterion?	
Date Initial Appropriateness entered into EHR	

MAPP HHTS Upload / Quality Check

☐ Initial Appropriateness documented in the EHR.

☐ Supporting documentation retained in the member's case record.

☐ Selected criterion is supported by the documentation.

☐ Selected criterion is the criterion that best reflects the significant risk supporting the care management activities to be addressed and is important to the member.

☐ Required comments/details are documented for any selected criterion where the State chart identifies Comments Required = Y.

☐ Initial Appropriateness uploaded to MAPP HHTS through the applicable Consent and Member Program Status Upload process within the current NYS DOH timeframe.

Care Manager Certification

I certify that I completed this Initial Appropriateness assessment using the applicable NYS DOH Appropriateness Codes and Criteria and that supporting documentation has been retained in the member's case record.

Care Manager Signature		**Date**	
Supervisor Review, if applicable		**Date**	

Source

NYS Department of Health, Appropriateness Codes and Criteria, March 2025. The supplied chart states that it lists the codes and criteria used for initial eligibility for Adults and Children, that documentation supporting Initial Appropriateness is to be retained in the case record, and that the chart was revised March 2025 and effective for implementation April 1, 2025.

Related source: NYS DOH HH0016, Eligibility Requirements for Health Home Services and Continued Eligibility in the Health Home Program. Refer to the current HH0016 and current Appropriateness Codes and Criteria for requirements governing eligibility, documentation, and MAPP HHTS reporting.