



Hospital to Home (H2H) Care Transition Planning Tool

<p>Readmission Risk and/or Post Hospital Care Needs</p> <p>ACCESS TO FOLLOW UP CARE</p> <ul style="list-style-type: none"> <input type="checkbox"/> No Established Primary Care <input type="checkbox"/> Difficulty with transportation to medical care <input type="checkbox"/> Work/family responsibilities that pose barrier to appointments <input type="checkbox"/> Regular use of emergency room for care <input type="checkbox"/> Other: _____ <p>BEHAVIORAL RISK/ NEEDS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Active Substance abuse problem <input type="checkbox"/> History of receiving behavioral health services <input type="checkbox"/> Cognitive and/or Mental Health problems that interfere with daily functioning and judgement. <input type="checkbox"/> Is self-neglecting or non-compliant with essential needs (refused services and or medical treatment) <p>PERSONAL SAFETY RISKS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Family conflict, Protective and/Legal concerns <input type="checkbox"/> Inability to self-advocate <input type="checkbox"/> Lack of stable housing <input type="checkbox"/> Lack of heat or cooling <input type="checkbox"/> Poor Safety Awareness <input type="checkbox"/> Substandard Living Environment; hazards affecting health (mold, vermin, other infestation etc.) <p>FINANCIAL INSECURITY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Difficulty paying for basic survival needs (shelter, food) <input type="checkbox"/> Difficulty paying medical-related costs (copays, supplies) <input type="checkbox"/> Must prioritize survival versus medical needs <p>FOOD INSECURITY/ACCESS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lacks access to adequate amounts of food <input type="checkbox"/> Lacks access to nutritious or medically appropriate diet <p>SOCIAL CONNECTION/ISOLATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lives alone <input type="checkbox"/> Limited informal/formal supports <p>LEGAL ISSUES</p> <ul style="list-style-type: none"> <input type="checkbox"/> Barriers due to insurance coverage, utilities, pending eviction <input type="checkbox"/> Recent or repeated incarceration or detention <p>LANGUAGE OR LITERACY ISSUES</p> <ul style="list-style-type: none"> <input type="checkbox"/> Low literacy, low numeracy <input type="checkbox"/> Low health literacy—diagnoses, medications, care plan 	<p>Actions Needed Prior to Discharge</p> <p>INTERDISCIPLINARY CARE PLANNING AND COORDINATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contact the ASAP, MCO, ACO, PACE, SCO, VNA as applicable to ensure needed follow-up on discharge <input type="checkbox"/> Refer to community clinical, behavioral, and social service providers as applicable <input type="checkbox"/> Develop individual transitional care plan <p>FOLLOW UP/SERVICES</p> <ul style="list-style-type: none"> <input type="checkbox"/> Determine if eligible for (Medicaid/Waiver) and assist with initiating application to initiate screening and enrollment process <input type="checkbox"/> Contact the ASAP, MCO, ACO, PACE, SCO, VNA if high-risk patient is not currently in care management to advocate for enhanced services <input type="checkbox"/> Confirm that patient has access to current and/or new medications <input type="checkbox"/> Discuss cost of medications, how patient will obtain them is an additional assistance required <input type="checkbox"/> Liaison to offer transitional care follow-up confirm contact information <input type="checkbox"/> Confirm that patient understands has a primary care/medical follow-up. Schedule follow-up with primary care provider <input type="checkbox"/> Initiate referral for home care services as appropriate (health home, adult day, etc.) or allow social/support service entity to screen patient prior to discharge <p>REFER FOR POST HOSPITAL SUPPORTS AND SERVICES</p> <ul style="list-style-type: none"> <input type="checkbox"/> Refer to community behavioral health services <input type="checkbox"/> Link to community health worker or navigator programs <input type="checkbox"/> Refer/ provide information on housing and/or application process <input type="checkbox"/> Refer for HDMs, SNAP, HIP as appropriate <input type="checkbox"/> Link to community/faith-based or volunteer services <input type="checkbox"/> Refer to Community Legal Aid or other legal aid office <input type="checkbox"/> Refer to adult day health services <input type="checkbox"/> Refer and or Link to Adult Protective Services/DPPC as needed
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