Long Term Care Pharmacy at Home

Patient Qualification

Patient _____ DOB _____

Person completing the Form Name: _____ ☐ RPh or Pharm. D ☐ CPhT ☐ MD ☐ DO ☐ RN ☐ NP ☐ LPN ☐ MSW ☐ CHW ☐ CM ☐ BHS

SECTION 1. QUALIFICATION VIA WAIVER, QUALIFYING PROGRAM, OR DISCHARGE STATUS.

1A Patient is in or qualifies for a Home & Community Based Services 1915(c) Program (HCBS) or Other Qualifying Program or Qualifying Waiver Program:..... ☐ YES ☐ NO ☐ UNSURE

1B Patient has been discharged from a Long Term Care Facility in the past 6 months:. ☐ YES ☐ NO ☐ UNSURE

If 'yes,' to 1 or more of any of the above patient qualifies for LTC at Home pharmacy services. Document support for 'yes' response at your pharmacy. Complete Section 2 for care documentation, then complete Section 3. If only 'no' or 'unsure' is selected for every question in the above, patient may qualify. Continue to Section 2 to determine eligibility.

SECTION 2. QUALIFICATION VIA PATIENT STATUS

2A Patient has two (2) or more barriers to Activities of Daily Living (ALDs) or Instrumental Activities of Daily Living (IADLS): [check]

- ☐ Bathing
- ☐ Dressing
- ☐ Toileting
- ☐ Communicating (telephone or mail)
- ☐ Transferring Bed/Chair
- ☐ Walking
- ☐ Shopping
- ☐ Doing Housework (i.e. Laundry)
- ☐ Grooming
- ☐ Mouth Care
- ☐ Cooking
- ☐ Driving or Using Public Transportation
- ☐ Climbing Stairs
- ☐ Eating
- ☐ Managing Medications
- ☐ Managing Finances

If two (2) or more barriers are checked, patient may qualify, continue to 2B. If one (1) or less barrier is checked, patient does not qualify.

2B Patient has three (3) or more of the following chronic diseases: [check]

- ☐ Abuse (Alcohol/Drug/Substance)
- ☐ Alzheimer's Disease and Related Dementias
- ☐ Arthritis (Osteoarthritis and Rheumatoid)
- ☐ Asthma
- ☐ Autism Spectrum Disorders
- ☐ Atrial Fibrillation
- ☐ Autoimmune Disorders (Polyarteritis Nodosa, Polymyalgia Rheumatica, Polymyositis, Systemic Lupus Erythematosus)
- ☐ Cancers (Breast, Colorectal, Lung, & Prostate)
- ☐ Cardiovascular Disorders
- ☐ Chronic Kidney Disease
- ☐ COPD
- ☐ Depression
- ☐ Diabetes
- ☐ End-Stage Liver Disease
- ☐ Heart Failure
- ☐ Hemophilia/Other Hematologic Disorders
- ☐ Hepatitis (Chronic Viral B&C)
- ☐ HIV/AIDS
- ☐ Hyperlipidemia
- ☐ Hypertension
- ☐ Ischemic Heart Disease (CAD)
- ☐ Neurological Disorder
- ☐ Osteoporosis
- ☐ Psychotic Disorders
- ☐ Stroke

If three (3) or more disease states are checked, patient may qualify, continue to 2C. If two (2) or less disease states are checked, patient does not qualify.

2C Patient is on multiple medications for their chronic condition(s): [check and complete below]

☐ YES ☐ NO Number of Total Medication(s):_____

If 'yes,' patient may qualify. Go to Section 2D. If 'no' patient does not qualify.

2D Patient has limited mobility that makes leaving the home independently difficult: [check]

☐ YES ☐ NO

If 'yes,' patient can qualify. Go to Section 3. If 'no' patient does not qualify.

SECTION 3. PHARMACIST ATTESTATION

Pharmacy: _____ **NPI:** _____

Pharmacy Address: _____

Compliance Packaging Type: ☐ Blister (Automated) ☐ Pouch (Automated) ☐ Blister (Manual) ☐ Other: _____

Patient Prescriptions Received Via: ☐ Delivery ☐ Representative Pick-Up ☐ Other: _____

Patient Qualified Via: ☐ Section 1; selecting 'yes' to 1A and/or 1B ☐ Section 2; selecting 2 boxes for 2A **and** 3 boxes for 2B **and** 'yes' 2C **and** 'yes' 2D

The Pharmacy above has completed a Long Term Care at Home Onboarding Assessment with the patient, patient representative, and/or patient provider to confirm the above information. The Pharmacist below confirms the information listed on this document is correct as of the date below, to the best of their knowledge. Pharmacist agrees that themselves or a pharmacist-colleague within the above pharmacy will review the patient profile every six (6) months to confirm Long Term Care at Home eligibility.

Pharmacist Name: _____ **Date Completed:** _____

Pharmacist Signature: _____ **Pharmacist NPI:** _____

- 2A: ADL & IADL list determined by National Institute of Health, National Library of Medicine ADL/IADL Publication: https://www.ncbi.nlm.nih.gov/books/NBK470404/
- 2B: Chronic Conditions determined by Center of Medicaid Medicare Services (CMS) Prevalence and Medicare utilization Chronic Condition List (https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/chronic-conditions/cc_main) and CMS Chronic Conditions Special Needs Plans Chronic Disease List (https://www.cms.gov/medicare/health-plans/specialneedsplans/c-snps)

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