

WPC: Eligibility Screening Document

Draft WPC Eligibility Screening Reference Template:

Please use this document to screen for eligible WPC patients that you are currently serving. I have added WPC criteria and modified the Health Risk Assessment as a reference. The more information you have available will help in quickly engaging patients. Please rearrange as needed. If information is not available, identify as NA. Please feel free to modify this document if you need to add columns.

Question	Please Populate if info is available
1. WPC Eligible Indicators	<ul style="list-style-type: none"> • Ages 18-64 (>64 for specific contracted entities) • Medi-Cal (specific exclusions may apply-need to check state document) <ul style="list-style-type: none"> ○ Currently only VHP MCMC members • Risk Factors: <ul style="list-style-type: none"> ○ Uncontrolled mental health condition ○ Uncontrolled substance use ○ Medically complex ○ Recently incarcerated ○ Homeless or unstably housed ○ Not using Primary Care ○ Social Determinants of Health Resources Needed (Food, Clothing, Transportation, Legal, Employment Assistance etc.) <p>Criteria for Determining HUMS Score</p> <ul style="list-style-type: none"> • HUMS score (High Utilizers of Multiple Systems) of 9+ from the following: <ul style="list-style-type: none"> ○ Inpatient stay (VMC) – 1 point per day ○ ED admission (VMC) – 3 points per event ○ Emergency psych admission (EPS) – 3 points per event ○ Acute psych care facility (BAP) – 1 point per day ○ Urgent/express care (VMC) – 1 point per event ○ ED admission (other SCC hospitals based on VHP claims) – 3 points per event
2. First Name	
3. Middle Name	
4. Last Name	
5. Homeless Status	Currently Homeless

WPC: Eligibility Screening Document

	Homeless within the last 6 months History of Homelessness
6. Epic MRN	
7. Medi-Cal ID Number	
8. DOB	
9. Home Address	
10. Home Phone	
11. Cell Phone	
12. Work Phone	
13. Preferred Phone number	
14. E-mail	
15. Race	
16. Ethnicity	
17. Preferred Language	
18. Gender	
19. Emergency Contact Name	
20. Emergency Contact Number	
21. Primary Care Provider	
22. Primary Care Location	
23. Date of Last PCP visit	
24. # of PCP visits last 12 months	
25. Medications	
26. Diagnoses (including problem list)	
27. HUMS Score	(If information is available)
Visit counts for past year	
# ED visits	
# EPS visits	
# BAP admissions	
# Inpatient admissions	

WPC: Eligibility Screening Document

# Urgent care and Express care visits	
28. Prime Risk Score	(Identify if available only)

Please note: If you are providing WPC Complex Case Management Services or if you have screened and referred the patients to address needed needs, please indicate below:

HRA Questions if info is available	
29. <i>Women only</i> : Patient currently pregnant?	
30. <i>If yes to previous question</i> ; Patient receiving prenatal care?	
31. Patient currently enrolled in Medi-Cal (Medicaid) for your health insurance?	Identify Medi-CAL #
32. Is patient currently receiving any financial assistance for a disability, such as SSDI or SSI?	
33. Does the patient currently receiving any cash aid or food assistance such as Calworks, General Assistance (GA), WIC, or CalFresh (food stamps)?	
34. Is patient currently participating in any educational or job training program such as CalWORKs Employment Services (CWES), programs with Catholic charities, or programs with the Centers for Employment Training? If needed was a referral provided?	
35. Does patient currently have a case manager or social worker that they work with regularly?	Please identify case manager or social worker?
36. If yes to above question; get details such as name of CM/SW, program or organization they are from, overview of types of services they provide.	
37. Has patient been in jail or prison?	
38. If yes to previous question; What was the approximate month and year of the last time you were released?	
39. Does patient currently have a mental health provider such as a therapist,	

WPC: Eligibility Screening Document

psychologist, or psychiatrist that you see regularly?	
40. If yes to previous question; what is the name and location (name of clinic) of the mental health provider you see?	
41. PHQ-2 Questions. Over the past two weeks, how often have you been bothered by any of the following problems? [if person is not sure how to answer you can probe with answer choices “not all, several days, more than half the days, or nearly every day”] 1) Little interest or pleasure in doing things 2) Feeling down, depressed or hopeless	(If patient has completed PHQ-2 or PHQ-9, please enter the score and date)
<i>Skip if patient is pregnant</i> 42. SBIRT: How many times in the past year have you had 4 or more drinks in a day?	(Please identify if patient has an SBIRT completed within the last 6 months/identify date)
<i>Skip if patient is pregnant</i> 43. SBIRT: How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons?	
<i>Skip if patient is pregnant</i> 44. CAGE AID: In the last three months, have you felt you should cut down or stop drinking or using drugs?	(Please identify if patient has a CAGE completed within the last 6 months/identify date)
<i>Skip if patient is pregnant</i> 45. CAGE AID: In the last three months, has anyone annoyed you or gotten on your nerves by telling you to cut down or stop drinking or using drugs?	
<i>Skip if patient is pregnant</i> 46. CAGE AID: In the last three months, have you felt guilty or bad about how much you drink or use drugs?	
<i>Skip if patient is pregnant</i> 47. CAGE AID: In the last three months, have you been waking up wanting to have an alcoholic drink or use drugs?	

WPC: Eligibility Screening Document

<p><i>Only for pregnant patients</i> 48. 4Ps screening: Did either of your parents have any problems with drugs or alcohol?</p>	<p><i>(Please indicate if patient is pregnant if 4 P's screening was conducted)</i></p>
<p><i>Only for pregnant patients</i> 49. 4Ps screening: Does your partner have any problem with drugs or alcohol?</p>	
<p><i>Only for pregnant patients</i> 50. 4Ps screening: In the month before patient knew she was pregnant, how many cigarettes did they smoke, vape, or how many other tobacco products did they use?</p>	
<p><i>Only for pregnant patients</i> 51. 4Ps screening: In the month before you knew you were pregnant, how much beer, wine, or liquor did you drink?</p>	
<p><i>Only for pregnant patients</i> 52. 4Ps screening: In the month before you knew you were pregnant, how much marijuana did you use?</p>	
<p><i>Only for pregnant patients</i> 53. 4Ps screening: In the month before you knew you were pregnant, how much medicine for pain, anxiety, or depression (such as Vicodin, Valium, or Oxycontin) did you take?</p>	