

# Community Integration Services Plus (CIS+)

## Action Plan

(Appendix E)

**Clear Form**

### Part 1: Agency Information

|                                          |                 |                       |  |
|------------------------------------------|-----------------|-----------------------|--|
| CIS+ Agency:                             |                 | Medicaid Provider ID: |  |
| Interviewer Name and ID (If applicable): | Date Initiated: | Date Completed:       |  |

### Part 2: Member Information

|                                                                                                        |                                                                       |                                                          |                                          |                         |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------|-------------------------|
| Member First Name:                                                                                     |                                                                       | Member Last Name:                                        |                                          | Middle Initial:         |
| Medicaid ID #:                                                                                         |                                                                       | Birthdate:                                               |                                          | Age (Years):            |
| HMIS ID #:                                                                                             | <input type="checkbox"/> Unknown <input type="checkbox"/> Not in HMIS | Medicaid Redetermination Date:                           | Other Relevant IDs (VA, etc.) (specify): | Other ID Number(s):     |
| Current Residential Address/Location:                                                                  |                                                                       |                                                          |                                          |                         |
| Street or Location:                                                                                    |                                                                       | City:                                                    |                                          | Zip Code:               |
| Mailing Address (if different from current address)                                                    |                                                                       |                                                          |                                          |                         |
| Street:                                                                                                |                                                                       | City and State:                                          |                                          | Zip Code:               |
| Contact Information                                                                                    | Phone Number                                                          | Can receive texts?                                       | Email Address:                           |                         |
|                                                                                                        | 1.                                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/> |                                          |                         |
|                                                                                                        | 2.                                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/> |                                          |                         |
| Any friends or family who can help reach you? Yes <input type="checkbox"/> No <input type="checkbox"/> |                                                                       |                                                          | Contact Phone Number:                    | Relationship to Member: |
| If <u>yes</u> , Contact Name:                                                                          |                                                                       |                                                          |                                          |                         |

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***Read to member:** I am going to ask you some questions about your health, well-being, housing history, and access to resources. This will help us understand what is important to you and find out which services best suit your needs. You do not have to answer a question if you don't want to.*

### Part 3: Member Health and Well-Being

|                                                                                                                                                                                        |                                    |                                    |                               |                               |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 1. In general, would you say that your health is:                                                                                                                                      | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 2. Thinking about your physical health, which includes physical illness and injury, for how many days during the <u>past 30 days</u> was your physical health not good?                | Number of Days _____               |                                    |                               |                               |                               |
| 3. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the <u>past 30 days</u> was your mental health not good? | Number of Days _____               |                                    |                               |                               |                               |
| 4. During the <u>past 30 days</u> , for about how many days did poor physical or mental health keep you from doing usual activities, such as self-care, work, or recreation?           | Number of Days _____               |                                    |                               |                               |                               |

### Part 4: Member Housing

|                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                            |                                             |                                                         |                                                                                                                                       |                                           |                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------|
| 5. In the last 30 days, how many days have you lived (enter number of days):                                                                                  | Outside<br>(e.g., street, car, camper/RV or park)<br>_____ days                                                                                                                                                                                                                                                                            | at an<br>emergency<br>shelter<br>_____ days | at a<br>temporary/transitional<br>shelter<br>_____ days | in a<br>supervised<br>group home<br>_____ days                                                                                        | in a<br>shared<br>apartment<br>_____ days | in an<br>independent<br>apartment<br>_____ days |
| 6. Do you have any new accessibility needs?                                                                                                                   | <input type="checkbox"/> Yes*                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> No                 | *6a. If yes, what are your accessibility needs?         |                                                                                                                                       |                                           |                                                 |
| 7. Are you currently housed?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                      | If <b>yes</b> :<br>7a. What <u>type of housing</u> :<br><input type="checkbox"/> Permanent <input type="checkbox"/> Temporary/Transitional<br><input type="checkbox"/> Institutional <input type="checkbox"/> Other<br><br>7b. Are you newly housed since the last assessment:<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                                             |                                                         | If <b>no</b> :<br>7c. Have you <u>lost housing</u> since last assessment:<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                                           |                                                 |
| 8. If receiving <b>Tenancy Sustaining Services</b> : Are you satisfied with your current housing?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | *8a. If no, what are your concerns?                                                                                                                                                                                                                                                                                                        |                                             |                                                         |                                                                                                                                       |                                           |                                                 |

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### Part 5: Services/Resource Utilization

| Services/Resources                                                                   | Member NEEDS this service | CIS+ Provider will support member in accessing this resource in the next 90 days | Member not interested in this service at this time |
|--------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------------------------|----------------------------------------------------|
| <b>HOUSING</b>                                                                       |                           |                                                                                  |                                                    |
| <b>CIS+ Medical Respite Benefits</b>                                                 |                           |                                                                                  |                                                    |
| 1. CIS+ Short-Term Pre/Post-Procedure Housing (for a planned procedure/treatment)    | <input type="checkbox"/>  | <input type="checkbox"/>                                                         | <input type="checkbox"/>                           |
| 2. CIS+ Short-Term Recuperative Care (up to 90 days)                                 | <input type="checkbox"/>  | <input type="checkbox"/>                                                         | <input type="checkbox"/>                           |
| 3. CIS+ Short-Term Post-Hospitalization housing (up to 6 months)                     | <input type="checkbox"/>  | <input type="checkbox"/>                                                         | <input type="checkbox"/>                           |
| <b>Other Housing Assistance (Outside of Medical Respite)</b>                         |                           |                                                                                  |                                                    |
| 4. Housing documents; ID assistance                                                  | <input type="checkbox"/>  | <input type="checkbox"/>                                                         | <input type="checkbox"/>                           |
| 5. Rental housing access (rental information, applications, etc.)                    | <input type="checkbox"/>  | <input type="checkbox"/>                                                         | <input type="checkbox"/>                           |
| 6. Emergency shelter                                                                 | <input type="checkbox"/>  | <input type="checkbox"/>                                                         | <input type="checkbox"/>                           |
| 7. Temporary/transitional housing                                                    | <input type="checkbox"/>  | <input type="checkbox"/>                                                         | <input type="checkbox"/>                           |
| 8. Housing accessibility support                                                     | <input type="checkbox"/>  | <input type="checkbox"/>                                                         | <input type="checkbox"/>                           |
| 9. Permanent/long-term housing                                                       | <input type="checkbox"/>  | <input type="checkbox"/>                                                         | <input type="checkbox"/>                           |
| 10. Landlord mediation/advocacy                                                      | <input type="checkbox"/>  | <input type="checkbox"/>                                                         | <input type="checkbox"/>                           |
| 11. Development of/changes to eviction prevention plan                               | <input type="checkbox"/>  | <input type="checkbox"/>                                                         | <input type="checkbox"/>                           |
| 12. Ongoing housing subsidies/vouchers                                               | <input type="checkbox"/>  | <input type="checkbox"/>                                                         | <input type="checkbox"/>                           |
| <b>HEALTHCARE</b>                                                                    |                           |                                                                                  |                                                    |
| 13. Accessing medical services; vision; nutrition/dietitian, dental; primary care    | <input type="checkbox"/>  | <input type="checkbox"/>                                                         | <input type="checkbox"/>                           |
| 14. Accessing mental health services and social supports; crisis services            | <input type="checkbox"/>  | <input type="checkbox"/>                                                         | <input type="checkbox"/>                           |
| 15. Substance abuse treatment services                                               | <input type="checkbox"/>  | <input type="checkbox"/>                                                         | <input type="checkbox"/>                           |
| 16. Compliance with Medical/Mental Health/Substance Use Plan of Care and medications | <input type="checkbox"/>  | <input type="checkbox"/>                                                         | <input type="checkbox"/>                           |

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| HEALTH COORDINATION                                                                                                                  |                          |                          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 17. Health Coordination by Health Plan<br><i>If member needs or refuses health coordination, refer to Health Plan for review</i>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OTHER SERVICES                                                                                                                       |                          |                          |                          |
| <b>Social Services</b>                                                                                                               |                          |                          |                          |
| 18. Securing/maintaining Medicaid eligibility                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Benefits services, including TANF, SSI and SSDI                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Accessing food benefits, including WIC and SNAP                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Accessing food/necessities; soup kitchen or food pantry; cooking                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Legal assistance; probation; parole                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Clothes closet                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Day center with telephones, mailrooms, or restrooms                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Financial/Employment Assistance</b>                                                                                               |                          |                          |                          |
| 25. Budgeting assistance/money management; establishing credit; financial counseling                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Job readiness, job search, or employment assistance, vocational services; education, volunteer supports                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other Resources</b>                                                                                                               |                          |                          |                          |
| 27. Transportation assistance                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Individual and/or family counseling, skills coaching; support groups, natural supports, anger management/domestic violence/AA-NA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Caregiving for children and other relatives                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. End of life planning                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Personal care (long-term support services)                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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#### Part 6: Person-Centered Housing Goals

|                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| 32. What are your <b>housing</b> goals (short-term and long-term)? <b>(Complete during initial assessment. Review and revise as needed quarterly)</b> |
| a.                                                                                                                                                    |
| b.                                                                                                                                                    |
| c.                                                                                                                                                    |
| d.                                                                                                                                                    |

#### Part 7: Other Interviewer Notes and Observations:

|                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------|
| 33. CIS+ Assessment completed: Yes <input type="checkbox"/> No <input type="checkbox"/>                                              |
| 34. Notes:                                                                                                                           |
| 35. If this is an update to an existing CIS+ Action Plan, what progress has been made since the last CIS+ Action Plan was completed? |

#### Part 8: Discharge from CIS+:

|                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 36. Is member exiting CIS+?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | If <u>yes</u> , why is the member exiting CIS+? (Select all that apply)<br><input type="checkbox"/> Obtained stable housing; no longer needed services<br><input type="checkbox"/> Transitioned to a higher level of care (e.g., nursing facility, inpatient behavioral health, incarcerated)<br><input type="checkbox"/> No longer eligible for CIS+<br><input type="checkbox"/> No longer eligible for Medicaid<br><input type="checkbox"/> Voluntary disenrollment<br><input type="checkbox"/> Lost to follow up<br><input type="checkbox"/> Deceased | *If <u>yes</u> , what type of housing is the member exiting to/remaining in?<br><input type="checkbox"/> Permanent <input type="checkbox"/> Temporary/Transitional<br><input type="checkbox"/> Institutional <input type="checkbox"/> Place not meant for habitation (e.g., car, beach, street, park, etc.) <input type="checkbox"/> Unknown <input type="checkbox"/> Other<br>(Deceased, Relocated out of state) _____<br><br>Date of Discharge (mm/dd/yyyy): |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



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### Signatures

This information was collected in good faith and is as accurate as possible:

|                            |                                           |       |
|----------------------------|-------------------------------------------|-------|
| _____                      | _____                                     | _____ |
| Member Signature           | Member Advocate Signature (if applicable) | Date  |
| _____                      | _____                                     | _____ |
| CIS+ Interviewer Signature | CIS+ Interviewer Name and Title           | Date  |