

# Patient Eligibility Checklist

(For Internal Pharmacy Use Only)

Patient Name:	Date of Birth:
Completed By:	Date Completed:

## Eligibility Criteria Overview

Patients may qualify for LTC at Home pharmacy services if they demonstrate a combination of age, complex medical conditions, medication needs, and functional impairments that require LTC-level support while living at home.

### Please check all that apply:

#### General Criteria (1 in each of the 2 sections required for eligibility)

- ☐ Patient is age 65 or older **OR**
- ☐ Patient is enrolled in Medicare
- ☐ Patient is homebound or has limited mobility that makes leaving home difficult **OR**
- ☐ Patient receives assistance from a caregiver, home health aide, or family member

#### Medication Complexity (All are required for eligibility)

- ☐ Patient takes 6 or more maintenance medications
- ☐ Patient requires medication synchronization
- ☐ Patient uses or would benefit from compliance/adherence packaging (e.g., blister packs, strip packaging)
- ☐ Patient requires pharmacist oversight or regular medication therapy review

#### Chronic Conditions

- ☐ Patient has 3 or more chronic conditions (check all that apply):
  - ☐ Diabetes
  - ☐ Congestive Heart Failure (CHF)
  - ☐ Chronic Obstructive Pulmonary Disease (COPD)
  - ☐ Hypertension
  - ☐ Other: \_\_\_\_\_
  - ☐ Dementia / Alzheimer's
  - ☐ Depression / Anxiety
  - ☐ Parkinson's Disease
  - ☐ Kidney Disease

#### Functional or Cognitive Impairment

- ☐ Patient has difficulty with 2 or more Activities of Daily Living (ADLs):
  - ☐ Bathing
  - ☐ Dressing
  - ☐ Eating
  - ☐ Toileting
  - ☐ Transferring
  - ☐ Walking
- ☐ OR has difficulty with 2 or more Instrumental Activities of Daily Living (IADLs):
  - ☐ Managing medications
  - ☐ Managing finances
  - ☐ Preparing meals
  - ☐ Housekeeping
  - ☐ Transportation
  - ☐ Using communication devices

#### Supporting Services (All are required for eligibility)

- ☐ Patient receives services under a Home and Community-Based Services (HCBS) waiver
- ☐ Documentation exists from prescriber, caregiver, or care coordinator indicating LTC-level needs

#### Eligibility Summary

- ☐ This patient meets the criteria for LTC at Home services
- ☐ Further documentation or review is required