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# Health Home / Managed Care Workgroup Meeting

January 26, 2016

# Agenda

- Welcome
- Recent Events and Schedule of Key Dates
- Community Mental Health Assessments
  - Billing and Data Fees for CMHAs for Enrolled Members
  - Proposed Billing Rules for Members Not Enrolled in Health Home
  - Trainings, Number of Assessments Completed
- Health Home Performance Management and Monitoring
- Updates on Billing Readiness
- Update from Sub-Work Group Developing High, Medium, and Low Documentation for Clinical and Functional Indicators
- HARP Strategic Task Force Update
- Amendments to ASA
- Health Homes Designated to Serve Children

## Recent Events

- In December 2015, the CMA gatekeeper identified on the Health Home BAA was provided access to the Member lookup function in the current Health Home Tracking System (HHTS).
- Earlier this month, all MAPP Health Home Tracking System Users (Health Homes, Plans and Care Managers) were provided access to Health Home Salient Dashboards.
- Earlier this month, billing rules and guidance for Community Mental Health Assessments (CMHAs) for **members enrolled in Health Homes** were released
  - Webinar on January 8, 2016  
[http://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/cmha\\_billing\\_procedures.pdf](http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/cmha_billing_procedures.pdf)
  - Billing Guidance released January 15, 2016  
[http://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/community\\_mental\\_health\\_assessments\\_billing\\_guidance.pdf](http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/community_mental_health_assessments_billing_guidance.pdf)

## Recent Events

- Adult Behavioral Health Home and Community Based Services (BH HCBS) Questions and Answers Released on January 15, 2016.

[http://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/hcbs\\_poc\\_workflow\\_qa.pdf](http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hcbs_poc_workflow_qa.pdf)

- Center for Health Care Strategies (CHCS) conducted a billing readiness survey of Health Homes - Timeframes for Making Payments to Health Homes Needs Improvement

- Administrative Service Agreements Amended – New Due Date **February 29, 2016**:

[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/managed\\_care.htm](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/managed_care.htm)

### *Schedule of Key Implementation Dates*

<b>Action</b>	<b>Date</b>
<i>Expanded Access to Current HH Tracking System</i>	<i>December 2015</i>
<i>Health Home Dashboards Released</i>	<i>January 2016</i>
MAPP HHTS Test Environment Available for File Testing	Early February 2016
Phase 1 of MAPP HHTS	March 2016
Pre-population of HH High Medium Low Rates (Clinical Functional Indicators Available in MAPP)	Begins April 2016
Health Home Billing Attestations (Adult and Children)	May 1, 2016
Adult Behavioral Health Transition ROS	July 2016
Extend Legacy Rates and Direct Billing	through August 31, 2016
High Medium Low HH Rates take effect	September 2016 (September Service Dates for HML)
Enrollment of Children in Health Homes Begins	September 2016



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# Billing and Data Feeds for Community Mental Health Assessments – Members Enrolled in Health Home

January 26, 2016

## Bi-Weekly CMH Assessment Data Feeds to Plans and Health Homes

- The first set of assessment data files were sent to Managed Care Plans designated contacts on January 13, 2016
- DOH is collecting Health Home designated contacts needed to distribute assessment data feeds to the Health Homes
- The assessment data files will be provided to MCP and HH designated contacts until the assessment data is available in MAPP.
- The assessment data files are cumulative
- MCPs and Health Homes will see multiple rows for an Eligibility or Community Mental Health Assessment if the assessing entity modified the assessment and signed and finalized the assessment multiple times.

## Feedback on Data Feeds

- The Data Feeds are only as accurate as the data that is input into the Brief (Eligibility) and Full (CMHA) Assessments.
  - ✓ ***Incorrect inputs of assessment data will lead to billing issues and discrepancies***
- Data discrepancies include:
  - Assessing entity entered a Health Home that does not agree with the Health Home in the Health Home Tracking System (HHTS).
  - Assessing entity has not reported/entered a Health Home even though the member is reported as in outreach or enrollment with a Health Home at the time of assessment.
  - Assessing entity has reported/entered a Health Home but there is no corresponding Health Home outreach or enrollment segment in the HHTS.
- Resolving data discrepancy issues:
  - MCOs and HHs may use the HHTS and UAS to validate and/or resolve data discrepancies
  - Entities that knowingly receive incorrect payments should notify the payer





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# Proposed Billing Rules for Community Mental Health Assessments – for Members **NOT** Enrolled in Health Home

January 26, 2016

## Proposed Billing for CMHA for *non-Health Home Members*

- Consistent with the Standards document, and to leverage the opportunity to connect HARP members not yet enrolled in Health Homes – Plans would contract with HH Care Managers (i.e., care managers that have a contractual relationship to provide HH care management) to perform Brief and Full Assessments and the Behavioral Health Home and Community Based Services Plan of Care (BH HCBS POC) for **Non-Health Home members that have opted out of enrollment by signing the opt-out form.** <https://www.health.ny.gov/forms/doh-5059.pdf>
- Process and approach for billing CMH assessments and Plans of Care for NON- Health Home Members
  - ✓ Plans will need to contract directly with Qualifying Care Managers to perform assessments
    - ❖ ***Qualifying Care Managers are those that have contracts with the Health Home the Plan would assign such members to, meet the assessor qualifications, and have been certified and trained to conduct CMHA***
  - ✓ Assessing entities would explain the benefits of Health Home care management to HARP members, and the availability of HCBS services, including POC requirements for HCBS services
  - ✓ If a member chooses to enroll at that time or if a non-Health Home individual at any time becomes enrolled into a Health Home, the payment would then go through the Health Home
  - ✓ If the individual chooses not to join a Health Home, the assessing entity must have the individual sign a Health Home Opt-out form.
  - ✓ For non-Health Home members that have signed the opt-out form, billing for Brief and Full Assessments and the BH HCBS POC would occur directly between the Plan and the contracted care management agency.

## Procedures for Conducting CMHAs and Developing POC for non-Health Home Members

- As provided in Standards Document and Model Contract, after POC is developed for non-Health Home member by designated entity/ Qualified Care Manager, the Plan becomes responsible for providing care coordination for the ongoing monitoring of the HCBS POC
- The State is working to develop additional information and guidance around this process for non-Health Home members (e.g., the POC work flow, when the POC transitions to the Plan for implementation/maintenance, what the procedures are when the member needs to be reassessed, etc.)
- Health Homes should be keeping tracking of which care managers are qualified to conduct CMHAs and which have been trained and certified to conduct CMHAs and be prepared to share this information with the Plans and the State as soon as possible
- State will also be working to collect this data from Health Homes as part of its oversight efforts (discussed later) to monitor progress towards ensuring all members, Health Home and non-Health Home enrolled members are assessed



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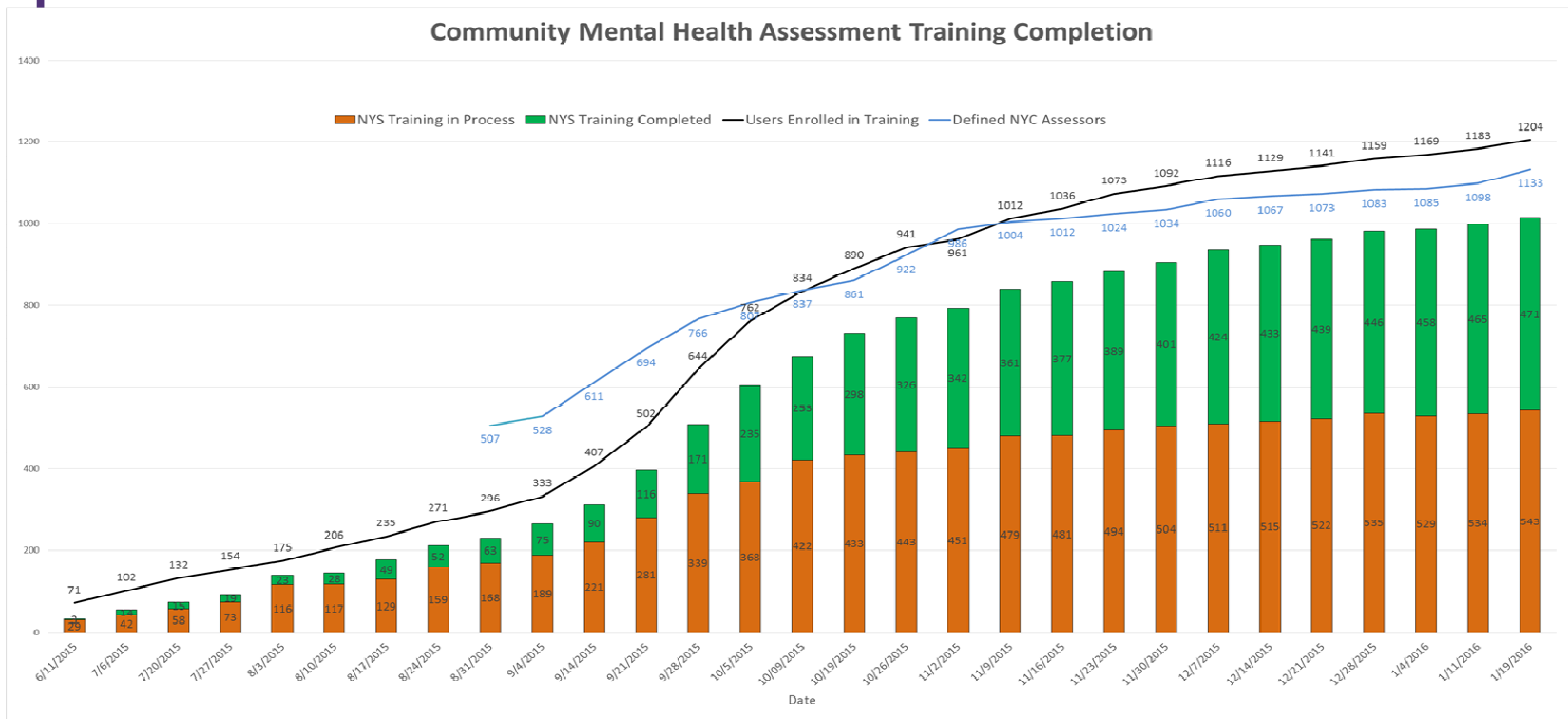
# Community Mental Health Assessments, Training and Number of Assessments Completed Health Home Performance Management and Monitoring

January 26, 2016

## Status of Community Mental Health Assessment Trainings

<b>Community Mental Health Assessment Trainings</b>	<b>As of January 19, 2016</b>
NYS users enrolled in training	1,204
NYS training in process (completed at least one activity)	543
NYS training completed	471
Defined NYC assessors	1,133

# Community Mental Health Assessment training update



## Completed Assessments To Date From The Data Feed (From January 8 Billing Webinar)

Member in HARP Plan or SNP?	Assessment Type	Assessment Month			Grand Total
		October 2015	November 2015	December 2015	
Yes	Eligibility Assessment	5	28	89	122
Yes	Full CMH Assessment	3	5	21	29
<b>Yes Total</b>		<b>8</b>	<b>33</b>	<b>110</b>	<b>151</b>
No	Eligibility Assessment	22	42	52	116
No	Full CMH Assessment	8	11	11	30
<b>No Total</b>		<b>30</b>	<b>53</b>	<b>63</b>	<b>146</b>
<b>Grand Total</b>		<b>38</b>	<b>86</b>	<b>173</b>	<b>297</b>

## Assessing Capacity and Timeframes for Completing CMHAs and POCs and Monitoring Progress

- The State will be working with Health Homes to collect information that will assist Health Homes and care management agencies to ascertain the capacity of Health Homes/Care Management Agencies to complete the brief and full Community Mental Health Assessments.
- Data will be provided to Health Homes (NYC and ROS) to help them assess capacity, including Harp (and non-HARP) enrolled members, those in outreach or enrolled, those assessed, those that need to be assessed, by Health Home and Care Management Agency
- Data will be used to monitor progress and identify issues (e.g., lack of trained assessors, capacity etc.)
- State will be requesting information from the Health Homes to add to the data the number of care managers in each care management agency that has been certified and trained to conduct CMHAs



# Health Home Performance Management and Monitoring

- In addition to monitoring performance with respect to CMHAs – State will be developing more formalized processes for improving Health Home Performance Management and monitoring
- Dashboards have been released, evaluations/studies of HH program ongoing, clinical performance measures are being collected, HH site resignation visits are underway.
- The State has begun initial work with Public Consulting Group (PCG) to formalize a process for Monitoring and Evaluating Health Home Performance and Management.
- Process will involve periodic meetings with Health Homes to provide assistance in reviewing and using data to effectively manage performance, and to monitor progress in moving towards high performance, including Corrective Action Plans.



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# Updates on Billing Readiness

(Elimination of Direct Billing September 1, 2016)

January 26, 2016

# Health Home Billing Readiness Attestations

## *Attestations are due to DOH by May 1, 2016*

- As of January 22 NYSDOH has received 17 attestations from Health Homes which have procedures in place, and have tested their ability to bill MCO's for Health Home services and pass Health Home payments down to CMA's and downstream providers.
- MAPP go live date has been announced for March 2016. Interested MCOs and Health Homes need to start preparing to test file compatibility with MAPP. Final specs for MAPP HHTS were sent to all Health Homes on September 15, 2015.
  - The pre-test environment will be available early February for MCO or HH MAPP worker roles.
- State staff have been following up directly with Health Homes that have not submitted attestations to better understand the organization's plans for billing readiness.

## CHCS Billing Survey – Presented at Jan 22 Learning Collaborative

# of HHs responded	Plan	Average (days)	Range (days)
4	Affinity	107	75-161
1	Amerigroup	110	110
4	Amida Care	120	103-132
1	Emblem Health	60	60
3	Excellus	98	90-120
10	Fidelis	97	60-120
1	Health Now	60	60
3	Health Plan of New York (HIP)	72	63-80
5	HealthFirst	86	79-94
3	Healthplus/Amerigroup	155	136-168
1	Hudson Health Plan	135	135
1	Independent	90	90
4	MetroPlus	129	106-170
7	United HealthCare	118	80-180
3	VNS Choice	115	80-147
6	Wellcare	164	100-213
1	Your Care	90	90

- N=12 Health Homes
- Number of Days to Receive Payment from the Plan (from the time billing information submitted to Plan)
- ASA/Contract Requires Plans to submit claims for HH reimbursement to the State no less frequently than once every 14 days and **to make payments to Health Home within 14 days of receipt of payment from the State**
- There is work to do here to close the gap and get to the 14 day requirement
- Billing information provided in MAPP will help significantly reduce these timeframes

Source: Center for Health Care Strategies

# Report from Sub- Work Group Developing Rules for Documenting HML Clinical Criteria

Danika Mills

## Subcommittee Members

- Co-Chairs
  - Danika Mills, Coordinated Behavioral Care
  - Kristina Monti, Mount Sinai
- Participants
  - ASCNY
  - BAHN
  - Bronx Lebanon
  - Brooklyn Health Home
  - CBC
  - CAMBA
  - Housing Works
  - Hudson River HealthCare
  - Mt. Sinai
  - OCM, Inc.
  - NADAP
  - NYC DOHMH
  - SJHSYR

### Representing:

- NYC Government
- Legacy Case Management Programs
- Health Home leadership
- Health Home Care Management

## HML Documentation - Subcommittee Report

- Tasked by the Department of Health to propose standards for documenting and justifying a designation as a member who should be billed at the High, Medium, and Low rate codes.
- The purpose of the new rate structure is to align payment with the level of intervention care managers expend for people with high needs. Ideally caseloads will be lower and support service delivery models that aim to achieve better care for patients, better health for our communities at lower costs overall.
- Given the current care management scope of practice and the existing standards of documentation for health home care management, the group recognized there are some basic foundations and principles behind what should guide these standards.
- The workgroup is proposing documentation standards that are flexible and allow for the circumstances confronted every day as health homes and care management agencies.

## Overarching Issues – Subcommittee Report

- The HML clinical and functional adjustments were viewed as a time-limited mechanism to determine the true cost of care, which would help arrive at a single rate of payment. Adjusting service type and frequencies based on critical determinants is the aim of successful care coordination. It is anticipated that this work will support the identification of functional impairments that affect health outcomes.
- The workgroup agreed that while the addition of the clinical and functional indicators allowed for payment to support the added intervention needed to work with these patients, it moved away from Statewide DSRIP goals incentivizing the system to improve health outcomes.
- A monthly reporting standard was felt to be redundant. For example, if a member experienced homelessness one month and was housed the next month, an increased level of intervention and need would exist for the member



## Salient Points: Documentation Recommendations of Subcommittee - - Subcommittee Report

- For clinical and functional issues affecting patients who, for reasons of either non-compliance or otherwise, do not comply with the pursuit of documentation, the group supported the patient's or community provider self-report as a mechanism to support documentation in the CM record as long as it was connected to an action or intervention in the member's care plan. This recommendation is with the exception of Viral Load and T-Cell count.
- The documentation standards should follow best practices related to each category in the HML survey.
- Each Indicator was given:
  - Functional Definition
  - Required Documentation
  - Reportable Timeframe
  - Sources

## Sub-Committee Report on HML Billing Documentation – Next Steps

- State will review recommendations and today's discussion and provide feedback at next HH MCO Workgroup meeting



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# HARP Strategic Task Force Update

January 26, 2016

# Strategic Task Force: HARP-eligible + HARP-Enrolled Members in NYC Health Homes (as of 1/20/16)

Health Home Outreach and Enrollment for Members (57,945 HARP H code members as of 1-20-16)					
Month/Year	Enrolled + Outreach HH Members	Enrolled HH Members	Outreach HH Members	Unique Recipients w/MA Enrollment	% of HARP Enrolled Members w MA Enrollment in HH Outreach or Enrollment
1/2015	17,857	11,906	5,951	57,018	31.32%
2/2015	16,544	12,098	4,446	57,221	28.91%
3/2015	17,037	12,415	4,622	57,413	29.67%
4/2015	17,802	12,671	5,131	57,605	30.90%
5/2015	19,156	12,841	6,315	57,798	33.14%
6/2015	20,456	13,072	7,385	57,942	35.30%
7/2015	21,627	13,489	8,139	57,935	37.33%
8/2015	22,622	13,776	8,847	57,911	39.06%
9/2015	21,326	13,934	7,392	57,248	37.25%
10/2015	19,276	14,043	5,233	56,637	34.03%
11/2015	22,321	14,159	6,162	56,176	39.73%
12/2015	23,507	14,285	9,222	55,621	42.26%
<b>Totals</b>	<b>44,481</b>	<b>17,976</b>	<b>30,317</b>	<b>57,945</b>	<b>76.76%</b>

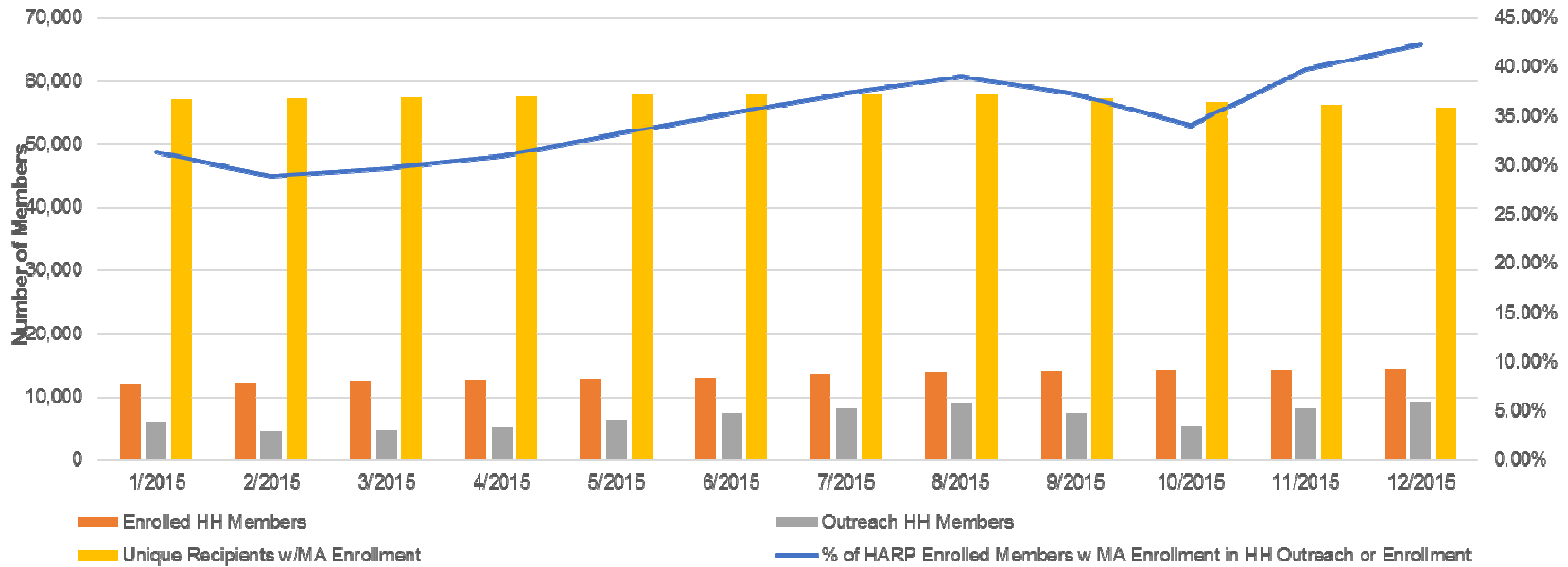
✓ 14,285 HARP-eligible and HARP-enrolled members were enrolled in a HH in December, 2015

✓ 9,220 HARP-eligible and HARP-enrolled members were in HH outreach in December, 2015

✓ 44,480 (77%) of the 58,000 unique, HARP-eligible and HARP-enrolled members were enrolled and/or in outreach with a HH in 2015

# HARP-eligible + HARP-Enrolled Members in NYC Health Homes (as of 1/20/16 Data Run)

Members with Active H Codes (HARP-Eligible) (as of 1-20-16) in Health Homes from Jan. 2015 to Dec. 2015



## Strategic Task Force: HARP-Enrolled Members in NYC Health Homes (as of 1/20/16 Data Run)

Health Home Outreach and Enrollment for Members (39,567 HARP enrolled members as of 1-20-16)					
Month/Year	Enrolled + Outreach HH Members	Enrolled HH Members	Outreach HH Members	Unique Recipients w/MA Enrollment	% of HARP Enrolled Members w MA Enrollment in HH Outreach or Enrollment
1/2015	13,117	8,823	4,294	39,340	33.34%
2/2015	12,081	8,958	3,123	39,396	30.67%
3/2015	12,442	9,158	3,284	39,459	31.53%
4/2015	13,021	9,374	3,647	39,512	32.95%
5/2015	14,054	9,514	4,540	39,557	35.53%
6/2015	15,019	9,602	5,358	39,500	37.90%
7/2015	15,882	9,971	5,912	39,566	40.14%
8/2015	16,730	10,203	6,528	39,565	42.28%
9/2015	15,738	10,358	5,380	39,542	39.80%
10/2015	14,335	10,495	3,840	39,181	36.31%
11/2015	16,196	10,612	5,584	39,375	41.13%
12/2015	16,383	10,717	5,666	39,120	41.88%
<b>Totals</b>	<b>31,449</b>	<b>13,234</b>	<b>21,034</b>	<b>39,567</b>	<b>79.48%</b>

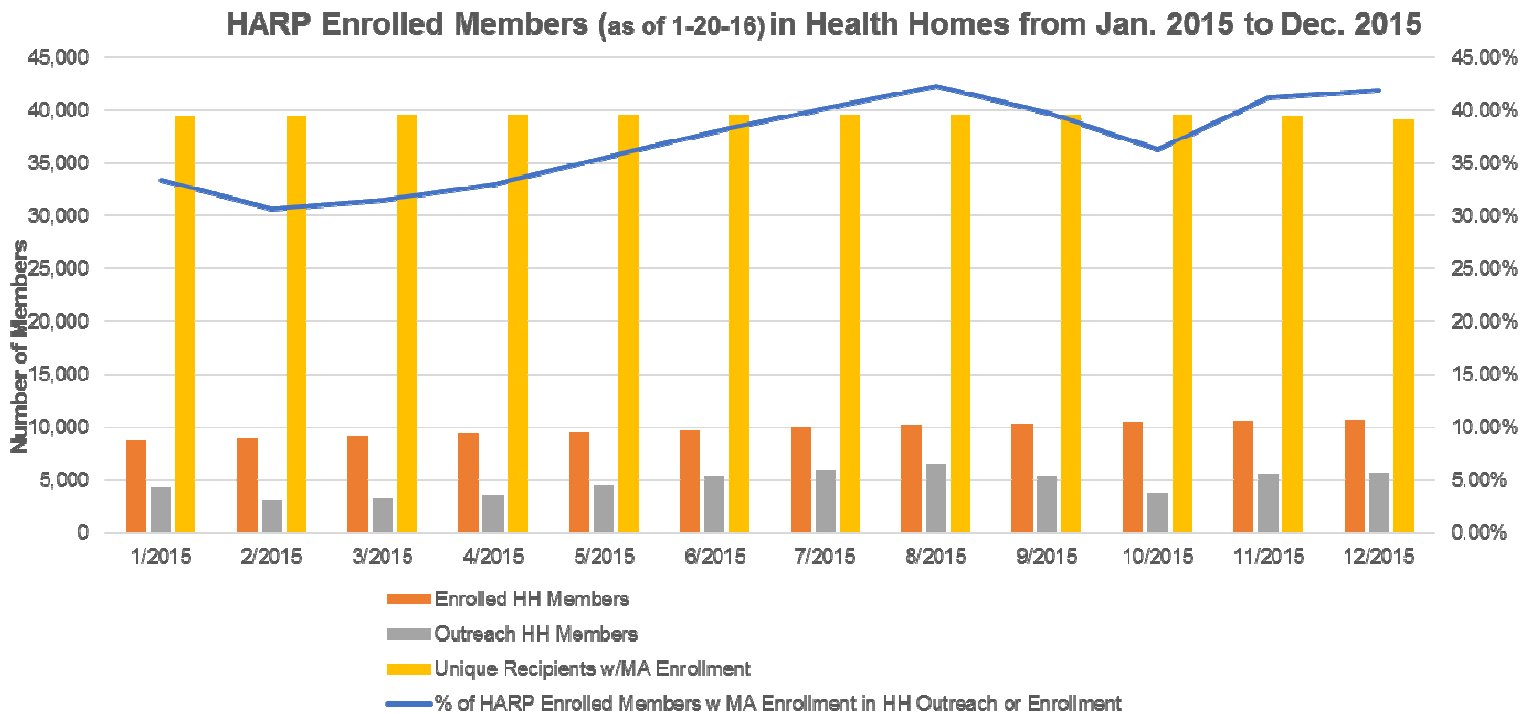
✓ 10,700 HARP-enrolled members were enrolled in a HH in December, 2015

✓ 5,660 HARP-enrolled members were in HH outreach in December, 2015

✓ 31,450 (79.5%) of the nearly 40,000 unique, HARP-enrolled members were enrolled and/or in outreach with a HH in 2015

# HARP-Enrolled Members in NYC Health Homes

(as of 1/20/16 Data Run)



## Strategic Task Force with Upstate Partners

- Convened January 5, 2016 in Albany, NY
- To brief the Upstate Partners on the efforts of the NYC Strategic Task Force
- To solicit feedback on issues that may be unique to the Upstate Partners and their efforts to Outreach and Enroll HARP members in HHs and how the Strategic Task Force can help
- Plan is to merge the Upstate and NYC-based discussions into one comprehensive Strategic Task Force



## Rest of State Adult Behavioral Health Implementation

- **June 30, 2015** - RFQ distributed
- **November 2015** - Conditional designation of plans
- **November 2015 - March 2016** - Plan readiness review process
- **April 1, 2016** - First phase of HARP enrollment notices issued
- **July 1, 2016** - Medicaid Mainstream Managed Care plans and HARPs implement expansion of non-HCBS behavioral health services and phased HARP enrollment begins
- **October 1, 2016** – BH HCBS become available for eligible individuals in HARPs and HIV SNPs

## Strategic Task Force – Rest of State, New York: CY 2014 HARP-eligible Members in Health Homes

Month/Year	Enrolled + Outreach HH Members	Enrolled HH Members	Outreach HH Members	Unique Recipients w/MA Enrollment	% of HARP Members w/ MA Enrollment in Outreach or Enrollment
1/2015	16,304	11,850	4,454	50,300	32.41%
2/2015	16,582	11,967	4,615	49,781	33.31%
3/2015	17,027	12,122	4,905	49,374	34.49%
4/2015	16,764	12,238	4,526	48,877	34.30%
5/2015	16,806	12,312	4,494	48,494	34.66%
6/2015	17,225	12,434	4,791	48,001	35.88%
7/2015	17,681	12,535	5,146	47,547	37.19%
8/2015	18,294	12,648	5,646	47,176	38.78%
9/2015	22,912	12,805	10,107	46,813	48.94%
10/2015	24,625	13,010	11,615	46,490	52.97%
11/2015	24,053	13,022	11,031	46,128	52.14%
<b>TOTALS</b>	<b>37,800</b>	<b>16,494</b>	<b>25,130</b>	<b>50,550</b>	<b>74.78%</b>

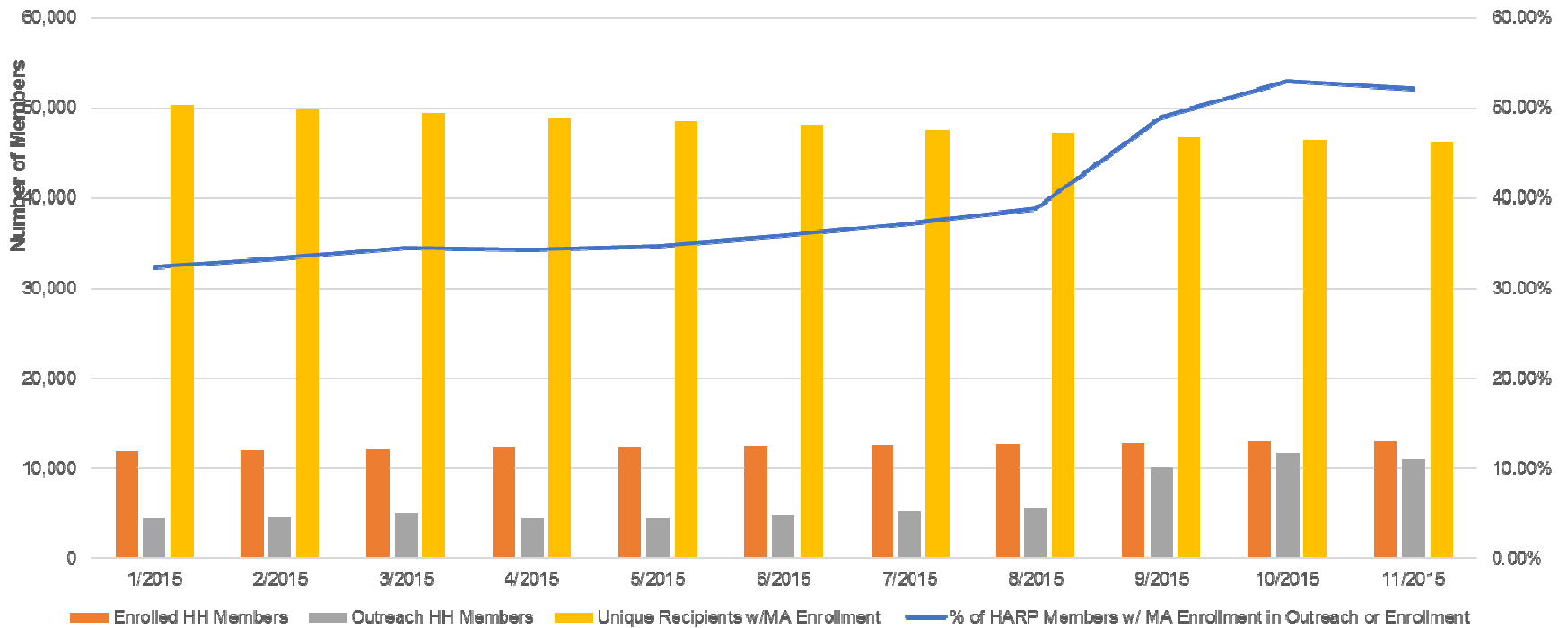
✓ 13,000 CY 2014 HARP-eligible members were enrolled in a HH outside of NYC in November, 2015

✓ 11,000 CY 2014 HARP-eligible members were in HH outreach outside of NYC in November, 2015

✓ 37,800 (75%) of the 50,500 unique, CY 2014 HARP-eligible members were enrolled and/or in outreach with a HH outside of NYC from January through November, 2015

# Rest of State, New York: CY 2014 HARP-eligible Members in Health Homes

(as of 1/20/16 Data Run)





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# Amendments to ASA

January 26, 2016

## Amendments to ASA and New Due Date

- Administrative Health Home Services Agreement (dated 10/2015) amended
- Revisions took into account stakeholder feedback and requests for clarification on outreach in Section 2.2a Scope of Health Home Services and Section 3.2, 3.3 Business Associate Agreement
- Amended ASA & Key Contract Provisions (1/2016) posted on Health Home Website and ListServe  
[http://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/managed\\_care.htm](http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/managed_care.htm)
- ***Filing date extended from January 20<sup>th</sup> to February 29<sup>th</sup>.***
  - Submission of ASA should include completed and signed DOH 5060 Health Home Statement and Certification
- ASAs including only required DOH modifications do not require approval from the Department and will be considered approved on filing.
- Contact Tarrah Quinlan, BMCCS at [Tarrah.Quinlan@health.ny.gov](mailto:Tarrah.Quinlan@health.ny.gov) or Jane Colon, Health Homes at [Jane.Colon@health.ny.gov](mailto:Jane.Colon@health.ny.gov) for questions.

# Amendments to October 2015 ASA Reflected in Revised ASA data January 2016

- 2.2a Scope of Health Home Services

*Health Homes may, at any time, if they choose, amend their contract with Health Home Service Providers to allow the Health Home Service Providers to communicate directly with the MCOs for purposes of outreach only. ~~if applicable for purposes of outreach to share data for outreach and engagement, ongoing coordination of care, and review/approval of plans of care.~~*

- 3.2 Business Associate Agreement

The MCOs must enter into a Business Associate Agreement or another legally acceptable arrangement which complies with Health Insurance Portability and Accountability Act (HIPAA) as per each entity's counsel, with the Health Home Service Providers in order that those Health Home Service Providers may communicate directly with the MCO for purposes of outreach only.

- 3.3 Business Associate Agreement

*If the MCOs delegate behavioral health services to a manager, the MCO must ensure that, if the manager shares information with a Health Home or Health Home Service Provider, the manager enters into a Business Associate Agreement or another legally acceptable arrangement which complies with Health Insurance Portability and Accountability Act (HIPAA) as per each entity's counsel, with these entities.*



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# Update on Enrolling Children in Health Homes

January 26, 2016

# Stakeholder Input on Proposed Standards and Guidance for Health Homes Serving Children

- Webinar Held on December 16, 2015  
[http://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/hhsc\\_webinar\\_12\\_16\\_2015.pdf](http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hhsc_webinar_12_16_2015.pdf)
- Webinar provided updates on variety of topics including readiness activities of Contingently Designated HHs, State Plan Amendment Updates and Health Home eligibility criteria/definition of complex trauma,
- Requested stakeholder feedback on additional proposed standards for Health Homes serving children, including required and proposed trainings, Plan of Care elements, requirements for Care Plan Meetings, criteria for discharge/disenrollment from children's Health Home
- Feedback was due January 15, 2016
- State will discuss and report feedback at next meeting anticipated to be held some time in February
- Consent Forms for Children Have been Finalized and Posted to the Website



# Health Homes Designated to Serve Children

## Resources for providers:

- Previous webinars  
[http://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/hhsc\\_webinars.htm](http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hhsc_webinars.htm)
- Status of readiness reviews of Health Homes serving children  
[http://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/hhsc\\_12\\_31\\_2015\\_readiness\\_review.pdf](http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hhsc_12_31_2015_readiness_review.pdf)
- Consent forms and templates  
[http://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/hh\\_children\\_forms.htm](http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_children_forms.htm)



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# Discussion

January 26, 2016