Continuity of Care and Re-engagement for Enrolled Health Home Members Policy Training - UPDATES

Health Home policy HH0006

November 15, 2017

Purpose of Today's Webinar Training

- *Continuity of Care and Re-engagement for Enrolled Health Home Members* policy (#HH0006) training was held September 27, 2017 for implementation on October 1, 2017.

- The Department reviewed questions/comments received from the training and through the Health Home BML. Additional questions were received related to search efforts specific to children enrolled in the Health Home Program (HHSC). In response, policy #HH0006 was updated (October 25, 2017) and re-issued along with FAQs on October 26, 2017.

- Since then, the Department received additional questions and in response has made further updates to the policy and FAQs.

- Today's training focuses on all updates/changes made since September 27, 2017.

KEY POINTS

- *Clarify:* Determining a Member To Be '*Disengaged*' From CM Services
- *New:*   Face to face requirements for child/youth in Health Homes Serving Children (HHSC)
- *New:*   Child/youth (HHSC) able to self-consent versus those who cannot
- *Update:* Diligent and Continued Search Efforts timeline variances for children/youth

  Update: Excluded Settings

- *Clarify:* Disenrollment

Determining a Member To Be '*Disengaged'* From Care Management Services

- A member may be deemed disengaged from CM services when S*tandard* CM activities have been attempted but do not result in successful contact with the member.

- Before determining a member as disengaged from CM services, the CM should take into account usual patterns of behavior exhibited by the member known to result in inconsistent engagement or anticipated temporary disengagement, such as:
    - o a pattern of inconsistent attendance with scheduled appointments despite CM reminders
    - o member is without stable housing and changes living arrangements frequently
    - o member is often without access to a phone
    - o youth who continually run away

Determining a Member To Be '*Disengaged'* From Care Management Services (continued)

- In these situations, the member is not truly disengaged and therefore diligent search efforts are not started – potentially, the CM is just unable to bill for the month due to the lack of a core service and or face to face contact (if needed for children).

- The CM needs to clearly document why they believe the member is disengaged and that CM is unable to complete HH core services and continued engagement with the member.

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Specific Requirements for Health Homes Serving Children (HHSC)

DOH updated the policy in response to questions received from stakeholders surrounding HHSC, such as:

- Face to Face requirements and HHs systems (M/H acuity requirement) already built on this requirement.
- Ability to bill even if the member was not seen.
- Differences between those that can and cannot self-consent.

Refer to updates in policy HH0006:

- Defining the difference between those that can and cannot self-consent: members who can self consent will more closely align to the adult timelines.
- Face to face requirement for **all** (L/M/H acuity) HHSC members.
- Defining allowable individuals to meet the face to face requirement.

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Ability to Self-Consent VS. Inability to Self-consent

Ability to Self-Consent:

- Face to Face requirement with an ***involved*** parent, family member, friend, professional (those involved in the multi-disciplinary team).

- HH CM must have consent previously obtained to conduct the face to face.

- Ability to bill if face to face and other Diligent Search Efforts met.

Ability to Self-Consent VS. Inability to Self-consent (continued)

Unable to Self-Consent:

• Face to Face requirement with the parent, guardian, or legally authorized representative who is responsible and the consenter for the child/youth to be enrolled in Health Home.

• Consenter must share information with HH CM regarding efforts they have taken to locate and or have the child/youth participate in HH services.

• Consenter agrees to contact HH CM when and if the child/youth is located and or if they want the child/youth to continue with HH services.

• Ability to bill if face to face and other Diligent Search Efforts met.

NOTE: If the family is not engaged/unable to locate, then billing cannot occur however, the CM can attempt to locate and determine if the family is interested in continued HH services.

UPDATED: Requirements for Diligent Search Efforts (DSE)

CMA/CM must conduct Diligent Search Efforts as follows:

For adults:	For child/youth able to self-consent (regardless of acuity level):	For child/youth *unable* to self-consent (regardless of acuity level):
• 3 consecutive months	• 3 consecutive months	• 1 month only
• 3 or more activities conducted monthly	• 3 or more activities conducted monthly	• 3 or more activities conducted monthly (consideration for limited time for DSE)
• Notify member's MMCP and HH in Month 1 (= one activity)	• Notify member's MMCP and HH in Month 1 (= one activity) • Face to face required monthly (1 of 3+ activities); with parent, guardian, if involved, and/or involved relevant family member(s), friends, supports and professionals	• Notify member's MMCP and HH in Month 1 (= one activity) • Face to face required in month of DSE (1 of 3+ activities); with parent, guardian, or legally authorized representative • Consenter must notify CMA/CM if child/youth located.
• Member Status in MAPP HHTS is 'active'	• Member Status in MAPP HHTS is 'active'	• Member Status in MAPP HHTS is 'active'
• Billing at enrollment rate permitted monthly with demonstrated evidence of required search activities	• Billing at enrollment rate permitted monthly with demonstrated evidence of required search activities	• Billing at enrollment rate permitted for the month with demonstrated evidence of required search activities
• If not located, move into Continued Search Efforts for **3 consecutive months**	• If not located, move into Continued Search Efforts for **3 consecutive months**	• If not located, move into Continued Search Efforts for **6 consecutive months**

UPDATED: Requirements for Continued Search Efforts (CSE)

Continued Search Efforts must be conducted, as follows:

For adults:	For child/youth able to self-consent (regardless of acuity level):	For child/youth _unable_ to self-consent (regardless of acuity level):
• CMA notifies member's MMCP <u>and</u> HH in Month 1 that member was not located during DSE	• CMA notifies member's MMCP <u>and</u> HH in Month 1 that member was not located during DSE	• CMA notifies member's MMCP <u>and</u> HH in Month 1 that member was not • located during DSE
• MMCP and HH monitor for member activity and report such activity to CMA	• MMCP and HH monitor for member activity and report such activity to CMA	• MMCP and HH monitor for member activity and report such activity to CMA
• 3 consecutive months, beginning the month immediately following DSE	• 3 consecutive months, beginning the month immediately following DSE	• 6 consecutive months, beginning the month immediately following DSE
• Member Status in MAPP HHTS is '_pended_'	• Member Status in MAPP HHTS is '_pended_'	• Member Status in MAPP HHTS is '_pended_'
• Billing is not permitted	• Billing is not permitted	• Billing is not permitted
• CMA conducts follow up on any notifications received from MMCP/HH of member activity	• CMA conducts follow up on any notifications received from MMCP/HH of member activity	• CMA conducts follow up on any notifications received from MMCP/HH of member activity
• If not located, move to disenrollment	• If not located, move to disenrollment	• If not located, move to disenrollment

Excluded Settings List– Policy Update

The Excluding Settings list was removed from the policy due to a number of concerns:

- Some settings are excluded for children and not for adults, or vice versa.
- Stakeholders call different settings by different names therefore adding to confusion.
- The Excluded Settings list was not an exhaustive list therefore adding to confusion.

<u>Definition of Excluded Settings:</u>

- Care coordination/management is part of the responsibility of the setting and therefore, Health Home CM would be a duplication of services.
- Medicaid funding is utilized in the setting for specific coordination of and/or linking the member to services.
- The setting can be an inpatient, hospitalization, institution or residential facility, incarceration, nursing home, etc., therefore not aligned with Health Home CM which is community based.

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Excluded Settings – Billing and MAPP

If search efforts result in locating an enrolled member in an excluded setting:

- A period of six consecutive months from admission is allowed.

- Member segment in MAPP HHTS is '*pended*' while member is in excluded setting.

- Billing is not permitted with the exception of the following:

  Contact is made with the member and/or discharge planning staff of the excluded setting for the purpose of discharge planning:
  - during the month in which the member enters an excluded setting if the CM is aware that this occurred; **or,**
  - the month in which the member is found to be in excluded setting during search efforts; **and,**
  - the month prior to discharge

Excluded Settings – Billing and MAPP HHTS (continued)

- Billing is allowable in these instances *only if* the CM can demonstrate that appropriate core activities took place to support the member's discharge and reengaged into CM services.

- Billing for these instances would be at the enrollment rate.

- Member segment in MAPP HHTS is changed to 'active' only for month(s) in which these CM core services were provided related to discharge planning.

- CM must document all contacts and activities conducted to support billing for core care management services related to discharge planning.

NOTE: Refer to policy HH0006 for guidance specific to members who are incarcerated.

Member Disenrollment

CMA must assure that all steps were taken to locate and re-engage a disengaged member before making the decision to disenroll the member from the Health Home Program. Disenrollment is appropriate if:

- the member cannot be located upon completion of allowable months and activities related to *both Diligent Search and Continued Search Efforts; or,*

- a member is located during search efforts but chooses not to remain in the Health Home program; or,

- a member is located in an excluded setting and discharge/release is not anticipated within 6 months of admission.

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In Closing…

- Implementation date remains October 1, 2017.

- Beginning November 1, 2017, Health Homes must apply all Member Status and Billing protocols.

- Additional guidance will be issued for *Disenrollment from the HH program*, currently under draft.

- CMA/CMs are asked to work with their Lead Health Home to assure their policies and procedures are in line with HH0006 and to provide Billing guidance.

For questions, please email the Health Home BML at:

https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/emailHealthHome.action **subject: Health Home Policy**

Documents will be reposted on the DOH Health Home website following today's webinar (Last Updated: November 15, 2017) at:

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/policy/index.htm