

Health Home Serving Children WAIVER of the Monthly Required In-Person Meeting with the Member and Caregiver

INSTRUCTIONS FOR THE HEALTH HOME SERVING CHILDREN CARE MANAGER (HHCM)

Individuals enrolled in a Health Home and in the 1915(c) Children's Waiver for Home and Community-Based Services (HCBS) who meet certain criteria (detailed below), can elect to waive some in-person Health Home Care Management (HHCM) requirements per the *Health Home Serving Children Care Management Core Service Requirements and Billing Policy* (HH0017). Requests to waive in-person requirements will be approved for **up to six months at a time**.

At certain times, the care manager may decide to do an in-person contact based on risk factors, life events, or potential safety issues, even though the member/caregiver have elected to waive the in-person requirements with the completion of this form. This form must be witnessed and dated; and sent to the Health Home for approval. After the decision of the Health Home, this form must be kept as part of the member's file; and a copy provided to the member/caregiver. Not all in-person contacts can be waived: member/caregiver contact must be in-person for the first three months of Health Home enrollment and assessments must be conducted in-person.

Requirements instead of the monthly in-person contacts and other details are outlined in the *Health Home Service Children Care Management Core Service Requirements and Billing Policy* (HH0017) and summarized below. Care managers are required to review these criteria with the member/caregiver prior to completing the request.

- The member/caregiver is requesting to waive the monthly in-person meetings with their care manager and receive all care management services via telehealth for up to six months;
- The member is enrolled in the Children's Waiver of Home and Community Based Services as Medically Fragile or Developmental Disability Medically Fragile (and Not Serious Emotional Disturbance (SED));
- The member has been enrolled in the Health Home program for at least three months, receiving care management, **AND** an in-person meeting occurred with the member/caregiver the month before the beginning of the in-person waiver period;
- The member is not enrolled in the Health Home program under the Serious Emotional Disturbance single qualifying condition or two mental health criteria;
- The member is not a participant of High-Fidelity Wraparound care management;
- The member is receiving at least two in-person services in the home (e.g., private duty nursing, CDPAP, OT, PT) per month **AND** is connected to and having regular contacts with two or more distinct service providers, doctors, specialist, etc., who can be successfully contacted monthly by the care manager;
- The member/caregiver understands that their care manager must contact at least two providers each month to continue to assist with the coordination of services;
- The member/caregiver agree to contact their care manager when there is a change in the member's condition, providers, services, functioning, or caregiver, or a significant life event and based upon this notification, the care manager will determine the next steps, which may include an in-person visit, an update to the safety or crisis plan, if applicable, and/or an update to the plan of care;
- The member/caregiver understands that their care manager may initiate an in-person visit based on the member's needs, even though this waiver has been signed;
- An in-person contact must occur with the care manager to review the plan of care goals and progress, services, continued Home and Community Based Services and Health Home eligibility, and the safety and wellbeing of the member, prior to a request for an additional in-person waiver, up to six months.

Individuals under 18 years of age who require parental consent must have a parent/caregiver review, complete, and sign this form. Individuals 18 years of age and over **OR** under 18 who are parents, pregnant, and/or married, and are legally permitted to self-consent, as outlined in the Health Home guidance available at [Health Home Serving Children \(HHSC\)\(ny.gov\)](https://www.healthhome.ny.gov) do not require parent/caregiver review or consent.

MEMBER INFORMATION

Member Name: _____ Date of Birth (MM/DD/YYYY): _____
Client Identification Number (CIN): _____
Parent/Caregiver's Name: _____ Phone Number: _____

PERIOD FOR WHICH THE WAIVER OF IN-PERSON CARE MANAGEMENT IS REQUESTED

Start Date: _____ End Date: _____

MEMBER/CAREGIVER/LEGAL GUARDIAN/LEGALLY AUTHORIZED REPRESENTATIVE SIGNATURE

By signing this In-Person Waiver Form, the member/caregiver confirms that the care manager has explained each requirement above that must be met to waive the monthly Health Home In-person requirement.

Member Name (Printed): _____

Signature: _____ Date: _____

Member/Caregiver/Authorized Rep Name (Printed): _____

Signature: _____ Date: _____

HEALTH HOME CARE MANAGER SIGNATURE

I, the Health Home Care Manager (HHCM), confirm that:

- I have explained each requirement to maintain eligibility to waive the monthly Health Home person requirement; **and**
- The necessary requirements to request and waive the monthly care management in-person requirement are met; **and**
- The member's care management needs can be met without in-person contact for up to six-month period; **and**
- I understand my role in confirming and addressing the health and safety of the member under the [Health Home Serving Children Care Management Core Service Requirements and Billing Policy HH0017](#) requirements.

Name (Printed): _____

Signature: _____ Date: _____

LEAD HEALTH HOME DESIGNEE

I, the lead Health Home designee approve this request for an in-person waiver for the period specified above.

Name (Printed): _____

Signature: _____ Date: _____

Health Home Name: _____

This form must be maintained in the member's record.