Health Home Serving Children Frequently Asked Questions

Billing

Q: If a child is High/Medium acuity the Care manager is required to have 2 Health Home core services per month, one of which being a face to face contact. Can the two services be done within the same day as long as one is face to face? For example, in the morning you meet with the child/family which is one core service, and then later in the day the Care Manager will complete referrals and follow-up with the providers. Two distinct notes would be documented for each of the core services, but the contact date would be the same.

> A: The two Health Home core services per month must occur on different days to bill for the Health Home PMPM.

Q: If a Care Manager is serving two children within a household (both qualified and are enrolled), and they meet with both children at the same time, can this count as the face to face requirement for each child or does the care manager have to meet with each child on separate days?

> A: The Care Manager can count the one visit on the same day for both children; however, there should be clear documentation of adequate time spent reviewing each individual child's POC, needs, and status. The Health Home would be responsible to ensure appropriate CM services are being provided and documented for billing.

Q: Would we be able to bill a child in foster care who is over age 21, that has been granted an exception to policy by ACS to remain in care?

> A: Regardless of whether an exception has been made or whether the individual is in foster care, a member who is over 21 may remain in a children's health home. In order to do so, the member must be briefed on the differences between children's Health Homes and adult Health Homes and the differences in the services that they provide so that the member can make an informed decision. This discussion with the member, as well as their choice, must be documented.
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> If a member over 21 opts to be served by a children's Health Home, they are not eligible for the CANS-NY, and are subject to adult high, medium, and low rates as determined by the adult billing questionnaire. The Health Home and the care manager are responsible for ensuring that the member has access to an appropriate network of adult providers to meet the member's needs, including those that are eligible for and enrolled in HARP and HCBS. This includes the ability to perform appropriate assessments, including the Community Mental Health Assessment.

Q: When billing for low acuity and the CANS-NY determines a higher acuity are we able to back bill from the date of enrollment for the higher acuity?

A: CANS-NY acuity is prospective, not retroactive. Once the member has been enrolled in Health Home, low acuity is billed until such time as the CANS-NY assessment is finalized and the acuity is determined.

Q: Is it true that CMAs cannot bill for outreach and engagement for children in foster care?

A: Any child referred to Health Homes Serving Children program can be put in outreach and bill for such, in compliance with the Health Home Standards (i.e., three months and then a three-month hiatus period), until such time the child is enrolled with proper consent. In general, the State does not expect that children in foster care, who are known to the LDSS or an existing care manager, should be in outreach for extended period of times (e.g., more than 30 days). The State will be closely monitoring the number of months' children remain in outreach and repeating outreach cycles.

Q: Is the $135 PMPM paid for outreach to obtain verbal consent from the parent/guardian to refer the child the Health Home?

A: Verbal consent must be received from the parent/guardian to refer the child to the Health Home program prior to any Health Home payments being made. The outreach PMPM of $135 is paid after a referral to the Health Home and prior to enrollment, while the Care Manager is obtaining proper information, including using the appropriate Health Home forms, to 1) enroll the member in Health Home, i.e., verify the Health Home eligibility and appropriateness criteria, and 2) obtain consent to enroll the child in the Health Home program.

Q: What rates, i.e., upstate or downstate rates, apply to agencies that may provide services in both upstate and downstate NY?

A: The rate charged should be consistent with the Health Home authorized service area. If the service area overlaps between downstate (New York City, Nassau, Suffolk, Dutchess, Rockland, Westchester, Putnam and Orange) and upstate (all other counties) the county where the member is predominantly receiving services (e.g., where the care management agency is located) should dictate what rate the Health Home should use when billing for Health Home services .

Consent

What are the age requirements for the child/adolescent filling out Section 2 of Department of Health Form 5201 Consent Information Sharing For Use with Children and Adolescents Under 18 Years of Age?

A: Section 2 of Form 5201 is divided into two parts, which are contained on pages 3 and 4 of the form.

- Page 3 relates to sharing information with a parent, guardian, or legally authorized representative.
  - It is divided into two parts.
    - The first part relates to sharing information regarding various types of services and by their providers with a parent, guardian, or legally authorized representative. To complete this part, the child should be 10 years of age or older.
    - The second part relates to sharing information regarding mental health services and by their providers with a parent, guardian, or legally authorized representative. To complete this part, the child should be 12 years of age or older.

- Page 4 relates to sharing information with providers.
  - The provider portion of section 2 is divided into two parts.
    - The first part relates to sharing information regarding various types of services and by their providers with a specific provider. To complete this part, the child should be 10 years of age or older.
    - The second part relates to sharing information regarding mental health services and by their providers. To complete this part, the child should be 12 years of age or older.

Q: If a parent or a child does not allow the child to fill out section 2 of the Department of Health Form 5201, what happens?

A: The purpose of this form is to facilitate the sharing of information and should be completed by the child, in private, with the care manager. If the child or parent does not allow for the completion of this form, then the providers listed in section 2 will not be able to share information. Documentation in the case record should be made regarding the reason why section 2 was not completed. When appropriate, the Care Manager should continue to try and have section 2 completed. See above for more information regarding Section 2 of Form 5201.

Q: If a parent or guardian does not consent/allow the child to speak alone with the care manager to fill out section 2 of Department of Health Form 5201, how should the rest of the form be completed?

A: In this event, section 2 of the Form should remain blank, and only section 1 should be completed. Section 2 of the Form can be completed at any time in the future. See above for more information regarding Section 2 of Form 5201.

Q: Regarding the Functional Assessment Consent DOH Form 5230: We know the functional assessment consent must be obtained to first complete the CANS-NY. However, must it be signed every 6 months along with reassessment (or sooner, as appropriate)?

A: The Functional Assessment Consent does not have an expiration date; a one-time signature is appropriate. However, if a client dis-enrolls and then re-enrolls into the HH, or transfers to a different CMA or Health Home, a new Functional Assessment Consent form would be required.

Q: How long must CMAs hold consent forms physically? There was some confusion about the "age of majority" in the contract (18 vs 21)?

A: For the Health Home program serving children, appropriate consent forms must be on file for the entire period the child is receiving Health Home services. Health Homes should keep consent forms on record for 7 to 8 years post disenrollment of the child. Please refer to your legal team for further guidance regarding the age of majority.

Q: Can we build the DOH consents forms into our care management system and not have the paper copies if they are the exact wording in our system?

A: Health Homes may build consents into Care Management software; however, DOH is not liable for document errors, and obtaining signatures from a parent, guardian or legally authorized representative may not be feasible without paper.

CANS-NY

Q: If a CMA #1 completes a CANS-NY and 3 months later the child is transferred to CMA #2, if there is not a significant life changing event, would CMA #2 have to complete a new CANS-NY?

A: If CMA #1 and #2 are from the same Health Home and there is no significant life changing event for the child, then a new CANS-NY is not required; however, CMA #2 would have to obtain a new Functional Assessment Consent DOH Form 5230 to add the child to their UAS-NY case list and to make any changes to the child's record.

If the member was transferred to another Health Home, a new CANS-NY would be needed as the 1st HH would transfer the member, and once the new HH accepted the member, the member would be closed with the 1st HH. The new HH would have to enroll the member and complete a new CANS-NY upon enrollment and may bill the one time only CANS-NY fee. The new HH would also have to obtain all new Health Home consent forms inclusive of a signed functional assessment consent form prior to completing the CANS-NY.

Foster Care

Q: We have heard Care Managers could/will have access to document client information in OCFS CONNECTIONS, will this be required? Who will have access to the OCFS CONNECTIONS system?

A: HH Care Managers employed by the same Voluntary Foster Care Agency (VFCA) that has a role in the case should be given a business function in CONNECTIONS of "Maintain Health" and "Maintain Progress Notes." HH Care Managers not employed by the same VFCA that have a role in the case will not be given access to CONNECTIONS.

Q: When a child gets discharged from foster care and they're in an active segment in MAPP and their CIN number changes, do we have to discharge the child and put them back through the referral portal again as a new referral and start all over or does the system automatically update this child in MAPP?

A: The MAPP HHTS will not automatically update a member's CIN. The provider will have to end the segment under the old CIN and then go back through the referral portal using the new CIN. Appropriate consents from the parent/legal guardian, including the Functional Assessment Consent must be obtained.

Q: Is there always a change in CIN when a child leaves foster care - whether adopted, go home, etc.?

A: When children are discharged from foster care from Administration of Children's Services (ACS) – New York City, the CIN changes as the child CIN moves from Upstate WMS back to Downstate WMS. However, in the rest of the state, the LDSS generally keeps the same CIN upon discharge. Finally, there is always a new CIN when the child in discharged due to adoption, although it takes time to process to new CIN.

Q: Does a birth parent need to sign the POC if a child is in foster care or should it only be the legal authorized representative?

A: If the child's parent is involved and participating in the child welfare's case plan, then they should be able to participate and sign the HH POC along with the legally authorized representative. It is expected that the child welfare/VFCA providers and the HH CM are integral, active participants in the multi-disciplinary team approach of the Health Home model and the child welfare's case planning services.

Other

Q: At what age is the signature of the child required on the Plan of Care (if they don't refuse to sign)?

A: A signature from the child is required if the child is of age and developmentally appropriate and able to understand and be part of the multidisciplinary team. Individuals who are 18-21 years of age as well as children and adolescents who are parents, pregnant, or married, must sign their Plan of Care.

Q: Can DOH provide any additional guidance regarding how to operationalize the 24/7 access to a care manager? We are receiving many questions that are very specific and involve union structure, and existing on-call procedures.

A: 24/7 Coverage is a requirement of the Health Home Program. It is the responsibility of the lead Health Home to monitor and ensure it has proper and clear procedures in place for providing 24/7 Coverage and that these procedures are communicated to downstream care managers. Ideally, the 24/7 Coverage structure/procedures should be designed in collaboration with the lead HH and CMA. The lead HH must ensure that members have 24/7 access to a Care Manager.

Q: Will internal agency HIPAA training suffice for the CM Training requirements?

A: Internal agency HIPPA training will suffice for CM Training requirements. DOH will not provide additional HIPPA Training.

Q: Regarding who can document complex trauma – the State provided licensure types that could do so – however, could those with provisional licenses be allowed to sign the attestation?

A: Individuals with provisional licenses are not authorized licensed professionals for the purposes of documenting complex trauma. However, they may complete the Complex Trauma Exposure Screen

Q: To what extent must CMAs be prepared to care manage every condition that would qualify a child for the Health Home? For example, would a CMA be allowed to decide that they want to focus on the medically fragile and not accept referrals for children with SMI / SED?

A: Health Homes are required to ensure that CMAs have the appropriate experience and qualifications to meet the needs of the child they are serving. Health Home and CMAs should NOT assign children to CMAs that are not qualified to meet the needs the child and family. To support growth and capacity for members, CMAs and Health Homes are encouraged to provide appropriate training to CMAs to expand the populations of children they can serve. It is expected that Health Homes and CMAs will communicate and work together to ensure that the expertise of CMAs are known and that referral

assignments are made by the lead Health Home to an appropriate CMA to ensure the expertise and experience of the care manager is matched to the needs of the child and its family. In any case in which a child is reassigned to another CMA to ensure there is appropriate alignment of experience and needs, the CMA with the initial assignment, in conjunction with the Health Home, is responsible for ensuring there is a warm hand off.

Q: Must all members under 21 go through the MAPP Referral Portal? When will it be determined whether they will be enrolled in an adult's or children's Health Home?

A: All members 21 years and younger MUST initially be entered through the MAPP Referral Portal. If a Health Home runs both a children's and an adult's Health Home program, the Health Home will indicate which program the member will be enrolled in when the Health Home creates the enrollment segment.