Guide to Edits for HH0023 High-Fidelity Wraparound Referrals and Enrollment Process for Children/Youth with Serious Emotional Disturbance

Summary: As of August 19th, 2026 , the High-Fidelity Wraparound Referrals and Enrollment Process for Children/Youth with Serious Emotional Disturbance now reflects revised language (indicated by text in red) alongside prior language (indicated by text crossed out text in black). The revised policy supersedes all previous policies and reflects an implementation date of 08/19/26. If there are discrepancies between the policy and this guide to edits, please adhere to the language in policy, and notify the Department at via the Health Home BML- subject policy.

Page and Section	Update Made	Update Specifications Language may be completely new or partially reused from earlier policies. Reference "Former Location of Information" column.	Former Location of Information
2 **I. Caseload Size Requirement** **A.1. Mixed Caseload During Certification Period**	Added language establishing a dedicated 1:10 HFW caseload and a certification-period mixed-caseload exception.	Unless otherwise noted below, HFW Care Managers must maintain a dedicated caseload of no more than 10 actively enrolled and billable youth. Mixed caseloads- where a care manager serves both HFW enrolled youth and non-HFW enrolled youth are not permitted. Due to the intensive nature of the HFW model, including frequent engagement, cross-system coordination, and team-based, individualized planning, a commitment to a smaller and dedicated caseload is required to ensure model fidelity and meaningful outcomes. Other than the circumstances below there may be instances in which the dedicated caseload of 10 HFW enrolled youth cannot be achieved or sustained. In these situations, flexibility may be granted, subject to review and approval by the Sate on a case-by-case basis. **A. Caseload Flexibility in Special Circumstances** Caseloads may temporarily deviate from the stated HFW caseload limits under specific, predefined circumstances as outlined below: **1. Mixed Caseload During Certification Period (Entire Section)**	No former location; new language added to prior policy.
2-3 **A.2. Temporary Caseload Increase for Youth in Excluded Settings**	Added language allowing temporary caseload increases for youth in excluded settings, up to a 1:12 ratio.	**2. Temporary Caseload Increase for Youth in Excluded Settings (Entire Section)**	No former location; new language added to prior policy.
3-4 **A.3. Temporary Caseload Increase during Transition Months**	Added language allowing temporary caseload increases during anticipated graduation or discharge, up to a 1:12 ratio.	**3. Temporary Caseload Increase during Transition Months (Entire Section)**	No former location; new language added to prior policy.
3-4 **A.4. Service Area Alignment for Caseloads**	Added language on service-area assignments, county preference, and cross-Health Home transfer options.	**4. Service Area Alignment for Caseloads (Entire Section)**	No former location; new language added to prior policy.
5 **CANS-NY and the HFW Eligibility Result**	Clarified CANS-NY finalization, removed the "Already participating" outcome,	~~The CANS-NY assessment cannot be finalized until the HFW screening has been completed.~~ The CANS-NY assessment cannot be finalized until the HFW screening has been completed for members with "complex" acuity level. Not applicable (field will be blank)	Archived HH0023, page 2.

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	and added continued HFW eligibility requirements.	o The child/youth does not have SED or two (2) MH criteria, or the child/youth is already currently participating in High Fidelity Wraparound program. ~~• Already participating~~ ~~o The child/youth is currently enrolled in HFW, and the screening questions will not populate. Continue with HFW-certified HHCM.~~ Although, the CANS-NY must be completed every six (6) months for HFW enrolled members, the HFW eligibility determination produced from this screening will remain valid for one (1) year. Only if the member continues to meet "Complex" acuity, the HFW screening question ~~will need to be answered and "Yes" would be selected for "Is the child/youth currently participating in High Fidelity Wraparound program?"~~ "Is the child/youth currently participating in High Fidelity Wraparound Program?" must be answered "Yes" to continue HFW services. The assessment Outcomes within the UAS for "High Fidelity Wraparound Eligibility" will be blank as the child/youth is already enrolled in HFW.	
6-7 **HFW Referral Workflow** **Scenario I**	Added language requiring communication and documentation when a family agrees to HFW.	If the child/youth/family agree to participate, the CM will communicate this to the HFW Supervisor and Lead HH, as well as document this decision in the child/youth's record.	Archived HH0023, page 3.
8 and 11 **Scenario II & The child/youth is not enrolled in HHCM**	Revised language limiting cross-Health Home capacity inquiries to adjacent counties.	~~the HH will request availability with other lead HHs via email~~ the HH will request availability with other lead HHs in adjacent counties via email	Archived HH0023, pages 5 and 7.
10-11 **Role of the Children's Single Point of Access (C-SPOA); The child/youth is not enrolled in HHCM**	Revised C-SPOA eligibility language and added documentation of the HFW Introduction review.	~~Upon review of the specific needs of the referred child/youth/family and the completion of the C-SPOA HFW Eligibility Assessment (paper form), the C-SPOA may determine that the child/youth is eligible for HFW and would benefit from this level of intensive care coordination.~~ C-SPOA plays an active role in identifying and supporting eligible children/youth and families to access HFW. C-SPOA reviews their specific needs and completes the "C-SPOA High Fidelity Wraparound (HFW) Screening Tool" to help inform the HFW eligibility determination. Within two (2) business days of receiving notification of availability, the C-SPOA shares the HFW eligibility with the child/youth/family and reviews the "HFW Introduction" on the NYS SOC website to inform them about the program and the C-SPOA documents this review.	Archived HH0023, page 7.
11 **Child/Youth/Family Agrees to HFW Participation**	Revised the DOH-5817 signature process and added a fallback signature process.	~~The C-SPOA will obtain signature on the DOH-5817 "NYS High Fidelity Wraparound (HFW) Agreement Form" and send it with the C-SPOA HFW Assessment Form, and documentation supporting the assessment (verification of SED/two (2) MH diagnosis, verification of service utilization within the last year), to the Lead HH within two (2) business days of completion. This form should be signed as soon as possible, but no later than ten (10) business days after the child/youth/family agreed to participate in HFW.~~ The C-SPOA will review the DOH-5817 "NYS High Fidelity Wraparound (HFW) Agreement Form" with the child/youth/family and obtain signature, if possible. The C-SPOA will then send the completed form to the Lead HH within two (2) business days of completion. If obtaining a signature on the DOH-5817 "NYS High Fidelity Wraparound (HFW) Agreement Form" is not possible, the assigned HFW care manager must secure signature on the DOH-5817 at the first in-person meeting with the child/youth/family. All referrals sent through the C-SPOA to the Lead HH should be assigned to a HFW CMA within two (2) business days. The C-SPOA remains available to connect with the assigned HFW care manager and support an initial meeting with the child/youth and family.	Archived HH0023, page 7.

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11 **Child/Youth/Family Agrees to HFW Participation**	Revised language on C-SPOA supporting documentation and transmission requirements.	~~and send it with the C-SPOA HFW Assessment Form, and documentation supporting the assessment (verification of SED/two (2) MH diagnosis, verification of service utilization within the last year), to the Lead HH within two (2) business days of completion.~~ Additionally, the C-SPOA is responsible to collect and send all assessments and supporting documentation to the Health Home. Assessment and supporting documentation could include, but is not limited to the C-SPOA High Fidelity Wraparound (HFW) Screening Tool, documentation to support eligibility of HFW through verification of SED/two (2) MH diagnosis, verification of service utilization within the last year), Health Home eligibility, inclusive of meeting appropriateness, and HCBS Eligibility Determination (if appropriate).	Archived HH0023, page 7.
12 **The child/youth is already enrolled in HHSC and receiving care management**	Removed the separate C-SPOA workflow for youth already enrolled in HHSC and added an early CANS-NY and referral process.	~~**The child/youth is already enrolled in HHSC and receiving care management (Steps 1-5)**~~ When a C-SPOA receives a HFW referral or is assisting a provider or a child/youth and their family, the C-SPOA will first verify if the child/youth is connected to a Health Home Serving Children and or a care management agency. If the C-SPOA determines that the child/youth is already enrolled in HHSC and receiving Care Management, the C-SPOA will notify the Lead HH and instruct the current care manager to conduct an early CANS-NY assessment (due to a significant life event) to determine eligibility for HFW services. If the child/youth is determined HFW eligible and HFW is appropriate, the referral process will follow the steps outlined in Scenario I when the current CMA offers HFW and has availability, or Scenario II when the current CMA does not offer HFW or offers HFW but does not have availability.	Archived HH0023, pages 8-9.
12-13 **Tracking HFW Referrals and Enrollment**	Added language on MAPP HHTS reporting, review, oversight, and code examples.	It is important to ensure children/youth who are found eligible for HFW through the screening tool, obtain HFW care coordination when available and by choice of the child/youth/family. Additionally, Health Homes, HFW care management agencies, and the State need to monitor enrollment and access. To this end, the MAPP Health Home Tracking System (HHTS) has developed HFW Codes in which the Health Home/CMA must report the status of the HFW or potential HFW member regarding their enrollment and connectivity to a HFW care management agency. When a child/youth is identified as HFW eligible through the UAS HFW screening the Health Home/CMA must report the status of the HFW eligible member and their connectivity to a HFW CMA. Health Homes/CMAs must ensure the appropriate MAPP HHTS code is submitted within one week of the event happening. The MAPP HHTS code must reflect the member's current HFW status and be updated when the member's status changes. The code is submitted through the Consent and Member Program Status Upload File, which can be accessed in the Member Program Status Download. Care Management Agencies must have a process for reviewing and updating MAPP HHTS information at least weekly. Health Homes must provide oversight to ensure Care Management Agencies maintain and follow this process. The available codes and descriptions can all be found Medicaid Analytics Performance Portal (MAPP).	No former location; new section added to prior policy.
13-14 **Health Home Quality Management Program**	Added quality-management requirements for education, referral oversight, caseload monitoring, and trend tracking.	• The Health Home has a process in place to ensure care managers understand HFW purpose, requirements, process, and can explain it to children/youth/families. • Health Home has oversight and case review processes in place to ensure proper education to children/youth/families, that the review of the "HFW Introduction" on the NYS SOC website regarding the HFW program is shown and explained. A process to properly document that the child/youth/family were provided education and choice about participating in HFW must also be in place. • Health Home has oversight and case review processes in place to ensure that care managers and HFW care managers follow the processes outlined above to connect the HFW eligible child/youth promptly to a HFW care manager. • The HH has a process in place to monitor and manage caseload size and composition of HFW-certified care managers • The HH has a process in place to track trends of HFW eligibility and reasons why children/youth/family do not choose to transfer to HFW.	Archived HH0023, page 9.

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		NOTE: If the Health Home has not yet configured their system to electronically report HFW information, they would report monthly after the close of the month to OMH by email.	