Health Home Serving Children Care Management
Core Service Requirements and Billing Policy #HH0017
Updated Items

The following changes have been made to policy #HH0017 since it was last sent to Health Homes Serving Children on November 4, 2024.

1. Early Development / Intense Page 3 – deleted language, due to tracking concerns

   Two completed core services per month. At least one must be a contact with the member. During the first three months of initial Health Home enrollment, at least one member contact per month must be in-person. After the first three months of initial Health Home enrollment,

2. High Fidelity Wraparound (HFW) Page 3 – clarifying language

   Four completed core services per month, including one Child and Family Team Meeting (CFTM). Each of the four core services must be contacts with the member and/or caregiver. Two of the four contacts must be with the member and two contacts may be with the caregiver based upon the current needs of the member and caregiver and what is needed to support progress on the plan of care. At least two member/caregiver contacts per month must be in person, one of which must be with the member, and at the request of the member/caregiver, up to two contacts per month may be via telehealth.
   - For the CFTM:
     - The member and the caregiver must be in attendance at the CFTM.
     - The CFTM counts as one contact.
     - At least two member/caregiver contacts per month must be in person, one of which must be with the member, and at the request of the member/caregiver, up to two contacts per month may be via telehealth.
     - The CFTM may occur via telehealth at the request of the member/caregiver.
     - If the CFTM is in person with the member, it can serve as the required in-person member contact.

3. Early Development / Intense Page 5 – IDT change

   An IDT must occur annually ~~every six months~~ and when developing or updating the plan of care and when completing CANS-NY or HCBS Eligibility Determination assessments.

4. Complex Page 5 – IDT change

The IDT meeting must occur every six ~~three~~ months and when developing or updating the plan of care and when completing CANS-NY or HCBS Eligibility Determination assessments.

5. HFW Page 5 – IDT clarification

   The Child and Family Team Meeting (CFTM), which serves as the IDT meeting, must occur monthly, except during the first month of enrollment in HFW. Fidelity standards allow for up to 40 days to conduct for the initial CFTM while intensive engagement activities are occurring to build the team.

The following changes have been made to policy #HH0017 since it was last sent to Health Homes Serving Children on June 17, 2024.

1. Low / Standard Page 3 – add language.

   Two completed core services per month. At least one quarterly (or every third month) member contact is required, which may be provided via telehealth, at the request of the member/caregiver. In-person contact is recommended for the first three months on initial health home enrollment to complete member assessments and build rapport.

2. Early Development / Intense Page 3 – add language.

   Two completed core services per month. At least one must be with the member. During the first three months of initial Health Home enrollment, at least one member contact per month must be in-person. After the first three months of initial Health Home enrollment, at least one member contact per quarter must be in-person. At the request of the member/caregiver, up to two times per quarter, member contact may be provided via telehealth. If the quarterly in-person visit is missed but the low/standard acuity core requirements are met, the low/standard acuity PMPM can be billed in the final month of the quarter and in subsequent months, until an in-person contact is made.

3. Member vs. Caregiver (Medical Consenter) Contact Page 4 – add language.

   Contacts with the caregiver can be considered a core service, but if the member is not also present, the contact cannot be considered a member contact, except in very limited circumstances. Members enrolled in the Health Home program due to mental health needs must participate in the care management visit for the contact to be considered member contact. Caregiver contact can be considered member contact only when the member is not capable of understanding the plan of care and meaningfully participating in their care management services. The care manager must maintain documentation in the case record indicating why the member could not participate.

4. Requirements During the Six-Month Waived In-Person Contacts Page 8 – clarifying language.

   Requests to waive the in-person requirement for Early Development/Intense or Complex Acuity members that meet the criteria to waive HHCM monthly in-person requirements,

as listed in section VI.A above, will be approved for up to six months at a time. In lieu of the monthly in-person contacts with the member, the HHCM must continue to coordinate care and services for the member to monitor progress, ensure member engagement, must make at least two additional provider contacts in lieu of in-person member contact, above the core intervention acuity requirements. At least one of the additional provider contacts must be with a provider who is providing services in the home. In addition, the care manager must make member contact via telehealth to verify and confirm the member's health and safety. The HHCM must also maintain documentation of the member's health and safety.

5. General Rules Page 10 – add language.

   If the CANS-NY is not completed by the end of the second month of enrollment, the Health Home is not permitted to bill for care management until the month in which the CANS-NY is completed in the UAS-NY. It is recommended for the first three months of enrollment, that the care manager conduct in-person visits with the member/family to build a rapport and complete member assessments.

6. Billing Process and Examples Page 11 – add language.

   When a Health Home care manager is unable to complete the required number of care management core interventions associated with the member's CANS' acuity level (including High Fidelity Wraparound) in a given month, the Health Home is permitted to bill a lower acuity rate, if the required number of care management core interventions associated with the lower acuity level were completed during the month. There must be documentation in the record indicating the reason that the level of core interventions for the member's acuity could not be completed. If the level of core interventions required monthly per the CANS-NY acuity continues to not be met, then the care management agency and Health Home should re-evaluate the member's acuity to ensure their care management needs are being met. Billing at a rate lower than the member's acuity for extended periods of time will be monitored.

   Example: The member's CANS-NY acuity is Intense and the care manager must complete two core interventions, one being an in-person member contact, as the previous two months' contacts were completed via telehealth and the in-person requirements are not waived. The care manager was unable to complete an in-person meeting with the member but met with the member via telehealth and completed one core intervention through contact with the member's pediatrician. The Health Home can bill for the Standard/Low acuity rate in the last month of the quarter and in subsequent months until the in-person member contact occurs. If the in-person requirement is waived and the care manager completed an appointment with the member via telehealth and made an additional provider contact, the Health Home can bill for the Intense acuity rate.

7. In-Person Requirements Page 13 (Chart) – add language.

   At least one in-person visit must occur when conducting assessments. In-person contact is recommended for the first three months on initial health home enrollment.

The following changes were made to policy #HH0017 in June 2024 after it was initially sent to Health Homes Serving Children on May 17, 2024.

1. Decision Model Acuity Page 2 – To address questions from HHSC, added language.

   A CANS-NY assessment is required to be completed annually (or every six months for children/youth enrolled in High Fidelity Wraparound (HFW)). The annual (or semi-annual) assessment may be completed over the course of several days; at least one of these encounters during the assessment period is required to be in-person with the member and caregiver.

2. Low Acuity Page 3 – Update to the requirement to two core services

   Low (0 – 5)/Standard (6 – 20): *Two completed core services per month. At least one quarterly (or every third month) member contact is required, which may be provided via telehealth, at the request of the member/caregiver.*

3. Early Development/Intense Page 3 – clarifying language, telehealth quarterly instead of up to six times a year.

   Early Development (0 – 5)/Intense (6 – 20): *Two completed core services per month. At least one must be with the member. During the first three months of initial Health Home enrollment, at least one member contact per month must be in-person. After the first three months of initial Health Home enrollment, at least one member contact per quarter must be in-person. At the request of the member/caregiver, up to two times per quarter, member contact may be provided via telehealth.*

4. Complex Page 3 – clarifying language.

   Complex (0 – 5 & 6 – 20): *Three completed core services per month, at least two must be with the member. At least one member contact per month must be in-person, and at the request of the member/caregiver, up to one member contact per month may be via telehealth.*

5. Billing Process Page 9 – To address questions from HHSC, language has been removed.

   Utilization of telehealth modifiers is not appropriate for billing a PMPM.

6. Effective Date Page 1 – Updated Effective Date

   The Effective Implementation Date has been changed from November 1, 2024, to December 1, 2024.