

## Guide to Continued Eligibility for Services (CES) Tool

**Summary:** As of August 2024, the [Continued Eligibility for Services \(CES\) Tool](#) and [Continued Eligibility for Services \(CES\) Tool Guidance](#) will now reflect revised language (indicated by text in red) and the removal of prior language (indicated by crossed out text in black). This update supersedes the previous Continued Eligibility for Services (CES) Tool and the Continued Eligibility for Services (CES) Tool Guidance document issued February 2024 and reflects an implementation date of **September 1, 2024**.

**Please Note:** Only Risk Factors in the Continued Eligibility for Services (CES) Tool that have been updated are annotated in this guide. If a Risk Factor is not present in this document, there were no changes made.

<b><u>Continued Eligibility for Services (CES) Tool</u></b>		
<b>Risk Factor Category</b>	<b>Update Made</b>	<b>Update Specifications</b> Language may be completely new or partially reused from earlier policies, as indicated by red text for new content and <del>crossed-out</del> black text for removed content.
<b>Significant Risk Factor</b>	This risk factor has been removed from the list of Significant Risk Factors.	<del>SOCIAL DETERMINANTS RISK: Member has fewer than 2 people identified as a support by the member</del>
<b>Significant Risk Factor</b>	A time frame of (3) months has been added to this risk factor.	<del>SOCIAL DETERMINANTS RISK: Member has had a recent change in guardianship</del> SOCIAL DETERMINANTS RISK: Member has had a change in guardianship/caregiver within the last (3) months.
<b>Significant Risk Factor</b>	A time frame of (3) months and additional specification on the lack of an alternative support person have been added to this risk factor.	<del>SOCIAL DETERMINANTS RISK: Recent institutionalization or nursing home placement of member's primary support person</del> SOCIAL DETERMINANTS RISK: Recent institutionalization or nursing home placement, within the last three (3) months of member's primary support person and there is no other person to provide the same level of support.

## Continued Eligibility for Services (CES) Tool

Risk Factor Category	Update Made	<p style="text-align: center;"><b>Update Specifications</b></p> <p style="text-align: center;">Language may be completely new or partially reused from earlier policies, as indicated by <b>red</b> text for new content and <del>crossed-out</del> black text for removed content.</p>
<b>Significant Risk Factor</b>	This risk factor has been removed from the list of Significant Risk Factors.	HEALTHCARE RISK: Member has not seen their provider (e.g., PCP, BH, etc.) in the last year-
<b>Significant Risk Factor</b>	This risk factor now reflects new guidance regarding applicable provider types.	HEALTHCARE RISK: Member does not have a <del>healthcare provider or specialist to treat a chronic health condition</del> at least one (1) of the following: <b>Primary Care Provider, mental health provider, substance use provider, or provider to treat their Single Qualifying Condition (Complex Trauma, Sickle Cell Disease, Serious Emotional Disturbance/Serious Mental Illness, or HIV) or progressive neurologic condition.</b>
<b>Significant Risk Factor</b>	This risk factor has been removed from the list of Significant Risk Factors.	HEALTHCARE RISK: Member (or guardian) is unable to appropriately navigate the <del>healthcare system for the member's chronic conditions.</del>
<b>Significant Risk Factor</b>	A timeframe has been added to this risk factor.	TREATMENT NON-ADHERENCE RISK: Member/care team member report of treatment non-adherence <b>within the last 3 months</b> ...Must specify WHICH medication(s) and/or treatment(s) are involved.
<b>General Risk Factors</b>	Language has been revised to clarify a preventable or unnecessary hospitalizations or emergency room must be related to the member's chronic or qualifying condition.	<ul style="list-style-type: none"> <li>• Has member had preventable or unnecessary hospitalizations or emergency room visits <b>related to their chronic or qualifying condition</b> over the last three <del>six</del> <b>three (3)</b> months?               <ul style="list-style-type: none"> <li>o "Preventable" means <b>hospitalization/Emergency Department visit was</b> <del>they were</del> attributable to the <b>member's</b> lack of adherence to or access to treatments, appointments, or understanding of their Chronic Diagnoses.</li> <li>o "Unnecessary" means the health care need could <del>or should</del> have been met in an outpatient or urgent care setting instead.</li> </ul> </li> </ul>

APPROVED SEPTEMBER

## Continued Eligibility for Services (CES) Tool

Risk Factor Category	Update Made	<p style="text-align: center;"><b>Update Specifications</b></p> <p style="text-align: center;">Language may be completely new or partially reused from earlier policies, as indicated by <b>red</b> text for new content and <del>crossed-out</del> black text for removed content.</p>
	<p>Language has been revised to clarify that the member needs and does not have a safety plan and adds a timeframe of within the last (3) months.</p>	<ul style="list-style-type: none"> <li>• The member has documented safety concerns in their environment or community, and <del>the</del> <b>does not have</b> member has not been able to follow a safety plan (<b>last three (3) months</b>).</li> </ul>
<p><b>Stability Risk Factors</b></p>	<p>Language has been revised to clarify that the member needs and does not have a safety plan and adds a timeframe of within the last (3) months.</p> <p>Language has been added to clarify that both homelessness and risk of homeless qualify, and a new timeframe of three (3) months.</p> <p>Language has been revised to remove the timeframe and only ask if a Safety Plan is in place.</p> <p>Language has been added to specify that only health/ behavioral</p>	<ul style="list-style-type: none"> <li>• If the member has a mental health diagnosis, have they experienced an <del>increase in</del> <b>three (3)</b> symptoms, or the need for crisis management responses within the last <del>six</del> <b>three (3)</b> months? <i>Crisis management could be provided through a formal crisis response team, or <del>informally</del> through their Health Home Care Manager.</i></li> <li>• If the member has a Substance Use Disorder diagnosis, has the member met and maintained their Substance Use Disorder goals over the last three (3) months, such as Abstinence, Moderation, or Harm Reduction? <i>Substance Use Disorder applies to legal and illegal drugs of abuse, alcohol, and/or tobacco if the member has identified a goal related to use of that substance.</i></li> <li>• Has the member had stable housing over the last <del>six</del> <b>three (3)</b> months? This means there have been no evictions, <del>moves,</del> or periods/<del>risk</del> of homelessness.</li> <li>• If the member is documented as being in a relationship with chronic Intimate Partner Violence, <del>do they</del> <b>do they</b> have they been able to follow a Safety Plan <b>in place</b> over the last <del>six</del> <b>three (3)</b> months?</li> <li>• If the member is involved in the Criminal Justice System, have they been following the <b>health/behavioral health</b> requirements of their Parole/Probation over the last <del>six</del> <b>three (3)</b> months?</li> </ul>

ARCHIVED SEPTEMBER

## Continued Eligibility for Services (CES) Tool

Risk Factor Category	Update Made	<p style="text-align: center;"><b>Update Specifications</b></p> <p style="text-align: center;">Language may be completely new or partially reused from earlier policies, as indicated by <b>red</b> text for new content and <del>crossed-out</del> black text for removed content.</p>
	<p>health requirements connected to Parole/Probation are applicable. In addition, the timeframe has been updated to (3) months</p>	
<p><b>Skill Based Skill Factors</b></p>	<p>Three (3) bullets have been removed from this risk factor category.</p>	<ul style="list-style-type: none"> <li>• <del>Does the member or caregiver understand the frequency of outpatient follow up, schedule and keep their healthcare appointments, and have reliable transportation to get to their healthcare appointments without HHCM assistance?</del></li> <li>• Does the member or caregiver know who the member's core medical/behavioral health providers are and how to contact them?</li> <li>• <del>Does the member or caregiver maintain the member's medication adherence without Health Home Care Manger assistance?</del></li> <li>• Is the member or caregiver aware of upcoming recertifications for benefits and can recertify without HHCM assistance? This could include Medicaid, SNAP, SSI, SSDI, Public Assistance, etc.</li> <li>• <del>Does the member or caregiver manage the member's day-to-day finances? without HHCM assistance? This could include paying rent, bills, budgeting, etc.</del></li> <li>• Does the member or caregiver manage the member's Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) <b>(with or without homecare/personal assistance/caregiver support)</b> without HHCM assistance?</li> </ul>

ARCHIVED SEPTEMBER

**Continued Eligibility for Services (CES) Tool Guidance**

Page and Section	Update Made	<p align="center"><b>Update Specifications</b></p> <p align="center">Language may be completely new or partially reused from earlier policies, as indicated by <b>red</b> text for new content and <del>crossed-out</del> black text for removed content.</p>	Former Location of Information
<b>Throughout Document</b>	All expiration dates that had been sixty (60) days have been updated to fifty-six (56) days because it conforms to exactly eight (8) weeks rather than sixty (60) days (or two (2) months).	Please refer to the Continued Eligibility for Services (CES) Tool Guidance document.	Revised language from prior CES Tool guidance and additional language
<b>Page 1, Definitions</b>	Definition has been added for clarification on the various terms regarding the	<p><i>Case Conference - Multidisciplinary Team (MDT)/Interdisciplinary Team (IDT)/Child &amp; Family Team Meeting (CFTM)/Case Review Meeting/Case Conference/Care Conference/Care Team Meeting</i>– consists of the member, member supports (including parent, guardian, legally authorized representative), Medicaid Managed Care Plan, healthcare and service providers, collaterals and others approved by the member to ensure member needs are addressed in a comprehensive manner. The composition of a Multidisciplinary Team may vary at any point in time during the member’s enrollment and from member to member. These terms can be used interchangeably.</p>	Additional language to prior CES Tool guidance.

**ARCHIVED SEPTEMBER**

<p><b>Page 2, Guidance</b></p>	<p>Language has been added to clarify the validation codes provided by MAPP and the expectation for Health Home to monitor Health Home Plus eligibility and enrollment.</p>	<p>For members who are Health Home Plus (HH+) (SMI and HIV), HH+ Eligible, or Adult Home Plus (AH+) at the time a CES Tool is due, the CES Tool should NOT be completed. <del>When a member is stepped down from Health Home Plus, the CES Tool would first be due for completion twelve (12) months following the date of step down from the Health Home Plus level of service. When a member is stepped down from Adults Home Plus (AH+) and continues to want HC CM services, they are automatically placed into HH+ for up to twelve (12) months. CES Tool requirements will then resume [refer to section above].</del></p>	<p>Revised language from prior CES Tool guidance and additional language</p>
<p><b>Page 2, Guidance</b></p>	<p>Language has been added to clarify the validation codes provided by MAPP and the expectation for Health Home to monitor Health Home Plus eligibility and enrollment.</p>	<p><del>The MAPP HHTS provides a warning validation code for expiring and expired CES Tool submissions for all populations except Health Home Plus (HH+) will trigger a warning within the MAPP HHTS informing Health Homes that a member's CES Tool is coming due for completion. Health Homes implement a mechanism for monitoring when members with a history of Health Home Plus (HH+) eligibility and enrollment require CES Tool completion.</del></p>	<p>Revised language from prior CES Tool guidance and additional language</p>
<p><b>Page 2, Procedure</b></p>	<p>Language has been revised and added to further clarify Complete Continued Eligibility for Services (CES) Tool due date timelines.</p> <p>A note has been added to further expand on Complete Continued Eligibility for Services (CES) Tool in relation to Health Home Plus (HH+), HH+ Eligible, or Adult Home Plus (AH+) members.</p>	<p>1. The Care Management Agency (CMA) will complete a Continued Eligibility for Services (CES) Tool for enrolled (not pended) adult members that are neither eligible nor enrolled in Health Home Plus (HH+) or Adult Home Plus (AH+) on the following schedule:</p> <ul style="list-style-type: none"> <li>• <del>At the time of the annual Comprehensive Re-assessment (possibly replacing or built into the Re-assessment). Ideally the CES Tool is done in conjunction with the annual Comprehensive Re-Assessment, but there may be some circumstances where the Re-assessment cannot be done, but the CES Tool can. Ex. Member is out of the country.</del></li> <li>• <del>Per DOH Assessment Policy, Health Home Eligibility is a required part of the Comprehensive Assessment, therefore the</del></li> </ul>	<p>Additional and revised language from prior CES Tool guidance and additional language</p>

result of the most recent CES Review should be documented in the annual re-assessment. DOH Disenrollment Policy also requires that "evaluation for continued enrollment be supported by thorough documentation in the member's record, assessments, evaluations, and plan of care updates".

- New Members enrolled on/after 11/1/23: Complete Continued Eligibility for Services (CES) Tool twelve (12) months post-enrollment and every six (6) months thereafter.
- Existing Members Complete Continued Eligibility for Services (CES) Tool at twelve (12) months based on the consent date, or the segment start date (whichever is later), and every six (6) months thereafter.

**NOTE:** For members who are Health Home Plus (HH+), HH+ Eligible, or Adult Home Plus (AH+) the Continued Eligibility for Services (CES) Tool should NOT be completed. When a member is stepped down from Health Home Plus (HH+), the Continued Eligibility for Services (CES) Tool would first be due for completion twelve (12) months following the date of step down from the Health Home Plus (HH+) level of service. When a member is stepped down from Adult Home Plus (AH+) and continues to want Health Home Care Manager (HHCM) services, they are automatically placed into HH+ for up to twelve (12) months. Continued Eligibility for Services (CES) Tool requirements will then resume. The Continued Eligibility for Services (CES) Tool would be due twelve (12) months following the date of step down from Health Home Plus (HH+).

ARCHIVED SEPTEMBER 2024

<p><b>Page 2, Continued Eligibility for Services (CES) Tool Billing Block</b></p>	<p>Section and language has been added to provide further guidance for the Continued Eligibility for Services (CES) Tool billing block.</p>	<p><b>Continued Eligibility for Services (CES) Tool Billing Block</b></p> <p>When submission of the recommended outcome from the Continued Eligibility for Services (CES) Tool into MAPP HHTS does not occur timely, a billing block occurs in the system preventing subsequent billing instances from occurring until such time when the required Continued Eligibility for Services (CES) Tool information is submitted.</p> <p><b>NOTE:</b> The Continued Eligibility for Services (CES) Tool billing block was implemented in MAPP HHTS effective 6/1/24. For specific information related to implementation of the Continued Eligibility for Services (CES) Tool billing block, refer <a href="#">Connection Between CEST and Billing Instances in MAPP HHTS v.4 (XLSX)</a> (this document is found on the <a href="#">Medicaid Analytics Performance Portal (MAPP)</a> webpage under Health Home Tracking System where additional information for the Continued Eligibility for Services (CES) Tool.</p>	<p>Additional language to prior CES Tool guidance.</p>
<p><b>Page 3, Section 5</b></p>	<p>Additional language has been added to clarify that the member both wants and is receiving desired Health Home Case Management.</p>	<p>5. The CES Tool examines whether the member has Risk Factors (Needs HHCM) and is fully Engaged in the Health Home level of service (Wants <b>and is receiving desired</b> HHCM).</p>	<p>Additional language to prior CES Tool guidance.</p>
<p><b>Page 4, Section 8.5</b></p>	<p>Language has been added to provide the full name for DOH 5235, and language has been removed regarding the form being issued along with the disenrollment letter.</p>	<p>8.5 Proceed to disenrollment, following all normal disenrollment processes, including appropriate letters, forms, referrals, and notification to Care Team members.</p> <ul style="list-style-type: none"> <li>o If the member is not in agreement, they may dispute the disenrollment through the Fair Hearing Process. The <a href="#">DOH-5235 Notice of Determination for Disenrollment in the New York State Health Home Program (DOH 5235)</a> form is issued to the member <del>along with the disenrollment letter</del> along with other required steps, as per the <a href="#">Health Home Notices of Determination and Fair Hearing Policy - HH0004</a></li> </ul>	<p>Revised language from prior CES Tool guidance.</p>

ARCHIVED SEPTEMBER 2024



<p><b>Page 5, Section 8.7</b></p>	<p>Language has been added to refer readers to the billing block section of this guidance document.</p>	<ul style="list-style-type: none"> <li>o Failure to complete a follow-up CES Tool within 60 calendar days of the initial CES Tool may lead to suspension of billing for services to the member (refer to the <a href="#">Continued Eligibility for Services (CES) Tool Billing Block</a> section above).</li> </ul>	
<p><b>Page 5, Section 9.4-9.5</b></p>	<p>Language has been added to further clarify the timeline for completing a CES Tool outcome and to refer readers to the billing block section of this guidance document.</p> <p>In addition, the formatting has been adjusted to correct a formatting error.</p>	<p>9.3 <del>9.4</del> Following the Case Conference the CMA should complete another CES Tool to generate a recommendation. <del>This process should take within fifty-six (56) days from the initial Continued Eligibility for Services (CES) Tool outcome.</del></p> <p>9.5 This process should take no longer than 60 calendar days.</p> <p>9.6 <del>9.5</del> Failure to complete a follow-up CES Tool within calendar 60 days resulting in a determination of either Recommend Continued Enrollment or Recommend Disenrollment may lead to suspension of billing for services to the member for services to the member (refer to the <a href="#">Continued Eligibility for Services (CES) Tool Billing Block</a> section above).</p>	<p>Revised formatting from prior CES Tool guidance.</p>
<p><b>Page 6, References</b></p>	<p>Additional resources have been added to this document.</p>	<p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Connection Between CEST and Billing Instances in MAPP HHTS v.4 (XLSX)</a> This and other related documents can be found on the <a href="#">Medicaid Analytics Performance Portal (MAPP)</a> webpage under <i>Health Home Tracking System</i></li> </ul> <p>Additional information related to the CES Tool can be found on the <a href="#">Health Home Policy and Updates</a> webpage:</p> <ul style="list-style-type: none"> <li>• <a href="#">NYS DOH Initial Appropriateness and Continued Eligibility for Services (CES) Tool training slides - (PDF)</a></li> <li>• <a href="#">CES Tool (PDF)</a></li> <li>• <a href="#">CES Tool (XLMS)</a></li> <li>• <a href="#">Eligibility Requirements for Health Home Services and Continued Eligibility in the Health Home Program Policy #HH0016</a></li> <li>• <a href="#">Member Disenrollment From the Health Home Program Policy #HH0007</a></li> <li>• <a href="#">Health Home Notices of Determination and Fair Hearing</a></li> </ul>	<p>Additional reference to prior CES Tool guidance.</p>

ARCHIVED SEPTEMBER 2024

		<a href="#">Policy #HH0004</a> <ul style="list-style-type: none"><li>○ <a href="#">Notice of Determination for Disenrollment in the New York State Health Home Program (DOH 5235)</a></li></ul>	
--	--	---	--

ARCHIVED SEPTEMBER 2024