

Please send any questions, comments, or additional recommendations to BH.Transition@health.ny.gov

The changes made to the *Health Home Conflict Free Case Management Policy* are as follows:

Change	Page Number
<u>Deleted from Principle 1:</u> At the time of referrals or when changes to child/youth’s providers occur whereas all services and/or care management are done by the same agency, this should be an alert to the lead Health Home for an audit review to occur, to ensure proper choice and consent was given by the member, parent, legal guardian or legally authorized representative.	Pg. 4
<u>Added to Principle 1:</u> Health Homes will monitor and audit HH CMAs that also provide HCBS to ensure proper choice and consent was given to the member, parent, legal guardian, or leally authorized representative as documented on the Freedom of Choice form.	Pg. 4
<u>Revised Principle 3:</u> A statement specifying the child/youth/family has a right to make an independent choice of HCBS providers through the Freedom of Choice form – DOH-5276 (which can be found on the HHSC’s 1915(c) Children’s Waiver and 1115 Waiver Amendments webpage - under: Eligibility Forms) <i>and has been given options of available providers in their area.</i>	Pg. 5
<u>Revised Principle 3:</u> Monitoring and oversight must include data collection demonstrating evidence of external referrals demonstrate evidence of external referrals	Pg. 5
<u>Moved from Principle 3 to Principle 8 and Revised:</u> If an agency provides both care management and HCBS, it must: <ul style="list-style-type: none"> • Document in the POC member’s record/case file that it will ensure its employees act in the best interested of the participant and mitigate potential conflict of interest • Develop a CFCM plan • Specify methods of communication required to inform the child/youth about the potential for conflict <i>through the Freedom of Choice form – DOH 5276</i> • Document <i>through the Freedom of Choice form – DOH 5276</i> that the child/youth was informed about their freedom of choice, <i>received the Participant’s Rights document, and that the care manager discussed that they must act in the best interest of the child/youth and disclose any potential conflict of interest.</i> 	Pg. 7
<u>Deleted from Principle 8:</u> Person-centered POC must include documentation that choice of service providers was offered to the child/youth, with indicators that measure the frequency with which a choice other than the CMA is selected for service provision.	Pg. 7
<u>Revised Principle 8:</u> The Department is aware that in some rural areas, there may only be one provider available to serve as both the care management and service provider agency. In these instances, the Department requires HHs to articulate how they will mitigate potential conflicts of interest, potentially including additional oversight of the situation by the Department. HHs must work closely with the Department <i>and Managed Care Organizations, as applicable,</i> to determine circumstances in the existing payer/provider systems where a rural exception would apply <i>identify service areas with limited access and to identify</i>	Pg. 7

<i>solutions to address those gaps.</i> In such cases, the child/youth still has the right to be notified of the potential conflict of interest, their options to receive services, and the process for filing a grievance.	
<u>Deleted from Principle 8:</u> Use common, validated screening and assessment tools. Capture data/results electronically and use as a consistent factor in establishing service eligibility.	Pg. 7
<u>Added to Principle 9:</u> Health Homes are encouraged to leverage existing forums, if available.	Pg. 7
<u>Revised Principle 9:</u> Identify existing policies and procedures <i>within the stakeholder network</i> that may be the building blocks of the firewall.	Pg. 7
<u>Revised Principle 9:</u> <i>Collect stakeholder feedback</i> to determine what additional costs or unintended consequences could be incurred when implementing the components of a firewall (i.e. lack of efficiency, impact on the child/youth).	Pg. 7
<u>Deleted from Principle 9:</u> Engage the child/youth in the ongoing monitoring of performance measures tied to the goals of CFCM.	Pg. 7