

## Health Homes Serving Children Consent Process, Forms and Guidance

August 17, 2016

### **Purpose of Today's Discussion**

To protect and respect the rights of parents, guardians, legally authorized representatives and minors'; and to protect health information and educational records, the Health Home Program for Children has a variety of important consent forms.

Today's presentation will review the various Consent forms, when to obtain a specific consent and the purpose of each consent.





# Health Home

## **Eligibility Criteria**

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## Health Home Chronic Condition Eligibility Criteria

- The individual **must** be enrolled in Medicaid
- Medicaid members eligible to be enroll in a Health Home **must** have:
  - Two or more chronic conditions (e.g., Substance Use Disorder, Asthma, Diabetes\*) **OR**
  - One single qualifying chronic condition:
    - ✓ HIV/AIDS or
    - ✓ Serious Mental Illness (SMI) (Adults) or
    - ✓ Serious Emotional Disturbance (SED) or Complex Trauma (Children)
  - Note: Chronic Condition Criteria is NOT population specific (e.g., being in foster care, under 21, in juvenile justice etc. does not alone/automatically make a child eligible for Health Home)
  - In addition, the Medicaid member **must** be appropriate for the intensive level of care management services provided by Health Home, i.e., satisfy appropriateness criteria



## **Health Home Appropriateness Criteria**

Individuals must meet the Chronic Condition Criteria AND be Appropriate for Health Home Care Management

Appropriateness Criteria: Individuals meeting the Health Home eligibility criteria must be appropriate for the intensive level of care management provided by Health Homes. Assessing whether an individual is appropriate for Health Homes includes determining if the person is:

- ✓ At risk for an adverse event (e.g., death, disability, inpatient or nursing home admission, mandated preventive services, or out of home placement)
- ✓ Has inadequate social/family/housing support, or serious disruptions in family relationships;
- ✓ Has inadequate connectivity with healthcare system;
- ✓ Does not adhere to treatments or has difficulty managing medications;
- ✓ Has recently been released from incarceration, placement, detention, or psychiatric hospitalization;
- $\checkmark$  Has deficits in activities of daily living, learning or cognition issues, or
- ✓ Is concurrently eligible or enrolled, along with either their child or caregiver, in a Health Home.



## MAPP Children's Health Home Referral Portal



#### Using MAPP to Refer Children to Health Home

- MAPP Children's HH Referral Portal must be used to refer (create an assignment with a referral record type), and enroll children in Health Homes
- The following entities will have access to the MAPP Children's HH Referral Portal on Day 1:
  - ✓ Managed Care Plans
  - ✓ Health Homes
  - ✓ Care Management Agencies/Voluntary Foster Care Agencies
  - ✓ LGU/SPOA
  - ✓ LDSS (In NYC, VFCA that contract with ACS will make Referrals on behalf of ACS)

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**Future Phases**: Over time, the State will expand access to the MAPP Children's HH Referral portal by identifying and authorizing other entities that are natural points of contact in the systems of care that impact children to make referrals through the MAPP Referral portal (School Districts, county probation departments, pediatricians, emergency rooms, Early Intervention initial care coordinators, etc.)

#### Making Referrals for Children to Health Home

- Unlike the process for enrolling adults in Health Homes, which is a mix of Assignment List identified members and referrals from the community, Children will be primarily enrolled in Health Home through referrals
- All Children will be manually entered in the MAPP HHTS through referrals entered in the Referral Portal by LGU's, LDSS', Health Homes, Care Managers and Managed Care Plans
- A **referral** cannot be made without consent from the member (self-consent may apply if individual is 18 or older, or under 18 and a parent, pregnant or married) or parent/guardian/legally authorized representative
- Referral information is entered into the MAPP Children's HH Referral Portal and verbal consent can be obtained for purpose of making such referrals



#### **Care and Custody of Children in Foster Care**

- The Health Home model for children recognizes that children in Foster Care are in the care and custody of the Administration for Children Services (ACS) in New York City and the Local Department of Social Services (LDSS) in Rest of State
  - In New York City ACS delegates its care and custody role to the VFCA
- For the purpose of making referrals, creating assignments with a referral record type, and selecting a Health Home for children placed in Foster care, the process in the MAPP referral portal gives this role to LDSS (in Res of State) and to New York City Voluntary Foster Care Agency (via the ACS delegation)



## **Children's Health Home Consent**



### Health Home Program: Types of Consent

- Consent to Refer (Verbal Consent documented in the MAPP Referral Portal)
- Health Home Consent Enrollment (Form DOH 5200) For Use with Children and Adolescents Under 18 Years of Age
- Health Home Consent Information Sharing (Form DOH 5201) For Use with Children Under 18 Years of Age
- Health Home Withdrawal of Health Home Enrollment and Information Sharing Consent (Form DOH 5202) For Use with Children Under 18 Years of Age
- Functional Assessment consent form (Must be signed to complete a CANS-NY within the UAS)
- Health Home Release of Educational Records Consent (Form DOH 5203)
- Health Home Withdrawal of Release of Educational Records (Form DOH 5204)
- Health Home Patient Information Sharing Consent form for adults (Form DOH 5055)
- Health Home Patient Information Sharing Withdrawal of Consent for adults (Form DOH 5058)

### **General Consent Rules**

- The Children's Health Home program is for children and adolescents under the age of 21.
- All Children must go through the MAPP Children's HH Referral Portal in order to be enrolled into the Children's Health Home Program
- Children and adolescents who are parents, pregnant, married or are 18 years or older, are legally able to consent for their own enrollment into a Children's Health Home. They must do this by completing the Health Home Patient Information Sharing Consent form (DOH 5055). Children and adolescents completing the DOH 5055 form do not need a parent, guardian or legally authorized representative to be present to enroll in a Health Home.
- Legally authorized representative for the purpose of sharing health information is defined as, "a person or agency authorized by state, tribal, military or other applicable law, court order or consent to act on behalf of a person for the release of medical information".
  - For children in foster care the legally authorized representative is the Local Department of Social Services (LDSS) in rest of State and the Voluntary Foster Care Agency (VFCA) who has placement of the child and an agency under contract with the Administration for Children's Services (ACS) to provide foster care in NYC.

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 Health Home Release of Educational Records Consent Form (DOH 5203) must be completed for children who are enrolled in school, when necessary (if there are educational records that can inform the plan of care or CANS-NY)

#### **Consent Form: Consent to Refer**

- Prior to referring a child to a Health Home Program, the referring entity must obtain consent by the child (self-consent may apply if individual is 18 or older, or under 18 and a parent, pregnant or married) or child's parent, guardian, or legally authorized representative. Legally authorized representative for enrollment in a Health Home is defined as: "a person or agency authorized by state, tribal, military or other applicable law, court order or consent to act on behalf of a person in making health care decisions."
- "Consent to refer" can be obtained verbally by the child's parent, guardian, or legally authorized representative. (Providers may follow their own procedures making a referral for health services provided at least verbal consent is obtained. Some programs may require written consent.)
- Referrers will verify consent has been obtained by checking the "consent to refer" box in the MAPP HHTS Referral Portal through a checkbox

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Enrollment



#### Health Homes Serving Children Consent Forms: Upon Enrollment

Upon enrollment into the Children's Health Home Program, the assigned Care Manager must obtain the following consent forms:

 Health Home Consent Enrollment form (DOH 5200) For Use with Children and Adolescents Under 18 Years of Age

#### AND

 Health Home Consent Information Sharing form (DOH- 5201) For Use with Children Under 18 Years of Age

#### OR

3. Health Home Patient Information Sharing Consent form (DOH 5055) (includes consent for enrollment and sharing of information) For Members 18 Years of Age or Older

#### AND

- 4. Health Home Release of Educational Records Consent form (DOH 5203) For School Aged Children if necessary
- 5. Functional Assessment Consent form for CANS-NY Assessment for Health Homes



#### **Consent Form: Enrollment**

*Form DOH-5200*: Consent Enrollment Form For Use with Children and Adolescents <u>Under</u> 18 Years of Age

- Consent to enroll is required for children under the age of 18.
- The consent to enroll should be completed and signed, only, by the parents, guardians or legally authorized representative of children under the age of 18 for enrollment into a Health Home.
- It is important for the consenter to understand that the child/adolescent will be enrolled in Health Home, a program that provides care management services, as well as the requirements for services to be delivered (e.g., the completion of the CANS-NY and potentially a monthly face-to-face meeting).
- Additionally, that enrollment in Health Home services will continue until such time the consenter withdraws enrollment or the multidisciplinary team along with the consenter believe that Health Home services are no longer needed and the child/adolescent is disenrolled.

#### **Consent Form: Sharing of Information**

*Form DOH-5201*: Consent for information Sharing For Use with Children Under 18 Years of Age

#### Section 1:

To be completed, only, by the parents, guardians or legally authorized representative of children under the age of 18. The parents, guardians or legally authorized representative should be informed that:

Consent to sharing information can be modified at any time to remove or add providers

The child has the right to keep private any information about services that the child consented for, including birth control, abortion, sexually transmitted infection testing and treatment, HIV testing, prenatal care, labor and delivery services, drug and alcohol treatment, or sexual assault services

#### **Consent Form: Sharing of Information Continued**

*Form DOH-5201*: Consent for information Sharing For Use with Children Under 18 Years of Age

#### Section 2:

To be completed, only, by the minor *without* the presence of the parents, guardians or legally authorized representative.

If minor is unable to complete section 2 of (Form DOH 5201) it should be left blank. The consent to sharing information protected services can be recorded and modified and withdrawn at any time. Consent to share information protected services is applicable to members ages 10 years or older.

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#### **Consent Form: For Members 18 Years of Age or Older OR Can Self-Consent**

*Form DOH-5055*: Health Home Patient Information Sharing and Enrollment Consent form for adults or children and adolescents that can self-consent

- This consent process must be used for children who are able to provide full legal consent for their own medical care
- Children and adolescents who are parents, pregnant, married or over the age of 18, are legally able to consent for their own enrollment into a Children's Health Home.
  - They must do this by completing the Health Home Patient Information Sharing Consent form (DOH 5055). Children and adolescents completing Form DOH 5055 do not need a parent, guardian or legally authorized representative to be present to enroll in a Health Home.

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#### **Consent Form: Consent For Educational Records**

Form DOH-5203: Health Home Release of Educational Records Consent

- New York State Education (NYSED) requires a different consent to release educational records because they are covered by <u>Family Educational Rights and Privacy Act (FERPA)</u> and not HIPAA.
- The definition of parent in DOH 5203 form is also different from other Health Home consent forms. Please refer to DOH 5203 form for the complete definition of parent, guardian or legally authorized representative.
  - **Please Note:** Although, a child under the age of 18 years old who is a parent, married or pregnant can self-consent for their Health Home enrollment and health information sharing, this *DOES NOT* apply for educational records whereas parent, guardian, or legally authorized representative of the child would still need to consent to release education records until the child is 18 years old, if still a dependent
- Care managers need to understand that the school cannot even discuss the child without this release form (DOH-5203). Also, when the release is withdrawn (DOH-5204), they can no longer share information.

#### **Consent Form: Functional Assessment**

There is a consent form for completing a Functional Assessment (FA). Functional Assessments that require consent include:

- Community Mental Health Assessment
  - ✓ Determines eligibility for Behavioral Health, Home and Community Based Services (BH HCBS) for adults
- Child Adolescent Needs and Strengths Assessment (CANS-NY)
  - ✓ Used in Health Home model for care planning and acuity for determining Health Home per member per month rate through an algorithm that is applied
  - ✓ Identifies strengths and needs of children and adolescents
  - ✓ Anticipated to be used to determine eligibility for Health and Behavioral Health, Home and Community Based Services (HBH HCBS) for children (under development)

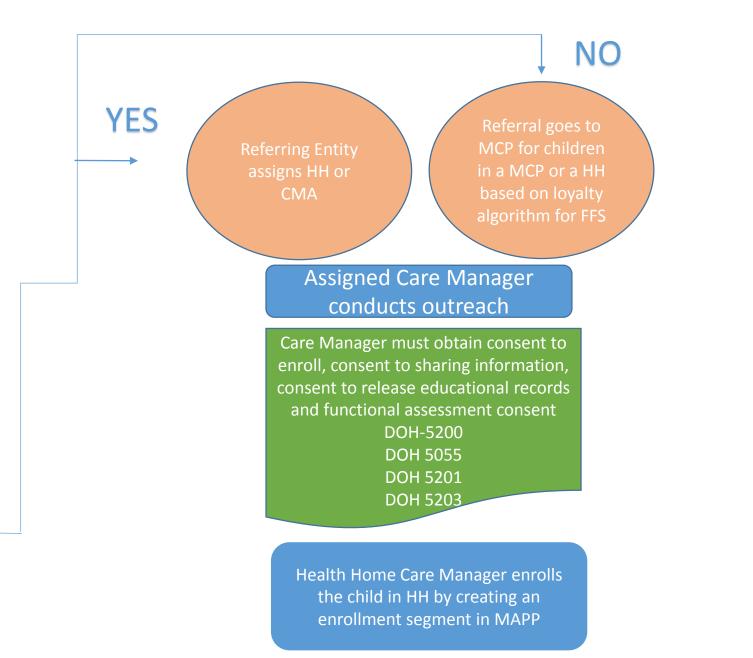
## **Consent Flow**

Entity believes a child is eligible and appropriate for a Health Home

If entity does not have access to the MAPP Referral Portal contact MCP, HH, CMA, LDSS, or LGU/SPOA to make HH Referral

Referring Entity will get verbal consent to refer the child into the Children's Health Home Program

Referring Entity identifies if currently providing services to child and wishes to enroll in Health Home



## When New Consent Forms are Required

A new consent to enroll and information sharing is required when:

- The member changes Health Homes
- A Health Home's Program name changes
- The member dis-enrolls and re-enrolls
- The member turns 18 years old, only if he/she did not previously consent for him/herself.
- The minor gets married, becomes pregnant or becomes a parent
- The member's consenter has changed for children under 18 years of age (i.e., a child in foster care to non-foster care and non-foster care to foster care)
  - Please note: For children in foster care the LDSS in upstate and the VFCA in NYC is the legally authorized representative
- The minor changes schools/districts as the form is district/school specific

#### **Consent to Withdrawal Form: Enrollment and Sharing of Information**

*Form DOH-5202*: Consent to Withdrawal of Health Home Enrollment and Information Sharing For Use with Children Under 18 years of Age

 To be completed by the parent, guardian or legally authorized representative of children under the age of 18. This form is to dis-enroll from the Health Home and take away consent to release health information for children who have been enrolled in a Health Home.



### **Consent to Withdrawal Form: Educational Records**

#### Form DOH-5204: Consent Withdrawal of Release of Education Records.

- This form is to withdraw (take away) consent (permission) to release educational records for children and adolescents who have been enrolled in a Health Home
- Withdrawal of consent for release of educational records for children under age 18 must be provided by the parent, guardian or legally authorized representative.
- Withdrawal of consent for release of educational records for those aged 18 and over must be provided by the individual.
  - **Please note:** A consent withdrawal of education records, means that the school can no longer discuss the child with Health Home Care Managers



### **Consent to Withdrawal Form: Information Sharing**

*Form DOH-5058*: Health Home Patient Information Sharing Withdrawal of Consent (companion to the form DOH 5055)

The Health Home Patient Information Sharing Withdrawal of Consent (DOH 5058) takes away consent to release health information for people over the age of 18. Children and adolescents who are parents, pregnant, married or over the age of 18 can withdraw from the Health Home program at any time by using this form.

### **Consent to Withdrawal Reasons**

- Choice: Whether the child/parent/guardian/legally authorized representative providing consent and family is no longer interested in Health Home services
  - The multidisciplinary team along with the consenter believe that Health Home services are no longer needed and the child/adolescent is dis-enrolled.
- The child no longer meets the eligibility and appropriateness criteria for Health Home (i.e., does not meet the chronic condition eligibility criteria).
- The child is no longer eligible for Medicaid (Health Home may continue to work with the member that is in and out of Medicaid but may not bill while member is not enrolled – may retroactively bill for services provided in prior 90 days if later deemed eligible and enrolled)
- The child has moved out of New York State
- Individuals who are 18 year of age, parents, pregnant, and/or married, and who are otherwise capable of consenting, may exercise independent choice to disenrollment

## **Health Homes Serving Children Consent Forms**

Consent forms can be found on the Department of Health website:

https://www.health.ny.gov/health\_care/medicaid/program/medicaid\_health\_hom es/hh\_children\_forms.htm



## **Questions?**





## Subscribe to the HH Listserv

- Stay up-to-date by signing up to receive Health Home e-mail updates
- Subscribe

http://www.health.ny.gov/health\_care/medicaid/program/medicaid\_health\_ homes/listserv.htm

 Health Home Bureau Mail Log (BML) https://apps.health.ny.gov/pubdoh/health\_care/medicaid/program/medicaid health homes/emailHealthHome.action

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## **Updates, Resources, Training Schedule and Questions**

Please send any questions, comments or feedback on Health Homes Serving Children to: <u>hhsc@health.ny.gov</u> or contact the Health Home Program at the Department of Health at 518.473.5569

Stay current by visiting our website:

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