

Policy Title: **Continuity of Care and Re-engagement for Enrolled Health Home Members**

Policy number: HH0006

Effective date: October 1, 2017

Last revised:

Approved by:

Date:

Applicable to: This policy pertains to adults and children enrolled in the Health Home Program

Purpose

The role of the Health Home care manager (CM) is to provide access to and coordinate the care and services provided to Health Home members to maximize health and support the member in reaching goals. In the presence of Health Home consent, a care team is created consisting of the member, care manager, Medicaid Managed Care Plan (MMCP), care and service providers, collaterals and others approved by the member who communicate with one another to assure member's needs are addressed in a comprehensive manner. Keeping members engaged in care management services is vital to this process. However, CMs are faced with members who become disengaged and must therefore, respond appropriately and timely to locate and re-engage the member.

This policy provides guidance to Health Homes (HH) regarding measures that must be taken to locate and re-engage enrolled members upon determining that continuity of care management services has been disrupted, and to prevent the potential for future disengagement.

This policy replaces any information provided in Medicaid updates and guidance webinars posted on the Health Home website related to this subject matter, issued prior to the effective date of this policy, as well as the following policy and procedures found in the *Health Homes Provider Manual – Billing Policy and Guidance, Version 2014-1*:

- **Under Section III: Claims Submission and Billing for Health Home Services**
 - 3.7 Payment for Health Home Members During an Extended Inpatient Stay
 - 3.8 Health Home Member Lost to Services, Outreach for Re-engagement, or Disenrollment

Scope

When a member's continuity of care is disrupted, the care management agency must initiate appropriate activities intended to more effectively locate disengaged members which, at minimum, will include involvement of the member's care team (e.g., member, CMA, CM Supervisor, member's MMCP, HH, family supports (including parent, guardian, legally authorized representative, and others approved by the member).

References

The following Health Home policies and procedures are referenced within this policy and must be followed to support procedures as identified:

- *Disenrollment from the Health Home Program policy*

- *Health Home Notice of Determination and Fair Hearing Process*
- *Health Home Quality Management Program policy*

Definitions

The following definitions are provided as guidance when conducting activities to locate, re-engage, and retain HH enrolled members, and outlines the responsibilities of the CM/CMA and others in the process.

Billing.

Depending on circumstances related to member location and re-engagement activities, certain *Billing* rules apply and must be followed are described within this policy.

Supporting documentation must be in place showing evidence of CM activities related to search efforts, member re-engagement, retention, and disenrollment.

Continued Search Efforts.

When three consecutive months of *Diligent Search Efforts* do not result in locating the member, the MMCP and HH will continue to monitor for member activity. These *Continued Search Efforts* are permitted for a period of **three consecutive months**, beginning the month immediately following the period of *Diligent Search Efforts*.

MMCP and HH must continue to:

- a. monitor member activity through Managed Care, RHIO, and hospital alerts, and communications with providers and collaterals;
- b. have a process in place to assure all notifications are mutually shared between MMCP and HH, and communicated to the CMA timely; and,
- c. monitor outcome of updates provided by CMA in response to MMCP/HH notifications related to efforts taken to locate the member.

Critical Time Intervention (CTI).

CTI is a time-limited evidence-based practice that focuses on building a support network for members during a period of transition into the community from an excluded setting, or in preparation for disenrollment from the HH program. A CTI plan aids in community integration and continuity of care by helping the member to establish a stable system of community supports. CTI happens over a period of time to allow for observation of the member's support network and progress toward becoming more self-reliant to support a successful and long-lasting transition.

Diligent Search Efforts.

As soon as a member is determined to be disengaged from care management services, efforts to locate and re-engage the member must be intensified beyond *Standard CM* activities. *Diligent Search Efforts* are permitted for a period of **three consecutive**

months, beginning the month in which the member was deemed as disengaged from CM services, and must be initiated by the CMA/CM as follows:

- a. three or more activities must be used each month to locate and re-engage the member, one of which must be to inform the member's MMCP and HH of the member's disengagement.
- b. additional *Diligent Search Effort* activities include, but are not limited to:
 - attempting face-to-face visit to the last known address;
 - phone contact with care and service providers;
 - contacting Local Government Unit (LGU)/Single Point of Access (SPOA);
 - contacting collaterals, emergency contacts and supports to include parent, guardian or legally authorized representative, family, etc.;
 - contacting the member's Parole Officer or Probation Officer, if applicable;
 - accessing online criminal justice resources (e.g., WebCrim);
 - contacting schools;
 - contacting Methadone clinic;
 - reviewing hospital alerts, RHIO, and PSYCKES; and,
 - others, appropriate to the member and to support search efforts.

NOTE: If CMA/CM did not perform *Diligent Search Efforts* during any of the three consecutive months, then *Billing* cannot occur for that month(s).

- c. if three-consecutive months of *Diligent Search Efforts* do not result in the location of the member, efforts must move into *Continued Search Efforts* (refer to Definition).

Disengaged.

A member may be deemed disengaged from CM services when *Standard* CM activities have been attempted but do not result in successful contact with the member. Before determining a member as disengaged from CM services, the CM should take into account usual patterns of behavior exhibited by the member known to result in inconsistent engagement or anticipated temporary disengagement (such as: a pattern of inconsistent attendance with scheduled appointments despite CM reminders; member is without stable housing and changes living arrangements frequently; member is often without access to a phone; etc.).

Excluded Setting.

For the purpose of this policy, 'excluded settings' are defined as: inpatient, hospitalization, institution or residential facility; incarceration; nursing home, etc., and include the following:

- Residential Treatment Facility (RTF)
- Community Residence (CR)

- State Operated psychiatric facility
- Free Standing Psychiatric Hospital
- Residential Treatment Center (RTC)
- OCFS Juvenile Justice Facilities
- Secure and Non-Secure Detention
- Incarceration
- Detoxification program
- Chemical dependence inpatient
- Chemical dependence residential rehabilitation program
- Hospital based or freestanding inpatient detoxification program
- Inpatient Hospital or other medical facility
- Inpatient psychiatric unit

Member Status.

Member enrollment status may require changes in MAPP during the course of search and re-engagement efforts based on CM activities as specified in this policy.

Standard Care Management Activities.

Standard CM activities may include, but are not limited to: face-to-face visits, interactive communications via phone calls and/or electronic communications; direct contact with care team members, family/supports including parent, guardian, legally authorized representative, other collaterals, and so forth.

NOTE: Activities such as leaving a voice message, mailing a letter, and sending texts or emails are necessary activities to keep a member engaged in care management. However, if these methods do not result in a reply from the member, they cannot be considered health home core services.

Procedures

To meet the needs of any given member in a fully integrated person-centered care model, the CM must be able to engage with members and provide core health home services on a consistent basis. When engagement with the member does not occur, the CM needs to determine an appropriate course of action to take to locate and re-engage the member, for example: what steps will be taken? for how long?

The CM must determine when the member is deemed disengaged from CM services, and initiate more intensive efforts to locate the member, as defined in this policy

HHs must establish and maintain policies and procedures that address how a member is identified as disengaged from care management services; steps that must be taken to search for and re-engage disengaged members; specific timeframes associated with location and re-engagement efforts; acceptable billing practices; and quality monitoring activities.

HH policies and procedures must include, but are not limited to the following:

A. Initiating Location and Re-engagement Activities (Diligent Search Efforts).

Upon first identifying a member as disengaged from CM services the CM must initiate *Diligent Search Efforts* (refer to Definition), to include the following:

1. document all efforts taken to engage the member through *Standard Care Coordination Activities* and how the member was identified as disengaged from CM services;
2. notify the CM supervisor of member's disengagement and discuss the plan for conducting *Diligent Search Efforts*. (refer to Section G of this policy: *The Role of the CMA Supervisor*).
3. document all *Diligent Search Efforts* taken to locate the member, including notification to the MMCP and/or HH, and the outcome of all activities;
4. *Member Status*. The member's enrollment segment in MAPP will remain in 'active' status during the three consecutive months of *Diligent Search Efforts*.
5. *Billing*. *Billing* at the enrollment rate is allowed during the three months of *Diligent Search Efforts*, as long as the CMA can demonstrate that appropriate search efforts were conducted.

B. Continued Search Efforts.

If the three consecutive months of *Diligent Search Efforts* do not result in location of the member, the CMA must inform the member's MMCP and HH to assure activities to locate the member are maintained through *Continued Search Efforts* (refer to Definition) for the next three consecutive months.

Upon receiving notification from the MMCP and/or HH of the member's location, the CM/CMA must:

1. conduct timely follow-up activities to re-engage with the member;
2. document receipt of any communication from the HH/MMCP, action(s) taken and outcome of activities, including whether or not notification resulted in member re-engagement;
3. communicate outcomes to HH/MMCP so that *Continued Search Efforts* can be maintained, if needed;
4. *Member status*. During this period of *Continued Search Efforts*, the CMA must assure the member's enrollment segment in MAPP is 'pending'. The

end reason must be “Pended due to Other” with a comment of “Continued Search Efforts”.

5. *Billing*. CMA billing is prohibited while member’s enrollment segment is in ‘pended’ status.

C. Successful member location and re-engagement.

Upon successful location of the member, the CM must assure timely re-engagement occurs.

The CM must:

1. discuss with the member any reasons for disruption in continuity of care and possible resolution;
2. ensure all consents are still active and in place, or seek proper consents or make needed updates;
3. discuss with member’s care team any issues identified to collaborate on possible ways to prevent reoccurrence and support member retention and safety;
4. evaluate and screen the member for additional risk factors, and complete appropriate assessments, as indicated;
 - For Health Homes Serving Children: refer to guidance on completing CANS-NY and conducting an interdisciplinary team meeting in the face of a significant life event.

Refer to:

http://www.health.ny.gov/health_care/medicaid/program/medicaid/health_homes/docs/hhsc_readiness_review_4_7_2016.pdf

5. update the member’s plan of care if any changes are identified in member goals or service needs, and notify the member’s care team;
6. conduct a case review with the CM supervisor and/or care team, as appropriate.
7. *Member status*. The CMA must assure the member’s enrollment segment in MAPP is in ‘active’ status, backdated to the first day of the month in which the member was located.
8. *Billing*. The CMA may resume billing at the enrollment rate for activities conducted to locate and re-engage the member.

D. When the member is located within an excluded setting.

There may be instances when a member is located in an “excluded setting” (refer to *Definition*) and, therefore re-engagement of the member may not occur immediately.

To support member retention and opportunities for re-engagement, a period of **six consecutive months** is allowed for discharge/release from an excluded setting, computed as follows:

- For members located in an inpatient facility or nursing home, the six-month period begins on the date of admission into that setting.
- For incarceration, the six-month period begins on the day after the member completes the first thirty days in a criminal justice setting (day 31).

To establish the likelihood of the member’s discharge/release from an excluded setting within the six-month period, the CM must:

1. make contact with the member and/or discharge planning staff of excluded setting to provide notification of the member’s HH enrollment, confirm the member’s admission/incarceration date and anticipated length of stay in the excluded setting, and to collaborate on discharge planning procedures;
2. document all communication(s) with the member and/or discharge planning staff, and outcomes, including potential for member’s disenrollment from the HH program;
3. review outcomes with CM supervisor and establish plan for member re-engagement, or member disenrollment, if indicated;
4. notify the member’s care team; and,
5. update member’s plan of care accordingly.

For length of stays anticipated to last greater than six months.

If the member is to remain in the excluded setting longer than six months, the CM must follow procedures for disenrolling the member from the HH program.

Additional requirements can be found in the following policies:

- refer to: *Disenrollment from the Health Home Program policy*
- refer to: *Health Home Notice of Determination and Fair Hearing Process*

For length of stays anticipated to end within six months of admission.

For members expected to be discharged/released from the excluded setting within six months of their admission date, a warm handoff/direct linkage to CM services is vital to support the safe transition and timely re-engagement of the member.

The CM/CMA should prepare for the member's discharge/release by monitoring the member's status to assure participation in discharge planning procedures occurs.

Member Status and Billing.

When a member is in an excluded setting, certain protocols apply related to the Member's Status in MAPP and billing activities, as follows:

1. During the period of time when the member is in the excluded setting, the CMA must assure the member's segment in MAPP is in 'pended' status for a reason of "Pended due to Other", with a comment of "Excluded Setting", and specifying the *type* of setting.
2. Making direct contact with the member and/or discharge planning staff of the excluded setting may be considered a core CM service *as long as* the CM can demonstrate proper contact was made for the purpose of the member's discharge/release from the excluded setting.

For the month in which the member enters the excluded setting, or the CM/CMA first makes contact with the member and/or staff of the excluded setting, the CMA may bill for CM services at the enrollment rate. The CMA must change the member's status to 'active' enrollment segment for this one month, resuming 'pended' status for subsequent months during which time billing may not occur.

For incarceration. During the *first thirty days* of incarceration, if the CM/CMA makes contact with the staff of the criminal justice facility, the CMA may bill. The member's segment in MAPP must be in an 'active' enrollment segment status. However, after thirty days, the CMA can no longer bill. The member's segment in MAPP must be changed to 'pended' status for a reason of "Pended due to incarceration" for the duration of time the member is incarcerated.

3. In the **thirty days** prior to the member's discharge from the excluded setting, if the CM/CMA participates in active discharge planning activities to re-engage the member, the member's enrollment segment must be changed to 'active' status and the CMA may bill for this month (this does not apply to members who are incarcerated).

4. Upon the member's discharge/release with successful re-engagement the CMA may maintain the member's 'active' enrollment status, and resume *billing* activities.

NOTE: *This policy provides standards of practice for locating and re-engaging members. CMs must use professional discretion when identifying opportunities to re-engage members whose discharge/release may require a period slightly longer than six months.*

E. Member request to disenroll from Health Home Program.

A member may ask to disenroll from the Health Home program at any time. If this should occur during re-engagement activities, the CM must:

1. evaluate the current state of the member and inquire whether the member's decision to disenroll is related to a complaint or dissatisfaction with an aspect(s) of the HH program. Provide follow up as appropriate;
2. provide critical time intervention accordingly;
3. follow procedures for a timely and safe disenrollment plan found in the following HH policy:

- refer to: *Disenrollment from the Health Home Program policy*

4. *Member status.* The CMA must assure the member's enrollment segment is changed to "end/closed" status that is the last day of the month in which the member disenrolls. The most appropriate Disenrollment Reason Code is chosen (e.g., Member disenrolled; Member dissatisfied with services; Member withdrew consent, etc.).
5. *Billing.* Upon disenrollment of the member, all billing must cease. If a core service is provided in the month of disenrollment, billing can occur during that month (e.g., member receives services on 6/15, then withdraws consent on 6/22).

If no core service is provided (e.g., no service provided in June, member withdraws consent on 6/22), the billing questionnaire must be completed for the month of disenrollment with a 'no' response to 'if a core service was provided in the MAPP HHTS' and no payment should be received.

F. Member cannot be located.

If after completion of *diligent and continued search efforts* the member is not located, the member must be disenrolled from the Health Home program.

The CM must:

1. follow procedures for disenrollment from the HH program found in the following HH policies:
 - refer to: *Disenrollment from the Health Home Program* policy
 - refer to: *Health Home Notice of Determination and Fair Hearing Process*
2. *Member status.* The CMA must assure the member's enrollment segment is changed to "end/closed" status and the most appropriate Disenrollment Reason Code is chosen (e.g., Enrolled Health Home member lost to services).
3. *Billing.* Upon disenrollment of the member, all billing must cease.

G. The Role of the CMA Supervisor.

The role of the CM supervisor is vital to assuring appropriate activities were taken to locate and re-engage members when determined to be disengaged from CM services.

The CM supervisor must:

1. assure notification is received from the CM whenever a member is determined to be disengaged from care management services;
2. provide CMs with clinical and policy guidance to support all level of search efforts;
3. be actively involved in the decision to disenroll the member from the HH program;
4. participate in case reviews, as appropriate;
5. assure notification is provided to MMCP, and,
6. assure timely notification to HH occurs for the provision of Notice of Determination, where applicable.

Additional requirements can be found:

- refer to: *Disenrollment from the Health Home Program* policy
- refer to: *Health Home Notice of Determination and Fair Hearing Process*

H. Quality Monitoring.

HHs must evaluate patterns related to member disengagement within its own network and establish Quality Monitoring activities to address issues identified.

HH must assure quality monitoring activities are in place and include:

- reasons for member disengagement using the lens of avoidable versus unavoidable events;
- appropriateness of care management efforts used to locate, reengage and retain members;
- timelines were followed and met;
- maintenance of Member Status;
- Billing procedures were followed;
- involvement of CMA Supervisor;
- update to the member plan of care in response to changes in service needs or identified risk factors, as needed;
- timely notification to MMCP and HH;
- appropriate notification to member's care team;
- members not located;
- members that could not be re-engaged in CM services (e.g., excluded setting longer than six month);
- members disenrolled from HH program; and,
- appropriate training is provided to HH and CMA staff in response to outcomes from quality monitoring activities.