



Early Intervention and Health Home Readiness Subcontractor Attestation Approval

Dear Health Home & Early Intervention Providers,

In April 2017, to better assess readiness and identify parties interested in serving Early Intervention children in Health Homes, DOH requested that HH Care Management Agencies and Early Intervention Providers interested in being cross trained to provide EI and HH services concurrently **OR** enter into a sub-contractual agreement(s) needed to complete and return a Notification of Interest.

This attestation is for CMA and EI providers who submitted a Notification of Interest for subcontracting **ONLY** and can attest to their readiness to coordinate subcontracted Early Intervention services for eligible Health Home members. HH CMAs must receive EI training and become approved EI agencies to subcontract with an EI provider. EI provider application is linked below.

At any time, providers can turn in their subcontracting attestation form for DOH approval, as there is no required timeframe to complete the attestation form. Submission of this form is dependent upon the provider's readiness and confirmation from Lead Health Homes and DOH EI that such readiness is complete.

Any provider who has not already submitted a Notification of Interest, can do so at any time for the DOH review to begin. All providers interested in subcontracting with Early Intervention Providers or HH Care Management Agencies must complete **both** the Notification of Interest and the attached Attestation.

NOTE: Duplicate billing for service coordination is not permissible. Therefore, HH Care Management Agencies and Early Intervention Ongoing Service Coordination providers who enter into sub-contractual agreements must share a percentage or an agreed upon portion of the Health Home Per Member Per Month (PMPM) rate for billing of care management services.

REMINDER! To limit confusion for the enrolled member, the Health Home Care Manager will be the main point of contact between the member and EI/HH service coordination. It is expected that there will be instances at which the EI OSC will initiate contact to the member independent of the HH CM, however, it is imperative that both parties work in concert to avoid service duplication and unnecessary dual contact to the member. Please see supplement guidance document.

EI Application Instructions

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_children/hh_ei_agency_appl_instr.htm

EI Application

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_children/hh_ei_application_approval.htm



Health Home and Early Intervention SUBCONTRACTING ATTESTATION

This attestation will be managed by the Health Home Care Management Agency that is entering into a subcontracting relationship, to ensure that Early Intervention services are being provide to children who are both eligible for Health Home and Early Intervention.

Name of HH CMA: _____

Name of Lead Health Home(s): _____

Section A: List subcontracted EI Provider(s)

i. Name of subcontracted EI agencies and their respective county:

Name of EI Agency (Print) County

Name of EI Agency (Print) County

Name of EI Agency (Print) County

Name of EI Agency (Print) County

Name of EI Agency (Print) County

Please attest to the following:

ii. Entities have established and documented clear roles, responsibilities and integration of service delivery to limit confusion to the family. **Attached** policy, procedures and or program process to serve the member.

Attested by: HH CMA Director Initials

iii. Entities have established and documented a shared payment arrangement according to the Health Home PMPM rate and is part of the sub-contractual agreement. **Attested by:** HH CMA Director Initials

iv. Entities have designated a point person to collaborate and maintain a clear line of communication between EI Ongoing Service Coordinator, the Health Home Care Manager and the Health Home member.

Attested by: HH CMA Director Initials and Name of the Point Person



- v. **Attached** a copy of the executed sub-contractual agreement(s) signed by EI provider and HH Care Management Agency.
Attested by: HH CMA Director Initials

Section B: HH Care Management Agency Systems Access

Please attest to the following:

- I HH CMA Director Initials attest: As the oversight HH care management agency for HH services, Staff's Name and position has completed minimum required training requirements for Early Intervention Service Coordination and the New York Early Intervention System (NYEIS) to ensure proper EI Ongoing Service Coordination is being delivered.
- I HH CMA Director Initials attest: My agency has access to the following Health Information Technology (HIT) systems. Each item below **MUST** be initialed to move forward with implementation:

- Health Commerce System (HCS) – Active accounts for HH CMA and Early Intervention Organization Type
- Medicaid Analytics Performance Portal – Health Home Tracking System (MAPP – HHTS)
- New York Early Intervention System (NYEIS)
- Uniformed Assessment System (UAS) that houses the CANS-NY tool

Section C: Early Intervention Provider Training

Please attest to the following:

- I HH CMA Director Initials attest: EI point person(s) from agencies listed in **Section A** have received Health Home introductory training by the lead Health Home(s): _____ to ensure an understanding of the HH CM role and responsibility.



ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

Section D: Lead Health Home

Please attest to the following:

- I Lead HH Director Initials attest: the entities listed in Section A, B and C have completed the requisite trainings and acquired systems access for adequate service delivery of concurrent Early Intervention/Health Home Care Management. The entities noted in this document, therefore, are commissioned to enter into the attached sub-contractual service agreement(s).

Name of CMA

Signature of CMA Director and Date

Name of EI Agency (Print)

Signature of EI Director, County, and Date

Name of EI Agency (Print)

Signature of EI Director, County, and Date

Name of EI Agency (Print)

Signature of EI Director, County, and Date

Name of EI Agency (Print)

Signature of EI Director, County, and Date

Name of EI Agency (Print)

Signature of EI Director, County, and Date

Name of Health Home

Signature of Health Home Director and Date

DOH Health Home Serving Children and Bureau of Early Intervention approval for implementation of a subcontracting relationship to serve Early Intervention and Health Home eligible children.

Approved – Signature _____

Denied – Signature _____

Reason for Denial: _____



Department of Health

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Supplemental:

Supplement space for signature of EI Directors, County information and Date.

Note: HH CMAs interested in contracting with additional EI providers following initial submission DO NOT need to complete a new attestation. All future EI Subcontractor additions may be entered and sign in the space provided below along with the required attachments and trainings as outlined in Section A and B.

Name of CMA

Signature of CMA Director and Date

Name of EI Agency (Print)

Signature of EI Director and Date

Name of EI Agency (Print)

Signature of EI Director and Date

Name of EI Agency (Print)

Signature of EI Director and Date

Name of EI Agency (Print)

Signature of EI Director and Date

Name of Health Home

Signature of Health Home Director and Date

DOH Health Home Serving Children and Bureau of Early Intervention approval for implementation of a subcontracting relationship to serve Early Intervention and Health Home eligible children.

Approved - Signature

Denied - Signature

Reason for Denial:

The Department of Health will post to its Health Home Serving Children website a list of approved subcontractors and their respective Health Homes that have completed the attached Early Intervention and Health Home Readiness Attestation Approval Form. If you have any questions, please contact DOH at HHSC@health.ny.gov or contact the Health Home Program at the Department of Health at 518.473.5569