



**Department  
of Health**

**Office of  
Health Insurance  
Programs**

# **Health Homes Serving Children Status of Implementation, Review of Recent Guidance, And Q & A**

April 26, 2017

# Topics

- Implementation Update
- Health Home Outreach, Enrollment and Hatus
- Health Home Eligibility and Appropriateness
- Assignment
- Updated HHSC Guidance
- Resources and Training
- Next Steps
  - HHSC Data Reporting and review
  - Performance Outcome Measures and Process Measures
- Questions

# Health Home Serving Children Implementation

- Health Homes Designated to Serve Children began to enroll children December 2016
- DOH continues to work with Health Homes and Medicaid Manage Care Plans to complete Administrative Services Agreements (ASA).
  - Most HHs have all ASAs with Plans, work continues with Excellus and CDPHP to complete ASAs regarding a small number of HH. This information is available on the DOH website: [http://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/hh\\_asa\\_mco\\_tracker.pdf](http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_asa_mco_tracker.pdf)
- Throughout Implementation DOH continues to work to designate all 16 contingently designated Health Homes. 15 of the 16 Health Homes to Serve Children have been designated. Some Health Homes are still completing readiness activities to be designated in all the counties they applied.
- Health Homes designated to serve children, information is on DOH website:
  - [http://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/hh\\_children\\_designations.pdf](http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_children_designations.pdf)

# OMH TCM Transition

- Pre–population of the CANS-NY was available for TCM providers in October and November
- Transition goal was extended and conversion to the Health Home program was required by March 31, 2017
- OMH is currently reviewing providers transition and which providers are still in the process of transitioning
- Reconciliation review for April, May, and June will begin in July 2017

# Complex Trauma Updates

Half-day in person trainings were held in Albany, Rochester and NYC in February 2017 for Health Homes and Care Management Agencies. In-person training focused on:

- Defining and understanding complex trauma
- Understanding and administering the complex trauma assessment and referral process for Health Home eligibility determination

NYS DOH will continue to work with McSilver Institute on future Complex Trauma training and technical assistance for Health Homes and Care Management Agencies. Future topics will include:

- Developing a Care Plan
  - Workflow
  - Best Practices
  - Rules and Requirements
  - Engagement
- Synthesizing Treatment Models for Trauma Exposure
  - Conducting an environmental scan to identify NYS providers
  - Trauma treatment best practices
- Trainings will be offered both in-person and online

# Complex Trauma Updates – Readiness Assessment

- Health Homes and Care Management Agencies completed Readiness Assessments due February 8, 2017 to assess their organizational strengths and challenges relating to implementing Complex Trauma-specific work
- Readiness Assessment Results Webinar was held on March 29, 2017. Individual reports will be sent to Health Homes and Care Management Agencies in PDF format and are expected to arrive beginning 4/12/17

[http://devweb2.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/complex\\_tr\\_readiness\\_ass\\_results.pdf](http://devweb2.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/complex_tr_readiness_ass_results.pdf)

- McSilver and DOH HHSC team will review overall Health Home and CMAs RA results and will work with Health Homes and their network partners to determine assistance needed
- TA opportunities will be offered
- Review of Complex Trauma HH enrollment will be conducted by DOH to assist where there may be issues and/or gaps

# Early Intervention

- HH/EI program integration is slated to go-live September 2017
- During the interim Health Homes, CMAs, and EI agencies interest in being cross trained and/or subcontracting **Must** submit the Notification of Interest form no later than **Friday April 28, 2017** to [HHSC@health.ny.gov](mailto:HHSC@health.ny.gov)
- The HH/EI integration process is comprised of several steps, please be sure to carefully read through **ALL** instructions listed in the Notification of Interest form prior to submission  
[http://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/hh\\_ei\\_notification\\_of\\_interest.pdf](http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_ei_notification_of_interest.pdf)
- DOH HHSC and EI will compile providers interest and then share this information with HHs to discuss network adequacy for initial roll out
- For Health Homes or CMAs interested in becoming an approved EI provider please reference the **March 23, 2017** Webinar for detailed instructions at

[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/2017-03-23\\_hhsc\\_ei.pdf](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/2017-03-23_hhsc_ei.pdf)

# Outreach and Enrollment



# Health Home Serving Children Outreach and Enrollment Stats

Capacity	1st Quarter				
	December	January	February	March	
Outreach	3,739	4,203	4,708	3,839	8,581
Enrollment	3,138	4,776	6,331	7,585	7,801

# Outreach and Enrollment Monthly Data by Health Home

Health Home Name[HHTracking]	HHSC Outreach			
	12/2016	1/2017	2/2017	3/2017
ADIRONDACK HEALTH INSTITUTE IN	27	30	39	30
CATHOLIC CHARITIES MH	7	117	130	188
CHHUNY LLC	587	862	1,031	1,086
CHILDREN'S HEALTH HOME OF WNY	0	0	26	48
CNYHHN INC	33	25	15	25
COMMUNITY CARE MANAGEMENT PART	45	33	34	34
COORDINATED BEHAVIORAL CARE IN	431	471	597	423
GREATER ROCHESTER HLTH HOME NE	16	21	24	32
HUDSON RIVER HEALTHCARE INC	96	137	195	139
INSTITUTE FOR FAMILY HLTH	138	5	13	30
MONTEFIORE MEDICAL CENTER	15	21	13	30
MOUNT SINAI HLTH HM SER CHILDR	0	0	7	27
NIAGARA FALLS MEM MED CTR	148	119	31	27
ST MARYS HEALTHCARE	4	12	7	6
THE COLLABORATIVE FOR CHILDREN	2,192	2,350	2,546	1,714
Totals	3,739	4,203	4,708	3,839
All Time Total				8,581

Health Home Name[HHTracking]	HHSC Enrollment			
	12/2016	1/2017	2/2017	3/2017
ADIRONDACK HEALTH INSTITUTE IN	139	166	187	206
CATHOLIC CHARITIES MH	158	218	261	290
CHHUNY LLC	934	1,588	2,127	2,576
CHILDREN'S HEALTH HOME OF WNY	0	0	83	182
CNYHHN INC	67	54	58	58
COMMUNITY CARE MANAGEMENT PART	75	97	103	110
COORDINATED BEHAVIORAL CARE IN	562	720	905	1,104
GREATER ROCHESTER HLTH HOME NE	22	27	31	37
HUDSON RIVER HEALTHCARE INC	343	459	484	517
INSTITUTE FOR FAMILY HLTH	2	3	8	13
MONTEFIORE MEDICAL CENTER	23	75	88	98
MOUNT SINAI HLTH HM SER CHILDR	0	0	39	61
NIAGARA FALLS MEM MED CTR	61	84	126	141
ST MARYS HEALTHCARE	71	87	96	97
THE COLLABORATIVE FOR CHILDREN	681	1,198	1,735	2,095
Totals	3,138	4,776	6,331	7,585
All Time Total				7,801

# Members Under 21 Currently in Hiatus Compared to Feb & March 2017

Health Home Name	Moving into March Hiatus as of Feb. 22, 2017	Currently in Hiatus - pulled April 12, 2017	Mar	Apr	Grand Total
		Feb			
THE COLLABORATIVE FOR CHILDREN AND	1,600		1,016	400	1,416
CHHUNY LLC	275		130	133	263
COORDINATED BEHAVIORAL CARE INC	309	3	167	43	213
HUDSON RIVER HEALTHCARE INC	77	1	57	48	106
NIAGARA FALLS MEM MED CTR		80	1	21	102
HEALTH HOME PARTNERS OF WNY LLC	5	45	2	2	49
JACOBI MEDICAL CENTER	18	4	25	19	48
CATHOLIC CHARITIES MH	4		1	42	43
ADIRONDACK HEALTH INSTITUTE INC	10	2	8	6	16
CNYHHN INC	1	5	2	7	14
GREATER ROCHESTER HLTH HOME NETWORK	7	4	3	5	12
HUTHER-DOYLE MEM INSTITUTE	4	2	4	5	11
COMMUNITY CARE MANAGEMENT PARTNERS	9	4	3	3	10
ST LUKES ROOSEVELT HSP CTR		2	6	2	10
ONONDAGA CASE MGMT SVCS MH	5	3	2	4	9
GREATER BUFFALO UNITED IPA	2	6	1	1	8
CHAUTAUQUA COUNTY DEPARTMENT OF MH	1	5		3	8
LAKE SHORE BEHAVIORAL HLTH IN	1	1	1	5	7
NORTH SHORE UNIVERSITY HOSPITAL	1	4	1	2	7
HUDSON VALLEY CARE COALITION INC	3	1	3	2	6
ST JOSEPHS HOSPITAL HEALTH CE	3	2	3		5
SAMARITAN HOSPITAL TROY		2	1	2	5
INSTITUTE FOR FAMILY HLTH		1		2	3
ST MARYS HEALTHCARE	1		1	2	3
MARY IMOGENE BASSETT HOSPITAL	2		2		2
COMMUNITY HLTHCARE NETWORK AI		1		1	2
UNITED HEALTH SERV HOSP INC	1			1	1
SOUTHWEST BROOKLYN HEALTH HOME LLC	1	1			1
QUEENS COORDINATED CARE PARTNERS LL	4	1			1
VISITING NURSE SER/ NORTHEASTERN NY	1			1	1
MONTEFIORE MEDICAL CENTER	7			1	1
Grand Total	2,352	180	1,440	763	2,383

# Eligibility, Appropriateness and Quarterly Documentation

# Verification of Eligibility for Health Home Services

- Eligibility and Appropriateness must be verified prior to Health Home enrollment.
  - When DOH is completing an audit of a Health Home program, there **MUST** be documentation in the child's record that supports at the time of enrollment, the child was both eligible and appropriate for Health Home services.
- **Following** verbal or written verification of the child's eligibility and appropriateness for Health Home services, a Health Home Care Manager should obtain all required Health Home consents from the parent, guardian or legally authorized representative.
  - Consent to enroll is obtained after verification of eligibility and appropriateness. Once the Health Home consent to enroll has been obtained, then the child should be enrolled in the Health Home program with a MAPP enrollment segment.
- Outreach needs to be progressive and documented with a HH Core service conducted
  - Awaiting verification of eligibility is not considered progressive outreach

# Quarterly Documentation of Eligibility and Appropriateness

- No less than quarterly, care managers must actively review and document in the members record, the child's continued need for Health Home Care Management Services
- It is important to verify and document eligibility on a quarterly basis as member eligibility can change (for example, Medicaid eligibility)
- A quarterly review must be documented in the member's record
  - Follow your Health Home policies and procedures

# Outreach to Enrollment

- Consent to refer must be obtained in order to refer an individual who appears to be eligible and appropriate for Health Home services. An outreach segment can begin at this time.
- HH Care Managers are required to contact the referral source within 48 hours or as soon as practical, to identify themselves as the care manager and their care management agency.
- During the outreach segment, the HH CM works with the parent/guardian to verify eligibility for Health Home Services and obtain consent to enroll, as well as other consents i.e. Functional Assessment Consent, Consent to Share information
- If a family refuses to consent to enroll, the outreach segment should be terminated, and any referring entity should be notified that the family declined services.

# Pending Assignments

***The State expects the HHs and CMAs to review daily the Medicaid Analytics Performance Portal Health Home Tracking System (MAPP HHTS) pending CMA and CM assignments and that assignment with an outreach or enrollment segment is initiated within 3 business days***

- Since the LDSS (for children in foster care) selects and assigns the CMA (which is a VFCA), these pending assignments will not be known to the Lead Health Home until such time that the CMA assigns a CM and a segment is created for a Health Home connection to be made.
- CMAs (VFCAs) need to work with LDSS to request if they are making an assignment to ensure that the HH CMA is aware of the referral for the HH program



# Updated HHSC Guidance

# Guidance

- **HHSC Consent Form Guidance** - *The purpose of this guidance is to provide important information regarding the proper utilization of the required consent forms needed for Children's Health Homes.*

[http://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/hhsc\\_consent\\_form\\_guidance.pdf](http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hhsc_consent_form_guidance.pdf)

- **Guidance Regarding Program Referrals and Enrollment –**

- Referral Process – Notification to Referral Source of Assignment within 48 hours
- CIN Number change for members – New MAPP referral is needed
- (RE) Code 23 OMH Children's Waiver – Able to serve these children stepping down to HH but DOH must have a record
- (RE) Code 95 OPWDD Waivered Services Look-Alikes – Confirm no OPWDD services prior to enrollment in HH
- Matching HH members experience with the experienced HH Care Management Agency
- Staff Qualification Waiver Update – Ensuring that complete information is provided

[http://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/add\\_guidance\\_hhsc.pdf](http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/add_guidance_hhsc.pdf)

# Additional Guidance

## HH members with I/DD Chronic Conditions –

- DOH is tracking those **enrolled** in HH prior to 3/2/17 with I/DD Chronic Conditions as their HH eligibility to ensure that there is no disruption of billing or services

[http://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/hhei\\_intel\\_and\\_dev\\_disab.pdf](http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hhei_intel_and_dev_disab.pdf)

## LDSS Assignment to non-VFCAs (Voluntary Foster Care Agencies) –

- MAPP HHTS does not support the opportunity for the LDSS to choose a non-VFCA HH CMA to refer a child in foster care for HH services

[http://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/hh\\_referral\\_of\\_foster\\_care\\_child\\_to\\_non-vfca.pdf](http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_referral_of_foster_care_child_to_non-vfca.pdf)

## Approved Reasons and Processes to Correct CANS-NY Errors within the UAS-NY –

- Outlines the approved process and the indicated errors that might occur by an assessor that would need to be corrected due to the impact upon billing and transmittal to the MAPP HHTS

[http://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/approved\\_reasons\\_and\\_processes\\_correct\\_cans-ny\\_errors.pdf](http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/approved_reasons_and_processes_correct_cans-ny_errors.pdf)

## HHSC Frequently Asked Questions -

[http://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/hhsc\\_faq.pdf](http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hhsc_faq.pdf)

# Resources

- DOH has been working with the local county LGU/SPOAs and LDSS
- The local counties have articulated good connections with HHs and also have regular contact locally, regionally and with the NYS HH Coalition
- County SPOAs know the providers and services within their county. In many cases, SPOAs may have previously worked with a child and or have information regarding history
- It is important to know your local SPOAs and to place them on your consent for information sharing, when appropriate
- Additionally, child's Managed Care Plans should also be placed on consent for information sharing as the Plans can assist with the child history and access to various services and providers

# Training

The Department of Health is committed to supporting Health Homes and CMAs to access training

- The Department will be working with State agency partners to outline existing available training and other potential resources
- HHs should examine network partner's available training
  - How to utilize and or expand available training
  - Collaborations between the Health Homes resource
- Other suggestions

# Potential Training Webinars for HHSC

The Department of Health is currently exploring future training webinars for HHSC Community

Topics include:

- NYSED / School Districts
- Complex Trauma – Plan of Care
- CANS-NY
- AIDS Institute (AI)
  - Pep and Prep
  - End the Epidemic
- Diabetes
- Asthma
- Mental Health and SED
- Criminal Justice
- Sickle Cell Disease
  
- Please share your training needs with [HHSC@Health.ny.gov](mailto:HHSC@Health.ny.gov)

# HH Data Reporting and Review

DOH will begin regular calls with HHs to discuss and review how the HHs are monitoring their network CMAs

- DOH has established a list of process measures that should be examined during the initial implementation of HHSC

DOH will report out monthly statistics on our HHSC website

DOH will begin reviewing CANS-NY assessment, acuity and algorithm

- CMAs will be asked to provide CANS-NY supporting documentation for CANS-NY that will be reviewed

# Performance Outcome Measures

- The State will roll out performance outcome measures required by CMS for both adult and children Health Homes
- Performance and utilization measures required by CMS have been categorized by measure source, population affected and expected impact in the following major categories
  - Clinical Measures
  - Preventative Care
  - Process measures
- For more details prior to the State's roll out of performance measures, please reference the NYS Health Home SPA
  - [https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/assessment\\_quality\\_measures/docs/statewide\\_hh\\_quality\\_measures.pdf](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/assessment_quality_measures/docs/statewide_hh_quality_measures.pdf)



# Questions?



# Answers



Department  
of Health

Office of  
Mental Health

Office of Alcoholism and  
Substance Abuse Services

Office of Children  
and Family Services

# Additional Information and Support

**UAS-NY Support Desk**  
[uasny@health.ny.gov](mailto:uasny@health.ny.gov)

or

**518-408-1021, option 1**

**Monday – Friday**

**8:30 AM – 12:00 PM**

**1:00 PM – 4:00 PM**

**CANS-NY Training**

[support@CANSTraining.com](mailto:support@CANSTraining.com)

Or

[www.canstraining.com](http://www.canstraining.com) and click on  
contact us

**CANS-NY Policy**

[hhsc@health.ny.gov](mailto:hhsc@health.ny.gov)

**MAPP Customer Care Center**

[MAPP-customercenter@cma.com](mailto:MAPP-customercenter@cma.com)

Phone: 518-649-4335

**Commerce Accounts Management Unit (CAMU)**

**866-529-1890**

**Locate County Single Point of Access (SPOAs)**

[http://clmhd.org/contact\\_local\\_mental\\_hygiene\\_departments/](http://clmhd.org/contact_local_mental_hygiene_departments/)

**NYS Conference of Local Mental Hygiene Directors**

[http://clmhd.org/contact\\_us/](http://clmhd.org/contact_us/)



# 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](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](https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/emailHealthHome.action)

# Updates, Resources, Training Schedule and Questions

Please send any questions, comments or feedback on Health Homes Serving Children to:

[hhsc@health.ny.gov](mailto:hhsc@health.ny.gov) or contact the Health Home Program at the Department of Health at 518.473.5569

*Stay current by visiting our website:*

[http://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/health\\_homes\\_and\\_children.htm](http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/health_homes_and_children.htm)

