



Adirondack Health Institute

Lead Empower Innovate

AHI Health Home COVID-19 Desk Guide and Documentation Guidance Updated 11-03-2020

Temporary Billing Desk Guide allowing waivers for Special Populations

Population	Service Level	Intensity
Adult Mainstream	Minimum 1 Core Service per month	<ul style="list-style-type: none"> Plan of Care /Comprehensive Assessment can be completed telephonically
Adult AOT	Minimum of 4 Core Services per month	<ul style="list-style-type: none"> The face-to-face requirement has been temporarily lifted to meet all 4 Core Services Plan of Care / Comprehensive Assessment can be completed telephonically HH+ rate is billable without face-to-face contact
Adult HH+	Minimum of 4 Core Services per month	<ul style="list-style-type: none"> The face-to-face requirement has been temporarily lifted to meet the two Core Services HH+ rate is billable without face-to-face contact
Adult HH+ Stepdown	Minimum 1 Core Service per month or more depending on the members needs	<ul style="list-style-type: none"> Minimum of one core service that does not need to be face-to-face HML should be marked that the member is a HH+ member. HHSP should state in the HML that the minimum services were NOT provided
Adult HARP	Minimum 1 Core Service per month	<ul style="list-style-type: none"> HARP eligibility assessment can be implemented telephonically and is billable Plan of Care / Comprehensive Assessment can be completed telephonically
Children (Low Acuity)	Minimum 1 Core Service per month	<ul style="list-style-type: none"> Quarterly face-to-face requirement has been lifted CANS-NY can be completed telephonically Comprehensive Assessment can be completed telephonically
Children (Medium/High Acuity)	Minimum 2 Core Services per month	<ul style="list-style-type: none"> The face-to-face requirement has been lifted CANS-NY can be completed telephonically Comprehensive Assessment can be completed telephonically CBQ's are billable without face-to-face contact

Documenting Verbal Consent

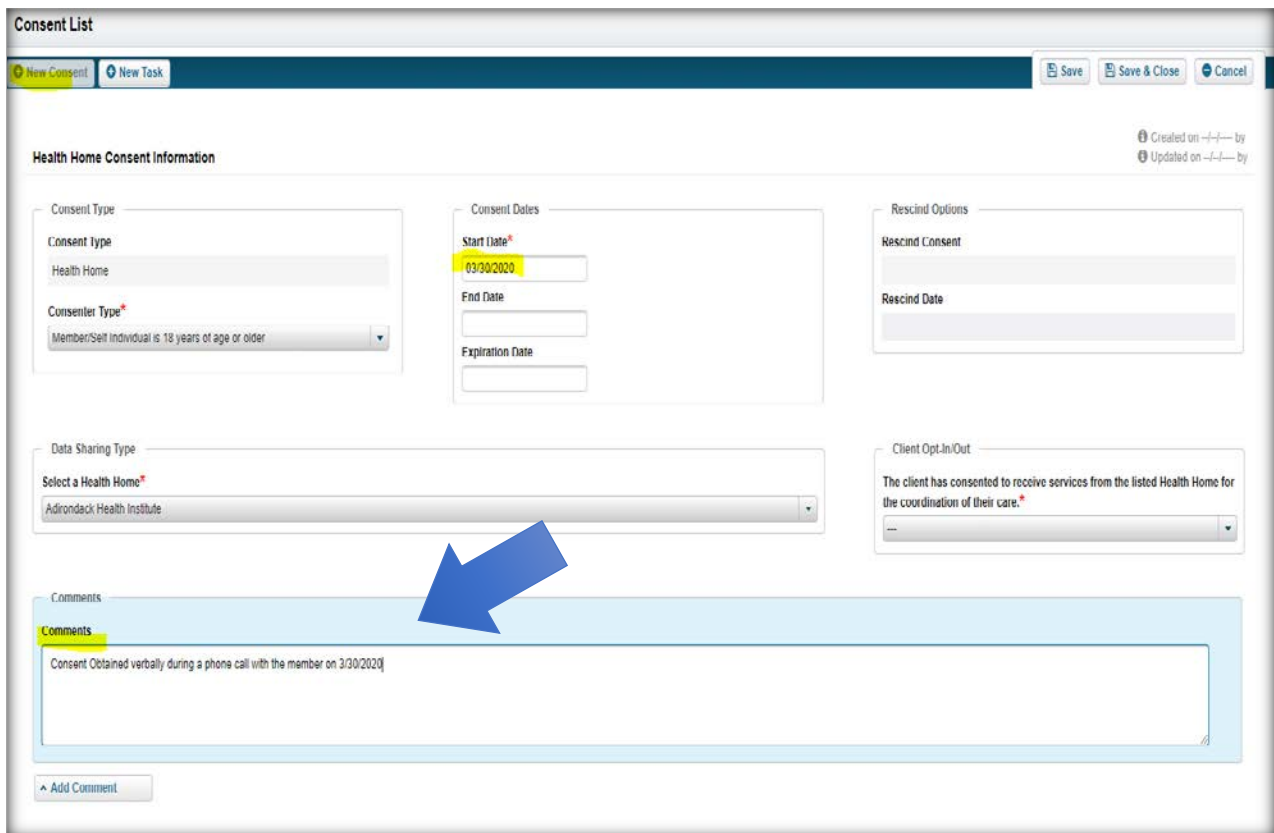
3/21/2020

The NYS DOH has temporarily provided a waiver allowing consent to be obtained verbally.

Here is a tip on how CareManager can be used to effectively document that the consent was obtained verbally.

The Comments section in the Consents Tab (illustrated in the screen shot below) allows the user to document a time stamped comment within the Consent record. This will help ensure continuity in documentation in the event the audit trail was ever needed.

- The date the member gives verbal consent should be indicated in the start date field
- In the comment section, writer should indicate that verbal consent was obtained



The screenshot displays the 'Consent List' form in CareManager. The form is divided into several sections: 'Health Home Consent Information', 'Consent Dates', 'Rescind Options', 'Data Sharing Type', and 'Client Opt-In/Out'. The 'Comments' section at the bottom is highlighted with a blue arrow pointing to it. The 'Comments' section contains a text area with the following text: 'Consent Obtained verbally during a phone call with the member on 3/30/2020'. The 'Consent Dates' section shows the 'Start Date' field with the value '03/30/2020' highlighted in yellow. The 'Rescind Options' section shows the 'Rescind Consent' and 'Rescind Date' fields. The 'Data Sharing Type' section shows the 'Select a Health Home' dropdown menu with 'Adirondack Health Institute' selected. The 'Client Opt-In/Out' section shows a dropdown menu with the text 'The client has consented to receive services from the listed Health Home for the coordination of their care.*' and a dropdown menu with a downward arrow.

Documenting Written Consent Post Verbal Consent

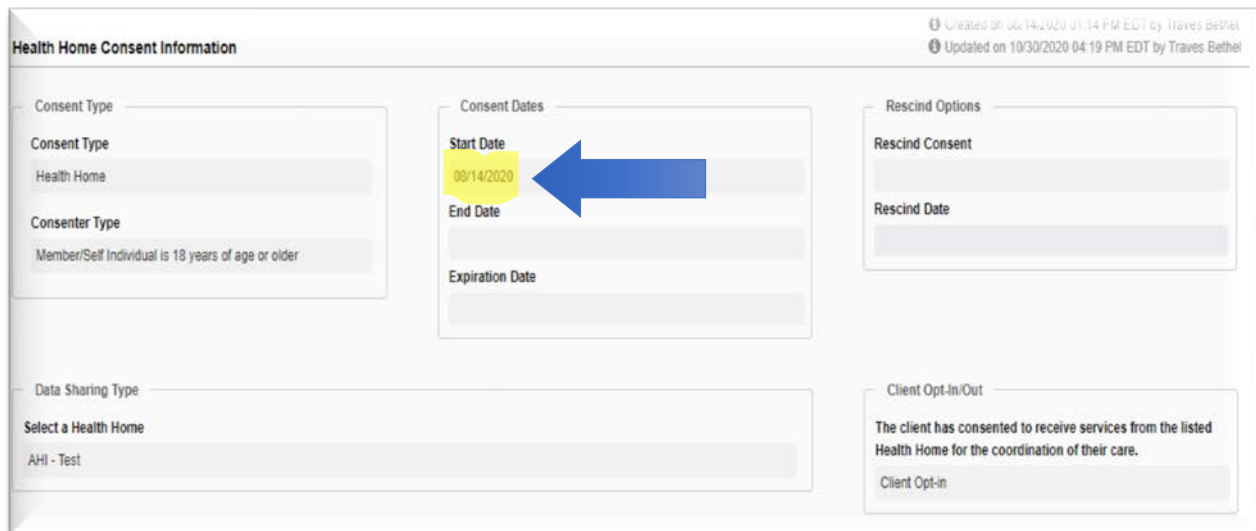
Updated 11/3/2020

A member can remain enrolled (in any status) in the Health Home program for 45 days with a verbal consent. However, if a CMA is unable to obtain signed consent (wet or electronic) the member must be disenrolled. All attempts to obtain written consent should be clearly documented in the members case notes. This guidance applies to all consents (i.e. 5055, 5200, 5201, HIXNY, PSYCKES) for all members who enrolled with verbal consent prior to DOH guidance issued on 10/26/2020, the CMA will have 45 days to collect written consent or the member must be disenrolled.

Once a signed consent is obtained (written or electronic) the CMA **MUST** document the fact that the signed consent was obtained.

❖ Do not change the original consent start date in the member's record.

The Comments section in the Consents Tab (illustrated in the screen shot below) allows the user to document a time stamped comment within the Consent record. This will help ensure continuity in documentation in the event the audit trail was ever needed.



Health Home Consent Information

Created on 09/14/2020 01:14 PM EDT by Traves Bethel
Updated on 10/30/2020 04:19 PM EDT by Traves Bethel

Consent Type Consent Type Health Home Consenter Type Member/Self Individual is 18 years of age or older	Consent Dates Start Date 09/14/2020 End Date Expiration Date	Rescind Options Rescind Consent Rescind Date
Data Sharing Type Select a Health Home AHI - Test		Client Opt-In/Out The client has consented to receive services from the listed Health Home for the coordination of their care. Client Opt-in



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Comments History

10/30/2020, by Traves Bethel
This writer obtained written consent on 10/30/2020

08/14/2020, by Traves Bethel
Due to COVID-19 pandemic writer obtained verbal consent from Mr. Lane Timmons via telephone. A signed copy of the DOH 5055 will be obtained asap and uploaded into Mr. Lane's record.

Documenting HIXNY Verbal Consent

Below is suggested language to use to document for a member providing HIXNY verbal consent.

Data Sharing Type

Data Sharing Type*
Electronic HIE

Select an HIE*
HIXNY

Client Opt-In/Out

The client has provided the following status of consent for the sharing of their information with the listed entity.*
Client Opt-in

Comments

Comments
Member verbally consented on (fill in the date) to verbally sign the HIXNY consent form. A written signature will be obtained once Face to Face visits can be resumed.

Documenting HIXNY Written Consent Post Verbal Consent

Updated 11/3/2020

Below is the language to be used to document for a member providing HIXNY written consent post verbal consent.



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Data Sharing Consent Information

Created on 08/14/2020 01:18 PM EDT by Traves Bethel
Updated on 10/30/2020 04:34 PM EDT by Traves Bethel

Consent Type
Data Sharing

Consenter Type
Member/Self Individual is 18 years of age or older

Consent Dates
Start Date: 08/14/2020
End Date:
Expiration Date:

Rescind Options
Rescind Consent
Rescind Date:

Data Sharing Type
Electronic HIE

Select an HIE
HIXNY

Client Opt-In/Out
The client has provided the following status of consent for the sharing of their information with the listed entity.
Client Opt-in

Comments History

10/30/2020, by Traves Bethel
This writer obtained written consent on 10/30/2020

08/14/2020, by Traves Bethel
Due to the COVID-19 pandemic this writer obtained verbal consent from Mr. Timmons for the HIXNY form to access and share data. A signed copy of the HIXNY form will be obtained asap and uploaded into Mr. Timmons's record.

Documenting Contact Notes or Care Manager Notes

Below is suggested language to use when completing a Contact Note or Care Manager Note for a Telephonic contact that would have been normally conducted Face to Face.

(Consent/Plan of Care/CANS-NY/Comprehensive Assessment, etc.) was completed telephonically with member due to the COVID-19 State of Emergency. The member actively participated in ___ and was given the opportunity to ask questions. Verbal consent was obtained. Member signature will be obtained as soon as it is feasible, and copies of all documents will be offered/provided.

Here is some language to use when completing notes that do not pertain to the completion of paperwork:

This contact was conducted telephonically in lieu of a Face to face due to the current Public Health Crisis...



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Member Disenrollment/Discharge

Updated 11/3/2020

A member may request to be disenrolled, in which case, you can accept the request over the phone and send out the withdrawal of consent form(s) noting verbally rescinded consent; Notice of Determination for Disenrollment (DOH 5235) will need to be issued in any instance where the member does not sign the withdrawal of consent (DOH 5058 or 5202). As per policy, the notice should be sent out within 10 business days.