



Adirondack Health Institute

Lead Empower Innovate

## POLICY AND PROCEDURE

**Title:** Non-Health Home Program

**Department:** Health Home

**Intended Population:** Health Home Serving Adults and Children

**Effective Date:** 7/1/2019

**Review Date:** 7/1/2020

**Date Revised:** 10/18/2019; 6/1/2021

### Purpose of Policy

To describe the process for utilizing the Adirondack Health Institute Health Home (AHIHH) Care Management record system for members who are not eligible for Health Home.

### Scope

1. This policy must be distributed to all AHI Health Home program staff and all subcontracting Health Home Service Providers.
2. All recipients of this policy must acknowledge their receipt and understanding of the policy by referring any questions or problems with the policy within ten days of the issue date to the AHI Health Home program.
3. All questions regarding this policy or its implementation may be directed to the Health Home Director.

### Statement of Policy

It is the policy of AHIHH to allow Health Home Service providers to utilize the Health Home Care Management Record system for Health Home and Non-Health Home members.

### Definitions

**Care Management Record System:** A structured information system, maintained by the Adirondack Health Institute Health Home (AHIHH), and made available for Health Home Service Providers and Health Home Network Partners to utilize, as applicable and appropriate to their role in the Health Home.

**Community Referral:** A referral obtained from any number of sources including LGU (Local Government Unit), SPOA (Single Point of Access).



Adirondack Health Institute

Lead Empower Innovate

## POLICY AND PROCEDURE

**Non-Health Home Referral:** A referral obtained from any number of sources including LGU (Local Government Unit), SPOA (Single Point of Access) for a member that does not meet the Health Home Criteria and therefore cannot be served under the traditional Health Home Program.

**Health Home Service Provider (HHSP):** an organization that has a fully executed contract (the “Health Home Services Provider Agreement”) with the Adirondack Health Institute to provide health home outreach and/or care management services.

**Legally Authorized Representative:** For the purpose of sharing health information, the legally authorized representative 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) (or VFCA if elected by the LDSS).

**Consent:** Consent for the purpose of this Non-Health Home policy indicates that the member has signed a HHSP specific consent form indicating that the member has given the assigned HHSP permission to enter their information in Netsmart CareManager™ and that it is viewable by the Health Home. Health Home consents cannot be used for a Non-Health Home Program.

### Background

The Non- Health Home policy at AHI is intended to facilitate the effective implementation of the processes necessary to meet the standards for maintaining a Non-Health Home population and best practices. This policy directs that AHI meet these requirements.

### POLICY

HHSP’s can use their discretion to provide care management services for members who are deemed not eligible for Health Home when there is no other viable resource. Furthermore, it is AHIHH policy that HHSP’s can utilize the AHIHH Care Management Record system in such circumstances. When a new member is enrolled in a non-health home program, HHSP’s will need to follow the following workflow:

- 1) The HHSP should complete a “Care Management Agency” referral form, indicating a “New Non-Health Home Enrollment”. This form will be collected by AHIHH via the instructions on the form and used to generate the member’s record in AHIHH Care Management Record System. See *Care Management Agency Referral Form*.

## POLICY AND PROCEDURE

- 2) AHIHH will enter the member into the Care Management Record System in a Non-Health Home Program. Each HHSP should upload a copy of the HHSP's consent that has been signed by the member in the AHIHH electronic record that indicates the member has consented to have their information stored in Netsmart CareManager™ and understands that it is viewable by the Health Home. This consent needs to be uploaded as an external document. The HHSP *should not* document in Netsmart CareManager™ the acquisition of consent electronically.
- 3) AHIHH will charge HHSP's \$3.00 per member per month to cover licensing costs and administrative services.

The Non-Health Home Program should not be used in instances when a member is believed to be eligible for Health Home services (extended outreach periods) or in situations when a member temporarily loses their Medicaid.

Members with a spend-down should be kept in an enrolled status in Netsmart with an active Health Home Program. If you have a member who refuses to pay their spend-down and is frequently without coverage please consult with your Supervisor and the Health Home. Members who refuse to pay their spend-downs will be addressed on a case by case basis.

### **What to do if your Non-Health Home member becomes eligible for Health Home**

There may be instances when you are working with a member that does not meet Health Home eligibility and therefore is being served under a Non-Health Home program. A change in circumstances may allow that member to become Health Home eligible. Should a HHSP need to move a member from a Non- Health Home Program to a Health Home program the HHSP should follow the below steps:

- 1) The HHSP should complete the **"Care Management Agency"** referral form and send it to the Health Home.
- 2) AHIHH will update the members demographic information, including the Medicaid Member Client Identification Number (CIN) and to end date the Non- Health Home Program and start date the Health Home Program(s) as applicable.
- 3) When the HHSP sends this referral to AHI it should be made clear that this member is **now eligible for Health Home and as such, will need to move** from a Non-Health Home Program to a Health Home Program. *See Care Management Agency Referral form.*
- 4) AHIHH will enter the member into an assigned status with the selected HHSP. It will be incumbent upon the HHSP's Supervisor to assign the member to the Care Manager's caseload.



Adirondack Health Institute

Lead Empower Innovate

## POLICY AND PROCEDURE

The HHSP will need to follow all Health Home Policies and Procedures regarding enrolling Health Home members.

### **Moving a Health Home Member to a Non-Health Home Program**

There may be instances when an enrolled Health Home member is no longer eligible for the Health Home program however the HHSP would like to continue to serve the member.

The HHSP should follow the *Health Home Disenrollment Policy and Procedure* for enrolled members. The HHSP should complete a Care Management Agency referral form that contains the member's basic information. This form will be used to update the member's record to a Non-Health Home Program. When submitting the Care Management Agency Referral form it should be made clear that this member was previously being worked with in a Health Home Program. AHIHH will enter the member into a Non-Health Home Program in the electronic record system with the start date indicated on the Care Management Agency referral form. Each HHSP should have a copy of the HHSP's consent form signed by the member and the member's consent uploaded as an external document in the electronic record system and the consent should indicate the member understands that the record is viewable by the Health Home. The HHSP should not document in Netsmart Care Manager the acquisition of consent electronically.

### **Disenrollment from the Non-Health Home Program**

Once the member no longer requires the support of a Care Manager in a Non-Health Home capacity the HHSP should follow their internal Policies and Procedures regarding the discharge of those members. However, the HHSP's Supervisor will need to complete the discharge process in Netsmart Care Manager. It is imperative that the Non-Health Home population allocated to each HHSP remain accurate.



Adirondack Health Institute

◊ Lead ◊ Empower ◊ Innovate

## **POLICY AND PROCEDURE**

### **Quality and Performance Improvement**

AHIHH will monitor Non-Health Home members are in the electronic record system. HHSP's will be asked to verify their active Non-Health Home population and should track members monthly.

### **Training**

This policy will be disseminated for review and questions before a policy training is given. If more time is needed outside of office hours a content specific training will be developed.

**Contact Person:** Director, Care Management and Health Home

**Responsible Person:** AHIHH Referral Coordinator and Health Home Service Provider

**Approved By:** Chief Operating and Compliance Officer