Adirondack Health Institute

Lead Empower Innovate

# POLICY AND PROCEDURE

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

***Department***: Health Home

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

***Effective Date***: 10/18/2018

***Date Revised***: 4/17/2019; 11/19/2019; 5/1/2021; 2/1/2022,3/1/2023

## Purpose of Policy

The Role of the Health Home Care Manager (HHCM) is to provide access to Health Home Members and to coordinate their care and services, to maximize health, and support the member in reaching their goals. Keeping members engaged in care management services is vital to this process. However, HHCMs are faced with members who become disengaged and must therefore, respond appropriately and timely to locate and re-engage the member. 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 a minimum, will include involvement of the member's care team (e.g., member, CMA, CMA Supervisor, member's MMCP, HH, family supports [including parent, guardian, legally authorized representative, and others approved by the member]).

## Scope

1. This policy must be distributed to all AHI Health Home Program staff and all subcontracting Health Home Service Providers.
2. All questions regarding this policy or its implementation may be directed to the AHI Health Home Director, Care Management and Health Home.

## Statement of Policy

AHI shall develop, disseminate, and review at least annually a Continuity of Care and Re-engagement for Enrolled Health Home Members Policy that addresses purpose, scope, roles and responsibilities, management commitment, coordination among organization entities, and compliance. AHI shall formalize documented procedures to facilitate the implementation of the Continuity of Care and Re-engagement for Enrolled Health Home Members Policy.

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**Definitions**

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

***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.

***MAPP:*** Medicaid Analytics Performance Portal, an application through the Department of Health's Health Commerce System used for tracking Health Home enrollees.

***MMCP:*** Medicaid Managed Care Plan (e.g. CDPHP, Fidelis, MVP, United HealthCare).

***Billing:*** Depending on circumstances related to member location and re-engagement activities, certain Billing rules apply; Supporting documentation must be in place showing evidence of HHCM activities related to search efforts, member re-engagement, retention, and disenrollment. Billing at the enrollment rate is allowed during Diligent Search Efforts, if Health Home Service Provider can demonstrate that appropriate search efforts were conducted.

***Disengaged:*** A member may be deemed disengaged from HHCM services when Standard Care Management activities have been attempted but do not result in successful contact with the member. Before determining a member as Disengaged form HHCM services, the HHCM should consider 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 appointments; member is without stable housing; member often does not have access to a phone; youth who continually runs away, etc.).

***Standard Care Management Activities:*** May include, but are not limited to face-to-face visits, interactive communication via phone calls and/or electronic communications; direct contact with care team members, family/supports including family, parent, guardian, legally authorized representative, other collaterals, etc.

***Diligent Search Efforts:*** Activities that have been intensified beyond Standard HHCM activities to support the re-engagement of the member that begin the month the member is deemed disengaged; these activities are managed and documented by the Health Home Service Provider/HHCM in the Care Management Record System.

***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. Health Homes should include in policy the use of CTI to maintain retention and prevent disengagement of HH enrolled members, and to support successful disenrollment.

***Excluded Setting:*** Inpatient facility, Hospitalizations, Institution or Residential Facility, Incarceration, or Nursing Home, etc.

***DOH – 5235:*** Notice of Disenrollment from Health Home

***Workforce member*** means Employees, board members, volunteers, interns, independent contractors, vendors, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity. This includes full and part time employees, affiliates, associates, volunteers, and staff from third party entities who provide service to the covered entity.

**Background**

The Continuity of Care and Re-engagement for Enrolled Health Home Members Policy at AHI is intended to facilitate the effective implementation of the processes necessary to meet the Health Home Program standards and requirements as stipulated by the NYS DOH, federal regulations, and best practices. This policy directs that AHI meet these requirements.

**POLICY**

1. **Member is Disengaged from Health Home**: As soon as the member is determined to be disengaged (a member can be deemed disengaged at any point in the month) from Health Home Care Management Services the Care Manager Must:
    a. Document all efforts taken to engage the member through Standard Care Management services, coordination activities that took place and how the member was identified as disengaged in the Care Management Record System.
    b. Notify the HHCM supervisor of the member's disengagement and discuss the plan for conducting Diligent Search Efforts.
    c. Notify Adirondack Health Institute Health Home (AHIHH) by way of systematically updating the members electronic health record. (Please see Attachment 2)
        i... Activities of Diligent Search must be progressive in nature and vary to assure all opportunities to locate/re-engage the member are exhausted. In Month One the HHCM must inform both the member's MMCP and AHIHH of the member's disengagement. This is considered one of three Diligent Search Efforts for month one.
        ii... In the case of Adults and Children, Diligent Search Efforts are permitted and billable for a period up to three consecutive months with three activities being provided in each month, beginning the month the member is deemed disengaged.
        iii... If the youth cannot be contacted due to disengagement from HHCM services, then a face-to-face meeting with the parent/guardian is **required** to

ascertain their knowledge of the location for the youth and what steps have been taken to locate the youth (i.e., child has run away, and a Missing Person's report has been made). The parent or guardian must agree (as consenter for the child's Heath Home enrollment) to notify the HHCM when and if the youth is located, at which time the HHCM must reengage the youth.

iv... In the case of children regardless of acuity, the HHCM will have up to three consecutive months of Diligent Search Efforts that must include three activities each month with a face to face contact **required** as one of the three Diligent Search Activities each month. If the youth cannot be contacted due to disengagement from HHCM services, then the required face to face meeting must occur with the parent or guardian, if involved, and/ or a face to face contact with involved relevant family members, friends, supports and professionals who the member had consented to be part of the care team. The HHCM must ascertain their knowledge of the location for the youth and agreement to notify the HHCM when and if the youth is located, at which time the HHCM must reengage the youth. Each month, the face to face requirement needs to be with a different involved relevant consented/ care team individual. If three months of Diligent Search Efforts do not result in locating/engagement of the youth, then the Health Home Service provider must be disenrolled from Health Home.

d. Acceptable Diligent Search Effort Activities include but are not limited to

i... Attempting face to face visit to the last known address
ii... Phone contact with care/service providers
iii... Contact with the Local Government Unit (LGU)/ Single Point of Access (SPOA)
iv... Contact with collaterals, emergency contacts and supports to include parent or guardian, family, etc.
v... Contact with the member's Parole Officer or Probation Officer, if applicable.
vi... Accessing online criminal justice resources (e.g., Web Crim, https://www.doccs.ny.gov, Vine Link, Mobile Patrol)
vii... Contact with school
viii... Contact with Local clinics (Methadone Clinic)
ix... Contact with homeless shelters
x... Reviewing Hospital Alerts, RHIO or PSYCKES
xi... Others, appropriate to the member and support search efforts.

e. Document **ALL** Diligent Search Efforts, including the notification to AHIHH and the MMCP, and outcomes of all activities. Each activity should be documented in the Care Management Record System. Each activity should be documented **separately** to show the progression through the month Each Diligent search activity needs to be documented separately and each note will need to be marked billable in order to bill for Diligent Search Efforts

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2. **The member is located and re-engaged during Diligent Search Efforts**:
    a. The HHCM should discuss any reasons for disruption in continuity of care and possible resolution.
    b. Ensure all consents are up to date
    c. Discuss with the member and care team ways to prevent a reoccurrence to support the members retention and safety.
    d. Evaluate and screen the member for additional risk factors and complete updated assessments, if applicable.
    e. Update the care plan, if applicable.
    f. Conduct a case review with the HHCM supervisor and/or Care Team, as appropriate.
    g. Notify Adirondack Health Institute Health Home (AHIHH) by way of systematically updating the members electronic health record (see addendum).
    h. If at any time during the re-engagement process the member is located and requests to be dis-enrolled from AHIHH please follow the Disenrollment Policy.

3. **The member was Not located during Diligent Search Efforts**:

    *If Diligent Search Efforts do not result in the location of the member, the member must be disenrolled from Health Home*

    a. The Health Home Service Provider will inactivate the member in the Care Management Record System with end reason code "Enrolled Health Home member disengaged from Care Management services".
    b. Health Home Service Provider will mail the member the DOH-5235 and the Disenrollment Letter on agency Letter Head and upload a copy to the Care Management Record System.

    **Please see the Health Home Disenrollment Policy**

4. **Member Located in an Excluded Setting:**

    *There may be instances when a member is located in an "excluded setting", and therefore re-engagement of the member may not occur immediately.* ***If a member is located, but currently within an excluded setting the Care Manager will****:*

    a. Establish the likelihood of the member's discharge/release from an excluded setting within a six-month period by contacting the member and/or discharge planning staff of the excluded setting to provide notification of the members' Health Home enrollment, confirm the member's admission/incarceration date and anticipated length of stay in the excluded setting, and to collaborate on discharge planning procedures.
        i... Document all communications with the member and/or discharge planning staff, and outcomes, including potential for member's disenrollment from the Health Home Program.
        ii... Review outcomes with the HHCM supervisor and establish a plan for the member's re-engagement or disenrollment, as applicable.

iii... Notify HHCM supervisor and care team.
iv... Update of the plan of care, if applicable.
v... If the member is to remain in the excluded setting longer than six months, the HHCM must follow the Policy and Procedure for the Disenrollment from Health Home and issue the DOH-5235

b. If the member is located and will be released within 6 months the HHSP will:
   i. Pend the member in the Care Management Record System and AHIHH will Pend the member in MAPP. For members located in an inpatient facility or nursing home, billing can occur at the enrollment rate for the month you locate the member. The 6 months begins on the date of admission into that setting.
   ii. For members who are incarcerated, the 6 months begins on day 31 and billing can occur for an incarcerated member if they are located within the first 30 days of incarceration *and a Core Service was delivered **prior** to the Date of incarceration.* The member's enrollment status should be pended on the first day of the month immediately following the month of incarceration.
   iii. Complete the proper documentation indicating the steps as outlined above to determine potential discharge date from the excluded setting and complete billing for the month the member was located, if applicable.
c. In the 30 days prior to discharge from the excluded setting (this does not apply to incarcerated members), if the HHSP actively participates in discharge planning activities to re-engage the member, the member can be re-enrolled with the HHSP and the HHSP can bill for services.
   i... The HHCM will assign the member in the Care Management Record System
   ii... The HHCM will Resume Standard Care Management Activities for enrollment. New consents, assessments, safety plan; if applicable
d. If the member will not be released in 6 months the HHCM must follow the procedure in the Disenrollment Policy and issue the DOH-5235.

**Quality and Performance Improvement**

AHI Health Home will review a selection of cases from each HHSP's member attributions that have had a member placed in Diligent Search Efforts. Each case will be assessed for completeness and adherence to the Health Home Policy. Any record found not have adequate documentation in the member's Electronic Care Management Record is expected to review this policy with their direct supervisor to ensure future adherence and void all billing claims made in error.

**Training**

This policy will be disseminated for review and questions before a policy training is given. If more time is needed outside of the initial policy training, a future in-depth training will be developed to understand continuity of care, acceptable procedures for disengaged members, and engagement techniques such as Motivational Interviewing. This will be provided to all care management staff.

***Contact Person:*** Assistant Director, Health Home, and Care Management
***Responsible Person:*** Health Home Service Provider (HHSP)
***Approved By:*** Director, Health Home, and Care Management

**POLICY AND PROCEDURE**

# Attachment I
# DESK GUIDE
*Continuity of Care and Re-engagement for Enrolled Health Home Members*

| | **Diligent Search (Billable)**<br>***For clients who DO NOT have patterns/history of inconsistent engagement*** |
|---|---|
| Adults | • 3 Activities in all months<br>• Notification to MCO and HH in month 1<br>• Allowed up to 3 months |
| Children | • Allowed up to 3 months<br>• 3 activities each month, 1 of the 3 activities must be a face-to-face with youth or relevant care team member |

**BILLING DURING DILIGENT SEARCH EFFORTS**

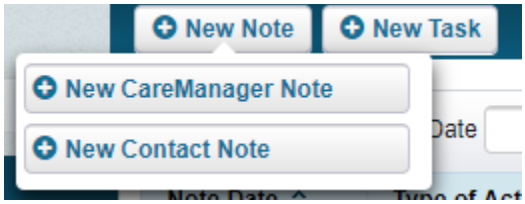
Acceptable Diligent Search Effort Activities include, but are not limited to:

- Attempting face to face visit to the last known address
- Phone contact with care/service providers
- Contact with the Local Government unit (LGU)/ Single Point of Access (SPOA)
- Contact with collaterals, emergency contacts and supports to include parent or guardian, family, etc.
- Contact with the member's Parole Officer or Probation Officer, if applicable.
- Accessing online criminal justice resources (e.g., Web Crim, https://www.doccs.ny.gov, Vine Link, Mobile Patrol)
- Contact with school
- Contact with Local clinics (Methadone Clinic)
- Contact with homeless shelters
- Reviewing Hospital Alerts, RHIO or PSYCKES
- Others, appropriate to the member and support search efforts.

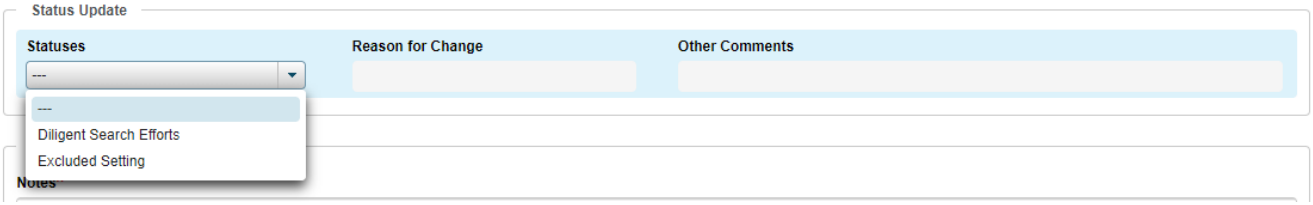
**POLICY AND PROCEDURE**

## Attachment II

How to Move Member into Diligent Search/Excluded Setting in Netsmart

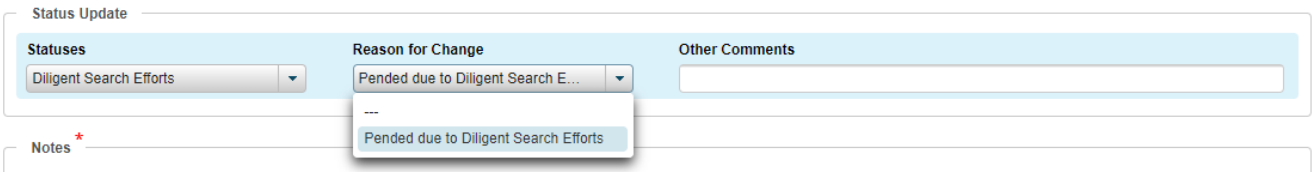



In order to move a member from Enrolled into another status you must first go into a Contact Note. This is the only way, and note type, to move someone into and out of sub-statuses.




Once the top section of the note is completed (the note details) you will navigate to the Status Update section where you will select either Diligent Search Efforts, or Excluded Setting, depending on what status they are moving into.

**Note: You will only be using this section to move statuses. If this is a regular, billable note, you do not need to complete this section.**




### If Moving the Member to Diligent Search:

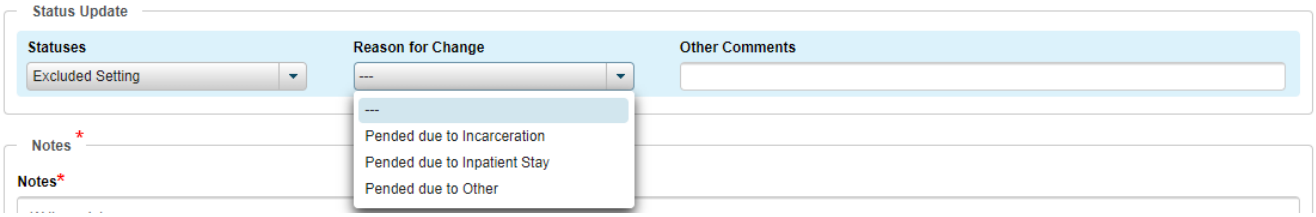
Select Diligent Search Efforts from the Statuses dropdown and select Pended due to Diligent Search Efforts from the Reason for Change Dropdown.

This will trigger a change in MAPP and move them into Diligent Search Efforts.

**Note: In MAPP, as well as Netsmart, you will have three months in this status. If you keep this member in Diligent Search Efforts for more than three months, they will discharge in both Netsmart and MAPP.**

**POLICY AND PROCEDURE**

## If Moving the Member to Excluded Setting:

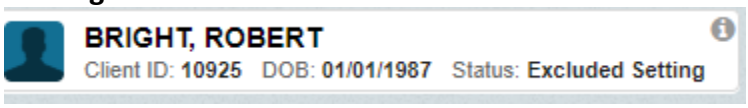



Select Excluded Setting from the Statuses dropdown and the correct Pended reason in the Reason for Change dropdown.

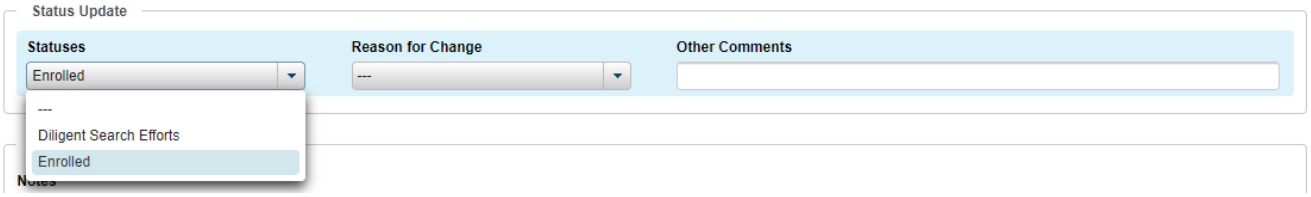
This will trigger a change in MAPP and move them into Excluded setting with the correct pend reason.

**Note: In MAPP, as well as Netsmart, you will have six months in this status. If you keep this member in Excluded Setting for more than six months, they will discharge in both Netsmart and MAPP.**

## Moving Member back to Enrolled Status:




If the member is found during Diligent Search efforts before three months has passed or has stepped down from an Excluded Setting before six months, they need to be entered back into the Enrolled status or else they will be discharged from the system.




The process to follow will be the same as entering someone into a sub-status. It starts by creating a new Contact Note, completing the top section, and then selecting Enrolled from the Statuses dropdown. There will not be a Reason for Change. That should be detailed in the Notes section.

**Note: Make sure all Contact Notes that move a member in and out of a status are Final. If a note is not finalized, it will not trigger MAPP and you run the risk of having an inaccurate population.**

**POLICY AND PROCEDURE**

# Attachment III

## DESK GUIDE

## *HIXNY Hospital Codes*

| Affiliation | Account Name | Facility Code |
|---|---|---|
| Adirondack Health | Adirondack Health | ADIRMED |
| Albany Medical Center | Albany Medical Center | ALBMED |
| Alice Hyde | Alice Hyde Medical Center | AHMC |
| Bassett Healthcare Network | O'Connor Hospital | MIB |
| Bassett Healthcare Network | Bassett Medical Center | MIB |
| Bassett Healthcare Network | Cobleskill Regional Hospital | MIB |
| Bassett Healthcare Network | Little Falls Hospital | MIB |
| Bassett Healthcare Network | A.O. Fox Hospital - Tri-Town Campus | MIB |
| Bassett Healthcare Network | Bassett Healthcare Network | MIB |
| Bassett Healthcare Network | Aurelia Osborn Fox Hospital | MIB |
| Burdett Care Center | Burdett Care Center | BCC |
| Columbia Memorial Hospital | Columbia Memorial Hospital | CMH |
| Ellenville Regional Hospital | Ellenville Regional Hospital | ELLENVILLE |
| Ellis Medicine | Ellis Medicine | ELLS |
| Ellis Medicine | Bellevue Woman's Center | ELLSBWC |
| Four Winds Hospital | Four Winds Hospital | FOURWINDS |
| Healthcare Partners of Saratoga Ltd. | Malta Med Emergent Care | HCP |
| Glens Falls Hospital | Glens Falls Hospital | ADIR01 |
| Nathan Littauer | Nathan Littauer Hospital | NLH |
| Saratoga Hospital | Saratoga Hospital | SHFGW |
| St. Lawrence Health System | Gouverneur Hospital | GOI |
| St. Lawrence Health System | Canton-Potsdam Hospital | CPH |
| St. Mary's Healthcare | St. Mary's Healthcare | SMA |
| St. Peter's Health Partners | St. Peter's Hospital | SPHCS |
| St. Peter's Health Partners | Albany Memorial Hospital | NEH |
| St. Peter's Health Partners | Samaritan Hospital St. Mary's Hospital Troy Campus | NEH |
| St. Peter's Health Partners | Samaritan Hospital | NEH |
| University of Vermont Medical Center | University of Vermont Medical Center | FAHC |
| UVM Health Network - Community Providers Inc (NY) | CVPH Hospital | CVPH |
| UVM Health Network - Community Providers Inc (NY) | Ticonderoga Campus | ECH |
| UVM Health Network - Community Providers Inc (NY) | Elizabethtown Community Hospital | ECH |

**POLICY AND PROCEDURE**

## Attachment IV
## DESK GUIDE
## Crosswalk

| Month of DSE | Activities |
|---|---|
| **Month One** | • **This is the month the member has been deemed diligent search (nearing the end of the month you will place in DSE because you have not been able to contact the member)**<br>• **Complete a contact note and enter member into DSE – DSE will revert back to the 1st day of the month**<br>• **Complete three separate search activities on three different days**<br>• **Document all activities in a separate note.**<br>• **Each note will be marked billable (everything you do while the member is in DSE is billable)**<br>• **If the member reengages – complete a contact note to place them back in enrolled and complete billing.**<br>• **If the member is not found complete billing and move to month 2** |
| **Month Two** | • **Complete three separate search activities all on separate days**<br>• **Each search activity will be entered on a septate note and will be marked as billable.**<br>• **If the member reengages complete a contact note and place them back into enrolled**<br>• **If the member is not found - complete billing and continue to month 3** |
| **Month Three** | • **Complete three separate search activities all on separate days**<br>• **Document each activity in a separate note marking them all billable.**<br>• **If the member reengages complete a contact note to move them back into enrolled**<br>• **If the member is not found and moved back into an enrolled status by the last day of this month, they will be discharged in Netsmart.**<br>• **Bill for the member and follow the HH Disenrollment Policy** |