POLICY AND PROCEDURE

***Title*:** Health Home Disenrollment

***Department*:** Health Home

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

***Effective Date*:** 11/1/2018

***Date Revised*:** 4/17/2019; 6/1/2021; 2/1/2022;6/1/2022; 10/1/2023

DOH Policy Number: HH0007

Purpose of Policy

To define the procedure and actions to take when individuals should be disenrolled from Health Home services. Health Home Care Management integrates and coordinates healthcare providers and community-based services and supports with a focus on optimizing health outcomes and quality of life for enrolled members.

Scope

- This policy should be distributed to all AHI Health Home Program staff and all subcontracting Health Home Service Providers.
- All recipients of this policy must acknowledge their receipt and understanding of the policy by referring any questions, problems, or compliance issues with the policy within ten days of the issue date to the AHI's Health Home program.
- When a member is being disenrolled from the Health Home program, the Health Home Care Manager (HHCM) maintains responsibility for carrying about the discharge planning for disenrollment. The HHCM must include involvement of the member, the member's parent, guardian, or legally authorized representative. All members of the care team, including the CMA Supervisor, lead HH, and the member's Medicaid Managed Care Program (MMCP) must be included throughout the process to assure and appropriate disenrollment plan is developed and provided to the member. In addition, the HHCM must assure that access to/sharing of Protected Health Information (PHI) ceases by following the procedures included in this policy.

Statement of Policy

AHI shall develop, disseminate, and review, at least annually, a Health Home Disenrollment 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 Health Home Disenrollment Policy.

Definitions

AOT: Assisted Outpatient Treatment. Court-ordered plan for individuals with mental illness to receive and accept outpatient treatment. ("AOT"), an order is issued to the director of community services (DCS) who oversees the mental health program of a locality (i.e., the county or the City of New York mental health director). The court orders will require the director to provide or arrange for those services described in the written treatment plan that the court finds necessary. The initial order is effective for up to 1 year and can be extended for successive periods of up to one year. The legislation also establishes a procedure for evaluation in cases where the individual fails to comply with the ordered treatment and may pose a risk of harm.

Health Home Service Provider: 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.

Health Home Candidate: a person who is potentially eligible to become a Health Home Participant and is assigned by an MCO or NYSDOH to AHI or is referred by an organization.

Health Home Enrollee: a person who meets the eligibility criteria for Health Home and has agreed to enroll and has consented.

Care Team: the group of individuals working with a Health Home enrollee to ensure his/her needs are being met and goals are being worked toward. The care team consists of the Care Manager and any other parties with whom the Health Home Enrollee interacts to work toward his/her goals and to achieve or work toward health. This can include but is not limited to behavioral health specialists, physicians, medical specialists, local DSS, friends, school personnel, and/or family members. All such parties should be identified on the DOH 5055 consent form for adults and the DOH 5201 consent information sharing for children under the age of 18.

"Assignment" and "Re-Assignment": the process by which a Health Home Candidate is assigned to an AHI Health Home Services Provider or re-assigned from one AHI Health Home Services Provider to another AHI Health Home Services Provider.

Core Health Home Services: The list of five (5) approved categories of services for which a Health Home Care Management Agency can be paid, as defined by the New York State Department of Health:

- Comprehensive Care Management
- Care Coordination & Health Promotion
- Comprehensive Transitional Care

- Member & Family Support
- Referral and Community & Social Support Services

Note: the sixth category of Core Health Home Services, "The use of HIT [Health Information Technology] to link services, as feasible and appropriate," is NOT considered a billable activity.

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 Program.

NYSDOH: New York State Department of Health

DOH 5204: Children's Health Home Consent Withdrawal of Release of Educational Records, if DOH 5203 was completed and signed.

DOH 5235: Notice of Determination for Disenrollment in the NYS Health Home Program; this form must be issued 10 days prior to disenrollment from the Health Home Program

Disenrollment: Disenrollment from the Health Home program occurs when the enrollment status of a Health Home member ends due to the member's choice to leave the Health Home program or based on reasons the CMA and/or HH identified in the Procedures section of this policy.

Member: refers to individuals (adults and children) that are actively enrolled in the HH program and/or the individual's family/supports, or other person(s) designated by the member to act on his/her behalf.

Step Down: The process through which members, identified as no longer needing the level and intensity of HHCM services, are prepared for disenrollment to ensure a warm handoff to care and services needed post disenrollment (e.g., care management provided by PCMH or MMCP, etc.)

Graduate: The member has achieved his/her goals that supported Health Home enrollment and is ready and able to self-manage any post disenrollment care and services needed.

Background

The Health Home Disenrollment Program 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

It is the policy of the Adirondack Health Institute Health Home (AHIHH) to ensure DOH policies are followed when disenrolling members from Health Home program and that members needs and behaviors and those of their family/guardian are factored into this process.

When establishing appropriate activities for completing discharge planning, the reasons for the member's disenrollment must be taken into consideration. Some reasons may require a more comprehensive and integrated approach than others.

Health Home Care Managers (HHCM) work with members to achieve a level of independence that allows for more active engagement in their healthcare and improves the ability to self-direct care so that ultimately, care management is no longer needed. However, disenrolling members should be made aware that they can reenroll in the Health Home program when they have difficulties directing their health care needs or if they have difficulties connecting with providers, so long as they continue to meet eligibility and appropriateness requirements.

Member Retention

In cases where the Care Management Agency (CMA) is faced with the potential disenrollment of a member who has not reached their goals, the possibility of member *retention* must be evaluated, and additional steps taken to ensure a safe transition from care management services. Other considerations may be needed for members of special high-risk populations (such as HARP eligible/enrolled individuals, HIV SNP, HH+ enrolled individuals or youth enrolled in HCBS etc.) to ensure their continued safety and engagement in other community services.

Discharge Planning

Discharge Planning for the disenrollment of a member should be a collective process consisting of the member, member's Medicaid Managed Care Plan (MMCP), member's care team and supports.
Disenrollment must include steps to assure member choice; member notification; provision of essential post disenrollment care and service information; protection of member Protected Health Information (PHI); following timelines and billing procedures; etc.
Disenrollment activities should be monitored to include identification of high-risk populations and the potential for member re-engagement following disenrollment, if necessary.

Role of the Care Management Agency Supervisor in the discharge process

The role of the CMA supervisor is to assure that HHCM activities support appropriate procedures to disenroll members from the HH program. The HHCM supervisor must:

- Discuss the determination and provide clinical and policy guidance to the HHCM related to the disenrollment process.
- Participate in case reviews and sign off, as appropriate.
- Ensure a safe and appropriate discharge has been put into place to support the member's care and safety upon disenrollment from the HH program; and,
- Assure notification was provided to the MCO and HH regarding the issuance the Notice of

Determination to the member.

- In Netsmart, the supervisor must be the one to Discharge the member from the program to ensure the above steps were followed.
- To help support supervisors in identifying those members that may be appropriate for graduation from the Health Home program, a report was configured in Data Den (Low Rate Code Report). This indicates to supervisors and members that has been enrolled 12+ months at the 1873 rate code. Supervisors can use this as a tool to identify members with whom to discuss graduation from the program or continued enrollment, should it be justified. If a member needs to be enrolled beyond 12 months there needs to be supporting evidence in the member's record to support the decision.
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PROCEDURE: Candidates in Outreach

Please see the Health Home Outreach and Engagement Policy and Procedure (applicable to both children and adults)

PROCEDURE: Enrolled Members

Enrollment in the Health Home Program is voluntary therefore, individuals have the right to exercise their independent choice to disenroll (e.g., the child/guardian/legally authorized representative and family are no longer interested in Health Home services). Member requests to disenroll from the Health Home Program must be honored and managed by the HHCM through a discharge planning process, whenever possible. In addition to member choice, a member's enrollment may be ended due to circumstances identified by AHIHH and/or CMA.

When establishing appropriate activities for completing discharge planning, the reasons for the member's disenrollment must be taken into consideration. Some reasons may require a more comprehensive and integrated approach than others (e.g., the member is graduating versus when a member disenrolls without prior notification).

In addition to member choice, a member's enrollment may be ended due to circumstances identified by the HH or CMA/HHCM to include, but are not limited to:

- Members who no longer meet eligibility criteria required for continued enrollment (such as: need for HHCM services, risk factors, etc.)
- Member can successfully self-manage and monitor the chronic condition(s) that made her/him eligible for Health Home HHCM services, and no longer needs the intense level of HHCM services (e.g., no longer meets the appropriateness criteria for Health Homes)
- Member has service and support needs that can be met by family/guardian and service providers without the need for formal HHCM services.

- Member is no longer Medicaid eligible or, coverage type is not compatible with Health Homes
- Member's care team concurs with the member that all goals have been met and there are no new goals identified that require the support of a HHCM.
- Disengaged member is not located after HHCM/CMA conducts required search efforts Continuity of Care Policy
- Member submitted a withdrawal of consent form.
- Member has moved out of NYS.
- Search efforts locate the member in an excluded setting (e.g., inpatient, hospitalization, institution or residential facility; incarceration; nursing home, etc.) and the length of stay is anticipated to be longer than six months (as described in Continuity of Care for Enrolled Member Re-engagement policy)
- Members can no longer be served due to issues that affect the safety, health, and welfare of the member or HHCM staff serving the member. In this case, the HHCM and Supervisor must work together to evaluate the circumstances and assure all options for addressing issues have been contemplated and exhausted, including the possibility of changing to another CM, HH or CMA which can appropriately meet the member's needs. HHCM and Supervisor are required to involve the HH and MMCP in the process before a determination to disenroll is made.
- Member death

AHIHH has the following policies and procedures in place to help direct CMA discharge planning activities through the process of disenrolling members from the HH Program, which must include but are not limited to the following standard procedures:

- Thorough discussion with the member and care team, discharge planning should be part of init i a l P l an of Care process to include ongoing evaluation of the member's ability to self-manage their chronic condition(s) and the need for intensive level of care management.
- Direct communication between the Health Home Care Manager and member will occur to discuss the purpose for disenrollment, and address any dissatisfaction or concerns expressed by the member or others on behalf of the member related to HH services, and assure adequate steps were taken to resolve issues;
- Support the member's right to make an informed decision related to program disenrollment;
- Document the reason for the member's disenrollment in the case management record system, as well as all communication with member related to the reason(s) for disenrollment and his/her response, and steps taken to complete the disenrollment process;
- Notify HHCM Supervisor of any determination of disenrollment (refer to The Role of the Care Management Agency Supervisor section of this policy);
- Notify the member's care team including the member's MMCP and HH that the member will be disenrolled and the reason for disenrollment, and the date to end enrollment and cease access to/sharing of PHI;
- Hold a case review with member and care team to discuss disenrollment and establish a post disenrollment plan/safety plan, including any referral(s) or contact information for new

provider(s) and/or service(s) to support member's care and safety post discharge.

- Update member's plan of care to include member disposition, status of goals, discharge/safety plan, and any referrals made/needed, as appropriate;
- Document any member refusals or inability to participate in the disenrollment process;
- Issue written notification to the member on agency letterhead clearly describing the reason for and the date of disenrollment and that consent to enroll and the sharing of information has ended. The notification letter may be provided to the member directly, via mail, or through another method specifically requested by the member. The member must be issued this letter and it must be documented in the care management record.
- Most recent plan of care includes contact information for care and service providers (including contact information for the MMCP care manager who will be providing ongoing coordination of Behavioral Health Home and Community Based Services (BH HCBS) or Children's HCBS);
- Discharge/safety plan;
- Any referrals made by CMA/HHCM for new providers/services or the contact information for use by the member post discharge;
- A plan for ongoing coordination if member is receiving BH HCBS or Children's HCBS; any other documents as appropriate
    - Assure a warm handoff to the case manager and/or social worker at the PCMH/FQHC/clinic/primary care, etc. occurs for ongoing care coordination support, as applicable.
    - Inform member of his/her Fair Hearing rights, as applicable (refer to the Health Home Notice of Determination and Fair Hearing Policy);
    - Assure appropriate billing practices are met. Billing must cease on the first of the month immediately following the month in which member was disenrolled.

Note: *If a client requests a Fair Hearing to challenge a decision to be disenrolled from Health Home, services must continue until a Fair Hearing decision has been rendered by the State. Billing may continue during the review period.*

- Upon a member's disenrollment from the Health Home Program, CMAs must evaluate each event and determine what the most appropriate end reason is to deactivate the member in the E.H.R. ***Please see the attached desk guide for a full list of disenrollment reasons that can be used.***

Member Requests Disenrollment: If a member chooses to end enrollment in the HH program, the HHCM must also:

- Ascertain from the member the reason(s) for requesting disenrollment (e.g., dissatisfaction

with the HH program, HHCM/CMA; member feels s/he has met goals as per Plan of Care and does not have any new goals that require need for HHCM; member feels s/he is stable and able to self-manage care with family/guardian support, community services and providers without intensive level of HHCM; etc.);

- If reason is related to dissatisfaction, work with the member to address and resolve issues to regain member satisfaction and retention, if appropriate (for example: offer member option to change HH/CMA/HHCM and work with member to complete a timely transfer with warm handoff). If a member request to change a CMA and/or Health Home a warm handoff must me attempted and the transfer process needs to be documented in the member's record.
- Hold a care team meeting (unless one has already been held) with the member to discuss and establish linkages to services, discharge/safety plan for post discharge care, if needed;
- Provide option for member to contact HH or CMA in the future to request reenrollment and provide contact information.

CMA Decision to Disenroll Member: Due to reasons identified in the Procedures section of this policy, the CMA may initiate a member's disenrollment from the HH program.

- Communicate information to the member that clearly defines the reason(s) disenrollment procedures were initiated by the HH or HHCM;
- Seek the member's input into the decision for disenrollment;
- Hold a care team meeting with the member to discuss the disenrollment decision and establish a discharge/safety plan for post discharge care;
- Assure proper steps are taken to notify the HH regarding the issuance of the Notice of Determination to the member, according to the Health Home's policies and procedures.

Step Down for HH Members Preparing for Disenrollment:

From the point of engagement HHCMs must discuss with members the eligibility and appropriateness criteria that supports HH program enrollment and the process to evaluate for continued enrollment.

Health Homes and network CMAs must have a plan in place for monitoring member activity to identify whether members are eligible for graduation or for Step down to a lower intensity of care management services (e.g. PCMH, MMCP.); in need of continued HHCM services (e.g., to prevent rapid decompensation in the absence of HHCM services); or step up to a more intensive level of HHCM service (e.g., HARP, etc.). HHCMs must work with the member and their supports, MMCP, and the care team, and hold care conferences as appropriate to ensure all steps are considered when plans to step down/up, graduate or maintain HHCM services are determined. The entire process must be supported through documentation in the member's record, assessments, evaluations, and plan of care updates. Graduation and step down must include a process that supports re-enrollment of members experiencing decompensation post disenrollment requiring the intensity of HHCM services.

The *Step-down* plan supports the disenrollment process by helping members prepare in advance, building on their needs and abilities to facilitate a post disenrollment plan that supports the coordination and continuation of healthcare and services. *Step down* occurs over a period of time, determined by the members' needs and preferences and includes assessment of the member's ability and strategies for managing their own care and services. Health Homes must have policies and procedures in place that address criteria for identifying members appropriate for Step-down planning (e.g., members under the 1873 rate category), and how to establish an appropriate plan. The approach must be member-focused, developed collaboratively between the HHCM, member, MMCP, member's care team and supports. A timeline for completing transition activities must be specific to each member's needs and preferences and may require adjustment throughout the Step-down period.

For members stepping down to an alternate level of care management services (e.g., PCMH or MMCP) the following end reasons will be used:

- Transitioned to PCMH or other Healthcare Provider Care Management
- Transitioned to MCO or MLTC Care Management
- Transitioned to Standard HHCM

For members stepping down and not utilizing care management services, the following end reason should be used:

- Member has graduated from HH program

Post Disenrollment Reengagement

If a disenrolled member is later identified by the MMCP, HH, or CMA as eligible for reengagement in HHCM services, and choses to re-enroll into the HH Program, continuity of care should be supported by connecting the member back to the HH in which s/he was last enrolled to be re-connected with the CMA and HHCM that last served the member, whenever possible.

If the member wishes to be enrolled with a different HH, CMA, or HHCM (e.g., the reason for the prior disenrollment was due to member dissatisfaction with the HH, CMA or HHCM and could not at that time be resolved), policies and procedures must be in place to assure a timely connection to the HH/CMA of choice. *A period of up to 3 business days* is allowed for such referrals to occur. The Health Home Lead and CMA must work collaboratively to assure a direct and warm handoff of the member occurs to prevent any potential disengagement of the member, including the provision of any pertinent documents needed to appropriately serve the member within 14 business days to allow for scheduling a warm hand-off. A warm hand-off can be in the form of a call or face to face meeting between the member, past HH or CMA and the new HH or CMA, or in the form of a team meeting with involved providers. *Ultimately, consideration must be given to member choice and to identify the most appropriate and direct pathway for re-engaging*

individuals back into HHCM services.

When determining what is necessary for reengagement, HHCMs must consider what will help to remove any barriers to enrollment and minimize the potential for an otherwise avoidable or unnecessary future disenrollment. Therefore, it is important that HHCMs have the experience and skill level needed to manage varying populations to maintain member engagement and retention.

Special Populations and Procedures

Assisted Outpatient Treatment (AOT)

The AOT court order must be followed and the LGU must be consulted for any changes to services or care plans for Health Home enrollees on AOT.

PROCEDURE: Enrolled individuals not progressing toward goals

Enrolled individuals are expected to work toward goals and are expected to make progress toward their goals with assistance from the care team. If an individual is not making progress toward his or her goals and the Care Manager, in consultation with his/her supervisor, feels the individual is not benefitting from care management, the below steps should be followed:

- The Care Manager should have a discussion with the Health Home Enrollee about his/her lack of progress and bring up the idea of disenrolling the Health Home Enrollee from Health Home Care Management. Care team members should be brought into this conversation as appropriate.
- If the Health Home member agrees with disenrolling, procedure [above] should be followed.
- If the Health Home Enrollee wishes to remain in Health Home Care Management, an action plan should be drawn up between the Care Manager and Health Home member. This should include specific objectives for the Health Home member with specific timeframes in which the person should complete them.
- In no case should the duration of this plan extend beyond 90 days.
- If the individual meets the objectives and wishes to remain in Health Home Care Management, he or she should do so.
- If the individual fails to meet the agreed upon objectives, the next steps toward disenrollment should commence.
- The Care Manager should consult with other members of the care team to solicit feedback o n the Health Home Enrollee's progress toward goals and perceived benefits of remaining in Health Home Care Management.
- If the Care Manager and Care Management Supervisor, after consulting with the care team, feel that disenrollment is in the Health Home members best interests, the member should be disenrolled. The DOH 5235 will need to be issued to the enrollee and entered into the Care Management Record System.

- The enrollee should be informed that he or she can enroll in Health Home Care Management at a future date if he/she is willing to work toward goals.
- The enrollee should be provided with the toll-free Health Home referral line (866-708-2912) so he or she can self-refer into the program in the future if needed/desired.
- Wherever possible, community resources that are available to the disenrolled member should be discussed and documented, based on disenrolled members preference and resource availability prior to disenrollment. Resources may include a Patient-Centered Medical Home, community warm lines, peer supports, various social services organizations, and other resources appropriate to the disenrolled members situation.
- Follow-ups regarding the proposed discharge plan should be documented, and modifications to the plan should occur/be documented as needed.

PROCEDURE: Enrolled individuals who no longer meet Health Home criteria

As per DOH policy, individuals must meet all the below criteria to remain enrolled in Health Home Care Management:

- Active Medicaid coverage
- Two or more chronic conditions OR HIV/AIDS OR a serious mental illness (Adults) OR a Serious emotional disturbance (Children) OR Complex Trauma (Children) OR Sickle Cell Diseases
- Risk factors (including but not limited to probable risk of adverse events, lack of support, cognitive issues, non-adherence to treatment, unstable housing, recent incarceration)

If a Health Home Enrollee loses his/her Medicaid coverage, the Care Manager shall assist in linking the individual to appropriate resources to reestablish coverage.

- If Medicaid coverage is no longer available, the Care Management Agency may utilize service dollars to continue care management, may transfer to another agency that has capacity to utilize service dollars, or may elect to provide services to the individual outside of the auspices of Health Home. (Note: A SPOA application will be required to transfer an individual who lacks Medicaid to an agency that potentially has the capacity to utilize service dollars.)
- If the individual has a spend down, the Care Manager shall work with the individual to assist him or her in meeting the spend down.
- If the individual consistently does not meet his/her spend down, the Care Manager should work with the Local Department of Social Services (LDSS) to determine if a new Medicaid budget process is necessary.

If the individual no longer meets the condition and/or risk factor criteria for Health Home Care Management, a discharge plan shall be established.

- The Health Home Enrollee should be involved in the process of establishing the discharge plan.
- In no case should the discharge plan last longer than 90 days
- The discharge plan should include community resources that are available to the disenrolled member. These should be discussed and documented, based on disenrolled members preference and resource availability prior to disenrollment. Resources may include a Patient-Centered Medical Home, community 'warm lines,' peer supports, various social services organizations, and other resources appropriate to the disenrolled members situation.
- Follow-ups regarding the proposed discharge plan should be documented, and modifications to the plan should occur/be documented as needed.
- As long as at least one of the core Health Home services was provided each month, care management activities during the discharge plan period shall be considered billable.
- The Health Home Enrollee should be provided with the Health Home toll free number (866-708-2912) to refer himself/herself back into the program if circumstances change.
- In the event the enrollee or the parent or guardian of the enrollee is not in agreement with the decision to disenrolled based of no longer meeting the criteria for Health Home the DOH – 5235 will need to be issued and uploaded into the Care Management Record System.

PROCEDURE: Enrolled individuals who are abusive to staff

Health Home Staff safety is important. If a Health Home enrollee engages in abusive, threating, or otherwise inappropriate behavior that puts staff safety at risk, steps must be taken to ensure staff safety while making best efforts to ensure the enrollee has access to appropriate services.

- The incident should be documented with the Care Manager's supervisor and with AHIHH. AHIHH may report the incident to NYSDOH.
- In collaboration with the Care Manager, the Care Management Supervisor at the Health Home Service Provider may elect to transfer the individual to another care manager, and/or limit the enrollee to only telephonic care management.
- In some cases, care management may continue with limited contact with the member, as care coordination can occur by ensuring linkages to appropriate medical, behavioral, and social services.
- If the person is disenrolled, a notification should be sent to the Health Home enrollee notifying him/her about the fact that he/she has been discharged from Health Home Care Management. This notification may be done via phone call (voicemail is acceptable), mailed letter, e-mail, or any other means.
- Notifications should be sent to other members of the care team about the fact that the person is no longer enrolled in Health Home Care Management.
- The individual should be disenrolled from Health Home Care Management with the following reason code, "Closed for health, welfare and safety concerns for member and/or

staff"

- A list of providers that may be willing/able to provide services and supports to the disenrolled member should be provided via a discharge summary and should be documented in the client record. Resources may include a Patient-Centered Medical Home, community 'warm lines, 'peer supports, various social services organizations, and other resources appropriate to the disenrolled members situation.
- The individual's actions and the Health Home Service Provider's actions should be documented in the Care Management Record System within the established timeframes.
- The DOH-5235 will need to be issued and uploaded into the Care Management Record System.

PROCEDURE: Disenrolling Children

If an enrolled member is a child under the age of 18 and not able to self-consent, their parent/guardian/legally authorized representative has the responsibility to act on behalf of the child to authorize both enrollment in Health Home services and disenrollment from the Health Home program. Enrolled members 18 years of age and older, or under 18 but able to self-consent because s/he is a parent, pregnant, and or married, may exercise independent choice to enroll and disenroll in the Health Home Program.

Discharge planning will begin when one or more of the following exists:

- The chronic condition(s) that made the child eligible for Health Homes are being managed and or maintained,
- All parties concur the child has met the goals of his/her Plan and is stable enough to no longer require the services of a Health Home care management,
- The child has service and support needs that can be met by family/guardian and services without the intensive level of Health Home care management
- If the parent or guardian is not in agreement with Disenrollment from Health Home/ family is disengaged from services or cannot sign the withdrawal of consent form the DOH -5235 must be completed and given to the parent or guardian. The applicable withdrawal forms and/or the DOH – 5235 must be uploaded to the Care Management Record System.

Other Disenrollment Criteria

- Choice: Whether the child/guardian providing consent and family is no longer interested in Health Home services
- The child no longer meets the eligibility criteria for Health Home (i.e., does not meet the chronic condition eligibility criteria).
- A child that does meet the criteria but is stable and no longer needs intensive level of Health Home services can be/should be discharged

- The child is no longer eligible for Medicaid (Health Home may continue to work with the member that is in and out of Medicaid but may not bill while member is not enrolled –may retroactively bill for services provided in prior 90 days if later deemed eligible and enrolled)
- The child has moved out of New York State
- Individuals who are 18 years of age, parents, pregnant, and/or married, and who are otherwise capable of consenting, may exercise independent choice to disenrollment
- Wherever possible, community resources that are available to the disenrolled member/ his/her family should be discussed and documented, based on disenrolled member/family preference and resource availability prior to disenrollment. Resources may include a Patient-Centered Medical Home, family support organizations, various social services organizations, and other resources appropriate to the disenrolled members situation.
- If a member/family would like to disenroll from Health Home Care Management but is in receipt of the HCBS waiver the youth can be referred to CYES. Please refer to the *Health Home/CYES Transfer Policy* for more information.
- If a member/family has decided to disenroll from Health Home Care Management every effort should be made by the Health Home Care Manager to have a discharge meeting and include the Interdisciplinary Team.

Important Notes for Health Home Serving Children and Adults:

NOTE FOR HHSA and HHSC: *The HHCM can and should review if the member needs the intensive level of care management provided by a Health Home regardless of the acuity used to determine HH Per Member Per Month (PMPM) rate (High, Medium, Low). Therefore, the HH may retroactively bill for services provided during the months in which Medicaid coverage was not in place only if appropriate Medicaid coverage has been reinstated and back dated to include those months (no longer than 90 days).*

NOTE FOR HHSA and HHSC: *If member and/or Parent, Guardian, Legally Authorized Representative is not present to sign the withdrawal of consent, ensure the form is provided to the member via appropriate method (e.g., drop off, mail, etc.). Member must be made aware that the date on the withdrawal of consent form(s) indicates the last day of enrollment and the date when all access to/sharing of PHI will cease;*

NOTE FOR HHSA and HHSC: *In the event the member refuses/is unable to sign consent to withdraw enrollment and end the sharing of PHI, the HHCM must document the member's request to disenroll and refusal/inability to complete the required consent form(s).*

NOTE FOR HHSA and HHSC*: If a withdrawal of consent form needs to be sent to the member for signature (e.g. member notified HHCM via phone), the HHCM must document this activity and monitor for the form's return to complete the disenrollment process.*

NOTE FOR HHSA and HHSC *: In the event a member refuses or is unable to sign withdrawal of consent to end*

enrollment and the sharing of PHI, the HHCM must document the details of the member's request to disenroll (e.g. date, means of communicating intent to disenroll, reasons provided, etc.) and refusal/inability to complete the required consent form(s) in the member's record, including all attempts made by the HHCMs to obtain completed and signed withdrawal of consent form(s).

NOTE FOR HHSA and HHSC: Effective 5/1/2022 withdrawal on consent forms (DOH-5058,5202) are no longer needed. HHCM's must have a verbal conversation with the member, family, guardian, or authorized medical consenter and documented in the care management record regarding their disenrollment/graduation from Health Home. This conversation must be followed up with an issuance in writing that consent to be enrolled in Health Home and share information has ceased with the date of disenrollment. This letter must also be uploaded into the Care Management record. If a conversation regarding Health Home Disenrollment cannot/Does not occur with the member they need to be issued the DOH-5235 and documented in the record.

NOTE FOR HHSC: *The HHSC program requires that HHCMs verify each child's Health Home and Medicaid eligibility upon initial referral for Health Home services and monthly thereafter to determine appropriateness and the need for this level of care management services. Reviews should evaluate and consider condition/stability of the child and eligibility criteria for which they entered the Health Home program.*

Training Requirements

CMA staff must attend training on protocols related to discharge planning for disenrollment from the Health Home Program that includes:

- Ways to minimize potentially preventable disenrollment's from occurring
- How to effectively manage the process for member disenrollment including:
- Identifying high risk members;
- The re-engagement of individuals post disenrollment;
- Protections related to member privacy and sharing of PHI;
- HHCM Supervisor oversight of the CMAs disenrollment process;
- Billing requirements;
- Issuance of the Notice of Determination (NOD)

Quality and Performance Improvement

To promote a culture of learning and continuous quality improvement, monitoring and oversight within the AHIHH network, the following quality indicators with be monitored by AHIHH through ongoing evaluation of our network, AHIHH will work to identify and address any issues related to premature member disenrollment and will implement strategies for improvements that lead to better member engagement and enhance overall performance of the HH network. HHSP's should also have internal policy and procedure related to the oversight of the following performance indicators:

- Reasons that lead to member disenrollment
- Identify patterns for disenrollment
- Appropriateness of steps taken by HHCM to complete the disenrollment process to include protection of member PHI and rights associated with ending enrollment with the Health Home program
- HHCM supervisory involvement
- Completion of required documents
- Management of member refusal/inability to participate in disenrollment activities
- Notification to member's care team and outcome of case reviews
- Members plan of care was updated
- Member status updates in MAPP
- Appropriate billing activities
- Timely notification to HH for issuance of Notice of Determination DOH-5235, as applicable

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

Attachment I

AHI Health Home Care Management Discharge Summary (for member use at discharge)

(Courtesy of the Warren-Washington Association for Mental Health)

Client Name: _____
Discharge Date: _____
Date Enrolled: _____
Date of Last Billable Service:

Instructions: Complete at Discharge: Discuss post-care services, provider, and contact information for each area with next known appointment date and time. Include who to call to re-engage in Health Homes services if needed and give a copy to the member.

Mental Health	
Medical	
Substance Use Disorder	
Housing	
Family/Social	
Community Supports	
Care Management	
Other	

Reason for Discharge Summary: _____
_____
_____

___Met Goals ___Disenrolled ___Refused to Continue ____Lost Contact

POST DISCHARGE CONTACTS: If you have problems or questions after leaving this program, please contact the person listed below:

Name:_____Title:_____Phone: _____

Attachment II

DOH Form to use During Outreach	**Reason for form/when to complete**
DOH 5236 Notice of Determination for Denial of Enrollment	The Notice of Determination for Denial of Enrollment form is to be used for individuals who are not yet members that were referred to you, that do not meet the Health Home eligibility requirements.
DOH Form to use During Enrollment	**Reason for form/when to complete**
DOH-5201 Children's Health Home Consent Information Sharing	Once the DOH-5200 is completed and signed, the DOH-5201 is completed for children/adolescents under age 18 who are not a parent, pregnant and/or married. This form outlines what, and with whom the child/adolescent's health information can be shared. The DOH-5201 has two sections.
DOH 5234 Notice of Determination for Enrollment	This form is to be completed and sent to the member in order to alert them of their enrollment into Health Home care management services. It is important to then upload this form into the member's record. It should not come as a surprise to a member that they have these services, and you as a care manager. By sending this form to the member you are showing that they are an active participant in the care they receive.
DOH 5203 Health Home Consent Information Sharing Release of Educational Records	The Health Home Consent Information Sharing Release of Educational Records (DOH 5203) is used to gain consent to release educational records to a Health Home for children and adolescents who have been enrolled in a Health Home. It includes information on what educational records can be shared and with whom. Consent for release of educational records for children and adolescents under age 18 must be provided by the parent as defined in Question 5 of the Health Home Consent
DOH Form to use to Disenroll	**Reason for form/when to complete**
DOH 5204 Withdrawal of Release of Educational Records	The DOH 5204 is used to withdraw consent to release educational records (which includes Early Intervention Program records) for children and adolescents who have been enrolled in a HH. Withdrawal of consent for release of educational records for children under age 18 must be provided by the parent, guardian or legally authorized representative. Withdrawal of consent for release of educational records for those aged 18 and over must be provided by the individual.
DOH 5235 Notice of Determination for Disenrollment	In the case of an unplanned discharge where you cannot meet with the client to sign the 5058, the care manager can sign this Notice of Determination for Disenrollment and send it to the last known address of the member. You will then upload a copy of this signed form into you're the member's record and create a note stating that you were unable to have a face to face meeting with the member for whatever reason.

Attachment III
DOH Forms for Adults

DOH Form to use During Outreach	**Reason for form/when to complete**
DOH 5236 Notice of Determination for Denial of Enrollment	The Notice of Determination for Denial of Enrollment form is to be used for individuals who are not yet members that were referred to you, that do not meet the Health Home eligibility requirements.
DOH Form to use During Enrollment	**Reason for form/when to complete**
DOH 5234 Notice of Determination for Enrollment	This form is to be completed and sent to the member in order to alert them of their enrollment into Health Home care management services. It is important to then upload this form into the member's record. It should not come as a surprise to a member that they have these services, and you as a care manager. By sending this form to the member you are showing that they are an active participant in the care they receive.
DOH 5055 Health Home Patient Information Sharing Consent	This form provides consent for enrollment in a Health Home and for the purpose of sharing health information for individuals who are 18 years of age or older or are under the age of 18 AND a parent, pregnant, or married. These members are legally able to consent for their own enrollment into a Health Home and consent to share their information.
DOH Form to use to Disenroll	**Reason for form/when to complete**
DOH 5235 Notice of Determination for Disenrollment	In the case of an unplanned discharge where you cannot meet with the client to sign the 5058, the care manager can sign this Notice of Determination for Disenrollment and send it to the last known address of the member. You will then upload a copy of this signed form into you're the member's record and create a note stating that you were unable to have a face to face meeting with the member for whatever reason.

Thank you for letting us serve you!

It was a pleasure working with you through Adirondack Health Institute's Health Home program. We truly enjoyed helping you access the care and resources you needed to support your health and wellness goals!

Your primary care coordinator was __HHCM NAME_____ from the CMA NAME. This letter is to inform you that all information sharing consents you provided will cease with your disenrollment as well as your consent to enroll into the Health Home Program. If you would like to reenroll at any time, please contact us.

You can contact any of the below offices/individuals:

- HHCM NAME, title from CMA NAME can be reached at Phone Number
- Adirondack Health Institute's Health Home leadership team can be reached at 1-866-708-2912 or in writing to AHI Health Home Care Management; 100 Glen St., Glens Falls, NY 12801.
- Medicaid Fair Hearings at 1-800-342-3334

We hope our program served you well. If you have any questions or concerns, please call or write. **We will be happy to help you!**

We wish you good health and success!