Adirondack Health Institute

Lead Empower Innovate

POLICY AND PROCEDURE

Title: Activities and Billing Protocols for Newly Referred Members from an Excluded Setting

Department: Health Home

Intended Population: Health Home Serving Adults and Children

Effective Date: 7/1/2020

Date Revised: 8/1/2021; 10/1/2022; 10/1/2023; 12/1/2024

DOH Policy: HH0011

Purpose

This policy specifically addresses steps that must be taken to manage new referrals from excluded settings of potentially eligible Health Home members or Children and youth potentially eligible for Home and Community Based Services.

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, problems, or compliance issues with the policy within ten days of the issue date to the AHI's Assistant Director.

3. All questions regarding this policy or its implementation may be directed to the AHI Health Home Program Manager.

Statement of Policy

AHI shall develop, disseminate, and review at least annually an Activities and Billing Protocols for Newly Referred Members from an Excluded Setting 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 Activities and Billing Protocols for Newly Referred Members from an Excluded Setting 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.

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

Home and Community Based Services (HCBS)/Level of Care (LOC) Eligibility Determination: A tiered assessment where multiple factors must be met for child's HCBS/LOC eligibility to be determined. To access Children's HCBS, a child must meet target population, risk factors, and functional criteria as described in the Children's Waiver. The HCBS/LOC Eligibility Determination is housed within the Uniform Assessment System (UAS).

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 Activities and Billing Protocols for Newly Referred Members from an Excluded Setting 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 New York State Department of Health (NYSDOH), federal regulations, and best practices. This policy directs that AHI meet these requirements.

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The referral of an adult or child/youth in an excluded setting may be received by a Health Home (HH)/Health Home Service Provider (HHSP) at any time prior to the members' anticipated discharge date. However, for the purpose of this policy, billing for Health Home Care Management (HHCM) activities related to discharge planning is restricted to the **thirty-day** period prior to the individual's discharge.

HHCM activities related to discharge planning and transition must not duplicate usual discharge planning activities performed by the excluded setting. Acceptable HHCM activities include: meeting face to face with the individual; working directly with staff of excluded settings for the purpose of discharge planning (e.g., confirm discharge date; attend discharge planning meetings; discuss discharge plan to establish post discharge needs; etc.), confirming the individual meets all eligibility requirements for HH enrollment or HCBS eligibility (for the Children's Waiver) with documented evidence; obtaining Health Home consent to complete the enrollment process.

Children

For children/youth under age 21 in an excluded setting choosing Health Home enrollment and Home and Community Based Services (HCBS):

1. If the child is identified as potentially eligible for HCBS **and** has Medicaid in place or will be discharged with institutional Medicaid for a period of time, the HHSP may complete the HCBS/LOC (Level of Care) Eligibility Determination to ensure that eligibility is in place at the time of discharge, whenever possible.

2. For children/youth who do not have Medicaid already established, the child/youth would need to be referred to the independent entity, Children and Youth Evaluation Service (C-YES) to establish Home and Community Based Services (HCBS)/Level of Care (LOC) eligibility prior the child/youth's discharge, whenever possible. C-YES will then assist the individual in obtaining Medicaid should they be found HCBS eligible to be able to be enrolled in the HCBS Children's Waiver.

3. Children/youth who have Medicaid already established and are potentially eligible for HCBS, but decline Health Home enrollment, should be referred to C-YES for an HCBS/LOC Eligibility Determination.

***For children/youth being referred from OMH Licensed Residential Treatment Facilities (RTFs) or OMH State Operated Psychiatric Centers Serving Children (State PCs), please refer to the HCBS Determination for Children Discharging from OMH Residential Treatment Facility or Psychiatric Center guidance document (see hyperlink below) and, Patient Resources Administration List (see hyperlink below). ***

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1.https://health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/hcbs_determ_rtf_state_pc_discharge_guidance_final.pdf

2.https://health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/patient_resources_admin_list.pdf

For a referral from a restricted setting where the child/youth is being discharged and is in need of HCBS, the assigned Health Home/C-YES care manager will contact the restricted setting within 48 hours of being assigned to notify the referring restricted setting of the assignment and must conduct an HCBS/LOC eligibility determination within 30 days.

Billing for Adults and Children

Certain billing rules apply regarding HHCM activities related to discharge planning from an excluded setting, as follows:

- Billing may only occur for appropriate discharge planning activities conducted in the **thirty-days** prior to the individual's discharge from the excluded setting.

- One billing instance is allowed for HHCM activities performed during the time the individual is in the excluded setting awaiting discharge.

- The HHSP must maintain documented evidence of all activities conducted to support billing. Such documentation must include proof of eligibility to support HH or HCBS (children/youth) enrollment, and a completed and signed Health Home consent.

Referral Process

Once a referral has been made and accepted by a HH/HHSP, the assigned Health Home Care Manager will contact the excluded setting who referred the individual to establish a tentative discharge date and the needs of the individual.

After the Health Home Care Manager meets with the individual, determines that the individual meets Health Home eligibility or HCBS eligibility (for the Children's Waiver), and obtains appropriate Health Home Consent for enrollment, an enrollment segment can be opened in the Medicaid Analytics Performance Portal (MAPP) in the Health Home Tracking System, or the referral can be directly sent to the Health Home.

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For Potential Discharges Delayed Beyond the Expected Thirty Day Period

If for some reason discharge cannot occur on the expected date, the HHSP can bill for the month that contact was made within the excluded setting in preparation for the discharge prior to obtaining information of a delayed discharge. If Health Home eligibility or HCBS eligibility (for children/youth) had been determined and Health Home consent to enroll has been obtained, then the HHCM will "**pend"** the segment until the month of discharge and Health Home core services begin.

If Health Home eligibility or HCBS eligibility (for children/youth) has not yet been determined and Health Home consent has been obtained, the Health Home Care Manager can indicate to the excluded setting official to make another referral within 30 days of discharge or continue the individual in assignment or outreach status (which ever status the individual was in when learning of the delayed discharge). In this instance Health Home billing may not occur.

Training

AHIHH will provide training related to all Health Home polices. Trainings may be formal and informal and requested on an as needed basis by forwarding questions related to this or any policy to healthhome@ahihealth.org

Quality Management

AHI HH will monitor Outreach segments monthly. During Comprehensive annual reviews AHI Health Home will review each CMA's outreach process to ensure that members are receiving active progressive outreach to adequately engage the referred member and inform them of their options regarding Health Home enrollment.

Contact Person: Assistant Director, Health Home

Responsible Person: Health Home Service Provider

Reviewed By: Director, Care Management and Health Home

Approved By: Chief Compliance Officer