Adirondack Health Institute

Lead Empower Innovate

POLICY AND PROCEDURE

Title: Health Home Informed Consent

Department: Health Home

Intended Population: Health Home Adults and Children

Effective Date: 3/1/2019

Date Revised: 7/1/2019; 6/1/2021, 7/1/2021;6/1/2022; 10/1/2023; 12/1/2024

DOH Policy Number: DOH0009

Purpose of Policy

To describe when and how informed consent for information sharing, and withdrawal of consent, is obtained and documented for children and adults enrolled in the Health Home program

Scope

- This policy must 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 Assistant Director.
- All questions regarding this policy or its implementation may be directed to the AHI Health Home Assistant Director.

Statement of Policy

It is the policy of the Adirondack Health Institute Health Home (AHIHH) to obtain written informed consent for information sharing, and written withdrawal of consent (when applicable) from Health Home program participants in a manner consistent with the NYS DOH Health Home program requirement.

AHI shall develop, disseminate, and review at least annually an Informed Consent 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 policy.

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Definitions

AHI HH: AHI Health Home, a designated lead Health Home by the New York State Department of Health

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.

Health Home Network Partners: The group of medical, behavioral, social services, and other community-based organizations by which a Health Home Participant receives services to address needs identified in the comprehensive care management plan developed by the Health Home Participant's AHI Health Home Services Provider.

Health Home Member: A Health Home Candidate who has met the qualifying criteria for Health Home Care Management, has qualifying diagnosis information on file, and has agreed to enroll in Health Home Care Management with one of the Health Home Service Providers within the AHI Health Home. In the case of a minor, the child's parent or guardian has consented for the child to enroll in the Health Home.

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.

Child and Adolescent Needs and Strengths- NY (CANS-NY): The CANS-NY is an open domain assessment tool for use in service delivery systems that address the mental health of children, adolescents and their families.

NYSDOH: New York State Department of Health

MAPP: Medicaid Analytics Performance Portal.

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

RHIO: A Regional Health Information Organization (RHIO) is a group of organizations within a specific area that share healthcare-related information electronically according to accepted healthcare information technology (HIT) standards. AHIHH will utilize Health Information Exchange of New York (HIXNY).

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PSYCKES: The Psychiatric Services and Clinical Knowledge Enhancement System for Medicaid (PSYCKES-Medicaid) is a Health Insurance Portability and Accountability Act (HIPAA)-compliant, web-based portfolio of tools designed to support quality improvement and clinical decision-making in the New York State (NYS) Medicaid population.

Self-Consenting Minors: Children and adolescents under the age of 18 and who are also parents, pregnant, and/or married, are legally able to consent to their own Health Home enrollment and consent to share their own protected health information. These members need to complete the DOH-5055 for Health Home Enrollment and Consent.

Policy

The sharing of an enrolled Health Home member's Protected Health Information (PHI) means timely and coordinated effort that begins with assessments and subsequent development of a person-centered plan of care and serves to prevent the potential for duplication of services. HHSP's must assure members are informed about the importance of information sharing, the type and degree of information being shared, and the member's right to limit the sharing of information between entities. In addition, enrolled members must be provided with information on where to file a complaint if s/he feels their PHI was used without their permission.

Enrollment in the Health Home Program is voluntary. An individual's decision to/not to enroll must be documented through the completion of an applicable Health Home consent(s). Consent form(s) document the member's approval for accessing and sharing of PHI between specified entities named in the consent. A member's Health Home, Care Management Agency, Medicaid Managed Care Plan, health care providers, family and other support, etc. must be documented on the member's consent form in order to properly coordinate care and execute a Health Home Plan of Care.

While completing these consent forms, a member must be informed of the various means through which his/her health information may be accessed by the HH and assigned CMA/HHCM and the right to decline or limit access. These include Statewide Health Information Network for New York (SHIN-NY), The Psychiatric Services and Clinical Enhancement System (PSYCKES); TABS/CHOICES (run by the New York State Office for People With Developmental Disabilities OPWDD), and the Single Point of Access under the authority of the Local Government Unit (SPOA/LGU).

Consents also provide a method for documenting member choice related to continued enrollment and the member's approval for changes in healthcare providers, non-healthcare services, personal supports and others throughout the member's enrollment in the Health Home program. ***HHSP's must assure New York State Department of Health authorized and numbered consents are used, completed correctly, in their entirety, and uploaded into the AHIHH care management record system.***

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Procedure

Health Home Service Providers will discuss Consent Information Sharing with Health Home Enrollees and his/her family, guardian(s), and/or legally authorized representative at the earliest possible time, preferably during the outreach process and at the first in person meeting. Health Home consents will be discussed, reviewed, and signed with the member at an in-person intake meeting. Health Home Service Providers must confirm the member's understanding of what they are consenting to, and that signing consent confirms the member's choice to enroll and approval to access/share PHI with entities approved by the member. HHCM's must be sure that individuals understand that without signed consent, enrollment cannot occur or continue. In addition to the information contained on the form, the following points must clearly be communicated:

- Information will only be shared when it is needed to deliver, coordinate or manage care for the member.
    - ➢ It is very difficult to help participants meet their goals without consent to share information. If a person chooses NOT to provide consent initially:
    - The care manager will discuss it with them again at a later date.
    - The care manager may eventually determine they are unable to provide effective care management services.
    - To verify eligibility, the Care Manager must ensure that he or she has current diagnostic information on file. If this information is not able to be shared with the Care Manager, the individual must be disenrolled from Health Home Care Management.

- HHSP's must maintain copies of all consent forms as part of the members record in the AHIHH care management record system.
- Dated and initialed updates to the forms, including the addition and/or deletion of providers and care team members for whom consent is given or withdrawn. At minimum, consents should be reviewed/updated yearly.
- Notes documenting dates on which consents were discussed, the outcome (e.g., person declined signing at this time), and next steps.
- HHSP's must update the member record in the care management record system indicating the date consent was given and/or the date the consent was withdrawn.
- HHSP's need to update consents as members of the care team change (added or deleted) and assure updated consents are on file.
- HHSP's need to address and document any limitations/restrictions set by the member regarding the sharing of PHI, and the use of agency-specific HIPAA compliant consent forms to document such limitations, where applicable. For example: member wants daughter listed as emergency contact but has not given her access to other specified information.

HHSP's need to assure member rights are addressed during the signing of consent. Individual(s) signing consent (member and/or designee) must fully understand the content and intended use: e.g., voluntary enrollment; the sharing of PHI to support the provision of HHCM services; the development of a plan of

care and establishment of a care team (multidisciplinary team) approved by the member; ability to update consent information; etc.

- For HHSC, the required FAQ and documentation that the FAQ was reviewed with the parent/guardian/legally authorized representative accomplishes ensuring the understanding of the signed consent forms. There must be documentation in the member's record that this was reviewed with the medical consenter.
- Consideration must be given to using forms in the language most suitable for the member with regard for limited English Proficiency (LEP), cultural competency, physical limitations, etc.
- HHSP's must offer and provide a copy of the completed and signed consent form(s) to the member.
- HHSP's must maintain completed and signed consents in the member's record and document why a required consent or parts of consent (e.g., HHSC, section 2 of the DOH 5201 – Section 2 DOH Tracking Form must be used) were not completed
- HHSP's must document electronically who the consenter is and what type of consent was given to show that consent is present in MAPP; this will be generated via Netsmart to MAPP.
- HHSP's must document and act upon any member-approved changes to the consent in a timely manner, and assure entities involved in the member's care team are informed.
- HHSP's must document when a member is enrolled or disenrolled by issuing the appropriate consent form and uploading it into the members record. See attached desk guide.
- The date the HH consent is signed is the date of enrollment, therefore A core service must not be billed without an appropriately completed and signed consent
- HHSP's must file an incident report in circumstances where there has been a violation of PHI as per State and Federal laws, and HH policy. Refer to AHIHH incident report policy.
- By completing consent forms, a member is agreeing to allow his/her health information to be accessed by the Health Home assigned and the assigned HHSP from the RHIO and PSYCKES systems.

IMPORTANT:

- HHCMs ***must*** assure that members are not asked to approve an entire pre-filled network list *in anticipation of* an entity possibly being needed in the future. Consent must clearly identify ***only*** those entities approved by the member directly involved in the member's care team/plan of care at the time of signing and updating consent to align with member choice and protect the member's PHI.
- If using pre-listed partners: In addition to listing the CMA, member's Plan, and the member's primary care physician or healthcare provider from whom the member receives the majority of care reflective of the chronic condition for which the member

was enrolled in a Health Home (e.g. behavioral health, substance use, etc.), the HHCM must clearly identify entities approved by the member as follows:

- place a check mark (√) next to every entity approved by the member; OR,
- cross out (---) all entities except those that the member has approved; AND,
- have the member (or consenter) and HHCM initial and date next to each entity approved by the member.

Overview of Approved Consent Forms

DOH 5055 – Health Home Patient Information Sharing Consent is used to document enrollment and consent to share information. This form would be used for adults and self-consenting youth under the age of 18 or who are pregnant, parenting, or married (Self-Consenting). It allows the Health Home care providers to share patient information.

DOH 5201 – Health Home Consent for Enrollment and Information Sharing

The DOH 5201 is used to document consent to enroll and share information for members enrolling in the children's Health Home program under the age of 18 or who are not considered self-consenting. This form serves several functions. It allows the Adirondack Health Institute to access patient information directly from the providers and individuals specified and it allows the Health Home care manager to share the child's information with providers for whom consent has been given. It also puts parameters around the providers with whom information can be shared in the cases of sexual health, drug and alcohol treatment, and mental health.

- The parent/guardian/legally authorized representative shall complete section 1, identifying all providers/ care team members within his/her authority.
- The child, if applicable given the age set forth by policy, must complete section 2 of the DOH-5201 without a parent/guardian/legally authorized representative present to grant permission for the child's parent, guardian, or legally authorized representative to receive information about any of the below providers and services related to the child:
  - Family Planning
  - Emergency Contraception
  - Abortion
  - Sexually Transmitted Infection Testing and Treatment
  - HIV Testing
  - Prenatal Care, Labor/Delivery
  - Drug and Alcohol Treatment
  - Sexual Assault Services
  - Mental Health Services (applies only if the child is over the age of 12. The provider may deny the request, send only part of the record, or send a summary of the child's clinical record.)

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- The conversation to meet alone with the child/youth must be documented in the record. If section 2 cannot be completed the Health Home Care Manager must document in the member's record, why it was not completed and revisit at a future date. The HHCM **MUST** complete the Section 2 Tracking form and upload it into the member's record. The 5201 and tracking form must be uploaded in its entirety.

DOH 5201 Consent FAQ – This document must be reviewed with the legally authorized representative and the member (if applicable) that will be signing the Children's consent form. There must be documentation in the record that shows evidence that this document was reviewed with the family.

DOH 5203 – Health Home Consent Information Sharing Release of Educational Records

- The DOH 5203 shall be completed when educational information needs to be shared with the Health Home care manager and vice versa. This form must be completed by the child's parent/guardian/legally authorized representative if the child is under age 18, and by the child him/herself if age 18 or over. If the member is under 18 and self-consented for Health Home they cannot self-consent on the 5203.

DOH 5204 – Withdrawal of Release of Educational Records

- The DOH-5204 will be used to document withdrawal of consent to share educational information. If consent (signed DOH-5203) was granted to allow information sharing of educational information and consent is desired to be revoked.

DOH 5235 – Health Home Notice of Determination for Disenrollment from the Health Home Program

- This form must be mailed at least 10 days prior to the date upon the Health Home proposed action is to take place. Once a member is disenrolled from the Health Home Program, all PHI sharing will cease. This form is to be used when a member cannot/will not have a documented conversation about their disenrollment/graduation from the Health Home Program, or if the member is not in agreement with the proposed disenrollment from the Health Home Program. *For more information, please see the Notice of Determination Policy.*

Note regarding youth in Foster Care: if a member is removed from the home and placed in care or anytime the Medical Consenter changes, the HHCM must gather updated consent forms. There may be cases that a member is removed and placed in care, but the parent can still consent. If the HHCM experiences a member being removed from the home, they will need to ascertain who can sign consent forms and if they need to be updated.

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Note Regarding Disenrollment from Health Home

When a Health Home member voluntarily chooses to disenroll from the Health Home Program, the HHSP must take all steps necessary to complete the disenrollment process, including the documentation of a disenrollment/graduation meeting in the record and the issuance in writing of a disenrollment letter indicating that information sharing ceases at the date of disenrollment.

- The HHSP must assure that the member's care team is notified of the disenrollment date, making certain that access to sharing of PHI ceases as appropriate.
- In the event the member refuses/is unable to be involved in a documented verbal conversation about disenrollment/graduation the HHSP must document the members' request to disenroll and refusal/inability to complete the required consent form(s) and mail the DOH-5235 to the member.

HIXNY Utilization

AHI HHSP's are required to utilize the alert functionality and ensure tracking of hospitalizations of Health Home enrollees. Each enrolled Health Home member will have consented to HIXNY via DOH-5055 or DOH-5201. Consent for members under the age of 18 must be given by a parent/guardian/ or legally authorized representative. It is incumbent upon the Health Home Care Manager to be mindful of the sharing of Minor Protected Health Information when discussing these alerts with members of the Care Team.

Reporting a Breach

- HHSP's will follow the AHIHH policy for incident reporting in circumstance where there is breach of PHI
- AHIHH is required by law to report any PHI breach as per the HIPAA Breach Notification Rule, 45 CFR §§ 164.400-414 which can be accessed on the US Department of Health and Human Services website at: http://www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/index.html
- Additionally, as per the Data Use Agreement (DUA), Health Homes will report any PHI breach involving a Health Home member that occurs within the Health Home or its network providers to the NYS DOH Bureau of Security and Privacy at: mailto:doh.sm.Medicaid.Data.Exchange@health.ny.gov

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Records Request by Health Home Members

There may be instances when a health home member requests a copy of their Health Home record either in its entirety or parts of the record. The Health Home Service Provider must contact the Health Home via healthhome@ahihealth.org to notify the health home of the request. The Health Home Service provider with guidance from the Lead Health Home and the compliance department will provide the requested record to the member within a timely manner. Members must always be given a copy of any document they sign or initial for their records.

Training/Additional Resources

Additional Information
The Office for Civil Rights enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, which protects the privacy of individually identifiable health information; the HIPAA Security Rule, which sets national standards for the security of electronic protected health information; the HIPAA Breach Notification Rule, which requires covered entities and business associates to provide notification following a breach of unsecured protected health information; and, the confidentiality provisions of the Patient Safety Rule, which protect identifiable information being used to analyze patient safety events and improve patient safety. For information related to HIPAA Privacy Rules, refer to The Office for Civil Rights at: http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html

AHIHH will provide training related to all Health Home policies. 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 and Performance Improvement

AHIHH will review a random sample of cases for appropriate consent documentation as part of the quality and performance improvement program. AHIHH will alert HHSP's of any case found to be lacking appropriate consent as part of the review process. HHSP's will be responsible to promptly mitigate any such circumstances.

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

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DESK GUIDE

Use of Health Home Consent Forms

For ALL Health Home members (Adults and Children)

Form Number	Purpose	When to Use
DOH 5235	Notice of Disenrollment	Used when a member cannot be reached to complete a discharge meeting (documented conversation about discharge/graduation) or does not agree with their disenrollment from the Health Home Program.

For Adults and Children 18 year of age or older, or under age 18 and able to self-consent

Form Number	Purpose	When to Use
DOH 5055	Patient Information Sharing and Enrollment	When a member chooses to enroll and has approved information sharing

For Children under age 18 who are NOT able to self-consent

Form Number	Purpose	When to Use
FAQ	Consent frequently asked questions	Must be reviewed with the child/adolescent and the parent, guardian or legally authorized representative prior to completing and signing the DOH 5201
DOH 5201	Consent for Information Sharing	When a member chooses to enroll and has approved for information sharing After completing Section 1, Section 2 should be completed by the child, in private, without the child's parent, guardian, or legally authorized representative, to allow for confidentiality of the information.

For ALL members up to age 21

Form Number	Purpose	When to Use
DOH 5203	Health Home Consent for Sharing Educational Records	For children/adolescents enrolled in school to obtain access to educational records
DOH 5204	Withdrawal of Release of Educational Records	Used to withdrawal release of educational records for children/adolescents who have enrolled

Copies of all executed consents must be uploaded into the AHIHH care management record system