

Health Homes Serving Children Review of Health Home Implementation And Q & A

January 4, 2017

Agenda for Today's Presentation

- ✓ Preliminary Data regarding HHSC Implementation
 - ✓ Monthly Data given to HHs
 - ✓ Data Requested from HHs
 - ✓ Performance Measure being established
- ✓ CANS-NY within the UAS-NY
 - ✓ Data
 - ✓ Choice of Assessment Type
- ✓ How to verify CANS-NY assessment has transmitted to MAPP HHTS
- ✓ Text Information Box available in MAPP HHTS Referral Portal
 - ✓ Purpose and Location
- ✓ LDSS Referral for Children in Foster Care and assignment to a non-VFCA
- ✓ Code Errors
- ✓ Questions and Discussion

Health Home Serving Children Initial Data



Health Home MAPP HHTS Implementation Data

The total amount of pending/active assignments/referrals and active/pending active outreach and enrollment segments for all members that under 21 as of the create date since the children program go-live with Begin Date of 12/1/2016 or later:

1/3/2017 Total: 10,622

Assignment4,080Enrollment2,758Outreach3,784



Information and Data Sharing with Health Homes

- DOH Health Home Serving Children Team will develop a monthly data report to share with Health Homes
- Health Homes will be requested to provide additional monthly data to DOH
 - Requested information will be forthcoming in January
- Performance Measures are being outlined based upon CMS SPA, Health Home application requirements and State Partners recommendations
 - Information will be share with Health Homes for review and input
 - Finalized Performance Measures will then be developed with timeline for implementation



CANS-NY within the UAS - NY



Health Home CANS-NY Data

Total Completed Assessments by Organization Who Conducted For Count

| Adirondack Health Institute (03449974) | 43 |
|---|------|
| CNYHHN, Inc. (03549144) | 4 |
| Catholic Charities of Broome County/Encompass Health Home (01164149) | 90 |
| Children's Health Home of Upstate New York (CHHUNY) (04277941) | 860 |
| Community Care Management Partners (CCMP) LLC (03606902) | 54 |
| Coordinated Behavioral Care, Inc. (03559515) | 365 |
| Hudson River HealthCare d/b/a CommunityHealth Care Collaborative (00473038) | 224 |
| Montefiore Medical Center d/b/a Bronx Accountable Healthcare Network (03460400) | 3 |
| St. Mary's Healthcare (03001310) | 58 |
| The Collaborative for Children and Families, Inc. (04280397) | 260 |
| Total: | 1961 |



CANS-NY Assessment Types and Purpose

- CANS-NY Assessment upon Enrollment: used for any child newly enrolled in a Health Home for both the initial time the child receives services in their lifetime and also when the child transfers from one HH into a new HH. This assessment type triggers the one-time only assessment payment in the MAPP system.
- CANS-NY Re-assessment at 6 month: used for the standard reassessment period for any child enrolled in a HH and receiving continuous services
- CANS-NY Re-assessment Prior to 6 month: used when a child has a change of circumstances within 6 months of the last CANS-NY conducted that warrants an early new assessment.
- Existing CANS upon Enrollment: used for NYC VFCAs IV-E program that utilizes the same CANS-NY as Health Home, for children that have had a CANS-NY assessment conducted as a part of the foster care placement process



CANS-NY Assessment Types for Billing

It is necessary to choose the correct CANS-NY Assessment Type for billing and for tracking CANS-NY information. Unless your agency is a NYC VFCA IV-E program – ALL pre-populated or initial CANS-NY for Health Homes, the Assessment Types should be **CANS-NY Assessment upon Enrollment.** We have found a number of other assessment types chosen for those CANS-NY.

PLEASE NOTE: If you complete some kinds of CANS tool today for another program other than Health Home, this does not correspond with the CANS-NY developed for the Health Home program and therefore Reassessment or Existing CANS-NY Assessment Types <u>SHOULD NOT</u> be selected for the initial Health Home CANS-NY. The Assessment Type should be **CANS-NY Assessment upon Enrollment** which also triggers the one-time only CANS-NY assessment fee.



CANS-NY Chosen Assessment Type

Total Assessments by Type Count

| Enrollment | | |
|----------------------|------|-----------------------------------|
| ReA at 6 Mos | 6 | |
| ReA Prior 6 Mos | | |
| Existing upon Enroll | | - ONLY used by NYC VFCA IV-E Prov |
| Total: | 1961 | |

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Reason for Assessments Prior to 6 Months Count

| Significant change in child's functioning | 21 |
|--|----|
| Service plan/treatment goals achieved | 2 |
| Child relocation (hospital, placement, foster care) | 3 |
| Child seriously injured/in serious accident | 0 |
| Child's caregiver different than previous CANS-NY | 0 |
| Significant change in caregiver's capacity/situation | 8 |
| Court request | 0 |
| Transition of new population | 0 |
| Total: | 34 |
| | |

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CANS-NY Algorithm and Acuity

Health Homes and care management agencies must ensure the care plan and case records for members served include supporting documentation for elements required by the standards for Health Home plans of care, the CANS-NY assessment and the Health Home PMPM care management acuity.

The Health Home algorithm and guidance surrounding supporting documentation was issued on October 12, 2016, Health Home Supporting Documentation for POC and PMPM Acuity Final https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/2016-10-12_hh_supporting_doc.htm

Once the CANS-NY assessment tool is signed and finalized, it cannot be unlocked to change answers to questions or change the acuity score. The CANS-NY tool should be reviewed for accuracy prior to signing. Those new to the CANS-NY assessment tool might want a supervisor to review prior to finalizing. All ratings should be based upon supporting documentation which will be requested and reviewed during a CANS-NY audit

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Health Home Acuity Outcomes Count Percent per 1/4/17

Low76439.0 %Medium41921.4 %High77839.7 %Total:1961100.0 %

UAS-NY and MAPP

- The communication between the UAS-NY and MAPP is not bidirectional.
- When a child's record is entered into MAPP that record is not automatically loaded in the UAS-NY; you must also create a record in the UAS-NY for that child.
- As per UAS-NY training, before creating a new record in the UAS-NY complete the following steps:
 - 1. Conduct a case list search if no record is found for that child then,
 - 2. Conduct a statewide search if that child's record is found, attest to that record; this adds the record to your organization's case list.
 - 3. If a search of the statewide database produces no result, you will need to create a new record in the statewide database.
 - 4. To create a new record, please refer to the UAS-NY Training Environment, Course 1300 Using the UAS-NY to Conduct a CANS-NY.



LearnerNation: Transfer of Course Completion

CANS-NY training completed in LearnerNation is uploaded into the UAS-NY Training Environment on Tuesday and Friday afternoons.

Scenarios:

- If you complete your training on Monday afternoon, you will see the completed status in the UAS-NY Tuesday afternoon.
- If you complete your training on Tuesday afternoon, you will see the completed status in the UAS-NY Friday afternoon.

For a successful transfer of completion, please make sure:

- 1. Your HCS User ID is recorded in the External GUID ID field, and
- 2. You have correctly designated NYS in the Jurisdiction field in your Learner Nation Profile Page.



How to verify CANS-NY assessment has transmitted to MAPP HHTS

The following slides describe the steps that allow users with a Worker or Read-Only role to confirm if a CANS-NY assessment that was finalized in the UAS NY was processed in the MAPP Health Home Tracking System (HHTS).

- ✓ The MAPP HHTS will process a signed and finalized CANS-NY assessment if an enrollment segment exists in Active, Closed, or Pended status for the CIN and Health Home (HH) MMIS ID on the record with a date of service that is in the same month:
 - Of the CANS-NY Date of Completion OR
 - In the subsequent 6 months from the CANSNY Date of Completion, AND
 - The member is being serviced through the HH's Children's Network
- ✓ If the Health Home serves both children and adults, then the CMA must have chosen "Child Network" when answering, "The member is being serviced through the HH's Children's Network"

Please Note: The check/feed to MAPP HHTS is done every 15 minutes (not immediate). If you enter MAPP and create the enrollment segment, you may need to wait and refresh the page before you will see the CANS-NY data.



Perform a search on My Members and click on the member hyperlink:

Search Results (Number of Items: 2)

| | Member | DOB | Managed Care Plan | Health Home | Care Management Agency | Segment | Begin Date | End Date | Status | Reason |
|---|------------------------------------|-----------|--|-----------------------|-------------------------------|------------|------------|----------|--------|--------|
| • | Member name and CIN - hyperlink | 9/13/2001 | NYS CATHOLIC HEALTH PLAN INC - 01751046 | | | | | | | |
| • | Member name and CIN - hyperlink | 9/13/2001 | NYS CATHOLIC HEALTH PLAN INC - 01751046 | CHHUNY LLC - 04277941 | OSWEGO HOSPITAL - 02997771 | Enrollment | 12/1/2016 | | Active | |

Then click "Go To Case" to enter the member's case:

| Home Personal Information | Cases Administratio | nc | | | | | | | | | |
|---------------------------------|------------------------------|---------------------------|------------|------------------------|---------------|----------------------|---------------|-----------------|-----------------------|----------------|--|
| Home | | | | | | | | | | Go To Case 🔰 🧧 | |
| Member Details | | | | | | | | | | | |
| Medicaid Eligibility | | Yes | | | Medicaid End | Date | | 9/30/2017 | | | |
| Assigned Health Home | | | | | | Enrolled Health Home | | | CHHUNY LLC - 04277941 | | |
| Managed Care Plan | NYS CATHOLIC HEALTH PLAN INC | | | Care Management Agency | | | OSWEGO HOSPIT | OSWEGO HOSPITAL | | | |
| Health Home Segments | | | | | | | | | | | |
| Managed Care Plan | Health Home | Care Management Agency | Туре | Direct Bill | Referral Code | Consent Date | Begin Date | End Date | End Date Reason Code | Status | |
| NYS CATHOLIC HEALTH PLAN INC | CHHUNY LLC | OSWEGO HOSPITAL | Enrollment | | Referral | 12/13/2016 | 12/1/2016 | | | Active | |



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Then click the member's "Assessments" tab:

| Home Segments C | onsent Assignments Child Referral Info Transaction | n History Tasks Assessments | | | | |
|--------------------------|--|------------------------------------|---------------------|-------------------|---------------------------------------|-------------|
| | Assessments | | | | | 2 🗄 ? |
| CANS-NY Assessments | | | | | | |
| | Date of Completion | Assessment Type | Reassessment Reason | Assessment Status | CANS-NY Assessment Outcome | Health Home |
| Children's Questionnaire | 12/14/2016 | CANS-NY Assessment Upon Enrollment | | Completed | Health Home Services - Children (Low) | CHHUNY LLC |
| Community Mental Heal | | | | | | |
| HML Assessments | ts aire 12/14/2016 CANS-NY Assessment Upon Enrollment Enrollment Completed Health Home Services - Children (Low) CHHUNY LLC | | | | | |

CANS-NY Assessment data processed in the HHTS will be listed in the Assessments tab in the "CANS-NY Assessments" sub tab:

| Home | Segments | Consent | Assignments | Child Referral Info | Transaction History | Tasks | Assessments | | | | | | |
|---------|------------------------------|---------|-------------------|---------------------|---------------------|-------------|---------------------|---------------------|-------------------|----------|--------------------------------|-------------|-------|
| | | | ssments | | | | | | | | | | 🗘 昌 ? |
| CANS-NY | Assessments Questionnaire | t | Date of Complet | tion | Asses | sment Type | | Reassessment Reason | Assessment Status | CANS-I | NY Assessment Outcome | Health Home | |
| | ty Mental Heal | | 12/14/2016 | | CANS | NY Assessme | ent Upon Enrollment | | Completed | Health H | Home Services - Children (Low) | CHHUNY LLC | |
| HML Ass | ssments | | Displaying Select | ted Assessment Deta | ils | | | | | | | | • |
| | | | CANS Assessment I | ID | 4028A1A55820 | CB5D801588 | BADA7C32937 | | | | | | |
| | | | Provider MMIS ID | | 02997771 | | | | | | | | |
| | | | Finalized By | | rjbrown2 | | | | | | | | |
| | | | Reference Date | | 11/21/2016 | | | | | | | | |



If applicable, the CANS-NY Assessment Fee billing instance will be listed on the Billing Support Screen:

| Billing Support | | | | | | 2 2 2 |
|------------------------|-----|-----------|---------------------------|----------------------|-----------|------------------|
| | | | | | | * required field |
| Billing Information | | | | | | • |
| Managed Care Org | All | | | A Billing Status | All | V |
| | | CIN | | ~ | | |
| Health Home | All | × | Comma Delimited | Date of Service From | 12/1/2016 | |
| Care Management Agency | ΔII | Delimiter | Excel Column Excel Row | Date of Service To* | 1/31/2017 | |
| and consignment (gene) | | | Space Delimited | | | |
| | | | Search Reset Add | Void | | |
| | | | | | | |

Search Results (Number of Items: 3)

| Member | Billing Instance Type | Service Date | Direct Bill | MCP MMIS ID | HH MMIS ID | CMA MMIS ID | Medicaid Eligible on Date of Service | Billing Status (Add/Void) | Billable Service | Foster Care |
|------------------------------------|------------------------|--------------|-------------|--|-----------------------|-------------------------------|---|------------------------------|------------------|-------------|
| Member name and CIN - hyperlink | Enrollment | 1/1/2017 | | NYS CATHOLIC HEALTH PLAN INC | CHHUNY LLC - 04277941 | OSWEGO HOSPITAL - 02997771 | Yes | | | |
| Member name and CIN - hyperlink | Enrollment | 12/1/2016 | | NYS CATHOLIC HEALTH PLAN INC | CHHUNY LLC - 04277941 | OSWEGO HOSPITAL - 02997771 | Yes | | | Q , |
| Member name and CIN - hyperlink | CANS-NY Assessment Fee | 12/14/2016 | | NYS CATHOLIC HEALTH PLAN INC - 01751046 | CHHUNY LLC - 04277941 | OSWEGO HOSPITAL - 02997771 | Yes | Add | Yes | (1) |



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Next Steps if the CANS-NY Assessment is NOT in the MAPP HHTS

- 1. Verify that an enrollment segment exists in Active, Closed, or Pended status for the CIN and Health Home (HH) MMIS ID on the record with a date of service that is in the same month:
 - Of the CANS-NY Date of Completion OR
 - In the subsequent 6 months from the CANSNY Date of Completion, AND
 - The member is being serviced through the HH's Children's Network
- 2. Verify within the UAS-NY that the CANS-NY is signed and finalized
- 3. Verify that the Health Home selected within the completed CANS-NY match such within MAPP HHTS for the member and matching CIN
- Please Note: If everything above has been verified, then submit a ticket Customer Care Center for further investigation <u>MAPP-customercarecenter@cma.com</u>



Text Information Box within the MAPP HHTS Referral Portal



Text information Box

PURPOSE – The referrer is able to share information surrounding the child being referred for HH

Examples:

- Other providers the child and family might already be involved with
- Indication of documentation already obtained regarding HH eligibility
- Information surrounding family dynamics, custody issues, etc

PLEASE NOTE: NO PHI INFORMATION should be shared here



Text information Box LOCATION

The following describes how a user referring a child into the Health Home (HH) Program can enter referral notes in the Children's HH Referral Portal in the MAPP Health Home Tracking System (HHTS).

User initiates referral by selecting the Children's HH Referral Portal quick link:

| Home | |
|-------------------------------|---|
| | |
| | |
| | |
| | |
| ▼ Quick Links | x |
| Children's HH Referral Portal | |
| View Submitted Referrals | |



| Children's Health | n Home Referral Portal | X |
|--|---|---|
| | | |
| Please provide th authorized repres | e following contact information from the person you received consent from to make this referral (e.g. the Parent/Guardian, individual (if self-consent provided) or legally entative) | 1 |
| Title | Please Select V | |
| First Name* | Jane | |
| Last Name* | Doe | |
| Relationship* | Parent | |
| Address Details | | |
| Street 1 | 1 Test Drive | |
| Street 2 | | |
| City | Albany | |
| State | New York | |
| Zip | 11111 | |
| Dhana Number I | | |
| Phone Number [| | |
| Area Code | 518 | |
| Phone Number | 5555555 | |
| Extension | | |
| Phone Type | Work 🗸 | |
| Email Details | | |
| Email Address | test@test.com | |
| Preferences | | |
| Preferred Time O | f Day Afternoon 🗸 | |
| Preferred Commu | Inication Phone Y | |
| Additional Refer | ral Comments | |
| Additional comme | ents related to | |
| this referral | | |
| | | |
| Exit | Back Next | |

Referrer enters comments related to the referral in the text box on the Consenter Contact Information page and completes referral.



How Health Homes and Care Management Agencies Locate this Information

The following describes the steps that allow users receiving a referral with a Worker or Read-Only role to view referral notes entered via the Children's HH Referral Portal.

User performs a search on My Assignments and clicks on the member hyperlink:

| Search | arch Results (Number of Items: 1) | | | | | | | | | | | |
|--------|-----------------------------------|--|------|---------------|-------------------|---|------------------------|-------------|---------|--------------|--|--|
| | | | | | | | | | | | | |
| | Member 🚽 | | HARP | County | Managed Care Plan | Health Home | Care Management Agency | Record Type | Status | Created Date | | |
| | Member na and CIN - hy | | No | NEW YORK CITY | | COORDINATED BEHAVIORAL CARE INC - 03559515 | | Referral | Pending | 1/3/2017 | | |



Then click "Go To Case" to enter the member's case:

| Home Personal Information Cases Administration | | | | | | | | | | |
|--|-------------|-----------------|----------------------------|-------------|--------------------------------|--------------|------------|-----------|----------------------|--------------------|
| Home | | | | | | | | | | 🔀 Go To Case 🔌 昌 🔋 |
| Member Details | | | | | | | | | | • |
| Medicaid Eligibility | | Yes | | | Medicaid End | | | 6/30/2017 | | |
| Assigned Health Home Managed Care Plan | | COORD | INATED BEHAVIORAL CARE INC | | Enrolled Healt Care Manager | | | | | |
| - | | | | | - | | | | | |
| Health Home Segments | | | | | | | | | | • |
| Managed Care Plan | Health Home | Care Management | Туре | Direct Bill | Referral Code | Consent Date | Begin Date | End Date | End Date Reason Code | Status |
| | | Agency | | | | | | | | |
| l | | | | | | | | | | |

Then click the member's "Child Referral Info" tab and "Download Attachment":

| Home Segments Consent Assignments Child Referral Info | ransaction History Tasks Assessments |
|---|--------------------------------------|
| Child Referral | |

Child Referral Info

| Submitted Date and Time | Referrer Name | Referrer Organization | Referrer Contact Info | Download Attachment |
|-------------------------|----------------------------|---|-----------------------|---------------------|
| ▶ 1/3/2017 03:13 PM | LGUSPOA203021referrer test | Albany County Department of Children Youth & Families | | Download Attachment |



| Title: | | Area Code: | 518 | | |
|----------------------|--|-----------------------------|-----------|--|--|
| Relationship: | Parent | Phone Number: | 5555555 | | |
| First Name: | Jane | Extension: | | | |
| Last Name: | Doe | Phone Type: | Work | | |
| Street 1: | 1 Test Drive | Pref. Time of Day: | Afternoon | | |
| Street 2: | | Preferred Communication: | Phone | | |
| City: | Albany | | | | |
| State: | New York | | | | |
| Zip Code: | 11111 | | | | |
| Email Address: | test@test.com | | | | |
| Additional Comments: | ents: Referrer has worked with the family and is aware of the various service providers involved. I have the child's diagnosis documentation. The family has consent for me to talk with the HH CM. My contact is XXX-XXX- XXXX | | | | |

Preventive Services

Is Child Receiving No Preventive Services:

Provider Name and NPI:

Health Home Name:

Notes entered in the Children's Referral Portal can be viewed in the Consenter Contact Information section of the PDF.



Process Surrounding LDSS Assignment to a Non-VFCA



LDSS Referring Foster Care Children for Health Home Services

DOH presented a webinar on December 5, 2016 a "Walk Through the MAPP Referral Portal for the LDSS"

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/12_05_2016_ldss_referrer.pdf

The MAPP HHTS system was built for the LDSS to refer children in foster care and directly link to a VFCA who is also Health Home Care Management Agency. However, the MAPP HHTS does not give the opportunity for the LDSS to choose a non-VFCA HHCM.

Reasons why a LDSS might want a non-VFCA HHCM

- Continuity of Care with a current provider proving care management services
- Based upon the parents Health Home services
- Connection to other service providers providing services to the child or family

| Children's | Health Home Referral Portal | |
|-------------|---|---|
| | untary Foster Care Agency arrie Redwood - IX92002X | |
| Select a Vo | Foster Care Agency | |
| | Information Informatio Information Information Information Information Information Inform | |
| Exit | Back Next | |
| | 2 | STATE OF OPPORTUNITY. Department of Health |

Process to Refer Children in Foster Care to a Non-VFCA HHCM

- DOH will be outlining a process this week for the LDSS and Health Home Care Management Agencies to contact DOH Children's Team who will create the outreach or enrollment segment for the CMA.
- The LDSS or the HH CMAs will be able to contact DOH for this to occur
- HH CMAs will have to demonstrate to DOH that the LDSS has approved the referral to the Health Home program and the agreed with the non-VFCA HH CMA proving the service.



For the 22 NYC IV-E Family Foster Care Programs in Which there is Already a CANS-NY in Place for Child Welfare

ACS wishes to reinforce the following **child welfare practice** expectations:

- 1. A CANS-NY is completed 30 days after placement and every six months thereafter.
- The CANS-NY must be completed by the child welfare case planner, in collaboration with all members of a child's team. (The Health Home CANS-NY **MUST** be completed by the approved Health Home Care Manager who cannot also be the case planner)
- 3. The findings of the CANS-NY must be reflected in the FASP and the Service Plan.
- 4. A reassessment CANS-NY prior to the six months is only completed when the CHILD has a **DOCUMENTED** change of circumstances.
 - 1. A child or youth being enrolled into a health home is **NOT** a reason to manually launch a CANS-NY within the child welfare system, prior to the standard CANS-NY Re-assessment at 6 months.

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CODE ERRORS



Identified Code Errors

• Please refer to the list RE Codes listing and if the RE Code is compatible with the Health Home program

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/restriction_exception_codes.pdf

Code 23 – OMH Children's Waiver program, the child needs to be discharged by waiver and the LDSS notified of such to remove the RE code. Depending on the county timeframes may vary for removal of the code.

Code 95 – For OPWDD indicate the member is eligible for services but not necessarily in services. Currently not compatible with the HH program, a fix is being issued surrounding this RE code

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Questions?





Additional Information and Support

UAS-NY Support Desk uasny@health.ny.gov or 518-408-1021, option 1 Monday – Friday 8:30 AM – 12:00 PM 1:00 PM – 4:00 PM



CANS-NY Policy

hhsc@health.ny.gov

MAPP Customer Care Center <u>MAPP-customercarecenter@cma.com</u> Phone: 518-649-4335

Commerce Accounts Management Unit (CAMU) 866-529-1890



Medicaid Redesign Team

Subscribe to the HH Listserv

- Stay up-to-date by signing up to receive Health Home e-mail updates
- Subscribe <u>http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_</u> <u>homes/listserv.htm</u>
- Health Home Bureau Mail Log (BML)
 <u>https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid</u>
 <u>health_homes/emailHealthHome.action</u>



Updates, Resources, Training Schedule and Questions

Please send any questions, comments or feedback on Health Homes Serving Children to: hhsc@health.ny.gov or contact the Health Home **Program at the Department of Health at** 518.473.5569

Stay current by visiting our website:

http://www.health.ny.gov/health_care/medicaid//p rogram/medicaid_health_homes/health_homes_a nd children.htm





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