Bassett Healthcare Network
Community Health Navigation

Policy/Procedure:	Health Home Eligibility & Assessment
Reviewed and Accepted by:	John Migliore III & Justin Honkala
Approved by:	John Migliore III
Date of Issue:	3/1/17
Date Revised/Reviewed:	10/1/17

I. Policy:

Bassett Community Health Navigation staff will use Motivational Interviewing, Comprehensive Assessments, and available Health Information systems to identify potential enrollees' eligibility and appropriateness for enrollment in Medicaid Health Home Services. Navigators will use a Person-Centered approach to identify a person's medical, mental health, substance abuse, and social service needs, as well as preventative wellness and personal health goals. Bassett Community Health Navigation will facilitate a Member's assignment to a qualified Health Home Care Manager/Navigator responsible for ongoing engagement with the Member and Care Team, to provide individual assessment, planning, and provision of Core Health Home Services and Care Management/Navigation.

***CHN refers to Community Health Navigators & Partnering Health Home Care Managers**

II. Procedures:

A. Initial Eligibility & Assessment for Enrollment

1. CHN will complete the following during face-to face meeting(s) with a potential Member:**
    a. Verify/update demographic information in the person's Care Management Record:
        i. First and Last Name
        ii. Gender
        iii. Date of Birth
        iv. Social Security #
        v. Medicaid CIN
        vi. Advanced Directive/Health Care Proxy Information
        vii. Living Situation
        viii. Address
        ix. Phone Number
        x. Primary Language
        xi. Veteran Status
        xii. Smoking Status
        xiii. Any additional demographic information as relevant to healthcare needs
    b. Utilize motivational interviewing and person-centered discussion to obtain relevant information, including:
        i. Strengths
        ii. Barriers
        iii. Health needs, priorities, and goals
        iv. Providers

v. Social Supports
vi. Language, Literacy, and Cultural preferences

c. Review and complete a DOH-5055 Health Home Patient Information Sharing Consent with the Member, ensuring to include the following information, as applicable:
   i. Managed Care Organizations
   ii. Local Department of Social Services (LDSS)
   iii. Primary Care Provider
   iv. Specialist Care Providers
   v. Mental Health Providers
   vi. Local Hospital/ED Provider
   vii. Pharmacy
   viii. Community & Social Service Agencies/Benefit Resources
   ix. Involved Family/Social Supports
   x. Emergency Contact(s)

   ** If a member wants to limit specific PHI information to a specific person or provider, this must clearly be indicated on the form.

d. Complete a HIXNY Electronic Data Access Consent Form
e. Complete any additional Consents for Release/Sharing of Information for any involved Hospitals or Providers not affiliated with Bassett Healthcare Network.
f. Review and sign Bassett CHN Member Rights & Responsibilities document
g. Complete a Patient Activation Measure (PAM-10), if applicable.
   i. Member must sign PAM Release prior to completing PAM-10
h. Complete a Bassett CHN Health Home Comprehensive Assessment, to identify the person's Medical, Mental health, Substance Abuse, HIV/AIDS, & Social Service needs.
   i. Comprehensive Assessment must be completed within 30 days of a Member's enrollment.

** Information should be gathered as appropriate over the course of engagement and interaction and should include at least one face-to face meeting with the person. Interviews and completion of required documents may occur over the course of more than one meeting, at the discretion of CHN and/or based upon the needs of enrollee.

2. CHN will update all relevant information and documents in the person's Care Management Record, as per the Bassett CHN Care Management Record & Documentation Guide:
   a. Consent Forms
      i. Health Home Consent: Bassett Medical Center
      ii. Data Sharing Consents:
         - Each entity listed on the current DOH-5055
         - Electronic HIE Consent for HIXNY (If HIXNY Consent has been signed)

   b. Programs (As applicable for persons with HARP Codes H1-H9)
      i. H1-H8: HARP Enrolled
      ii. H9: HARP Eligible
   c. Assessments
      i. Bassett CHN Comprehensive Assessment
      ii. PAM-10 Score/Activation Level (If applicable)

d. Problems
    i. Current Chronic Conditions & health problems
    ii. All current Risk Factors
    iii. Any additional identified needs (transportation, social service needs, etc.)
e. Care Coordination Team
    i. Primary Care Provider
    ii. Specialist Providers
    iii. Community Agencies & Resource Providers
    iv. Social Supports
    ** If the Member does not have Social Supports or needed Providers, ensure this is documented in Notes and identified as Barrier in the Member's Care Plan.
g. Upload completed Documents/Attachments
    i. DOH-5055
    ii. HIXNY Electronic Data Access Consent From
    iii. Any additional Consents for non-Bassett Providers/Organizations
    iv. PAM-10 Consent (If applicable)
h. Complete a Note for each meeting/contact with the Member or Care Team, detailing relevant information from each interaction and specific documents completed.
i. Place the following original documents in an individual Member Record file, to be secured as per Bassett CHN PHI Policy:
    i. Completed DOH-5055 Form
    ii. HIXNY Electronic Data Access Consent Form
    iii. Any additional Consent Forms for local Providers, as applicable

3. After signed consent is obtained, CHN may contact/consult with consented sources to obtain additional information for verification of eligibility, assessments, and care planning.
    a. Available Health Information Records
    b. Input from PCP/Healthcare providers
    c. Input from Family/Social Supports

4. CHN must obtain medical documentation from available sources which specifies one of the following criteria to meet the Chronic Health Condition Eligibility Requirements for Health Home services:
    a. Two eligible Chronic Conditions (See Medicaid Health Home Eligibility document); or
    b. A Serious Mental Illness; or
    c. HIV/AIDS

5. Based upon completed assessments and available information, CHN will also verify that the potential enrollee meets one or more of the following behavioral, medical, or social risk factors:
    a. Probable risk for adverse events
    (i.e.: death, disability, inpatient or nursing home admission, etc.)
    b. Lack of or inadequate social/family/housing support
    c. Lack of or inadequate connectivity with healthcare system
    d. Non-adherence to treatments or medication(s) or difficulty managing medications
    e. Recent release from incarceration or psychiatric hospitalization

f. Deficits in activities of daily living such as dressing or eating
g. Learning or cognition issues

6. After all required forms and assessments are completed, and eligibility has been verified with appropriate documentation, CHN will determine the potential enrollee's appropriateness for Health Home Services:
    a. If the potential enrollee IS eligible and appropriate for Health Home services, CHN will complete the enrollment process as follows:
        i. Ensure all eligibility documentation is uploaded to the Member's Care Management Record and CHN assignment is updated as applicable.
        ii. Notify the member of Enrollment and CHN assignment
        iii. Provide the member with the following documents:
            - Copy of signed Member Rights & Responsibilities
            - Bassett CHN or CMA Care Manager Contact Information
        iv. Complete a Billable Search Note in the Member's Care Management Record indicating the Member is being enrolled, specific documentation used to verify eligibility, and notification/provision of required documents to member.
    b. If potential enrollee IS NOT eligible or appropriate Health Home Services, or no longer wishes to participate, CHN will complete the following:
        i. Provide information on other available services and resources which may be appropriate for the person's needs and assist with referrals as applicable.
        ii. Complete the appropriate DOH Health Home Form for the person's situation:
            - For persons who have not signed a DOH-5055: complete a Health Home Opt Out Form (DOH-5059).
            - For persons who have signed a DOH-5055: complete a Health Home Patient Information Sharing Withdrawal of Consent Form (DOH-5058).
        iii. If a HIXNY Electronic Data Consent Form was signed, ensure a HIXNY Withdrawal of Consent Form is signed by the person.
        iv. Complete a Billable Search Note in person's Care Management Record specifying the reason for ineligibility and any referral information provided.
        v. Upload DOH 5058/5059 and any additional
        vi. Send the following original documents to Bassett CHN Referral Coordinator:
            - DOH-5055 Health Home Patient Information Sharing Consent Form
            - DOH-5059 Health Home Opt Out Form or DOH-5058 Health Home Patient Information Sharing Withdrawal of Consent Form
            - HIXNY Electronic Data Access Consent Form/Withdrawal of Consent Form if completed

7. During Enrollment, Outreach CHN will consult with Supervisor/Team Leader as necessary to determine appropriate assignment of the Member to a CHN for ongoing Health Home Care Management services based on the following considerations:
    a. Availability in the CHN's current member caseload
    b. The CHN's qualifications, training and experience with the enrolled member's health needs and characteristics, such as:
        i. Acuity of condition

ii. Presence of co-occurring medical conditions
iii. Patterns of acute service use
iv. HARP or AOT/HH+ status

c. Potential Conflicts of Interest
   i. A CHN cannot be the same as provider providing direct care services
   ii. A CHN cannot assess persons for whom they have financial interest or other existing relationship that would be conflict of interest

B. Additional Assessment Requirements for HARP Members

1. Once enrollment is complete, members who are also designated as HARP-enrolled must also have additional assessments completed by a CHN that is qualified and trained to conduct HCBS-eligibility and Community Mental Health Assessments.
   a. See Bassett CHN Staff Qualifications and Training Requirements Policy for details of required qualifications and training.

2. CHN will complete an HCBS Eligibility Assessment with HARP Members within 30 days after the Member's Enrollment.
   a. If HCBS Eligibility Assessment results indicate the HARP Member is not eligible for HCBS services, or if the member declines HCBS Assessment or Services, no further assessment is necessary and the CHN may proceed with developing a regular Plan of Care, as per Bassett CHN Plan of Care Policy & Procedures.
      i. CHN must document the Member's HCBS Assessment results indicating member has been determined ineligible for HCBS services or the member's refusal/declination of HCB services in the member's Care Management Record and Regular Plan of Care.
   b. If HCBS Eligibility Assessment results indicate that the HARP member is eligible for Tier 1 or Tier 2 HCBS, and the Member chooses to receive HCBS services, the CHN must complete the following within 30 days of the Member's Enrollment:
      i. Engage in a person-centered discussion with the Member about goals and how available service options may address identified needs.
      ii. Provide information on available HCBS providers in the community for member to select preferred service provider(s) from available options.
      iii. Develop Plans of Care, as per Bassett CHN Care Planning Procedures:
         - Initial Care Plan in the Member's Care Management Record
         - BH HCBS Plan of Care for all
      iv. Submit HCBS Eligibility Assessment Results and BH HCBS Plan of Care to the Member's MCO for approval, as per Bassett CHN HARP/HCBS MCO Approval Protocol document.

3. CHN will then submit referrals to the selected HCBS providers and assist as necessary to coordinate with the Member and HCBS providers throughout HCBS provider screening & assessment process.
   a. HCBS providers will complete additional assessments and develop an HCBS Individual Service Plan (ISP) that includes the scope, duration, and frequency of recommended/selected services.

b. HCBS providers will submit ISP and Authorization of HCBS Services Request to the Member's MCO for approval.
c. Once HCBS Individual Service Plans (ISPs) have been approved by the MCO, CHN will obtain a copy of each ISP from the HCBS Provider(s), which will include the approved scope, frequency, and duration of each HCBS service.

4. CHN will update the Member's BH HCBS Plan of Care with information from the approved ISPs, and submit the updated BH HCBS Plan of Care to the Member's MCO, as per Bassett CHN HARP/HCBS MCO Approval Protocol document.

5. Once revised HCBS Plan of Care is approved, CHN will upload it to Member's Care Management Record.

C. Eligibility and Assessment for Continued Health Home Enrollment

1. CHN must ensure that the Member continues to be eligible and appropriate for Medicaid Health Home services, and verify the following as necessary:
   a. Member remains eligible for/enrolled in Medicaid
   b. Member meets Chronic Health Condition eligibility
   c. Member meets Risk Factor Eligibility

2. CHN must complete a new Bassett CHN Health Home Comprehensive Assessment annually (within 12 months of last occurrence) to identify eligibility and care planning needs.
   a. HARP Members must also have a new HCBS Eligibility Assessment completed annually (within 12 months of last occurrence)

3. If at any time, it is determined that a Member no longer meets Medicaid Health Home eligibility requirements, CHN will disenroll the Member from Health Home services, as per Bassett CHN Lost Members, Transfer of Service and Disenrollment Policy.

Related Forms & Documents:

- ◊ **DOH-5055 Health Home Patient Information Sharing Consent**
- ◊ **DOH-5058 Health Home Patient Information Sharing Withdrawal of Consent**
- ◊ **DOH-5059 Health Home Opt Out Form**
- ◊ **HIXNY Electronic Data Access Consent Form**
- ◊ **HIXNY Withdrawal of Consent**
- ◊ **Bassett CHN Health Home Comprehensive Assessment**
- ◊ **Patient Activation Measure (PAM-10)**
- ◊ **PAM Consent**
- ◊ **Bassett CHN Member Rights and Responsibilities**
- ◊ **BH HCBS Eligibility Assessment**
- ◊ **BH HCBS Plan of Care**
- ◊ **Bassett CHN HARP/HCBS MCO Approval Protocol**
- ◊ **Bassett CHN Care Management Record Documentation Guide**