



Policy Title: Continuity of Care and Re-Engagement of Enrolled Members	DOH Policy Name: Continuity of Care and Re-Engagement for Enrolled Health Home Members DOH Reference Number: HH0006 Effective Date: March 4, 2019
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POLICY STATEMENT

The role of the Bassett Community Health Navigation Health Home (BCHNHH) is to provide policy guidance to Care Management Agencies (CMA) to ensure access to services and coordinate the care of Health Home (HH) enrolled members. Continuity of Care and service engagement maximizes the health and support the member needs to reach their goals. Keeping members engaged in care management services is vital to this process. However, Care Managers are faced with members who become disengaged and must therefore respond appropriately and timely to locate and re-engage these members. This policy provides guidance to CMA's regarding measures that must be taken to locate and re-engage enrolled members upon determining that continuity of care management services has been disrupted, and to prevent the potential for future disengagement.

SCOPE

When a member's continuity of care is disrupted, the care management agency must initiate appropriate activities intended to more effectively locate disengaged members which, at minimum, will include involvement of the member's care team (e.g. member, CMA, CMA Supervisor, member's Managed Care Organization (MCO), HH, family supports (including parent, guardian, legal authorized representative, and others approved by the member.)

This policy pertains to adults enrolled in the HH, the role of the CM is to provide access to services and coordinate the care and services provided to members to maximize the health and support of the member in reaching goals. In the presence of the HH consent, a care team is created consisting of the member, CM, MCO, care and service providers, collaterals, and others approved by the member who communicate with one another to assure the member's needs are addressed in a comprehensive manor. The following HH policies and procedures are referenced within this policy and must be followed to support procedures as identified:

- Health Home Member Disenrollment Policy*
- Health Home Notice of Determination and Fair Hearing Policy*
- Health Home Quality Assurance and Performance Policy*

OBJECTIVES

The Health Home has established and maintained policies and procedures that address how a member is identified as disengaged from Care Management Services; steps that must be taken to search for and re-engage disengaged members; specific timeframes associated with location and re-engagement efforts; acceptable billing practices; and quality monitoring activities.



This policy includes:

- a. Initiating Location and Re-Engagement Activities (DSE)
- b. Successful member location and re-engagement
- c. When the member is located within an excluded setting
- d. Member requests to disenroll from the HH Program

In order to, meet the needs of any given member in a fully integrated person-centered care model, the CM must be able to engage with members and provide Core Health Home services on a consistent basis. When engagement with the member does not occur, the CM needs to determine an appropriate course of action to take to locate and re-engage the member, for example: What steps will be taken? For how long?

The CM must determine when the member is deemed disengaged from CM services, and initiate more intensive efforts to locate the member, as defined in this policy.

DEFINITIONS

Critical Time Intervention (CTI):

A time-limited evidence-based practice that focuses on building a support network for members during a period of transition into the community from an excluded setting, or in preparation for disenrollment from the HH program.

1. A CTI plan aids in community integration and continuity of care by helping the member to establish a stable system of community supports.
2. CTI happens over a period of time to allow for observation of the member's support network and progress toward becoming more self-reliant to support a successful and long-lasting transition.
3. CTI maintains retention and prevents disengagement of HH enrolled members, and supports successful disenrollment.

Disengaged:

A member may be deemed disengaged from CM services when Standard CM activities have been attempted but do not result in successful contact with the member. Before determining a member as disengaged from CM services, the CM will consider usual patterns of behavior exhibited by the member known to result in inconsistent engagement or anticipated temporary disengagement (such as; a pattern of inconsistent attendance with scheduled appointments despite CM reminders; member is without stable housing and changes living arrangements frequently; member is often without access to a phone; member is often a flight risk, etc.)

Diligent Search Efforts (DSE):

As soon as a member is determined to be disengaged from Care Management services, efforts to locate and re-engage the member must be intensified beyond standard CM activities. Diligent Search Efforts are permitted for a period of **up to three consecutive months**, determined by the CMA beginning the month in which the member is deemed disengaged from CM services, and must be managed by the CMA/CM.

Excluded Setting:

Events where a member is verified to be: inpatient, hospitalization, or residential facility; incarceration; nursing home; etc. This also includes a Psychiatric Center in relation to individuals who are between 21-64 years of



age and residing in the center.

1. Inpatient Medical Hospital
2. Inpatient Mental Health Hospital/Facility
3. Inpatient/Residential Substance Abuse Treatment
4. Nursing Home/Skilled Nursing Facility
5. Incarceration (Jail/Prison)
6. Other facilities where Medicaid billing cannot occur for HH Care Management Services

Standard Care Management Activities:

Activities that result in a billable service being provided: face-to-face visits, interactive communications via phone calls and/or electronic communications, direct contact with care team members, family/supports including parent, guardian, legally authorized representative, other collaterals, and so forth.

- Activities such as leaving a voice message, or mailing a letter, are necessary activities to keep a member engaged in care management. However, if these methods do not result in a reply from the member, they **cannot** be considered CM core services.

ROLES AND RESPONSIBILITIES

Health Home Administration Responsibilities

1. Quality Monitoring

Health Homes must evaluate patterns related to member disengagement within its own network and establish Quality Monitoring activities to address issues identified.

2. MAPP HHTS

The Health Home is required to ensure CMA's are paid for completed billable services through up-to-date member status information in the DOH MAPP HHTS system.

CMA Supervisor Responsibilities

The role of the CMA supervisor is vital to ensuring appropriate activities were taken to locate and re-engage members determined to be disengaged from CM services. CM Supervisor is required to:

1. Ensure that CMs within their CMA are following procedure and guidance as written in this policy;
2. provide CMs with guidance to support all levels of search efforts;
3. be actively involved in the decision to disenroll the member from the HH program;
4. participate in case reviews, as appropriate;
5. assure notification is provided to MCO, and,
6. assure timely notification to HH occurs for the provision of Notice of Determination, where applicable.
 - a. Additional requirements can be found:
 - i. refer to: *Disenrollment from the Health Home Program policy*
 - ii. refer to: *Health Home Notice of Determination and Fair Hearing Process policy*

CM Responsibilities

The role of the CM is essential to the continuity of care of enrolled member by ensuring members are receiving the care and services as outlined in this policy. CMs are the primary service providers for enrolled members and it is the responsibility of the CM to provide professional and quality care to each member.



PROCEDURES

Loss of Contact with Enrolled Health Home Members & Initiating Location and Re-Engagement Activities

1. CM will attempt the following prior to determining a member disengaged:
 - a. If the member is an active AOT, immediately begin search efforts specific to AOT HH+ Members. Refer to *BCHN007: Standards and Requirements of Health Home Plus and Assisted Outpatient Treatment (AOT) Service Provision Policy* for additional AOT requirements.
 - b. Attempt to contact member with, at minimum, three attempts utilizing two different contact methods.
 - c. Contact members Care Team Providers and Social Supports to obtain updates on the Member's Conditions/Care/Status
 - i. If a Core Health Home Service is completed by two-way contact with a Provider or Social Support, the month is billable
 - d. Document all efforts taken to engage the member through standard coordination activities that took place and how the member was identified as disengaged in the Care Management Record System.
 - e. Notify Supervisor of inability to contact Member and discuss plan for conducting DSE in the following month.
2. If the member is still unable to be contacted at the start of the next month they are considered "Lost to Contact/Disengaged", and CM must begin DSE.
3. If you are aware of the member's whereabouts the member is not deemed lost, CMA Supervisor should be involved and discuss with the Care Manager what steps should be taken.

Completing Diligent Search Efforts (DSE) for a Member Lost to Contact

1. Once a Member has been designated as "Lost to Contact/Disengaged," the CMA Supervisor will enter a contact note in the member's Care Management Record to update the member's status to Diligent Search Efforts, as follows:
 - a. Contact Date: 1st day of month 1 of DSE
 - b. Reason for Contact: Diligent Search
 - c. Contact Status: Unable to contact
 - d. Target: Member
 - e. Statuses: Diligent Search
 - f. Reason for Change: Diligent Search
 - g. Other Comments: (leave blank)
 - h. In the Note it must include that status is being updated to DSE and any additional information such as – if the member has an MCO, doesn't have any providers or social supports etc.
2. CM and/or CMA Supervisors will inform both the member's MCO and the lead HH of the member's disengagement, while updating the member's Care Management record.
 - a. Upon Notification to the HH, the HH will ensure:
 - i. Member Status during the three consecutive months of DSE is updated in MAPP HHTS to "pended" status with a reason code of 05, "Pended due to Diligent Search Efforts"
 - ii. Billing will continue at enrollment rate during the three months of DSE, as long as the CM/CMA complete the required attempts to contact/locate the enrolled member.



3. CM must complete **at least three** different types of attempts to contact/locate the Member each month for three consecutive months, utilizing a combination of the following methods each month:
 - a. Activities of Diligent Search must be progressive in nature and vary to assure all opportunities to locate/re-engage the member are exhausted.
 - b. Contact MCO in an attempt to obtain updated contact information for the member. This can include a new: phone number, address, email, etc. A CM will inform the MCO of the member's disengagement and that the member has been entered into the DSE Status. (This contact is required during month **one** of DSE)
 - c. Attempting contact with member by phone/text/email etc.;
 - d. Contact with Care Team Members to obtain ongoing information for locating/contacting member;
 - i. Social supports
 - ii. Emergency Contacts
 - iii. Parole/Probation Officer
 - iv. Schools
 - v. Primary Care Office or other associated clinics
 - e. Contact with social supports to obtain ongoing information for locating/contacting member;
 - f. Attempting face-to-face contact at member's home/last known address;
 - g. Checking electronic health records/RHIO/PSYCKES for updated and ongoing contact/location information;
 - h. Checking (ongoing) incarceration databases or other public resources that may be able to provide info on Member's location or contact information;
 - i. Other methods deemed appropriate for the Member's individual circumstances, based on consultation with CMA supervisor and/or MCO;
 - j. Contact Local Government Unit (LGU)/Single Point of Access (SPOA)
4. CM must document all DSE efforts in the Members Care Management Record as follows:
 - a. Complete a separate billable contact note for each attempt/contact as follows:
 - i. Notification to the MCO
 - ii. Attempts to contact member by any method
 - iii. Attempts to contact and successful contacts with any consented individuals or entities or any kind.
5. The following should be recorded as Non-billable notes:
 - a. Any efforts made to find information on Electronic Record Systems
 - b. Informing/consulting with CMA supervisor or Lead HH
6. Complete an HML Billing Questionnaire as follows:
 - a. For months where three or more different attempts were documented:
 - i. Complete a billable HML
 - b. For months where less than three attempts were documented:
 - i. Complete a non-billable HML
 - c. If CMA/CM did not perform DSE during any of the three consecutive months, then Billing cannot occur for that month.
7. CM will complete Diligent Search Efforts for three consecutive months, until one of the following occurs:
 - a. Member is contacted successfully
 - b. Member is deemed disengaged and disenrolled from HH services.



Member is Successfully Located and Re-engaged

1. CM must assure timely re-engagement occurs and must:
 - a. Discuss with the member the reasons for lack of contact and address the barriers of contact to help ensure continued engagement moving forward.
 - i. CM must complete contact note in members care management record to 'enrolled' within 24 hours.
 - ii. CM must contact CM supervisor to notify of member status change and document in a note.
 - b. Ensure all consent are still active and in place. CM will complete updates to consents.
 - c. Update members Comprehensive Assessment to assess for additional risk factors and appropriateness factors.
 - d. Review members plan of care and update if there are any changes identified in the member's goals and/or service needs.
 - e. Complete a case review with the CM supervisor.
 - f. CM will contact member Care Team to update the team on successful re-engagement.
 - g. CM/CMA will contact the Lead HH and MCO to notify of successful re-engagement
 - i. All contacts will be documented in the member Care Management Record.
2. CM/CMA supervisor must complete Initial Appropriateness within 30 days of re-engagement.
 - a. The CMA Supervisor will monitor completion of re-enrollment activities utilizing reporting in the Netsmart CareManager system.
 - b. The CM/CMA will resume billing at the enrollment rate for activities conducted to locate and re-engage the member.
3. The HH will ensure a new enrollment segment in MAPP HHTS is created and is backdated to the beginning of the month in which the member is located.
4. If the member is located in an excluded setting, proceed with **Member Found in an Excluded Setting** procedures below.

Member Found in an Excluded Setting

1. If the member is determined to be in excluded settings (*See definition of Excluded Setting*), the CM will need to determine if the member will remain in the excluded setting for less than 6 months or more than 6 months.
 - a. If more than 6 months the CM will refer to the *BCHN004: Health Home Member Disenrollment*.
 - b. CMs must use professional discretion when identifying opportunities to re-engage members whose discharge/release may require a period slightly longer than 6 months.
2. If the member will be in an excluded setting for less than 6 months, member will remain enrolled in services and the CM will:
 - a. Document all communications, contacts and findings supporting this determination in the member Care Management Record.
 - i. During month of admission or discharge: complete billable notes
 - ii. During interim/full months of stay; complete non-billable notes
 - iii. If the member is incarcerated, complete a non-billable note



- b. Confirm member's admission/incarceration date.
 - i. CM will contact the member and/or discharge planning staff of excluded setting to provide notification of the member's HH enrollment, confirm the member's admission/incarceration date and anticipated length of stay in the Excluded Setting, and to collaborate on discharge planning procedures;
 - 1. Dates should be reflective of the 1st of the following month.
- c. Review outcomes with CM supervisor and establish a plan for member re-engagement, or member disenrollment, if indicated;
 - i. At the start of the month following admission to the Excluded Setting, CMA Supervisor must complete a contact note in the Member's Care Management Record to update the member's status to 'Excluded Setting', as follows:
 - 1. Contact date: 1st day of the month following facility admission
 - 2. Statuses: Excluded Setting
 - 3. Reason for change: (select for member's setting) – pended due to inpatient stay or incarceration
 - 4. Other comments: leave blank
 - ii. Supervisor will receive monthly updates or more frequent if desired, regarding the members enrollment status.
- d. Notify Member's MCO and Lead HH.
 - i. Health Home Administration will ensure the member is in "active" status in MAPP HHTS for the month in which the member enters the excluded setting if the CM makes contact with the member or the staff of the excluded setting and the CM provides a core service.
 - 1. For incarceration; If the CM performs a core service within the same month the member was incarcerated (e.g. conducts appropriate Diligent Search Efforts), the CMA can bill as long as the core service was provided PRIOR TO the date of incarceration. Any core service provided ON/AFTER the date of incarceration may **not** be billed for, and no billing is allowed for the remainder of the time the member is incarcerated.
 - ii. Health Home Administration will ensure the member is in "pended" status in MAPP HHTS after the month of admission or incarceration.
 - 1. During the period of time when the member is in the excluded setting, the member's segment in the MAPP HHTS must be in 'pended' status with the appropriate pend reason code. If an existing pend reason code does not adequately describe the excluded setting, the segment should be pended using pend reason code 04, "Pended due to Other" with a comment of "Excluded Setting" and specifying the type of setting.
- e. Update the member's consents with the member to ensure continuity of care for the remainder of the members stay in the excluded setting.
- f. Review and update plan of care accordingly.
- g. Monitor member's status while admitted to the excluded setting, to ensure discharge information, and be actively involved in the discharge planning.
 - i. Making direct contact with the member and/or discharge planning staff of the excluded setting may be considered a core CM service as long as the CM can demonstrate proper contact was made for the purpose of the member's discharge/release from the excluded setting.



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- ii. In the thirty (30) days prior to the member's discharge from the excluded setting, if the CM/CMA participates in active discharge planning activities to re-engage the member, the member's enrollment segment must be changed to 'active' status and the CMA may bill for this month (this does not apply to members who are incarcerated).
 - h. Complete notes during the month of admission and month of discharge by:
 - i. Contacting the member and/or facility discharge planning staff for the purpose of monitoring status/planning for the member's discharge is billable.
 - ii. For the month in which the member enters the excluded setting, or the CM/CMA first makes contact with the member and/or staff of the excluded setting, the CMA may bill for CM services at the enrollment rate.
 - iii. During any interim months of inpatient stay, HH services are non-billable
 - i. Complete HML billing questionnaires each month as appropriate for billing rules:
 - i. For members in inpatient setting:
 1. During month of admission or discharge, if billable HH services occurred: complete a billable HML
 2. During interim months of stay: complete non-billable HMLS
 - ii. For incarcerated members:
 1. If billable HH services occurred prior to date of incarceration, or after date of release: complete a billable HML
 2. If no billable HH service occurred during the portion of the month prior to date of incarceration, or no billable HH services occurred during the portion of the month or after date of release: complete non-billable HML
3. When a member is released/discharged from the Excluded Setting:
- a. CMA Supervisor will:
 - i. Complete a contact note in the Member's Care Management Record to update the member's status to 'enrolled' (the note contact date is the date of facility release)
 - ii. Notify Lead HH Administration of the member's return to enrolled status
 - iii. Notify care team members and MCO (if applicable)
 - b. CM will:
 - i. Contact member within 48 hours of release.
 - ii. Review the member documents and plan of care as applicable:
 1. DOH-5055
 2. Comprehensive assessment (if there has been a significant change in needs)
 3. Care plan
 - iii. Complete HML billing questionnaire as follows, based on circumstances:
 1. For members discharged from inpatient stays:
 - a. If billable HH services occurred at any time during the month: complete billable HML
 2. For members released from incarceration:
 - a. If billable HH services occurred after the date of release complete a billable HML
 - b. If no billable HH services occurred after date of release: complete a non-billable HML

Member is Located and Requests to Disenroll from Health Home Program

1. A member may ask to disenroll from the Health Home program at any time. If this should occur during re-engagement activities, the CM must:



- a. Evaluate the current state of the member and inquire whether the member's decision to disenroll is related to a complaint or dissatisfaction with any aspect(s) of the HH program. Provide follow up as appropriate;
- b. Inform CMA Supervisor of member request to disenroll;
- c. Provide critical time intervention accordingly;
- d. Follow procedures for a timely and safe disenrollment plan found in the following HH policy:
 - i. refer to policy: *BCHN004: Health Home Member Disenrollment*

Member is Not Located, Deemed Disengaged and Disenrolled

1. A member may be deemed disengaged from CM services when Standard CM activities through Diligent Search Efforts (DSE) have been attempted but do not result in successful contact with the member.
2. If the member is unable to be located after three consecutive months of "Diligent Search Efforts" refer to policy: *BCHN004: Health Home Member Disenrollment*.
3. Disenrollment from HH services must occur in accordance with *BCHN004: Health Home Member Disenrollment* prior to the end of the third month of DSE.

COMMUNICATION/TRAINING/IMPLEMENTATION

The Health Home will be responsible for providing necessary training needed to follow procedures as outlined in this policy. The policy will be distributed to CMA for review and attestation from all staff upon implementation. Training and resources will be provided at the time of distribution and implementation. The HH will provide quarterly trainings to all staff, to ensure trainings are up-to-date and maintained.

QUALITY MANAGEMENT & PERFORMANCE IMPROVEMENT

Bassett Community Health Navigation Health Home will evaluate patterns related to member disengagement within the network and establish Quality Monitoring activities to address issues identified.

BCHNHH must assure quality monitoring activities are in place and include:

1. reasons for member disengagement using the lens of avoidable versus unavoidable events;
2. appropriateness of care management efforts used to locate; reengage and retain members;
3. timelines were followed and met;
4. maintenance of Member Status;
5. billing procedures were followed;
6. involvement of CMA Supervisor;
7. updates to the member's plan of care in response to changes in service needs or identified risk factors, as needed;
8. timely notification to MCO and HH;
9. appropriate notification to member's care team;
10. members not located;
11. members that could not be re-engaged in CM services (e.g., excluded setting longer than six month);
12. members disenrolled from HH program; and,
13. Appropriate training is provided to HH and CMA staff in response to outcomes from quality monitoring activities.



RELATED FORMS

- *Health Home Member Disenrollment policy*
- *Health Home Notice of Determination and Fair Hearing Process policy*
- *Health Home Quality Assurance and Performance Policy*