



Community Referral Process for Health Home Care Management

Is the individual assigned to or enrolled in a Health Home?

To determine:

- Individual look-up in PSYCKES application:

If the individual is or had previously been enrolled in a Health Home, the name of the Health Home will display in the Client's Clinical Summary. The PSYCKES application will soon display a "quality flag" to indicate if the individual is enrolled in a Health and Recovery Plan (HARP), but *not* enrolled in a Health Home. HARP is a new Medicaid managed care product that manages physical health, mental health, and substance use services for individuals with serious mental health and substance use disorder needs. Health Home Care Management is an important component of the HARP benefit package responsible for the coordination of integrated services for HARP enrollees. Health Home Care Management is also the primary connection to Behavioral Health Home and Community Based Services (HCBS), which are now a part of the HARP benefit package. For more information on HARPs, click here: <http://www.omh.ny.gov/omhweb/bho/harp.html>

If you are not already using PSYCKES and would like to find out more, please click here: http://www.omh.ny.gov/omhweb/psyckes_medicaid/contact_us.html); **OR**

- Contact the individual's Managed Care Organization (MCO) if applicable, which may be a HARP, to inquire about the individual's Health Home Care Management status.

If yes,

Contact the Health Home or Care Management Agency (CMA), notifying them of the individual's interest in enrolling with the Health Home. The provider may assist in coordinating an initial meeting if preferred by the individual.

For individuals already enrolled with a Health Home, the provider may communicate with the individual's Health Home without obtaining an additional consent, pursuant to a recent change in the Mental Hygiene Law permitting these disclosures. Please note, however, OASAS providers governed by Federal regulations at 42 CFR Part 2 must obtain written consent.

If no, make a referral to a Health Home:

1. The provider talks with the individual about the benefits of Health Home. The Health Home may provide a script for the provider to discuss benefits of their Health Home program.



2. Obtaining Consent: The provider must first obtain the individual's consent in order for the provider to make the referral to the Health Home. **The method of obtaining and documenting consent should be reviewed and approved by the individual provider institution.** While the Mental Hygiene Law does not require consent be obtained in writing, this is a compliance issue for individual providers and some may decide to make a notation in their records that consent was given instead of requiring that individuals sign authorizations.

Please note that OMH State-operated providers are required to obtain consent in writing on OMH Form 11-C and place a copy of the form into the individual's record in addition to a making a notation regarding the disclosure. OASAS providers governed by Federal regulations at 42 CFR Part 2 must also obtain written consent.

Providers should not be completing the DOH 5055 HH Consent/Enrollment form; this form should only be completed between the individual and the Health Home or the assigned Health Home Care Management provider.

3. Contacting the Health Home:
 - Contact the individual's Managed Care Organization (MCO) to determine whether the individual has already been assigned to a Health Home, or to obtain assistance from the MCO to make a new Health Home referral. Consent is not required for the provider to talk with the individual's MCO.

AND/OR

- After obtaining the individual's consent, send the referral to any Health Home of the individual's choice if the assigned Health Home is not known.
 - Once the referral is accepted by the Health Home, the Health Home assigns the individual to a CMA or "downstream" care management provider.
 - The CMA arranges for an intake with the individual / enrolls individual into the Health Home.

OR



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- If the individual identifies a particular CMA they prefer to work with, the provider should obtain the individual's consent and send a referral to the CMA. The CMA can then enroll the individual into the Health Home. This is often called "upward enrollment."

NOTE: If the individual is not already a part of the DOH Health Home assignment list, additional documentation may be required to determine Health Home eligibility. Further guidance is forthcoming on this. Individuals enrolled in a HARP are categorically eligible for Health Home enrollment.

NOTE: Health Homes should not turn down community referrals for individuals that are either not assigned to their Health Home or in hiatus. The Health Home will either accept the community referral or help transfer the referral to the assigned Health Home.

If there are issues with accessing a Health Home, including effectuating enrollment, determining assignment status, or connection to a care manager and the MCO was not able to assist, please contact the Department of Health (DOH) provider hotline: 518-473-5569.

Community referral process for Non-Medicaid cases:

Providers shall direct Health Home referrals to the Local Government Unit (LGU), who will help connect the individual to a CMA able to serve individuals not eligible for Medicaid. OMH Legacy providers continue to receive service dollars and State Aid for the non-Medicaid population, *with limited capacity*.

For Fee For Service cases (individuals whose Medicaid is not managed by a MCO):

The workflow is the same, with the exception of notifying the individual's MCO, which is not applicable.