

Health Home Implementation Webinars

Session #36– April 30, 2014

Program Updates



Agenda

- OASAS Slides
- Update on the DOH 5058 - Withdrawal of Consent form

Health Home Care Management for Extended Inpatient Stays

- This webinar is being presented in response to questions received regarding providing Health Home care management for members during extended inpatient stays.
- The focus of this presentation is on OASAS facilities.
- A presentation by OMH is being planned.
- Sections of the HH Provider Manual (e.g., 3.7 and 6.2) are currently under revision.

OASAS Settings

- **Inpatient Detoxification**

- Medically Managed, Medically Supervised, and Medically Monitored
- Average length of stay 3-5 days


- **Inpatient Rehabilitation**

- Intensive management of chemical dependence symptoms and medical management/monitoring of physical or mental complications from chemical dependence to clients who cannot be effectively served as outpatients and who are not in need of medical detoxification or acute care
- Average length of stay is 21 to 28 days

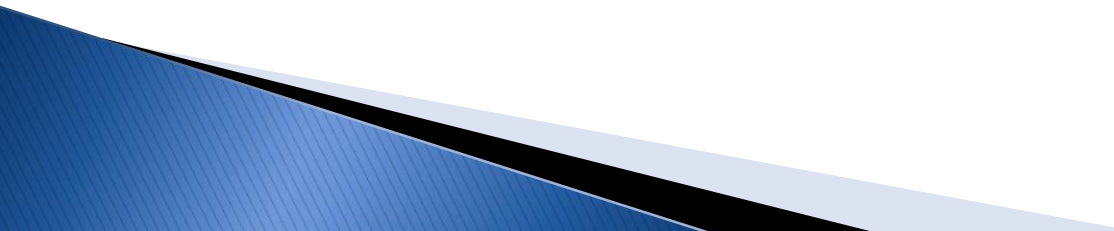
OASAS Residential Facilities

- There are 3 types of residential facilities
 - **Intensive**
 - **Community**
 - **Supportive Living**

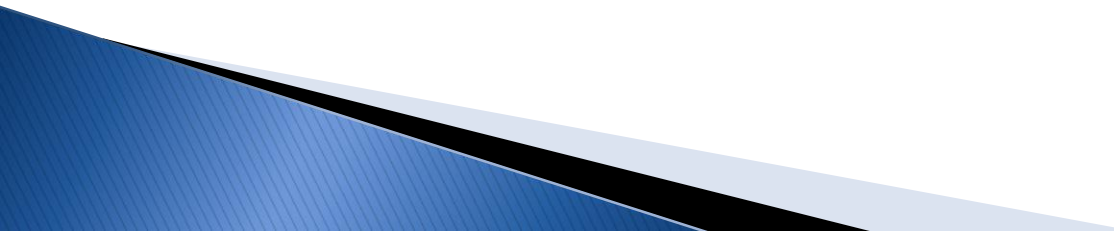
Intensive Residential

- Services in an Intensive Residential setting include counseling, vocational assessment, job skills training, employment readiness, parenting, social and community living skills.
 - Minimum of 40 hours/week of services often lasting several months.
 - Residents are unable to comply with treatment outside of a 24 hour setting.
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Community Residential

- Services in the Community Residence include job training and employment readiness.
 - Residents are usually concurrently admitted to outpatient programs.
 - Residents in this service category may be homeless or in living situations not conducive to recovery and abstinence maintenance.
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Supportive Living

- Services in Supportive Living include a minimum level of professional support (e.g. weekly visit to residence by a clinical staff member).
 - Residents may be concurrently admitted to outpatient programs.
 - Residents in this service category may require support of fellow residents to maintain recovery, but do not require 24 hour on-site supervision by clinical staff.
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Health Home Care Management in OASAS Settings

- Residents in Intensive Residential (IR) programs are not eligible for HH services while residing in the Intensive Residential setting. The care manager must inform the member that s/he will be disenrolled from the HH program while in an IR setting.
- The care manager should inform the IR facility of the member's HH enrollment.
- IR's should reach out to the HH prior to a resident's discharge (at least 30 days) to allow for evaluation by the HH, and active participation in the discharge planning process.

Health Home Care Management in OASAS Settings

- Individuals in Outpatient and Inpatient Detoxification, Inpatient Rehabilitation, Community Residential and Supportive Living facilities may remain or be enrolled in a Health Home.
- Health Homes/care management agencies can bill for care management services provided to HH members in these OASAS settings.

Health Home Care Management in OASAS Settings

- For Health Home members in Outpatient, Inpatient Detoxification, and Inpatient Rehabilitation settings please follow sections 3.7 and 6.2 of the HH Provider Manual until revisions are made.
- For Health Home members in Community Residential and Supportive Living facilities, Health Homes/care management agencies can continue to bill at the active care management PMPM rate as long as at least one care management service is provided.

OASAS Residential System – The Future

- OASAS is submitting a State Plan Amendment adding Residential Services
 - Effective date 1/1/15
- How will this impact HH services for patients in an OASAS residential setting?
- ▶ For any future questions, please contact Trisha Schell-Guy at: Trisha.Schell-Guy@oasas.ny.gov

Health Home Patient Information Sharing Withdrawal of Consent DOH 5058

UPDATE

Health Home Patient Information Sharing Withdrawal of Consent form DOH 5058

- Version 11/12 of the DOH 5058 has also been revised to include PSYCKES language. The new version is dated 12/13.
- Once the DOH 5058 is signed by the member, information can no longer be shared among Health Home network partners, providers and others previously allowed by the DOH 5055 consent.

Health Home Patient Information Sharing Withdrawal of Consent form DOH 5058

- Once disenrolled, the individual will need to sign a PSYCKES consent to allow any access to PSYCKES data.
- DOH 5058 Withdrawal of consent will be posted in English and seven (7) translated languages on the DOH Health Home web site, along with revised DOH 5055 and associated translations.

Useful Contact Information

- Visit the Health Home website:
http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/
- Get updates from the Health Homes listserv. To subscribe send an email to: listserv@listserv.health.state.ny.us (In the body of the message, type SUBSCRIBE HHOMES-L YourFirstName YourLastName)
- To email Health Homes, visit the Health Home Website and click on the tab “Email Health Homes”
http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/
- Call the Health Home Provider Support Line: 518-473-5569