

POLICY: 1.004 ENROLLMENT

When a patient agrees to receive Health Home services, program eligibility is confirmed and written patient consent is obtained to successfully enroll the patient in the HH program. Once the patient's eligibility has been confirmed and the patient has provided written consent, the patient is considered actively enrolled in the HH program.

PROCEDURES:

Confirm Program Eligibility

To confirm eligibility for the Health Home Program, verify that patients meet the following criteria set forth by the NYS Department of Health Guidelines:

1. Patient's Medicaid status is active
 - 1.1 To determine current status for referred patients (top down or bottom up), run the Medicaid numbers in ePaces
 - 1.2 Note any restrictions to patient's Medicaid coverage
2. Patient must have at least two qualifying chronic conditions and/or one of the following single qualifying chronic conditions:
 - HIV/AIDS or
 - Serious Mental Illness (SMI)Consider any documents provided by the patient regarding their health status to confirm their diagnoses.

Obtain Written Consent

In order to offer Health Home services and allow providers to share patient information (electronically or by paper), each patient must sign the Health Home Consent (DOH-5055) and Healthix Consent.

Electronic Consents

1. Verify that patients understand the Consent Form (DOH-5055). This includes reading the form to patients if necessary, providing the form in patients' preferred language, and answering any questions. The form is currently available in these languages:

English	Chinese	Haitian Creole
French	Italian	Korean
Russian	Spanish	
2. The Health Home (DOH – 5055) and Healthix consent forms are obtained in person and signed by patient electronically in ACD. Consents are saved in the Documents and Forms section in ACD.
3. When a patient transfers Health Homes, a new consent for that Health Home is obtained.
4. When necessary add or remove providers from the consent at any time as long as the member is in agreement with the changes.
 - a. A provider is added to the consent by entering the provider's name in a new page-3 of the consent form and have member electronically initial page in ACD.
 - b. Providers may be removed by entering a new page-3 of the consent form and have member electronically initial the page in ACD.

- c. For additional guidance on completing consents and protecting PHI, please review the PERSONAL HEALTH INFORMATION (PHI) policy in this manual.
- 5 All consent forms, including when any changes are made, are electronically entered in ACD *within 2 business days* of receipt.
- 6 A patient’s consent is active until he or she decides to withdraw from the program or the patient is disenrolled from the Health Home.

Paper Consents

- 1. Verify that patients understand the Consent Form (DOH-5058). This includes reading the form to patients if necessary, providing the form in patients’ preferred language, and answering any questions. The form is currently available in these languages:

English	Chinese	Haitian Creole
French	Italian	Korean
Russian	Spanish	
- 2. The consent form (DOH – 5055) is signed and obtained in person.
- 3. When a patient transfers Health Homes, a new consent for that Health Home is obtained.
- 4. When necessary add or remove providers from the consent at any time as long as the member is in agreement with the changes.
 - 4.1 A provider is added to the consent by having the member initial and date next to the provider’s name
 - 4.2 Providers may be removed by crossing the provider’s name and contact information out and by having the member initial and date next to the provider’s name.
- 5. All consent forms, including when any changes are made, are scanned and uploaded into ACD *within 2 business days* of receipt.
- 6. A patient’s consent is active until he or she decides to withdraw from the program or the patient is disenrolled from the Health Home.

Notice of Determination for Enrollment into the Health Home Program

All newly enrolled patients must be provided with a Notice of Determination for Enrollment into the Health Home Program, (DOH 5234 Form)

Documentation

- 1. To actively enroll a patient in the Health Home program, complete the HH Enroll and Initial Assessment on Allscripts Care Director (ACD) and obtain a complete DOH-5055 and Healthix consent forms.
- 2. Completed consent forms are housed in the document and forms section in ACD.
- 3. Notice of Determination for Enrollment into the Health Home Program (DOH 5234) must be provided to patient.

High Medium Low (HML) Assessment must be completed for the month of enrollment in ACD.