



**Health Home Frequently Asked Questions During COVID-19 State of Emergency**  
**Issued March 26, 2020**  
**Revised April 2, 2020**

**1. In cases where a face to face visit is not appropriate or available, can an individual be enrolled in the Health Home program without signed consent?**

The New York State Department of Health has authorized a temporary waiver of face-to-face requirements for Health Home providers, including Health Homes Serving Adults, Health Homes Serving Children, and Care Coordination Organization/Health Homes. In lieu of face-to-face contact, care managers may utilize telephonic or telehealth capabilities to obtain *verbal* consent, providing clear information about the Health Home Program including permission for sharing Protected Health Information (PHI). Health Homes and Care Management agencies should follow applicable NYS Medicaid Telehealth Guidance and proceed in good faith to serve their members.

The Department supports the use of *electronic signature* to complete the Health Home consent process for enrollment of adults and children/youth. Health Home consent forms can be found on the following Health Home webpages:

- Lead Health Home Resource Center  
[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/lead\\_hhc.htm](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/lead_hhc.htm) under: *Forms and Templates*
- Health Home Serving Children (HHSC)  
[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/hh\\_children/consent\\_forms-templates.htm](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_children/consent_forms-templates.htm) under: *Consent Forms and Templates*

An alternate option is for consents to be mailed to newly enrolled members for signature.

As a last resort members consent may be updated by way of informed verbal consent and clearly document in the members health record.

Health Home Care Managers may work with members to obtain services that do not require consent such as:

- making a referral
- setting up an appointment
- ensuring needed prescriptions are obtained
- establishing transportation

Health Home Care Managers will be required to obtain signed consent once the state of emergency is lifted.

Consideration can also be given to using alternative means for obtaining consents. For example: hospital discharge planners obtaining signatures on Health Home consent to allow for collaboration between Health Home Care Manager and hospital staff to establish needed post discharge services.

**2. Has the face-to-face requirements for completing required Health Home assessments (e.g., NYS Eligibility Assessment, CANS-NY, HCBS, etc.) and completing/updating the Plan of Care (POC) been lifted?**

The face to face requirement for conducting assessments and completing the POC has been temporarily waived for Health Homes. Documents may be completed via teleconference or through other forms of secured telecommunication. Additionally, the use of electronic signatures and where necessary, US mail service should be used. Evidence of activities taken to complete assessments, POC, and other required documents must be clearly documented. Verbal consent from the member may be obtained in the absence of access to forms of telecommunication until an original signature can be secured.

For a child/youth enrolled in Health Home Care Management, the CANS-NY assessment is still required for billing. These assessments can be conducted via telehealth/telephonic as outlined in Health Home guidance. HHCM should review all CANS-NY assessments and seek input from the child/youth, their family, treatment team and/or supporting documentation to ensure the assessment is completed accurately.

[https://www.health.ny.gov/health\\_care/medicaid/covid19/docs/2020-03-14\\_guide\\_hhsa\\_hhsc.pdf](https://www.health.ny.gov/health_care/medicaid/covid19/docs/2020-03-14_guide_hhsa_hhsc.pdf)

For detailed guidance, refer to:

- CANS-NY:  
[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/hh\\_children/docs/cans-ny\\_in-person\\_training\\_requirement.pdf](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_children/docs/cans-ny_in-person_training_requirement.pdf)
- HCBS for Children:  
[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/policy/docs/covid19\\_guidance\\_childrens\\_1915c\\_waiver.pdf](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/policy/docs/covid19_guidance_childrens_1915c_waiver.pdf)
- BH HCBS for HARP Members:  
<https://omh.ny.gov/omhweb/guidance/>

**3. Does the waiver of face-to-face visits apply to Health Home members under Assisted Outpatient Treatment (AOT)**

Yes, AOT face-to-face visit requirements have been temporarily waived. In the absence of face-to-face visits, alternative means may be used. Please visit the Office of Mental Health website for additional information at <https://omh.ny.gov/omhweb/guidance/>.

**4. Has the requirement for completing the Health Home Comprehensive Assessment be lifted?**

At this time the Comprehensive Assessment is not waived; however, the timeframe for completion has been extended from 60 days to 120 days. HHCMs need to ensure proper documentation in the member's case record the completion of the Comprehensive Assessment and extended timeframe.

**5. Has the 60-day requirement for developing the Plan of Care been lifted?**

No. At this time the development of the Plan of Care is not waived; however, the timeframe for its completion has been extended from 60 days to 120 days. HHCMs need to ensure proper documentation is made in the member's case record for the completion of the

Comprehensive Assessment and extended timeframe. (For Plans of Care involving HCBS, please refer to those guidance documents)

**6. Has the requirement for Plan of Care reviews and updates been lifted?**

The Department has suspended Plan of Care reviews and updates for all required timeframes, until further notice. HHCMS should continue to make timely and appropriate contacts with the member, family, and involved providers/professionals to ensure the Plan of Care remains accurate and up-to-date, utilizing appropriate telecommunication options.

**7. Do family team meetings, care team meetings, and/or multidisciplinary meetings still need to occur?**

The Department has temporarily lifted the requirement for all such meetings. However, HHCMS must ensure communication with all involved providers, professionals and family supports continues and is documented.

**8. Has the face to face requirement for conducting outreach-related activities been lifted?**

When working to enroll members being discharged from a hospital setting, members may be enrolled with verbal consent and efforts made to execute a Health Home consent form, e.g., DOH 5055, DOH 5200, DOH 5201, DOH 5202.

For Health Homes serving children and youth, face to face may be waived when a family is engaged in the enrollment process and documentation is pending.

**9. Are there any options to support members with limited or lack of access to devices and services that would allow for use of electronic signatures or communication through means other than face to face visits?**

The following is a listing of resources compiled for consideration:

**Free Wifi/internet**

- Charter Communications (Spectrum) and Comcast are giving households with K-12 and college students, and those who qualify as low-income complimentary Wifi for 60 days
- Families who do not have the service will also receive free installation of the service
- Both companies are expanding Wifi hotspots to the public within the company's available regions
- Call **1-844-488-8395 (Charter)** or **1-855-846-8376 (Comcast)** to enroll
- Individuals must call company after 60 days, or they will be automatically billed

**Unlimited data**

- Charter, Comcast, AT&T, and Verizon are offering unlimited data plans to customers until May 13 for no additional charge

### **Federal Lifeline Service (Wireless phone)**

- Eligibility requirements must be met, which are set by each State where the service is provided
- To qualify for Lifeline, subscribers must either have an income that is at or below 135% of the federal Poverty Guidelines, or participate in one of the following assistance programs:
  - Medicaid
  - Supplemental Nutrition Assistance Program (SNAP) Food Stamps
  - Supplemental Security Income (SSI)
  - Federal Public Housing Assistance (Section 8)
  - Veterans and Survivors Pension Benefit
- Service is limited to one person per household
- Eligible individuals can enroll in either of the two wireless services available: Assurance Wireless or Safelink Wireless
- Assurance Wireless
  - Link to enroll: <https://www.assurancewireless.com>
  - Subscribers must use either the free phone provided through Assurance Wireless, or a different phone can be purchased through Assurance Wireless. Existing phones from other carriers are likely not able to be used.
  - Typically, subscribers receive 350 minutes, unlimited texts, and 3GB of data per month
  - **Until 5/20/20, subscribers can get unlimited minutes, texts, and an extra 6GB of data per month**
- Safelink
  - Link to enroll: <https://www.safelinkwireless.com>
  - Subscribers can use their own phones:
    - SafeLink Keep Your Own Smartphone plan requires a compatible or unlocked Smartphone. Most GSM Smartphones are compatible.
  - Subscribers can get up to 350 minutes and 3GB of data, which includes voice minutes and unlimited texts, voicemail, nationwide coverage and 4G LTE on 4G LTE compatible devices
  - **Until 4/28/20, subscribers can get unlimited minutes, texts, and an extra 5GB of data per month**

### **10. If a Health Home's usual or preferred IndentoGo vendor are unavailable during the State of Emergency, would the CHRC requirement be waived during this time?**

If a provider's usual or preferred IndentoGo vendor is unavailable, when scheduling CHRC finger printing appointments through the CHRC application in the Health Commerce System (HCS), please continue through the list of vendors in the provider's area until an available provider is located. If a provider is unable to locate an available IndentoGo vendor in their area, please contact [hhsc@health.ny.gov](mailto:hhsc@health.ny.gov). This requirement has not been waived, and prospective employees must be supervised if they are providing direct care (in person services or access to personal possessions); however, please note that during the State of Emergency, a prospective employee can provide telehealth or telephonic services without supervision, while they are awaiting their fingerprint appointment or CHRC clearance.

## 11. How should Health Homes address member disenrollment during the COVID-19 state of emergency?

Due to the COVID-19 state of emergency Health Home members should not be disenrolled unless they have requested disenrollment or have been confirmed to be residing in an excluded setting for 6 months or longer.

If a member should become disengaged and a core service cannot be delivered, the member's segment in MAPP HHTS must be pended using reason code 03 "Pended due to Hiatus", and should remain as such for the duration of the COVID-19 emergency or until a core service can be delivered and the member is actively reengaged in HHCM services.

Please submit questions to: [healthhomes@health.ny.gov](mailto:healthhomes@health.ny.gov)

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### Additional resources and information are provided as follows:

- Medicare Telemedicine Fact Sheet:  
<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

#### **Various Guidance Documents for Specific Providers**

- Health Homes:  
[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/policy/docs/covid19\\_guidance\\_health\\_homes.pdf](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/policy/docs/covid19_guidance_health_homes.pdf)
- New York State Medicaid Update **March 2020 Special Edition – COVID–19** Telephonic Communication Services  
[https://www.health.ny.gov/health\\_care/medicaid/program/update/2020/index.htm](https://www.health.ny.gov/health_care/medicaid/program/update/2020/index.htm)
- Children's HCBS Providers:  
[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/policy/docs/covid19\\_guidance\\_childrens\\_1915c\\_waiver.pdf](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/policy/docs/covid19_guidance_childrens_1915c_waiver.pdf)
- Children and Family Treatment and Support Services' (CFTSS) Providers:  
[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/covid19\\_cftss\\_guidance.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/covid19_cftss_guidance.pdf)
- Homeless Shelters and Supportive Housing:  
[https://coronavirus.health.ny.gov/system/files/documents/2020/03/guidance\\_homeless\\_shelters\\_supportive\\_housing.pdf](https://coronavirus.health.ny.gov/system/files/documents/2020/03/guidance_homeless_shelters_supportive_housing.pdf)
- Home Care:  
[https://coronavirus.health.ny.gov/system/files/documents/2020/03/03-16-20\\_home\\_care\\_services.pdf](https://coronavirus.health.ny.gov/system/files/documents/2020/03/03-16-20_home_care_services.pdf)
- Adult Care Facilities:  
[https://coronavirus.health.ny.gov/system/files/documents/2020/03/adult\\_care\\_guidance.pdf](https://coronavirus.health.ny.gov/system/files/documents/2020/03/adult_care_guidance.pdf)
- NYS Office of Mental Health (OMH):  
<https://omh.ny.gov/omhweb/guidance/supplemental-guidance-use-of-telemental-health-disaster-emergnecy.pdf>
- NYS Office of Addiction Services and Supports (OASAS):  
[https://oasas.ny.gov/system/files/documents/2020/03/telepractice\\_waiver-update.pdf](https://oasas.ny.gov/system/files/documents/2020/03/telepractice_waiver-update.pdf)
- The Office for People With Developmental Disabilities (OPWDD):

[https://opwdd.ny.gov/news\\_and\\_publications/coronavirus-guidance-opwdd-service-providers](https://opwdd.ny.gov/news_and_publications/coronavirus-guidance-opwdd-service-providers)

**Links to Telehealth Guidance Documents already released:**

- CMS Guidance re Medicaid State Plan Fee-for-Service Payments for Services Delivered Via Telehealth  
<https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-telehealth-services.pdf>
- General CMS Medicaid.gov Telemedicine Guidance:  
<https://www.medicaid.gov/medicaid/benefits/telemedicine/index.html>
- New York State Medicaid Update-Special Edition-February 2019 Volume 35-Number 2:  
[https://www.health.ny.gov/health\\_care/medicaid/program/update/2019/2019-02\\_speced.htm](https://www.health.ny.gov/health_care/medicaid/program/update/2019/2019-02_speced.htm)
- HHS Office for Civil Rights Guidance Regarding HIPAA and Telehealth:  
<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>