

3/31/2015



TO: HCH STAFF
SUBJECT: ENROLLMENT, TRANSFER, & DISCHARGE GUIDE
DATE: March 27, 2015
CC: HCH IMPLEMENTATION TEAM

Protocol for Enrolling, Transferring, and Discharging Clients from Healthcare Home

Participant Eligibility Requirements

Medicaid beneficiaries who are eligible for Healthcare Home services from a recognized CMHC Healthcare Home service provider must meet one of the following criteria:

1. Diagnosis of a serious and persistent mental illness or a serious emotional disturbance
 - a. The Department defines a serious mental illness or serious emotional disturbance as a CPR eligible diagnosis.
 - b. Enrollment in CPR meeting DLA 20 CGAS/mGAF requirements also meets the above criteria
 - i. Please see the *Community Treatment Bulletin: Using the DLA-20 to Establish Eligibility for Community Psychiatric Rehabilitation Programs – Revised August 4, 2014* for details.
2. Diagnosis of a mental health condition and a substance use disorder
 - a. For a list of eligible mental health conditions and substance use disorders you may download the Excel document titled *Eligible Diagnoses for HCH* located on the *CMHC Healthcare Home* webpage.
 - i. You can access through *Information for Providers* under *Mental Illness* on the DMH website.
3. Diagnosis of a mental health condition and/or a substance use disorder, and one other chronic condition
 - a. Chronic conditions include:
 - i. Diabetes
 - ii. Cardiovascular Disease
 - iii. COPD/Asthma
 - iv. Developmental Disability

- v. Tobacco Use
- vi. Overweight (BMI >25)

Enrolling Clients in Healthcare Home Services

Persons being proposed for Healthcare Home enrollment must have been introduced to the Healthcare Home and had the benefit explained to them in a face-to-face meeting.

Enrollment procedures are as follows:

- On the Enrollment Form, the provider must fill in Parts 1 through 4.
- Save a copy of the form and submit in an ENCRYPTED email to the Enrollment Coordinator, and indicate "CMHC HCH ENROLLMENT" in the subject line of the email.
 - Please see *Important Guide to Sending PHI* if you have questions about sending encrypted emails or using password protected documents. This document can be located on the *CMHC Healthcare Home* webpage.
- DMH will verify that the person being submitted for CMHC Healthcare Home enrollment is not currently enrolled with another CMHC Healthcare Home or Primary Care Health Home.

If the enrollment request is approved:

- DMH completes the DMH only section of the enrollment request form and saves the form to a DMH directory.
 - A provider can confirm enrollment by checking the Healthcare Home Registry in CIMOR which is updated daily. If providers notice a discrepancy, the provider should send inquiries to the enrollment coordinator.
 - Those granted access to CIMOR, can access the HCH registry by the following:
Logging into CIMOR->Reports->Consumer->HCH Registry.
 - The effective start date for enrollments is the first day of the following month in which the enrollment was requested.
 - Forms must be received by the 25th of the month to ensure effective dates.

If the enrollment request is not approved:

- DMH completes the DMH only section of the enrollment request form, indicating the enrollment request was denied and stating the reason the request was denied. The completed enrollment request form will be emailed to the Healthcare Home Director.

Transferring Clients from Healthcare Home Services

A client, parent, or guardian may request a transfer at any time from the current Healthcare Home provider to another one. However, Healthcare Home services are an enhancement to existing psychiatric rehabilitation (CPR) services provided by a CMHC; therefore, clients cannot choose to receive

CMHC Healthcare Home services from one provider and psychiatric rehabilitation services from another CMHC. Providers should ensure the client's understanding of this.

Alternative Healthcare Home providers are only available where alternative CMHC service providers are available. Therefore, in service areas where only one CMHC service provider exists, clients do not have the option to enroll with any other CMHC Healthcare Home unless they move to another service area, or if they are eligible, choose to enroll with a Primary Care Health Home. Providers should ensure the client's understanding of this.

Where multiple CMHC service providers are available, clients may request to be transferred from one CMHC Healthcare Home to another CMHC Healthcare Home serving that area to receive all of their psychiatric rehabilitation services from that provider. Areas with more than one CMHC provider include:

- St. Louis area: BJC Behavioral Health, Place for People, Independence Center, Adapt, and Hopewell;
- Jackson County: Swope Health Services, Truman Medical Center- Behavioral Health, ReDiscover, and Comprehensive Mental Health Services;
- Columbia: Burrell Behavioral Health and New Horizons;
- Jefferson City: Pathways Community Behavioral Healthcare and New Horizons;
- Service Area 13: North Central Missouri Mental Health Center and Preferred Family Healthcare;
- Service Area 14: Mark Twain Behavioral Healthcare, Preferred Family Healthcare, and Comprehensive Health Systems (partial); and
- Service Area 15: East Central Missouri Behavioral Health Services, Comprehensive Health Systems, and Preferred Family Healthcare (partial).

Transfers from one CMHC Healthcare Home to another can be initiated by:

- The client
- The client's parent or legal guardian
- The Healthcare Home

The current provider should verify that the client does not have a legal guardian and is able to make the decision to be transferred. The current provider should make every attempt to meet with the client face-to-face to discuss the transfer. In cases where the client is a minor, those face-to-face meetings must include the parent/guardian. If the adult client has a legal guardian, the provider must have contact with the guardian by phone or face-to-face to discuss and ensure approval of the transfer. Furthermore, providers must ensure the guardian understand the effects/meaning of transfers.

The current provider must contact the Healthcare Home Director of the CMHC to which the client is transferring and coordinate the transfer. The provider MUST ensure that the agency the client expressed an interest in transferring to will accept the transfer.

If the referred CMHC agrees to the transfer, the provider should follow the transfer procedures:

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- On the Transfer Form, the provider must fill in Parts 1 through 4.
- Save a copy of the form and submit in an ENCRYPTED email to the DMH Enrollment Coordinator, and indicate “CMHC HCH TRANSFER” in the subject line of the email.
- If the transfer is approved, the DMH enrollment coordinator will mail a transfer confirmation letter to the client and copy the guardian. The providers must make every attempt to meet with the client face-to-face to confirm they received the transfer confirmation letter.
- If the client is transferred to another HCH, his/her funding slot will not be transferred. The funding slot will stay with the original agency.
- The agency to which the client is transferring must meet with the client to introduce them to the new agency, review details of the transfer, and assure continuity of care.
- The effective start date of the transfer is the first day of the following month in which the transfer was requested. The effective end day for the transferring agency is the last day of the month in which the request was made.

When transferring a client to a Primary Care Health Home from a CMHC Healthcare Home, or vice versa, the requesting agency must submit a Discharge Request Form. Then, the accepting agency must submit an Enrollment Request Form.

Discharging from Healthcare Home Services

Discharges from a CMHC Healthcare Home could be initiated by:

- The client
- The client’s parent or legal guardian
- The Healthcare Home

The current provider should verify that the client does not have a legal guardian and is able to make the decision to be discharged. The current provider should make every attempt to meet with the client face-to-face to discuss the discharge. In cases where the client is a minor, any face-to-face meetings must include the parent/guardian. If the adult client has a legal guardian, the provider must have contact with the guardian by phone or face-to-face to discuss and ensure approval of the discharge.

The discharge procedures are as follows:

- On the Discharge Request Form, the provider must fill in Parts 1 through 4.
- Save a copy of the form and submit in an ENCRYPTED email to the Enrollment Coordinator, and indicate “CMHC HCH DISCHARGE” in the subject line of the email.
- Providers can verify discharge by viewing the HCH Registry and Cyber Access on the anticipated effective date.
- The effective end date for discharges is the last day of the month in which the discharge was requested.