

COVID-19 Updates:

This guidance is based on our knowledge to date and the GRHHN will be updating this information frequently. Please understand that information and guidance is rapidly changing and if you have any questions please contact the GRHHN directly at 585 3501400 or grhhnintake@flpps.org

Plan of Care and the 5055 Consent:

5055 Consent and Plan of care will now accept a VERBAL attestation (consent). If the individual responds in an email or provides verbal consent, this will be acceptable as a signature. Please make every effort to obtain a signature via electronic means or via mail.

Click [HERE](#) for Department of Health 5055 Consent Form.

**** Please note that the care manager will need to document that they received consent from the member. The Care Manager should make every effort to obtain the signature either via mail or electronically. This guidance is temporary to meet the current challenges of COVID -19 and it is imperative that care managers document the members agreement and consent.****

NYS has emphasized that care coordination and removing barriers are the priority.

HARP Process:

The HARP Assessment can be completed over the telephone with members during this temporary period. Annual HARP Re-Assessments should be completed as scheduled. DOH's intent is that there would be no interruption in services available to HARP members. Signatures for the final HARP Plan of Care will be collected as stated above.

Other Documents

Other documents that usually require a signature such as *Rights and Responsibilities*, can be signed via verbal or written attestation, as above.

- External documents, such as: housing applications, Social Security documents, DHS documents, etc., will likely need to be signed. Arrangements to get these documents to the member and returned will need to be made. USPS, email, and drop-off/pickup, are all viable options.

Documentation in Netsmart

During this time, it is important to continue to support our members to meet their basic needs. GRHHN is providing previous guidance on the definitions of Core Services. Below are the documentation standards for Netsmart

Completing HML: When completing an HML please remember to indicate YES that a core service has been delivered.

Children: For the HHSC members in Med or High, the DOH is waiving the required F2F with a member requirement, so for the time being these can be billed if the member has at least two (2) visits.

HH plus population: Care Manager is still required to complete a minimum of 4 contacts and effort needs to be reasonable and appropriate to the member's need.

HH CORE Service

Comprehensive Care Management

Coordinate & facilitate team meetings with care manager, client and care team members to address overall needs and assist with care plan development.

Health Promotion & Care Coordination

Encourage and educate clients on healthy behaviors to promote self-management. Provide essential links to close gaps in care and address social determinants of health.

Member and Family Support

Ensure the clients support system is capable of offering the support necessary and can appropriately demonstrate an understanding of the client's needs.

Comprehensive Transitional Care

Respond to emergency department and/or inpatient hospitalizations upon notification to ensure care coordination efforts continue following discharge.

Referral and Community Support

Identify & connect the client with community supports and services by referring to appropriate agencies who can assist in meeting the client's needs.

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<p><i>Core Services</i></p>	<ul style="list-style-type: none"> • Completing assessments • Creating/Reviewing/Updating Care Plan • Case conferences • Scheduling appointments • Activities supporting the Plan of Care • Referrals • An open conversation with the client addressing current needs and concerns including but not limited to: <ul style="list-style-type: none"> ✓ <u>Health Status</u> (including medication adherence, medication supply) ✓ <u>Food supply</u> ✓ <u>Housing issues</u> ✓ <u>Safety concerns</u> <p>The following types of communication are acceptable;</p> <ul style="list-style-type: none"> • Text Conversations • Phone Conversations • Email Communication • HIPPA Compliant Video Communications • Face to Face Communications
<p><i>Non-Core Service</i></p>	<ul style="list-style-type: none"> • Leaving voicemail's • Scheduling/rescheduling of appointments between CM and client • A case conference involving only CMA staff (including supervision) • Communications within the CMA • Documentation of intent to complete a task/activity • Documenting in the record when client is in an opt-out/discharged status • Check-ins without providing a billable service