

ENCOMPASS FAMILY HEALTH HOME
Care Management
Policy & Procedure Manual

Care Management Policy #29 Health Home Consents & Record Retention

Effective Date: 9/1/16

Revised Date: 3/1/17, 8/22/17

Policy: The Health Home will assure that Care Management Agencies utilize appropriate consent forms for all Participants/Families, in order to protect and respect the rights of Participants, Parents, guardians, legally authorized representatives and minors; and to protect the health information, educational records and other forms of personal information shared during the course of the provision of Care Management services.

Procedure:

A. Children Consents

1. Consent to Refer

- I. When making a referral to Health Home, the referent must first obtain consent from the Child (self-consent if 18-21; or under 18 and a parent, pregnant or legally married), or the child's parent, guardian, or legally authorized representative.
- II. Although verbal consent is allowed, the Health Home recommends that a written consent be obtained.
- III. After receiving consent, the referent will verify by checking the "consent to refer" box in the MAPP referral portal.

2. DOH-5200 Consent Enrollment Form

- I. Used to enroll children under the age of 18 into Health Home services (unless child is a parent, pregnant or legally married: See DOH-5055).
- II. Signed ONLY by the parents, guardians or legally authorized representative (ie: LDSS)
- III. Will be accompanied by the ***Health Home Consent Frequently Asked Questions (FAQ) For Use with Children Under 18 Years of Age*** Form, that will be provided to the parent/guardian, and reviewed prior to signing the DOH-5200.

3. DOH-5201 Consent for Sharing of Information

- I. Completed after the Consent to Enroll (DOH-5200)
- II. For use for children under the age of 18
- III. Section 1 to be completed by the parent, guardian or legally authorized representative
- IV. Section 2 to be completed by the Child, **without** the presence of the parent, guardian or legally authorized representative
 - i. Children have the right to keep private any information about services that they have consented for.
 - ii. Consent to share information of protected services is applicable to children 10 or older.
 - Consent to mental health services is applicable to children 12 and older.
 - iii. Children may choose to share information of protected services with the parent/guardian. Declinations will be documented in the MAPP.

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- iv. If the child is unable or unwilling to complete section 2, it will be left blank.
 - Documentation will be added in Netsmart outlining reason why it was not completed.
 - a. Care Managers will continue to try to have section 2 completed by the child at subsequent visits.
 - Parent/Guardians can consent to certain types of health care services including family planning; emergency contraception; abortion; sexually transmitted infection testing/treatment; and drug/alcohol services, but information can only be released if the child also consents in section 2.
4. **DOH-5202 Consent to Withdrawal of Health Home Enrollment and Information Sharing**
 - I. For use for children under the age of 18 (unless if 18-21; or under 18 and a parent, pregnant or legally married: see DOH-5058)
 - II. Signed ONLY by the parents, guardians or legally authorized representative (ie: LDSS)
5. **DOH-5203 Consent for Education Records**
 - I. NYS Education requires a separate consent to release education records.
 - II. Parent, guardian or legally authorized representative will sign the form for all children under 18, if child is still a dependent.
 - III. Refer to the form for definition of parent, guardian or legally authorized representative, as it differs from other consents.
 - IV. Also includes education records related to infants/toddlers in Early Intervention programs.
6. **DOH-5204 Consent to Withdrawal Education Records**
 - I. To withdraw permission to release or discuss educational records for children enrolled in Health Home
 - II. Parent, guardian or legally authorized representative will sign the form for all children under 18, if child is still a dependent.
 - III. Children 18 or older can self-consent.
7. **DOH-5055 Health Home Information Sharing and Enrollment Consent (Adult Form)**
 - I. Will be used for children 18 or older who can self-consent, or for children under 18 and are a parent, pregnant or legally married.
 - II. Does not require a parent, guardian or legally authorized representative to sign, or be present to enroll.
 - III. Authorizes enrollment, as well as data sharing and access to the RHIO and PSYCKES.
8. **DOH-5058 Consent to Withdrawal of Health Home Enrollment and Information Sharing (Adult Form)**
 - I. Will be used for children 18 or older who can self-consent, or for children under 18 and are a parent, pregnant or legally married.
 - II. Does not require a parent, guardian or legally authorized representative to sign, or be present to dis-enroll.
9. **DOH-5059 Health Home Opt-Out Form**

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- I. Utilized during outreach to document that the consenter has declined the Health Home program.
 - II. Care Manager will also contact the referral source to notify them that Health Home services have been declined.
10. **DOH-5230 Functional Assessment Consent**
- I. Consent must be obtained before completing the CANS-NY Functional Assessment.
 - II. Care Manager must obtain consent to conduct the CANS-NY functional assessment from the parent, guardian, legally authorized representative or the child if they can self-consent. Without obtaining this consent, care managers will be unable to complete a CANS-NY in the Uniform Assessment System-NY (UAS-NY).
11. **PSYCKES**
- I. Consent to access clinical information in PSYCKES, (unless DOH-5055 was signed). **(See Policy # 11-PSYCKES Access and Use)**
12. **RHIO**
- I. Consent to access clinical information in regional RHIO for children with parental consent.
 - II. For self-consenting Children 18-21, used in conjunction with the DOH-5055
 - III. Access for Children's information may be blocked in some RHIOs for Children 10-18. **(See Policy # 12-RHIO Access and Use)**

B. When New Consents are Required:

1. The Participant changes Health Homes (new enrollment);
2. The Participant/Family dis-enrolls and re-enrolls;
3. The Participant turns 18 years old, if they have not previously self-consented;
4. The Participant/Child gets married, becomes pregnant or becomes a parent;
5. The Participant's authorized consenter has changed (for children under 18);
6. The Participant changes from Foster Care to non-Foster Care services, and vice-versa;
7. The Participant changes schools/districts

C. When New Consents/Information Sharing are Updated:

1. When needed to add or delete members of the Interdisciplinary Team;
2. After review during an Interdisciplinary Team Meeting;
3. Consenter will be asked to review the consent/information sharing form bi-annually or as needed to ensure all providers and supports are current

D. Completing/Updating Information Sharing

1. Consenter will identify providers and supports to be listed with whom they request information to be shared;
2. Consenter will initial and date after each providers name;
3. Consenter will cross out any providers and supports that are no longer involved, and will initial and date each change

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E. Record Retention

1. Participant records (electronic or hardcopy), including consents, Plan of Care, assessments and documentation supporting eligibility and appropriateness for Health Home services will be retained for 10 years after discharge/death, or 10 years past the Participants eighteenth birthday, whichever is longer.
2. Administrative documents, such as audits, incident reports, grievances, meeting minutes and financial records will be retained for 10 years.
3. Participant Reports/Data Files containing medical treatment and/or billing information (electronic or hardcopy), will be retained for 10 years or 10 years past the Participants eighteenth birthday, whichever is longer.
4. Care Manager Documentation supporting qualifications and required Training will be retained for 10 years after termination.
5. Written policies, procedures & standards will be retained for 7 years after superseded.
6. All written policies and procedures as required by the Health Insurance Portability and Accountability Act of 1996 are required to be maintained in writing for at least 6 years from the date of its creation, or the date when the document was last in effect, whichever is later.
7. Upon termination of agreement for a CMA to provide Care Management services under the Health Home, the CMA will return or destroy all protected health information in their possession, and will retain no copies for its records, unless a mutually agreed decision with the Health Home has been reached to retain information, and limit its use and disclosure.

F. Record Requests

1. Any requests for Participant records will be forwarded to the Health Home.
 - i. The Health Home will provide guidance to the Care Management Agency on how to respond and proceed with any requests of Participant information contained within the electronic record.