WE CARE ABOUT YOUR HEALTH

FOR MEMBERS OF HEALTH HOME CARE MANAGERMENT

CNYHHN, Inc.

Where Care Comes Together

ADULT CARE MANAGEMENT & CHILDREN'S CARE MANAGEMENT WELCOME GUIDE

IMPORTANT CONTACT INFORMATION

Contact Information
_____ Care Manager Number
_____ My Personal Support Number / Relationship
_____ On Call Number
_____ Local Crisis Number
_____ Life Threatening Emergency Number

Enter these numbers in your cell phone
or hang them on your refrigerator!

What is a Health Home?

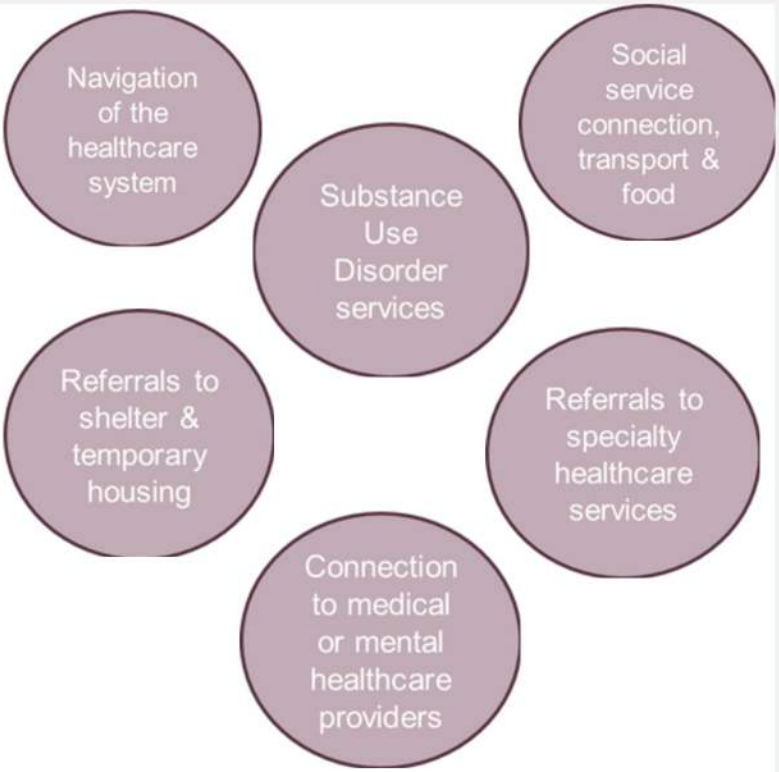
A "Health Home" is not a place.

CNYHHN, Inc. is a Lead **Health Home** designated by the NYS Department of Health. As a Lead Health Home, we contract with many different Care Management Agencies that provide services to all our enrolled members. We ensure that quality services are being coordinated and delivered to you by those agencies.

Once you enroll in Health Home Services, a dedicated **Care Manager** is assigned to you, and they will be responsible for coordinating all of your health services. The Care Manager will also help you understand your chronic conditions, manage your symptoms, and ensure that all identified providers and supports of the member work together

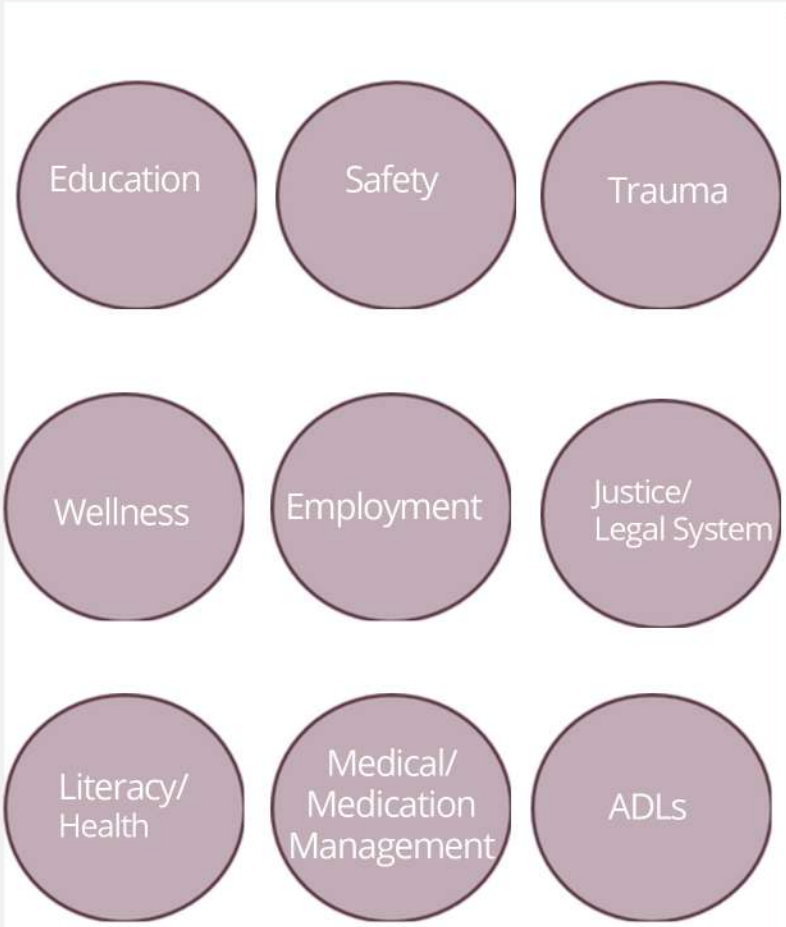
What is a Health Home?

Benefits of Care Management



These are just a few examples of how a Health Home Care Manager can help you! A Care Management Team of service providers and supports will be identified to assist.

Areas Care Management Can Assist!



Benefits of Care Management

The Care Management Team

You and your Care Management Team working together are critical to your success.

The Team should include people who know you, may have helped you in the past, and will use their resources to help you reach your goals: friends, family, clergy, neighbors, and professional service providers.

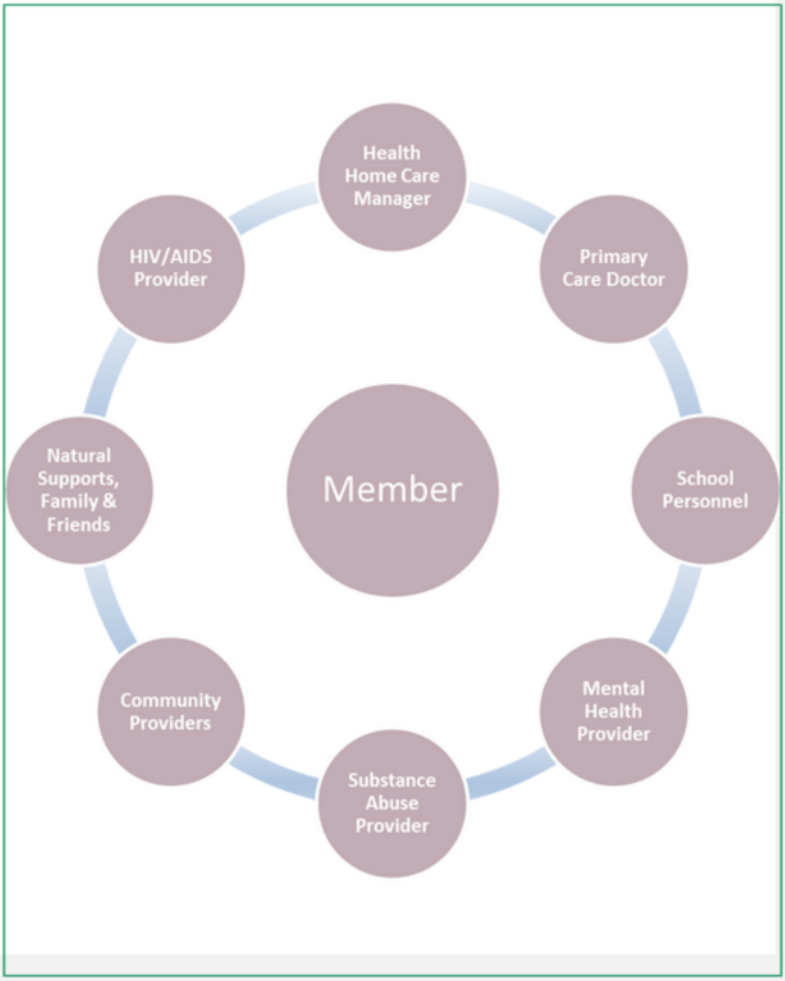
Sometimes your Care Manager may suggest certain individuals be on your Team because of their expertise and based on your needs, but you and your family are the most important people on the Team.

YOU decide whom to have on your team!

If your child is under the legal supervision of the courts or social services, representatives from those systems must be part of the Child's Care Management Team.

The Care Management Team

Who should be part of your Care Management Team?



Your First Team Meeting

What to Expect

Welcome & Introductions
All Team Members meet

Team Meeting Rules
Rules are established – by the Team

Strengths and Needs
These are presented by the Care Manager as identified by the Comprehensive Assessment, CANS-NY Assessment (Children Only), and during prior discussions with you and your team

Member's Goals
Are shared by You with the Team

Safety/Crisis Plan
Will be reviewed and changes made as needed

Roles & Responsibilities
Will be assigned to each Team Member through the goals identified in the Plan

Signing the Plan of Care
Signing the Plan of Care it demonstrates that you have been an active part of the planning process and agree to the Plan

Voice and Choice

- **Person-Centered Planning:** You are the EXPERT, take the lead on your services, and your team will assist you in developing person-centered goals for your Plan of Care. Your knowledge will complement the expertise of your Care Management Team, who will continue to be responsible for supporting you in decision-making.
- **Voice & Choice-** As a member, you are encouraged to be the leader and drive the decision-making. Trust your team and be honest regarding the challenges you are facing. Your Care Manager will coach and help to advocate your needs and goals so your voice can be heard.

Examples:

- Identifying your goals.
- Identify preferred service providers.
- Choosing your services and how and when you receive those services.
- Request changes to your goals and if warranted, service providers.

Your Responsibility

What is your responsibility while enrolled in Care Management?

- Maintain consistent communication with your Care Manager and your Team
- If you have a scheduled appointment with your Care Manager that you are unable to make; contact them to reschedule
- Participate in scheduled meetings with your Care Manager
- Be Present, Be Honest, Be Respectful; express your feelings
- Choose your Team
- Review and ask questions about your rights to give and withdraw consent to share information
- Participate in the development of the Plan of Care and Attend Team Meetings
- Discuss the strengths of you and/or your family members
- Ask questions if you don't understand
- Let your Care Manager and/or your Team know if something is not working and needs to change

Consent

Remember that all information shared is confidential and cannot be given to or shared with anyone, without written permission, unless the information must be shared to ensure someone's safety.
By law, identified parties on the consent can share your health information. They can obtain, read, discuss and copy your personal health information.

You decide which Providers can have access to certain information and for how long throughout your enrollment.
When a child is under the age of 18 years old, ***Consent*** to enroll in the Health Home and ***Share Information*** must be obtained by a parent or legal guardian.
You may also ***Withdraw*** your Consent to being enrolled in the Health Home at any time.
Children who are parents, pregnant and/or married, or otherwise capable of consenting must consent to their own enrollment into a Health Home.

Consent – Child's Rights

Children age 10 or older can consent to share or withhold information regarding certain types of protected services as follows:

- Family Planning;
- Emergency Contraception;
- Abortion;
- HIV Testing and Treatment Provider(s);
- HIV Prevention Pre-exposure and Post-exposure Prophylaxis (PrEP/PEP);
- Sexually Transmitted Infection Testing and Treatment: Prenatal Care, Labor/Delivery;
- Drug and Alcohol Treatment;
- Sexual Assault Services

Children age 12 or older can consent to share or withhold information regarding mental health or developmental disabilities services they are receiving. The mental health and/or developmental disabilities provider may ask the child or adolescent if they want their information disclosed.

Identifying Strengths and Needs

- No matter how difficult or challenging it may be when coping with your needs, everyone has ***strengths*** that will be useful in overcoming these challenges.

- Your Care Manager will work with you to identify these strengths ongoing by collaborating with you and your team, at the time of initial enrollment, completion of initial assessments, creation of your Initial Plan of Care and ongoing re-assessments and updates to your Plan of Care.

Why Assessments? *Because it helps us learn…*

- About you and your family, if applicable
- About your unique strengths & culture
- About your Team Member's strengths
- About the resources you and your Team Members already have available to them

It is through learning about you, that we can better help you create a Plan that will improve the management of your needs.

Identifying Strengths and Needs

Creating the Plan of Care

Your Care Manager will use all of the information gathered from your initial discussions, completion of assessments, and collaboration with you and your Team to guide you in developing an individualized Plan of Care.

Many individuals and family members, with Medical, Social, Emotional, Behavioral and/or Mental Health challenges often come to view themselves as being,

"powerless" or having "lots of problems"

At CNYHHN, INC, we believe that individuals and families know best what will work for them, and we are there to make sure that, ***Care Comes Together*** to meet your needs.

Initially, goals will be identified and prioritized. Then, services and supports will be identified and brought together in order to meet your goals. The plan is created, reviewed regularly, and updated throughout the length of your enrollment.
After your Plan of Care is developed, you will then start to work on carrying out or implementing the Plan Your Care Manager and your Team will continue to support you and review your goals ongoing throughout your enrollment in Care Management.

Safety Plan

Safety Plan

Maintaining safety is a **VERY** important part of creating your "Plan of Care".

Your assigned Care Manager will work with you and your Team to help solve any crisis that may currently be happening and help you try to prevent them from happening again.

Your team will make a **"Safety/Crisis Plan"** that describes the Plan of Action that can be utilized in order to prevent emergencies or get **Help** any time of the day or night when needed.

A good Safety Plan prevents things from building into a state of emergency. Your Plan should include a description of what role each team member plays and their contact information.

However, if the situation does get worse, your Safety Plan will tell you who to call and how to reach all of the supports you have identified to help you get through the emergency.

Your **Plan** clearly organizes what has to be done:

before – during – after ...

An emergency and where and when your support systems are available.

Planning ahead can lessen the confusion and anxiety that a crisis creates.

Emergency contact information will be provided to you at the enrollment visit by your Care Manager.

Disenrollment

There are a number of reasons why a member could be dis-enrolled from the Health Home Care Management Program.

- The chronic condition(s) that made you eligible are being managed and/or maintained.
- All team members agree that you have met the goals of your plan and you're stable enough to no longer require the Health Home Services.
- Your support needs can be met by your family, natural supports and/or Community Services without the need for Care Management.
- You no longer meets the eligibility/appropriateness criteria for Health Home.
- You are no longer eligible for Medicaid.
- You move out of New York State.
- Member Choice: If you are no longer interested in Health Home services. For children, parent/guardian that is responsible for consenting must withdraw from the program.

Disenrollment

CNYHHN, Inc.

Where Care Comes Together

CNYHHN, INC.

268 Genesee Street, Utica, NY 13502
Information Line:
(855) 784-1262

https://www.cnyhealthhomenetwork.net

NYS Department of Health Website

http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes

*"At CNYHHN, Inc. we believe that individuals know best, identifying what will work for them and that we are there to make sure that **Care Comes Together** to meet all of our members' needs."*

Jane Vail, Executive Director