



Comments to the Office of Health Insurance Programs, DOH On Admission of Children to Health Homes

The Coalition of Behavioral Health Agencies, Inc. appreciates the opportunity to provide additional thoughts and comments related to identifying children for health homes based on condition-based eligibility criteria.

In our previous comments to the Children's Health Home Workgroup, The Coalition strenuously argued that **diagnosis alone** should not be the eligibility criteria for children. Current health home eligibility for adults would not adequately serve for the inclusion of children. Chronicity needs to be rethought because chronic substance abuse, health conditions, and trauma look different in children than in adults. The number of youth with "chronic" mental health conditions is small, as children are developing. Most youth do not have "two chronic conditions". The eligibility criteria of "one single qualifying condition of SMI" would also be harder for children to meet. A child/adolescent's diagnosis can be fluid, as they enter different systems and receive different diagnoses, often based more on their behavioral presentation.

However, understanding that CMS requires eligibility for health homes to be condition based, not population-based we submit the following as consideration for eligibility: (1) SED or SUD diagnoses, (2) special health conditions as defined by the Federal government, (3) current eligibility criteria for B2H (SED, medically fragile, or DD diagnosis), (4) current eligibility criteria for OMH Waiver services, (5) complex trauma, identified by a reliable tool (6) medically fragile, (7) involvement in the juvenile justice and/or OCFS system with an accompanying DSM diagnosis, i.e. conduct or oppositional defiant disorder, and, (8) level of functionality, or limitation.

Currently available tools should be used to help determine eligibility. The ACE measurement tool could be used to indicate predictively the likelihood of chronic health issues, rather than the current existence of these issues. Other assessments that could be used to determine eligibility are the GAF, DLA-20, CANS and prior use of behavioral health services and/or hospitalizations. These tools capture difficulties in current and daily functioning. Providers also identified the Conner Scale as a possible tool/assessment to help determine eligibility. While the Conner Scale is used only to assess ADHD it collects information from the child, parents and teachers to obtain a comprehensive inventory of the child's behaviors. This type of assessment could be beneficial to determine health home eligibility.

Ultimately, it is impossible to consider children's inclusion into a health home without an in-depth look at the child's family. Family members currently enrolled in a health home should be consideration for the family unit to qualify.

Finally, perhaps eligibility should include high need, high-cost children as identified by DOH, e.g. children in Residential care.