



Effective Date: May 1, 2024

Category: I. Contacts and Communication

Title: 2. Case Conferences

Applies to:

- St. Peter's Health Partners (SPHP)
- All SPHP Component Corporations **OR** Only the following Component Corporations: [\(Click here for a list\)](#)

- All SPHP Affiliates **OR** only the following Affiliates: [\(Click here for a list\)](#)
 All Community Health Connections Care Management Agencies
- St. Peter's Health Partners Medical Associates (SHPMA)

Contents

PURPOSE 1

POLICY STATEMENTS 1

SCOPE OF AUTHORITY / COMPETENCY..... 2

DEFINITIONS..... 2

PROCEDURE 2

A. Case Conferences..... 2

B. Case Conference Documentation 3

REFERENCES..... 4

PURPOSE

The purpose of this policy is to provide a standard set of expectations for when Case Conferences are called on behalf of Health Home Members, regardless of the Care Coordinator.

POLICY STATEMENTS

Care coordination and collaboration can best be supported by case reviews conducted on a regular basis known as Case Conferences. It is the policy of Community Health Connections that Case Conferences be called as needed by Care Management Agency staff. Case Conferences can be held regularly and can involve the Member's care team as well as the Member.

SCOPE OF AUTHORITY / COMPETENCY

All Care Management Agencies that comprise the Community Health Connections Health Home program.

DEFINITIONS

Care Notes: The documentation housed in the electronic health record, CareManager, detailing every contact, successful or attempted, with a Member or Candidate in Outreach (Client Search) or Enrollment or a collateral on his or her behalf; contacts include phone, text, email, in-person, letters and faxes

Case Conference: A meeting in which many or all of a Member's providers meet in person or telephonically to discuss the Member's treatment and care with the aim of communicating the varying modalities of treatment and streamlining treatment where possible and resolving any conflicting treatment goals; the Member may or may not be present based on the judgment of the Care Coordinator and other involved parties and the willingness of the Member to participate

DOH 5055: Health Home Patient Information Sharing Consent Form; the State produced form for capturing consent for other providers as well as natural supports

Health Home Member: An individual who is enrolled in Health Home services

PROCEDURE

A. Case Conferences

1. Care Coordinators, or other Care Management Agency staff, are permitted to call Case Conference as needed or participate in Case Conferences initiated by other treating providers.
2. A Case Conference may be appropriate when a Member:
 - Has recently been or is frequently hospitalized
 - Frequently visits the Emergency Department
 - Displays a pattern of behaviors which result in concerns for the safety of the Member or others around the Member or experiences another critical event
 - Requests a Case Conference be held on their behalf
 - Is undergoing treatment which may be conflictual in nature (i.e., medications or treatments are interacting negatively with one another or are preventing the Member from making progress towards overall well-being)
 - New providers are added to the Member's care team

3. Case Conferences can also be helpful in the development of a treatment relationship between the Member and his or her providers, by engaging the Member in additional dialogues with the providers.
4. When a Case Conference is necessary, the Care Coordinator (or other CMA staff) should identify key primary, ancillary, community and specialty care providers to be a part of the conference. Participants may include, but are not limited to:
 - The Member and/or his or her designee
 - Care Coordinator and other CMA staff
 - Community Health Worker
 - Primary Care Physician
 - Behavioral or Mental Health Specialists
 - Social Service providers
 - The Lead Health Home
 - Other disciplines or social supports, as requested by the Member
5. The DOH 5055: Health Home Patient Information Sharing Consent Form must list any providers invited to the Case Conference. If the Member has not granted consent via the DOH 5055 for a treating provider, that provider may not be present at the Case Conference and no information about the case can be shared with that provider absent consent. For information on the DOH 5055 see Policy B4. Outreach and Engagement: Health Home Consent.
6. Case Conferences can be formal, in-person meetings or can be less formal and conducted telephonically or through other video or web deployed solutions when security protocols and precautions are in place to maintain confidentiality and protect personal health information.
7. Any information shared on the Member's case prior to, during or after the Case Conference must be done so securely. Information shared electronically must be done so securely via secure fax or email. For more information on confidentiality see Policy G1. Confidentiality: Safeguarding Protected Health Information.

B. Case Conference Documentation

1. Any efforts to conduct a Case Conference and invite participants must be documented in the Member's record.
2. The Member's Plan of Care must be updated, as necessary, to reflect any outcomes, resolutions or next steps decided at the Case Conference.

3. In CareManager, Case Conferences should be documented as a CareManager Note with “Multidisciplinary Team” selected as the Target in the Participants section of the note.

REFERENCES

New York State Department of Health (October 5, 2015). [Health Home Standards and Requirements for Health Homes, Care Management Providers and Managed Care Organizations.](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_mco_cm_standards.pdf)

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