

Attachment A - Summary Core Service and In-Person Requirements for HHSC



Former Acuity Level	Age Group	CANS_NY Acuity Label	HHCM Rate Code	Core Service Requirement	Core Services Per Month	Member Contacts Per Month	Multi-Disciplinary Team Meeting	In-Person Requirements	Short-term In-person Waiver for Medically Fragile Members
Low	0 - 5	Low	1864 & 1869	Two completed core service per month. At least one per quarter must be contact with the member.	2	1 per Quarter	Required annually and when completing CANS-NY or HCBS Eligibility Determination assessments	At least one in-person visit must occur when conducting assessments. In-person contact is recommended for the first three months on initial health home enrollment.	Not applicable
	6 - 20	Standard						At the member/caregiver's request, member contact may be delivered via telehealth	
Medium	0 - 5	Early Development	1865 & 1870	Two completed core services per month. At least one per month must be contact with the member	2	1	Required annually and when completing CANS-NY or HCBS Eligibility Determination assessments	At least one in-person visit must occur when conducting assessments.	At the member's request, if criteria are met, in-person contact can be substituted with a telehealth contact plus two additional provider contacts for six months
	6 - 20	Intense						At least one member contact per quarter must be in person. At the request of the member/caregiver, member contact may be delivered via telehealth up to two times per quarter.	An in-person contact is required prior to renewing the waiver request.
High	0 - 5	Complex	1866 & 1871	Three completed core services per month. At least two per month must be contacts with the member	3	2	Required every six months and when completing CANS-NY or HCBS Eligibility Determination assessments	At least one in-person visit must occur when conducting assessments.	At the member/caregiver's request, if criteria are met, in-person contact can be substituted with a telehealth contact plus two additional provider contacts for six months
	6 - 20	Complex						One of the two member contacts per month must be in-person, and at the request of the member/caregiver, up to one of the monthly member contacts may be delivered via telehealth.	An in-person contact is required prior to renewing the request.
HFW High +	6 - 20	High Fidelity Wraparound	1867	Four completed core services per month, including one Child and Family Team Meeting (CFTM). Each of the four core services must be contacts with the member/care giver.	4 including one CFTM	At least 2 with the member, including the CFTM, and 2 may be with the caregiver only	The Child and Family Team Meeting (CFTM), which serves as the IDT meeting, is required monthly, except during the first month of enrollment in HFW.	At least one in-person visit must occur when conducting assessments. Two of the four monthly member/caregiver contacts must be in-person, one of which of the member/caregiver, up to two of the monthly member/caregiver contacts may be delivered via telehealth	Not applicable

Items highlighted are validations built into FCM.