



Department
of Health

Office of
Mental Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner of Health, DOH

Anne Marie T. Sullivan, M.D.
Commissioner of Mental Health, OMH

October 11, 2016

Dear Health Home Provider,

In 2014, the New York State Office of Mental Health (OMH) and the New York State Department of Health (DOH) implemented an enhanced service and rate code package for Health Homes called Health Home Plus. Health Home Plus (HH+) is an intensive Health Home Care Management (HHCM) service established for defined populations with Serious Mental Illness (SMI) who are enrolled in a Health Home. Health Home members receiving Assisted Outpatient Treatment (AOT) were identified as the first population eligible for HH+. The enclosed document entitled *Health Home Plus (HH+) Program Guidance for Assisted Outpatient Treatment (AOT)* provides additional background and details regarding HH+, as well as important updates to the HH+ requirements for AOT; please review carefully.

Attached to the guidance is an updated NYS DOH/OMH Health Home Plus Standard Attestation Form. The attached attestation form is required to be completed by all lead Health Homes and will allow for billing the HH+ rate for those CMAs who meet the requirements. The Health Home's attestation must include a list of all contracted downstream Care Management Agencies (CMAs) that will provide HH+ services to your eligible members. By listing a CMA provider on the attestation form, the Health Home attests that the CMA meets all the requirements described in the HH+ guidance, and is therefore qualified to provide HH+ services and receive the HH+ rate.

The updated HH+ attestation form applies to AOT HH+, as well as expansion populations that have since been deemed HH+ eligible populations: adults being discharged from OMH State Psychiatric Center, and Central New York Psychiatric Center and its corrections-based mental health units.

Completed attestation forms must be submitted to the NYS Department of Health no later than 12/1/16. A completed form must be on record with DOH before any HH+ billing by the Health Home can occur. **Attestation forms submitted to OMH by legacy providers upon original HH+ AOT implementation, remain in effect until attestation forms from Health Homes are submitted, or no later than 12/1/16, whichever comes first.**

Any questions regarding the HH+ program or rate code can be directed to Stacey Hale by email (Stacey.Hale@omh.ny.gov).

Sincerely,

Robert Myers, PhD
Senior Deputy Commissioner
Director, Division of Adult Services

Emil Slane
Deputy Commissioner, Chief Fiscal Officer
Office of Financial Management



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Attachment: Health Home Plus Program Guidance for Assisted Outpatient Treatment

Cc: County Mental Health Directors
OMH Field Office Directors
Moiria Tashjian, OMH Associate Commissioner, Division of Adult Community Care Group
Nicole Haggerty, OMH Director of Bureau of Rehabilitation Services and Care Coordination
Peggy Elmer, DOH Office of Health Insurance Programs

**Health Home Plus (HH+) Program Guidance for
Assisted Outpatient Treatment (AOT)**
Revised October 2016

Description

Health Home Plus (HH+) is an intensive Health Home Care Management (HHCM) service established for defined populations with Serious Mental Illness (SMI) who are enrolled in a Health Home. In order to ensure their intensive needs are met, Health Homes must assure HH+ members receive a level of service intensity consistent with requirements for caseload ratios, reporting, and minimum levels of staff experience and education outlined below. The differential monthly rate for HH+ is higher compared to the “high,” “medium” and “low” rates for HARP and non-HARP HHCM enrollees, and is intended to appropriately reimburse for the additional management and oversight standards for this population.

Population

This guidance applies to people receiving court-ordered AOT who are enrolled in a Health Home. Given that someone must meet AOT criteria for a judge to grant an order, this group, by definition, requires a more intensive level of care management. Clients receiving enhanced or voluntary service agreements that serve as step-up or step-down from court-ordered AOT are not eligible for HH+. This guidance does not apply to AOT clients receiving ACT, a program that by design includes an intensive level of care management.

Care Management Agencies (CMAs) eligible to serve people receiving AOT

Former OMH Targeted Care Management (TCM) providers, or OMH Legacy providers, are currently able to serve individuals receiving AOT and bill the HH+ rate code. Once program and training requirements are completed and verified by the State, Non-Legacy CMAs will also be able to serve and bill for the HH+ population. Further guidance will follow regarding specific training requirements for Non-Legacy providers.

Assertive Community Treatment (ACT) programs may also serve individuals receiving AOT. However, ACT programs are not eligible for the HH+ rate code since these programs bill the ACT rate code, and therefore are not included in this guidance document.

Attestation

It will be the responsibility of the lead Health Homes to attest that the HH+ program requirements described below are being met by all contracted Care Management Agencies (CMAs) providing HH+ services.

The OMH and DOH will have joint oversight of HH+ compliance including the approval of attestation forms. Health Homes and CMA providers who are approved for the HH+ rate are subject to audit by the State. Agencies shall understand that failure to comply with HH+ requirements may jeopardize the agency's opportunity to bill the HH+ rate, and potentially affect their status as a downstream Health Home Care Management provider.

Program Requirements for AOT HH+ are as follows:

- Program requirements for AOT HH+ are to be carried out consistent with the” [Health Home Standards and Requirements for Health Homes, Care Management Providers and Managed Care Organizations](#)”² guidance document distributed by the Department of Health.
- The preferred caseload ratio for HH+ enrollees shall be 1 staff to 12 HH+ recipients, but no greater than 1:15.
- For the purposes of case load stratification and resource management; a caseload mix of HH+ and non HH+ is allowable if and only if the HH+ ratio is less than 12 recipients to 1 Health Home Care Manager. Caseload sizes should always allow for adequate time providing care management as outlined in this guidance to individuals recently discharged from State PCs or CNYPC while allowing for thoughtful consideration of the care coordination needs of non HH+ recipients.
- HH+ will always be delivered by a Health Home Care Manager who has the experience and credentials appropriate to serve the behavioral health population, specifically those with high needs. The following Minimum Qualifications¹ apply:

Education

1. A bachelor’s degree in one of the fields listed below²; or
2. A NYS teacher’s certificate for which a bachelor’s degree is required; or
3. NYS licensure and registration as a Registered Nurse and a bachelor’s degree; or
4. A Bachelor’s level education or higher in any field with five years of experience working directly with persons with behavioral health diagnoses; or
5. A Credentialed Alcoholism and Substance Abuse Counselor (CASAC).

and

¹ CMAs currently serving AOT HH+ populations on or before 11/15/16 have up to 9 months, or by 8/15/17, to meet the new Supervision requirement. CMA Supervisors who requested a waiver of qualifications needed to supervise HCBS Assessors and were approved prior to 11/15/16, will be considered qualified Supervisors for HH+ for that CMA. The CMA has the option to arrange for a licensed or Master’s level professional within the organization to provide regular clinical supervision to the CMs, jointly with the care managers’ direct program supervisor.

An individual receiving AOT as of 11/15/16 can continue to work with their current Care Manager for the duration of the individual’s court-ordered status, even if the CM does not meet updated HH+ qualifications. Also, CMs whose requests for HCBS Assessor qualification waiver were approved prior to 11/15/16 are considered qualified to serve HH+ individuals (all HH+ populations) for that CMA.

NOTE: If a Supervisor or CM currently permitted to serve HH+ individuals (as described above) later leaves the agency, the CMA is required to replace them with new staff that meet the HH+ Staff qualifications.

² Qualifying education includes degrees featuring a major or concentration in social work, psychology, nursing, rehabilitation, education, occupational therapy, physical therapy, recreation or recreation therapy, counseling, community mental health, child and family studies, sociology, speech and hearing or other human services field.

Experience

Two years of experience:

1. In providing direct services to people with Serious Mental Illness, developmental disabilities, or alcoholism or substance abuse; or
2. In linking individuals with Serious Mental Illness, developmental disabilities, or alcoholism or substance abuse to a broad range of services essential to successful living in a community setting (e.g. medical, psychiatric, social, educational, legal, housing and financial services).

A master's degree in one of the qualifying education fields may be substituted for one year of Experience.

and

Supervision

Supervision from a licensed level healthcare professional (e.g., RN, licensed clinician, psychologist) with prior experience in a behavioral health clinic or care management supervisory capacity; OR Master's level professional with 3 years prior experience supervising clinicians and/or CMs who are providing direct services to individuals with SMI/serious SUDs.

- Individuals receiving AOT can be billed at HH+ rate for as long as the court order is active.
- If the individual has a current AOT order at any time during the month, the HH+ rate code may be billed, assuming all minimum requirements for HH+ have been met that month.
- Care Management Agencies shall provide face-to-face contact at least four (4) times per month. **The HH+ rate code can be billed only when this *minimum* requirement is met (see exception below) and clearly documented in the member's record.**
- If the individual with an AOT court order cannot be located, and has had no credibly reported contact within **24 hours** of the time the care manager received either notice that the individual had an unexplained absence from a scheduled treatment appointment, or other credible evidence that the AOT individual could not be located, the individual will be deemed Missing. **A diligent search shall commence, as outlined in the OMH guidance "[Assisted Outpatient Treatment Program: Guidance for AOT Program Operation](#)" (Reissued February 2014).**
 - If the care manager made effort to provide four (4) face-to-face contacts and was unable to due to Missing status, **HH+ rate can continue to be billed as long as the diligent search procedures referenced above are followed and clearly documented in the individual's care management record.** The individual's record shall also clearly indicate when the determination was made that the individual was missing. The diligent search shall continue until either the person is located or the court order is no longer active.
 - If all activities for performing a diligent search cannot reasonably be completed within the same month the individual is deemed Missing, the HH+ rate may still be

- The CM will work with the LGU to ensure timely delivery of services as listed in the court order. Such services must include coordination of all categories of service listed in the AOT treatment plan.
- All categories of service listed in the court-ordered AOT treatment plan shall also be included in the individual's integrated health home plan of care.
 - The CMA and/or other members of the treatment team must consult with the treating physician and the LGU's Director of Community Services or County AOT coordinator, who can then petition to the court for any material change needed to be made to the AOT treatment plan. Any additions or deletions of *categories of service* are considered material changes.
 - Changes needed to other services in the HH plan of care that are not listed in the AOT treatment plan (e.g., primary care services not listed in the AOT treatment plan), are not considered material changes and therefore do **not** require consult with the LGU.
- Health Homes and Care Management Agencies shall be familiar with the statutory basis of the AOT program, or [Kendra's Law](#) (§9.60 of NYS Mental Hygiene Law), including the requirement that care management is a mandatory service category on every court-ordered treatment plan. This guidance outlines the contact requirements for care management.
- The CMA shall comply with all reporting requirements of the AOT Program as established by the LGU. Localities may have their own requirements that are above the minimum contact standards of four times per month. Additionally, the CMA must report assessment and follow-up data to the Office of Mental Health (OMH) through the Child and Adult Integrated Reporting System (CAIRS) at 6-month intervals.
- Communicating with Managed Care Plans regarding AOT HH+ members:
 - The Care Management Agency (CMA) must inform the HH when a member has been placed on court-ordered AOT, or when the court order has expired and has not been renewed.
 - The HH must inform the Managed Care Plan of the members' AOT status.

LGU Requirements

The LGU is responsible to operate, direct, and supervise their County's AOT program and work in collaboration with the CMA to arrange or provide for all categories of AOT services. As part of these responsibilities the LGU:

- Uses their established system to respond to and investigate all AOT referrals;
- Ensures that the services in the treatment plan are made available and monitors delivery of these services.
- Monitors the AOT individuals served;
- Follows the county-specific procedure for implementation of MHL section 9.60 removal orders;

- Follows their established system for notification regarding AOT recipients who are missing within 24 hours, diligent search, removal orders, and missing person report (see link below for detail); and
- Uses their established system to be notified of all significant events and reports them to OMH as required (see link [here](#) for details); and
- Provides data to OMH as required.

[For more detail on AOT program and reporting requirements](#)

Billing and Tracking Guidance

Upcoming changes to Health Home Care Management reimbursement

Targeted to commence December 2016, Health Home Care Management Agencies (CMAs) will no longer bill Medicaid directly for either Health Home Care Management or HH+ Care Management. For reimbursable HHCM and HH+ services delivered on December 1, 2016 and thereafter, CMAs are to use either the MAPP HHTS or the Health Home's own system (which then feeds into MAPP HHTS) to attest that billable services were provided (minimum required HH+ services or HHCM core service) in a given month. The MCOs will use the MAPP HHTS billing support to pay the HH. HHs will bill eMedNY for HH enrollees not in mainstream MCOs (including mainstream plans, HIV-SNPs and HARPs). The HHs are to send the HH funds for a CMA, less the contracted administrative fee, to the CMA.

Billing and Tracking System

- There is a unique rate code for HH+ services (1853).
- There is one HH+ payment rate for Downstate and one for Upstate.

Rate Code	Rate Description (OMH) HH+	Monthly HH+ Rate
1853	Downstate (applicable to Dutchess, Putnam, Rockland, Westchester, Nassau and Suffolk counties, and New York City.	\$800
	Upstate (applicable to all counties other than Downstate)	\$700

- The HH+ rates were added to OMH HHCM provider rate profiles in eMedNY for legacy providers under rate code 1853 (Health Home Plus/Care Management), with an effective date of April 1, 2014. Providers were notified with a letter from the Department of Health/CSC. HH+ rates will be added to lead HH rate profiles in eMedNY effective December 1, 2016 to allow lead HHs to bill on behalf of Care Management Agencies providing HH+ services.
- The Department of Health (DOH) Medicaid Analytics Performance Portal (MAPP) will be used to identify individuals as HH+. In December 2016, MAPP users will be prompted in the monthly HML questionnaire with the question "Is the member in the expanded HH+ population?" If the user responds "Yes", the user is then prompted with "Were the minimum required HH+ services provided?" By responding "Yes", the CMA attests that the minimum service requirements for HH+ have been provided.

- CMAs are allowed to exceed the number of legacy slots originally allotted to them in order to accommodate HH+ members. CMAs will bill the HH+ rate code consistent with direct billing to eMedNY for legacy slots, until direct billing is eliminated. Until then, CMAs must ensure all HH+ members currently receiving Health Home services have a value of “Y” in the Direct Biller Indicator field in the Health Home Tracking System. Upon discontinuation of legacy rates, CMAs will attest that the HH+ services were provided and receive HH+ payment from the Health Home.

**NYS OMH Health Home Plus (HH+) Funding – Attestation
October 2016**

**To be completed by Health Home programs prior to December 1, 2016.
HH+ billing cannot begin until attestation forms are received.**

Name of Health Home: [Click here to enter text.](#)
Contact Person Phone: [Click here to enter text.](#)

Contact Person Name and Title: [Click here to enter text.](#)
Contact Person E-Mail: [Click here to enter text.](#)

Instructions for completion or if you need assistance:

- Complete the NYS OMH Health Home Plus Standard Attestation Form below.
- Submit form via mail no later than December 1, 2016, to:
 - NYS Department of Health, Attn: Peggy Elmer, 99 Washington Avenue, 7th floor, Suite 720, Albany, NY 12210
 - Or via the [Health Home BML](#) - Subject: Health Home Performance Targets
- Submit copies of Attestation Form to all of the following:
 - NYS Office of Mental Health - Attn: Stacey Hale, Director of Care Coordination. Email: Stacey.Hale@omh.ny.gov;
 - Each Care Management Agency named in this attestation form; and
 - The Local Government Unit(s) having shared responsibility for monitoring AOT individuals enrolled in your Health Home.

Department of Health staff will review the information provided and contact your agency if further clarification is needed.

Health Home Plus Standards	
To affirm Care Management Agency compliance with each standard, check box in left column.	
<input type="checkbox"/>	Health Home Care Management program/manager informs partner Health Home regarding their member’s HH+ status.
<input type="checkbox"/>	Upon assignment of a new HH+ eligible member to the Health Home, or notification of current HH member becoming HH+ eligible, Health Home Care Management program immediately assigns member to a care manager and/or begins providing HHCM services as outlined in the applicable HH+ program guidance.
<input type="checkbox"/>	Health Home Care Manager meets OMH staffing experience and qualification requirements to serve these individuals, including all qualifications as noted in the applicable HH+ program guidance.
<input type="checkbox"/>	Health Home Care Manager has a caseload size no greater than 12-15 HH+ recipients.
<input type="checkbox"/>	Health Home Care Managers shall meet the minimum service intensity requirements outlined in the applicable HH+ program guidance.
<input type="checkbox"/>	Additional requirements for Health Home Care Management programs serving individuals on AOT: <ul style="list-style-type: none"> <input type="checkbox"/> Health Home Care Management program/manager complies with all statutory reporting requirements under Kendra’s Law. See OMH guidance regarding §9.60 of the Mental Hygiene Law. <input type="checkbox"/> Health Home Care Manager/program works with the LGUs AOT coordinator as per local policy and OMH Guidance for AOT Operation Reissued February 2014. <input type="checkbox"/> Health Home Care Manager/program ensures that transitions and service engagement comply with the individuals’ AOT court order.

