



Office of Mental Health

August 1, 2014

Dear Provider,

The New York State Office of Mental Health (OMH) and the New York State Department of Health (DOH) have created a new service and rate code package for Health Homes. Health Home Plus (HH+) is an intensive Health Home Care Management (HHCM) service being established for defined populations with Serious Mental Illness (SMI) who are enrolled in a Health Home. The enclosed document entitled *Health Home Plus Guidance* provides additional background and details regarding HH+.

Each HHCM provider who meets the requirements described in the guidance is eligible to provide HH+ services and bill the HH+ rate code. By October 31, 2014, the enclosed NYS OMH Health Home Plus Standard Attestation form must be completed, signed, and returned to OMH or their HH+ rate code will be removed.

Update December 2015: Attestation forms submitted to OMH by legacy providers upon original HH+ AOT implementation, remain in effect and require no further action at this time.

Any questions regarding the HH+ program or rate code can be directed to Nicole Haggerty by email (Nicole.Haggerty@omh.ny.gov). Completed attestations or any correspondence related to HH+ can be sent to:

Adult Community Care Program Support
New York State Office of Mental Health
44 Holland Ave., 7th floor
Attn: Nicole Haggerty

Sincerely,

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

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

Attachment

Cc: County Mental Health Directors
Kelly Hansen
OMH Field Office Directors

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

Purpose

This program, staffing and financial guidance applies only to individuals receiving court ordered Assisted Outpatient Treatment (AOT) who are enrolled in Health Home Care Management (HHCM). AOT involves a court order and, by statute, is overseen in part by the local government which, in most cases, sought the order.

Description

Health Home Plus (HH+) is an intensive Health Home Care Management 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 Legacy providers, are currently able to serve individuals receiving AOT and bill the HH+ rate code. When direct billing is eliminated (targeted for September 2016), Non-Legacy CMAs will also be able to serve and bill for the HH+ population once program and training requirements are completed. 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.

Program Requirements

Attestation

- Through August 2016 (or later if the date for elimination of direct billing by HH CMAs to eMedNY is delayed), only Legacy HH CMAs will continue to enroll AOT individuals into HHCM and bill the HH+ rate code directly to eMedNY. These claims will be their attestation to (and assurance of applicable documentation) compliance with the HH+ program requirements below. Attestation forms submitted to OMH by legacy providers upon original HH+ AOT implementation will be honored until such date direct billing by CMAs is eliminated.

- Beginning with HHCM services delivered September 1, 2016 (or later if the elimination of direct billing by CMAs is delayed), all CMAs (Legacy and Non-Legacy) will be paid by their contracted lead Health Home for all HHCM and HH+ services. At that time, all CMAs meeting the HH+ program requirements below will be eligible to enroll HH+ eligible individuals and be paid the applicable HH+ rate by the Health Home. Effective September 1, 2016, or later as applicable, it will be the responsibility of the lead Health Home to attest that the program requirements detailed below are being met by all contracted CMAs delivering HH+ services. Attestation forms will be provided at that time.

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](#)” guidance document distributed by the Department of Health.
- The effective caseload ratio for HH+ enrollees shall be no greater than 1 staff to 12 HH+ recipients – that is, each HH+ recipient will represent 8.5% of a full-time HHCMs available care management time if the caseload includes other than HH+ clients;
- 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 Qualifications apply:

Education

1. A bachelor’s degree in one of the fields listed below*; 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

AND

Experience

Four years of experience:

1. In providing direct services to people with Serious Mental Illness; or
2. In linking individuals with Serious Mental Illness 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 fields listed below may be substituted for two years of experience.)

* 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.

- 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 requirement is met.**
- If the care manager made effort to provide four (4) face-to-face contacts and the individual was not home, did not show up for an appointment or was otherwise not available, the CMA must report all efforts made to follow up with the individual using notification procedures as developed by the Local Government Unit (LGU).

- These follow-up efforts must be documented in the individual's care management record.
- If the individual was not able to be seen, a risk determination in consultation with the LGU should be made in order to determine what additional follow-up efforts may be required.
- If at least one (1) Health Home service was provided by a qualified care manager and the above requirements have been completed:
 - While legacy billing is still allowed, the CMA will bill the regular Health Home rate and receive a payment based on the acuity on file for the individual,
 - After legacy billing is eliminated, the HARP/non-HARP (High) Health Home rate code may be billed for that given month.
- Individuals receiving court-ordered AOT will be assigned to a CMA with behavioral health expertise through the Local Governmental Unit's (LGU) AOT process.
 - In many counties, SPOA may be included in the process by which the LGU assigns AOT individuals to a CMA.
 - If an individual already receiving HH care management in the community is later ordered to AOT, the LGU must ensure that the care management entity serving that individual meets the HH+ criteria described in this guidance. If the CMA does not meet this criteria, the LGU must direct a transfer to a CMA with the appropriate experience. It will then be the responsibility of the CMA to promptly notify the Health Home of the CMA transfer.
- When the examining physician¹ includes HHCM in the court-ordered treatment plan and the individual refuses to enroll in the Health Home, a copy of the AOT court order shall be provided to the Health Home, which shall serve as both the enrollment and consent. The Health Home will then be able to enroll the individual and bill the HH+ rate code.
- The CMA must ensure timely delivery of HHCM services. 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 must 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), are not considered material changes and therefore do **not** require consult with the LGU.
- 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.
- 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

¹ Each LGU has its own protocol for assigning the examining physician, which may not necessarily be the physician currently treating the individual being court-ordered to AOT.

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.

For more detail on AOT program and reporting requirements:

http://www.omh.ny.gov/omhweb/adults/health_homes/AOT_Health_Home_Guidance.pdf

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 below for detail) and
- Provides data to OMH as required.

Health Home Plus (HH+) Billing and Tracking Guidance

REVISED March 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 eligible for Health Home (HH) Care Management. 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, as outlined in the applicable Program Guidance for each of the HH+ Special Populations listed below. The differential monthly rate for HH+, compared to the “high,” “medium” and “low” rates for HARP and non-HARP HHCM enrollees, is intended to appropriately reimburse for the additional management and oversight standards for this population.

Program Requirements and Claiming Changes:

Upcoming changes to Health Home Care Management reimbursement

Targeted to commence September 2016, Health Home Care Management Agencies (CMAs) will no longer bill directly to eMedNY for either Health Home Care Management or HH+. For reimbursable HHCM and HH+ services delivered on September 1, 2016 and thereafter, CMAs will have to submit their claims to their contracted Health Homes (HH). The HHs will, in turn, bill (and receive payment from) the Managed Care Organizations for enrollees in MCOs (including mainstream plans, HIV-SNPs and HARPs), or the HH will bill eMedNY directly for HH enrollees not in MCOs. The Health Homes will then send all funds received for a CMA, less a small administrative fee, to the CMA in a timely manner.

Attestation

- Through August 2016 (or later if the date for elimination of direct billing by HH CMAs to eMedNY is delayed), only Legacy HH CMAs will continue to enroll HH+ eligible individuals into HHCM and bill the HH+ rate code directly to eMedNY. These claims will be their attestation to (and assurance of applicable documentation) compliance with the HH+ program requirements below. Attestation forms submitted to OMH by legacy providers upon original HH+ AOT implementation will be honored until such date direct billing by CMAs is eliminated.
- Beginning with HHCM services delivered September 1, 2016 (or later if the elimination of direct billing by CMAs is delayed), all CMAs (Legacy and Non-Legacy) will be paid by their contracted lead Health Home for all HHCM and HH+ services. At that time, all CMAs meeting the HH+ program requirements below will be eligible to enroll HH+ eligible individuals and be paid the applicable HH+ rate by the Health Home. Effective September 1, 2016, or later as applicable, it will be the responsibility of the lead Health Home to attest that the program requirements detailed below are being met by all contracted CMAs delivering HH+ services. Attestation forms will be provided at that time.

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

- 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. Upon discontinuation of legacy rates, CMAs will submit all claims, including HH+ claims, to the Health Home.
- All HH+ members receiving Health Home services must have a value of “Y” in the Direct Biller Indicator field in the current Health Home Tracking System.
- The Department of Health (DOH) Medicaid Analytics Performance Portal (MAPP) will flag individuals as HH+ eligible. The HH+ flag can be viewed by the Care Management Agency, the Health Home, and the Managed Care Organization in MAPP.
- 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 September 1, 2016 to allow lead HHs to bill on behalf of legacy and non-legacy Care Management Agencies providing HH+ services.
- Upon the discontinuation of Targeted Care Management (TCM) legacy rates, Non-Legacy CMAs will also be able to serve and bill for the HH+ population once program and training requirements are completed. Further guidance will follow regarding specific training requirements for Non-Legacy providers.
- 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 requirement is met.**
- If the face-to-face contact was not provided at least four (4) times in a month for the HH+ eligible individual, but requirements were completed as noted in the applicable program guidance; and at least one (1) Health Home service was provided by a qualified care manager:

- **While legacy billing is still allowed**, the CMA will bill the regular Health Home rate and receive a payment based on the acuity on file for the individual;
- **After legacy billing is eliminated**, the HARP/non-HARP (High) Health Home rate code may be billed for that given month.

See below for additional requirements applicable to Individuals receiving court ordered Assisted Outpatient Treatment (AOT).

Additional Guidance Specific to AOT

- When the examining physician includes HHCM in the court-ordered treatment plan, and the individual refuses to enroll in the Health Home, a copy of the AOT court order shall be provided to the Health Home, which shall serve as both the enrollment and consent. The Health Home will then be able to enroll the individual and bill the HH+ rate code.
- If the individual has a current AOT order at any time during the month, the HH+ rate code may be billed, assuming the minimum required four (4) face-to-face contacts have been provided that month.
- When HH CM cannot deliver four (4) contacts in a month: If the care manager made effort to provide four (4) face-to-face contacts and the individual was not home, did not show up for an appointment or was otherwise not available, the CMA must report all efforts made to follow up with the individual using notification procedures as developed by the Local Government Unit (LGU).
 - These follow-up efforts must be documented in the individual's care management record.
 - If the individual was not able to be seen, a risk determination in consultation with the LGU should be made in order to determine what additional follow-up efforts may be required.
- If at least one (1) Health Home service was provided by a qualified care manager and the above requirements have been completed:
 - While legacy billing is still allowed, the CMA will bill the regular Health Home rate and receive a payment based on the acuity on file for the individual.
 - After legacy billing is eliminated, the HARP/non-HARP (High) Health Home rate code may be billed for that given month.

**NYS OMH Health Home Plus Funding – Follow-up Attestation
August 1, 2014**

Name of Agency:
Contact Person Phone:

Contact Person Name and Title:
Contact Person E-Mail:

Names of Health Homes in which Partnering:

Instructions for completion or if you need assistance:

- Complete the NYS OMH Health Home Plus Standard Attestation Form below.
- Submit form via mail, fax or e-mail by October 31, 2014 to:
 - Nicole Haggerty, New York State Office of Mental Health, 7th Floor, 44 Holland Ave., Albany NY 12229
 - FAX: (518) 473-0066 PHONE: (518) 473-8561
 - E-mail: Nicole.Haggerty@omh.ny.gov
- Submit copy of attestation form to each Health Home with which you are partnered.

The Office of Mental Health staff at 44 Holland Ave., Albany NY will review the information provided and contact your agency if further clarification is needed.

Health Home Plus Standard <i>To affirm compliance with standard, check box in left column.</i>	
<input type="checkbox"/>	Health Home Care Manager has a caseload ratio equivalent to 1 staff to 12 HH+ recipients.
<input type="checkbox"/>	Health Home Care Management program/manager informs partner Health Home regarding their member's AOT status.
<input type="checkbox"/>	Health Home Care program/manager complies with all statutory reporting requirements under Kendra's Law. See OMH guidance regarding §9.60 of the Mental Hygiene Law . Health Home Care Managers shall provide at least four face to face contacts per month and more if needed. Consistent with the legacy ICM program, these contacts when provided to AOT status individuals generally occur at least once per week.
<input type="checkbox"/>	Health Home Care Manager/program works with the LGUs AOT coordinator as per local policy.
<input type="checkbox"/>	Upon assignment of a new member with AOT status to the Health Home, or notification of current HH member being placed on AOT status, Health Home Care Management program immediately assigns member to a care manager and begins providing AOT status services.
<input type="checkbox"/>	Health Home Care Manager meets OMH staffing experience and qualification requirements to serve these individuals, including all the former qualifications for Intensive Case Management providers. Please refer to the enclosed ICM qualifications.
<input type="checkbox"/>	Health Home Care Manager/program ensures that transitions and service engagement comply with the individuals' AOT court order.
<input type="checkbox"/>	Health Home Care Management program/manager completes all AOT reporting to OMH electronically as required by AOT legislation, currently reporting in the CAIRS data system.

Certification and Acknowledgement

I certify, on behalf of my agency, that all information contained in this OMH Health Home Plus Funding verification is accurate and true. I understand that falsifying information or failing to provide accurate information may jeopardize my agency's funding and subject any funds appropriated for this Health Home Plus project to recoupment.

Executive Director (Print)

(Signature)

(Date)