
PSYCKES

Health Home Care Management - Adult

March 2022

Technical Specifications



**Office of
Mental Health**

PSYCKES

HARP-Enrolled - Not Health Home Enrolled

Description:

The percentage of currently Medicaid eligible adults 21 and over who are enrolled in a Managed Care Health and Recovery Plan (HARP) but are not enrolled in a Health Home.

Eligible Population:

Age: 21+

Inclusion Criteria: Medicaid enrollees/members currently enrolled in a HARP Managed Care Plan as of the PSYCKES report date who had received one or more BH outpatient or inpatient service in the 9 months or care management services prior to the report date.

Specification:

Numerator: Enrollees/members (from the eligible population) who are not enrolled in a Health Home.

Denominator: Enrollees from the eligible population who are enrolled in a HARP Managed Care Plan.

Note: Outreach status in a health home does not count as enrolled.

HARP-Enrolled - No Assessment for HCBS

Description:

The percentage of currently Medicaid-eligible adults 21 and over who are enrolled in a Managed Care Health and Recovery Plan (HARP) but have not had an assessment completed to determine eligibility for Home and Community Based Services (HCBS).

Eligible Population:

Age: 21+

Inclusion Criteria: Medicaid enrollees/members currently enrolled in a HARP Managed Care Plan as of the PSYCKES report date who had received one or more BH outpatient or inpatient service in the 9 months or care management services prior to the report date.

Specification:

Numerator: $\frac{\text{Enrollees/members (from the eligible population) who have not had an assessment completed to determine eligibility for HCBS.}}{\text{Enrollees from the eligible population who are enrolled in a HARP Managed Care Plan.}}$

Denominator: Enrollees from the eligible population who are enrolled in a HARP Managed Care Plan.

Eligible for Health Home Plus - Not Health Home Enrolled

Description:

The percentage of Health Home Plus eligible adults who are not enrolled in a Health Home, according to PSYCKES algorithm or DOH MAPP.

Eligible Population:

Age: 18+

Inclusion Criteria: Health Home Plus eligible adults* as of the PSYCKES report date who had received one or more BH outpatient or inpatient service in the 9 months or care management services prior to the report date.

Specification:

Numerator: Health Home Plus eligible adults that are not enrolled in a Health Home, according to DOH MAPP (Department of Health Medicaid Analytics Performance Portal).

Denominator: Health Home Plus eligible adults (according to PSYCKES algorithm in the past 12 months or DOH MAPP in the past 3 months).

**Health Home Plus Eligibility Criteria is met when member meets one or more of the following:*

- *AOT court order – active or expired within past 12 months*
- *ACT discharge within past 12 months*
- *3+ Inpatient MH admissions past 12 months*
- *4+ Inpatient or ER visits within past 12 months*
- *3+ Medical Inpatient admissions and comorbid schizophrenia or bipolar disorder*
- *Ineffectually engaged: 2+ MH Inpatient or 3+ MH ER visits but no outpatient MH visits in the past 12 months*
- *State PC discharge within past year*
- *Forensic State PC release within past year*

Eligible for Health Home Plus - No Health Home Plus Service Past 12 Months

Description:

The percentage of Health Home Plus eligible adults that have not received a Health Home Plus service in the past 12 months, according to Medicaid billing or DOH MAPP.

Eligible Population:

Age: 18+

Inclusion Criteria: Health Home Plus eligible adults* as of the PSYCKES report date who had received one or more BH outpatient or inpatient service in the 9 months or care management services prior to the report date.

Specification:

Numerator: Health Home Plus eligible adults that have not had a Health Home Plus service in the past 12 months according to either Medicaid billing or DOH MAPP (Department of Health Medicaid Analytics Performance Portal).

Denominator: Health Home Plus eligible adults (according to PSYCKES algorithm in the past 12 months or DOH MAPP in the past 3 months).

**Health Home Plus Eligibility Criteria is met when member meets one or more of the following:*

- *AOT court order – active or expired within past 12 months*
- *ACT discharge within past 12 months*
- *3+ Inpatient MH admissions past 12 months*
- *4+ Inpatient or ER visits within past 12 months*
- *3+ Medical Inpatient admissions and comorbid schizophrenia or bipolar disorder*
- *Ineffectually engaged: 2+ MH Inpatient or 3+ MH ER visits but no outpatient MH visits in the past 12 months*
- *State PC discharge within past year*
- *Forensic State PC release within past year*

Eligible for Health Home Plus - No Health Home Plus Service Past 3 Months

Description:

The percentage of Health Home Plus eligible adults that have not received a Health Home Plus service in the past 3 months according to DOH MAPP.

Eligible Population:

Age: 18+

Inclusion Criteria: Health Home Plus eligible adults* as of the PSYCKES report date who had received one or more BH outpatient or inpatient service in the 9 months or care management services prior to the report date.

Specification:

Numerator: Health Home Plus eligible adults that have not received a Health Home Plus service in the past 3 months, according to either Medicaid billing or DOH MAPP (Department of Health Medicaid Analytics Performance Portal).

Denominator: Health Home Plus eligible adults (according to PSYCKES algorithm in the past 12 months or DOH MAPP in the past 3 months).

**Health Home Plus Eligibility Criteria is met when member meets one or more of the following:*

- *AOT court order – active or expired within past 12 months*
- *ACT discharge within past 12 months*
- *3+ Inpatient MH admissions past 12 months*
- *4+ Inpatient or ER visits within past 12 months*
- *3+ Medical Inpatient admissions and comorbid schizophrenia or bipolar disorder*
- *Ineffectually engaged: 2+ MH Inpatient or 3+ MH ER visits but no outpatient MH visits in the past 12 months*
- *State PC discharge within past year*
- *Forensic State PC release within past year*

HH Enrolled, Eligible for Health Home Plus - Not Entered as Eligible in DOH MAPP Past 3 Months

Description:

The percentage of Health Home Plus eligible adults, who are also enrolled in a health home, that have not been identified as Health Home Plus eligible in DOH MAPP in the past 3 months.

Eligible Population:

Age: 18+

Inclusion Criteria: Health Home Plus eligible adults* as of the PSYCKES report date who had received one or more BH outpatient or inpatient service in the 9 months or care management services prior to the report date.

Specification:

Numerator: Health Home Plus eligible adults who are also enrolled in a Health Home, whose Health Home Plus eligibility status was not identified in DOH MAPP (Department of Health Medicaid Analytics Performance Portal) in the past 3 months.

Denominator: Health Home Plus eligible adults (according to PSYCKES algorithm in the past 12 months or DOH MAPP in the past 3 months) who are also currently enrolled in a Health Home.

**Health Home Plus Eligibility Criteria is met when member meets one or more of the following:*

- *AOT court order – active or expired within past 12 months*
- *ACT discharge within past 12 months*
- *3+ Inpatient MH admissions past 12 months*
- *4+ Inpatient or ER visits within past 12 months*
- *3+ Medical Inpatient admissions and comorbid schizophrenia or bipolar disorder*
- *Ineffectually engaged: 2+ MH Inpatient or 3+ MH ER visits but no outpatient MH visits in the past 12 months*
- *State PC discharge within past year*
- *Forensic State PC release within past year*