



Adirondack Health Institute

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## POLICY AND PROCEDURE

**Title:** Health Home Supervisor and Caseload Ratios

**Department:** Health Home

**Population:** Health Home Serving Adults and Children

**Effective Date:** 2/21/19

**Review Date:** 7/1/2020

**Date Revised:** 2/1/2020

### Purpose of Policy

To define and set parameters around the caseload and supervision ratio expectations for Health Home Service Providers within AHI Health Home. These ratios are intended to ensure the overall quality of the AHI Health Home program.

### Scope

1. This policy must be distributed to all AHI Health Home Program staff and all subcontracting Health Home Service Providers.
2. All recipients of this policy must acknowledge their receipt and understanding of the policy by referring any questions or problems with the policy within ten days of the issue date to the AHI's Health Home program.
3. All questions regarding this policy or its implementation may be directed to the Director of Care Management and Health Home.

### Statement of Policy

AHI shall develop, disseminate, and review at least annually a Health Home Caseload and Supervisor Ratio Guidance Policy that addresses purpose, scope, roles and responsibilities, management commitment, coordination among organization entities, and compliance. AHI shall formalize documented procedures to facilitate the implementation of the Health Home Caseload and Supervisor Ratio Guidance Policy.

### Definitions

**Health Home Service Provider (HHSP):** an organization that has a fully executed contract (the "Health Home Services Provider Agreement") with the Adirondack Health Institute to provide health home outreach and/or care management services.

**DOH:** Department of Health

**HHSC:** Health Home Serving Children



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**HHSA:** Health Home Serving Adults

**AHIHH:** Adirondack Health Institute Health Home

**CMS:** Centers for Medicare and Medicaid Services

**Workforce member:** Employees, board members, volunteers, interns, independent contractors, vendors, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity. This includes full and part time employees, affiliates, associates, volunteers, and staff from third party entities who provide service to the covered entity.

**HH+:** 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 (HH) serving adults program.

**HH+ HIV/AIDS:** Health Home Plus (HH+) for the HIV/AIDS population is an intensive Health Home Care Management (HHCM) service established for defeneded populations with HIV/AIDS diagnosis who are enrolled in a Health Home (HH) serving adults program.

### Background

The Health Home Caseload and Supervisor Ratio Guidance at AHI is intended to facilitate the effective implementation of the processes necessary to meet the Health Home Program standards and requirements as stipulated by the NYS DOH, federal regulations, and best practices. This policy directs that AHI meet these requirements.

## POLICY

### Supervisor to Care Manager Caseload Ratios

- Health Home Service Providers shall define the appropriate ratio of supervisors to care managers. Sharing best practices for Supervisory staffing models will allow for supervisors to be highly involved in the care management process and that their role will not be purely administrative. It is expected that these ratios will vary based on client population.
- Recommended Roles and Responsibilities of Supervisors:
  - Ensure that Quality Care Management services are being delivered to the enrolled members in accordance to the Policy and Procedures.
  - Attend and Participate in all Health Home related meetings and trainings.
  - Understand and adhere to policy requirements of multiple agencies (AHI HH, DOH, CMS)
  - Provide case oversight and consultation with the Health Home care managers



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- Complete quarterly audits and assess chart quality
- Recommended Best Practices
  - For Health Home Serving Children (HHSC) a 1:5 Supervisor to Care Manager ratio is recommended with a maximum ratio of 1:8.

### Care Manager to Member Caseload Ratios

#### Health Home Plus

- The preferred caseload ratio for HH+ members shall be 1 Care Manager to 12 HH+ members but should not exceed 1 Care Manager to 15 HH+ members.
- For the purpose of case load stratification, a caseload mix of HH+ and non HH+ is allowable if and only if the HH+ ratio is less than 12 members to 1 Health Home Care Manager.

#### Additional Caseload Models that Meet HH+ Requirements

- To meet the changing and complex needs of the HH+ population, HHSP's may utilize different models to comply with SDOH requirements. HHSP's have the option to adopt any of the following models: ***Please refer to the attached desk guide for specific examples of each option.***

#### Mixed Caseload (HH+ and non HH+)

- For the purposes of caseload stratification and resource management; a caseload mix of HH+ and non-HH+ is allowable if any only if the HH+ ratio is less than 12 members to one Care Manager. *Please refer to Staffing Qualifications Policy and HH+ policy for additional HH+ requirements.*

#### Team Approach

- Under this model, HH+ members can receive services by an array of staff members that is led by a primary care manager. Team members may include but not limited to Registered Nurses, peers and/or additional Care Managers.
- The team caseload must maintain the ratio of 12 to 15 HH+ members per each Care Manager/FTE on the team. For every 30 HH+ members, the team must have at least one qualified HH+ Care Manager.

*Please see the link below for SDOH guidance regarding HH+ members.*

[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/special\\_populations/hh\\_plus.htm](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/special_populations/hh_plus.htm)



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### Health Home Plus (HH+) HIV/AIDS

- The preferred caseload ratio for HH+ members shall be 1 Care Manager to 12 HH+ members but should not exceed 1 Care Manager to 15 HH+ members.
- If the program implements a team model with Peers/ Navigators/Community Health Workers, the case load may increase by 5 for each team member. One Care Manager may supervise no more than two team members. Four core services must still be delivered with this model and one must be a face to face with the Health Home Care Manager (HHCM).

*\*\*Please see the Health Home Plus for HIV/AIDS Policy for additional information\*\**

### Children

- It is the goal of AHIHH to keep case load ratios for children as flexible as possible to provide flexibility to the Health Home Service Provider in assigning cases with various levels of need/acuity. Caseload sizes for children should be built based on acuity levels obtained from the CANS-NY assessment tool.
- For high acuity members a caseload ratio of 1:12 is acceptable
- For medium acuity members a caseload ratio of 1:20 is acceptable
- For low acuity members a caseload ratio of 1:40 is acceptable

### Training

- AHIHH will provide training related to all Health Home policies. Trainings may be formal and informal and requested on an as needed basis by forwarding questions related to this or any policy to [healthhome@ahihealth.org](mailto:healthhome@ahihealth.org).

### Quality and Performance Improvement

- AHI Health Home and the Department of Health will review each Health Home Serving Children's Care Manager's caseload and on a regular basis. Any HHSP/Care Manager caseload that exceeds the recommended ratio will be subject to additional audit to ensure quality case management.
- AHI Health Home will review each Health Home Serving Adults Care Manager's Caseload on a regular basis to ensure quality case management. Care Managers assigned HH+ cases will have their caseloads reviewed on a periodic basis.

*In an instance where a HHSP contracts with multiple Health Homes an individual Care Managers caseload should not exceed the recommended ratios set forth in this policy.*



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## **POLICY AND PROCEDURE**

**Contact Person:** Director, Care Management and Health Home

**Responsible Person:** Health Home Service Provider

**Approved By:** Chief Operating and Compliance Officer



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**POLICY AND PROCEDURE**

**DESK GUIDE**

***Health Home Care Manager to Member Caseload Ratios***

Population	Description	Ratio/Points
HHSA	There are no caseload ratios for mainstream adult health home members	
HARP	There are no caseload ratios for HARP members	
HH+Cases Only	Services are provided by one qualified care manager and caseload capacity is determined by a fixed number of cases.	1:12 Preferred 1:15 Maximum
HH+ Mixed Caseload Model	Caseload capacity is determined by point accumulations as opposed to a fixed number. Each member is assigned a point value based on the members service needs as determined by the HHSP.	Maximum of 50 Points
HH+Team Caseload Model	A weighted point system can be used to formulate caseload capacity for a team, where there is a HH+ qualified care manager being support by other team members (i.e. peers, RN's, care managers, etc.)	Range of 108-135 points
HH+ HIV/AIDS Team Approach	HHCM may increase the caseload beyond 1:15 by 5's for every team member (Peers, Navigators, CHW) added to the member's team. One HHCM can supervise no more than two team members.	1:15 HHCM 1:20 HHCM +1 1:25 HHCM +2
HHSC	High Acuity	1:12
HHSC	Medium Acuity	1:20
HHSC	Low Acuity	1:40



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HH+ Mixed Caseload Model

The table below outlines recommended categories and point values a HHSP can use when adopting a HH+ mixed caseload model

Table with 3 columns: Category, Description, Point Value. Rows include HH+, High Touch, and Low Touch categories with their respective descriptions and point values.

The HHSP can take the following steps to calculate caseload capacity using the above recommended values:

- Determine a point range for the caseload. To maintain a level of service intensity consistent with a ratio of 1:12 and no more than 1:15, the recommended point range would be 36-45 points (see calculation below). Caseloads of 50 points are allowable to accommodate for member attrition and planned discharges.

Table with 3 columns: Ratio, Calculation (using HH+ cases only), Points Range. Rows show calculations for 1:12 and 1:15 ratios.

EXAMPLE:

Table with 4 columns: Category, Number of Individuals, Calculation, Points by Category. Shows an example calculation for HH+, High Touch, and Low Touch categories.



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HH+ Team Caseload Model**

The required team caseload shall be 12 to 15 per one full time employee (FTE) on the team. The table below outlines the number of FTE's to the caseload range

# of Full-Time Employees	Caseload Range
2	16-30 HH+ members
3	31-45 HH+ members
4	46-60 HH+ members

A team must have a least one qualified HH+ Care Manager for every 30 HH+ members.

Category	# of HH+ Members	Calculation	Points by Category
HH+ (3 Points)	21	21 (individuals) X 3 (points)=	63
High Touch (2 Points)	18	18 (individuals) X 2 (points) =	36
Low Touch (1 Point)	35	35 (individuals) X 1 (points) =	35
	Total 74		Total 134

The acceptable mixed caseload point range is 108-135 points.