

## POLICY AND PROCEDURE

**Title:** Health Home Qualifying Criteria

**Department:** Health Home

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

**Effective Date:** 12/5/2016

**Review/Revised Date:** 12/10/2019; 11/18/2020; 12/10/2020, 11/18/2021;  
1/1/2022; 7/1/2022

### Purpose of Policy

To define and put parameters around the qualifying criteria for children and adults enrolled in the Health Home.

### Scope

1. This policy must be distributed to all AHI Health Home Program staff and all subcontracting Health Home Service Providers.
2. All questions regarding this policy or its implementation may be directed to the Assistant Director of Care Management and Health Home.

### Statement of Policy

AHI shall develop, disseminate, and review at least annually a Health Home Qualifying Criteria 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 Qualifying Criteria Policy.

### Definitions

**Health Home Service Provider:** 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.

**Health Home Candidate:** a person who is potentially eligible to become a Health Home Enrollee and is assigned to AHI by an MCO, by NYSDOH, or is referred by an organization or individual.

**Health Home Enrollee:** a person who meets the eligibility criteria for Health Home and has agreed to enroll and participate in the program.

**Assignment:** the process by which a Health Home Candidate is assigned to an AHI Health Home Services Provider.

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**Care Management Record System:** a structured information system, maintained by the Adirondack Health Institute Health Home (AHIHH), and made available for Health Home Service Providers and Health Home Network Partners to utilize, as applicable and appropriate to their role in the Health Home.

**Core Health Home Services:** The list of five (5) approved categories of services for which a Health Home Care Management Agency can be paid, as defined by the New York State Department of Health:

- Comprehensive Care Management
- Care Coordination & Health Promotion
- Comprehensive Transitional Care
- Member & Family Support
- Referral and Community & Social Support Services

Note: the sixth category of Core Health Home Services, “The use of HIT [Health Information Technology] to link services, as feasible and appropriate,” is NOT considered a billable activity.

**NYSDOH:** New York State Department of Health

**Workforce member:** means 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.

**Children’s HCBS Waiver:** In order to receive Home and Community Based Services (HCBS) through the Children’s Waiver the Health Home Care Manager does not have to prove Health Home eligibility if they have an approved Level of Care Determination and will pursue HCBS. If a youth no longer meets Level of Care or chooses not to pursue HCBS and would like to remain in Health Home Care Management, the HHCM will need to collect Health Home eligibility documentation.

**SED:** Severe Emotional Disturbance is defined as a child or adolescent (under age 21) that has a designated mental illness diagnosis in the following list if of Diagnostic and Statistical Manual (DSM) categories as defined by the most recent version of the DSM **and** has experienced at least one of the functional limitations due to emotional disturbance over the past 12 months.

- Schizophrenia Spectrum and Other Psychotic Disorders
- Bipolar and Related Disorders
- Depressive Disorders
- Anxiety Disorders
- Obsessive-Compulsive and related Disorders
- Trauma and Stressor Related Disorders
- Dissociative Disorders
- Somatic Symptom and Related Disorders



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- Feeding and Eating Disorders
- Gender Dysphoria
- Disruptive, Impulsive-Control, and Conduct Disorders
- Personality Disorders
- Paraphilic Disorders
- Elimination Disorders
- Sleep Wake Disorders
- Sexual Dysfunctions
- Medication Induced Movement Disorders
- Tic Disorder
- ADHD

\*\* Any diagnosis in these categories can be used when evaluating a child for SED. However, an additional diagnosis that is secondary to another medical condition is excluded.

### **Functional Limitations Requirements for SED Definition of Health Home:**

- Ability to care for self (e.g. personal hygiene; obtaining and eating food; dressing; avoiding injuries); or
- Family life (e.g. capacity to live in a family or family like environment; relationships with parents or substitute parents, siblings and other relatives; behavior in family setting); or
- Social relationships (e.g. establishing and maintaining friendships; interpersonal interactions with peers, neighbors and other adults; social skills; compliance with social norms; play and appropriate use of leisure time); or
- Self-direction/self-control (e.g. ability to sustain focused attention for a long enough period to permit completion of age-appropriate tasks; behavioral self-control; appropriate judgment and value systems; decision making ability); or
- Ability to learn (e.g. school achievement and attendance; receptive and expressive language; relationships with teachers; behavior in school).

**SMI:** Serious Mental Illness is considered when the individual is 18 years of age or older and currently meets the criteria for a DSM psychiatric diagnosis other than alcohol or drug disorders, organic brain syndromes, developmental disabilities or social conditions.

- Anxiety Disorders – Generalized Anxiety Disorder
- Avoidant Personality Disorders
- Bipolar I and II Disorder
- Borderline Personality Disorders
- Cyclothymic Disorder
- Delusional Disorder
- Dissociative Identity Disorder
- Dysthymic Disorder
- Histrionic Personality Disorder



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- Major Depressive Disorder
- Mood Disorder
- Narcissistic Personality Disorder
- Obsessive Compulsive Disorder
- Panic Disorder with or without Agoraphobia
- Paranoid Personality Disorder
- Personality Disorder
- Posttraumatic Stress Disorder
- Psychotic Disorder
- Schizophrenia – Disorganized Type – Catatonic Type – Paranoid Type – Residual Type – Undifferentiated Type
- Schizoaffective Disorder
- Schizoid Personality Disorder
- Schizotypal Personality Disorder

\*Any one of these conditions will qualify a member for Health Home if the severity and duration of the mental illness results in a substantial functional disability\*

### **Functional Limitations Requirements for SMI Definition of Health Home:**

- Marked difficulties in self-care such as (e.g. personal hygiene, diet, clothing, avoiding injury, securing health care, or complying with medical advice); or
- Marked restrictions of activities of daily living such as maintaining a residence, getting and maintaining a job, attending school, using transportation, day to day money management, or accessing community service; or
- Marked difficulties in maintaining social functioning such as establishing and maintaining social relationship, interpersonal interaction with primary partners, children and other family members, friends, or neighbors, social skills, compliance with social norms, or appropriate use of leisure time; or
- Frequent deficiencies of concentration, persistence, or pace, resulting in failure to complete tasks in a timely manner in work, home, or school setting. Individuals may exhibit limitations in these areas when they repeatedly are unable to complete simple tasks within an established time period, make frequent errors in task, or require assistance in the completion of tasks.

### **Background**

The Health Home Qualifying Criteria Program Policy 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.



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It is the policy of the Adirondack Health Institute Health Home (AHIHH) to ensure that individuals who are enrolled in Health Home Care Management meet the eligibility and appropriateness criteria for the program.

**QUALIFYING CRITERIA FOR HEALTH HOME ENROLLMENT**

All the below conditions must be met for an individual to be enrolled in Health Home Care Management

1. Active Medicaid
2. Condition criteria:  
 Two chronic conditions (e.g., mental health condition, substance use disorder, asthma, diabetes, heart disease, BMI over 25 [adults], BMI in 85th percentile or higher [children], or other chronic conditions),  
*OR*  
 HIV/AIDS  
*OR*  
 One serious mental illness [adults]/ severe emotional disturbance [children]  
*OR*  
 Complex trauma [children]\*  
*OR*  
 Sickle Cell Disease (Adults and Children)

\*Please see the appendices for more specifics around defining trauma and assessing for trauma

3. The person has significant behavioral, medical, or social risk factors which can be addressed through care management and without care management may lead to adverse events. Such risk factors include but are not limited to:

<b>Reference Guide – Examples of Determinants of Risk</b>	
<b>Determinants of medical, behavioral, and/or social risk can include:</b>	<b>Documentation Guidance and Examples:</b>
Probable risk for adverse events (e.g., death, disability, inpatient or nursing home admission, mandated preventive services, or out of home placement)	<ul style="list-style-type: none"> <li>• Use various Quality flags in PSYCKES, such as “Preventable admissions for asthma” “Preventable admissions for Diabetes”, etc.</li> <li>• Anyone with a HH+ flag in PSYCKES at the time of enrollment</li> <li>• Anyone with a POP flag in PSYCKES at the time of enrollment</li> <li>• Anyone with an H-code in EMEDNY at the time of enrollment (eligible or enrolled)</li> <li>• Direct referral from an inpatient medical, psych, or detox admission</li> <li>• Direct referral from ER also possible if member is a frequent flyer (this could be captured as a PSYCKES category)</li> </ul>



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	<ul style="list-style-type: none"> <li>• Direct referral from APS, CPS, or preventive program</li> <li>• Direct referral from MCO or medical provider</li> </ul>
Lack of or inadequate social/family/housing support, or serious disruptions in family relationships; needs benefits; nutritional insufficiency	<ul style="list-style-type: none"> <li>• Meeting one of the HUD definitions for homelessness (HUD 1, 2 and 4 housing)</li> <li>• Lack of social supports as evidenced by fewer than 2 people identified as a support by the member, change in guardianship</li> <li>• The institutionalization or nursing home placement of primary support member</li> <li>• Needs assistance applying for/accessing benefits such as SNAP, SSI, etc.</li> <li>• Unable to access food due to financial limitations or ability to shop or access food site, dietary restrictions, etc.</li> <li>• Intimate Partner Violence</li> </ul>
Lack of or inadequate connectivity with healthcare system	<ul style="list-style-type: none"> <li>• Individual does not have healthcare connectivity or utilization e.g., does not have a PCP or specialist to treat a chronic condition, or has not seen their provider in the last year.</li> <li>• Individual is unable to appropriately navigate the health care system for the treatment or care of the diagnosed or undiagnosed physical or behavioral health condition.</li> <li>• Potentially preventable utilization based on identified flags in the RHIO, from the Plan, or in PSYCKES (such as 2 or 3+ ED visits in the past year, 1 BH or substance use inpatient visit in the past year, etc.)</li> </ul>
Non-adherence to treatments or medication(s) or difficulty managing medications (define source e.g. self-reported or other source with knowledge)	<ul style="list-style-type: none"> <li>• Identify WHICH medication(s) and/or treatment(s) are involved per individual or referral source.</li> <li>• Per PSYCKES flag (e.g., Adherence to Mood Stabilizers, Antipsychotics, and Antidepressants; No Diabetes Monitoring)</li> </ul>
Deficits in activities of daily living, learning or cognition issue (define source e.g., self-reported, reported by other, observed by HHCM, etc.)  (This should not be the only risk factor)	<ul style="list-style-type: none"> <li>• Instrumental Activities of Daily Living (IADLs) include transportation, shopping, managing finances, meal preparation, housecleaning, home maintenance, communications, and managing medications<sup>1</sup></li> <li>• Deficits can be caused by medication side effects, social isolation, home environment, cognitive or mental decline (e.g. dementia), aging, Musculoskeletal, neurological, circulatory, sensory conditions, lack of Durable Medical Equipment (DME), hospitalization, or acute illnesses.</li> </ul>
Recent release from incarceration, detention, psychiatric hospitalization or placement; other justice referrals for those not incarcerated	<ul style="list-style-type: none"> <li>• Released within the last 90 days</li> <li>• Identify name of institution, approximate date of release, or name of "other justice referral for those not incarcerated"</li> </ul>



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4. Persons with developmental disabilities receiving case management services from OPWDD, some persons in long-term care settings, and several other populations are restricted from receiving Health Home Care Management. Please see the Restriction Exception (R/E) codes on the NYSDOH Health Home's website for additional information

*As of 7/1/18, Major Category of Developmental Disabilities was added to the chronic conditions list which includes the following:*

- Intellectual Disability
- Cerebral Palsy
- Epilepsy
- Neurological Impairment
- Familial Dysautonomia
- Prader-Willi Syndrome
- Autism

If an individual does not qualify or chooses **not to participate in a CCO/HH** and has one of the diagnoses in the Developmental Disabilities Major Category and one or more of the other diagnoses included on the Health Home Chronic Conditions List, the individual may be eligible for enrollment in a Health Home Serving Children. Specifically, the individual's developmental disability diagnosis must be in the Developmental Disabilities Category, originate before the age of twenty-two and be expected to continue indefinitely to qualify as a diagnosis in the Developmental Disabilities Category.

5. Substance Use Disorders (SUDs) are considered Chronic Conditions however alone are not a qualifying condition. The Health Home Candidate must have another chronic condition.
6. Children who are at risk of a higher level of care should be offered and considered for the Children's HCBS Waiver program. During the eligibility process with the family and care team members a child can be identified as needing these additional supports. This conversation with the family as to/or not to pursue HCBS eligibility needs to be documented in the member's record.

#### **VERIFYING ELIGIBILITY/APPROPRIATENESS FOR HEALTH HOME ENROLLMENT**

- Active Medicaid can be verified via MAPP (Medicaid Analytics Performance Portal) or ePACES
- In cases of Complex Trauma, for the Health Home Serving Children's Population, please see the appendices for additional guidance.
- Documentation of SED Eligibility must include a diagnosis from the DSM by a licensed Practitioner who can diagnose *and* report that the child meets the functional limitation requirements. The report or attestation must be within 12 months of the referral.



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- To be considered an individual with a serious mental illness, a person must have at least one of the diagnoses listed on pages three and four, and at least one of the functional impairments listed on page four.
- HIV/AIDS documentation of eligibility must include a Comprehensive Medical/Annual Physical within 12 months of the referral that includes HIV status and viral load.
- Health Home Service Providers are responsible for confirming Medicaid Coverage and being aware of the Health Home Enrollees Medicaid Expiration Date.
- Health Home eligibility documentation must be uploaded into the Care Management record.
- Once Medicaid eligibility is confirmed, and the Health Home service provider obtains proof of Health Home qualifying conditions, the Health Home Service Provider is responsible for completing the Eligibility Screen Assessment in Care Management Record System.

### **VERIFYING ONGOING ELIGIBILITY/APPROPRIATENESS FOR HEALTH HOME**

- Active Medicaid is a requirement for ongoing Health Home Care Management
- For members that lose Medicaid eligibility, when appropriate, HHSP will assist the member in re-establishing Medicaid.
- Eligibility/appropriateness shall be reassessed a minimum of yearly and documented in the member's record. HHSP's are responsible for confirming Medicaid coverage monthly for billing purposes.
- If a member is found to no longer be appropriate for Health Home Care Management, the Disenrollment Policy and Procedure shall be utilized. If it is determined that the member no meets eligibility after enrollment, the Health Home Service Provider can refer to other Case Management services or SPOA based on needs of the family and consent.





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### **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 / PERFORMANCE IMPROVEMENT**

- AHI Health Home will review a selection of cases from each HHSP's member attributions. Each case will be assessed for proper Health Home Eligibility Documentation and Health Home appropriateness. HHSP's will be notified of any record found to not have adequate eligibility documentation on file and will be expected to resolve the error promptly. Failure to have proper Health Home eligibility documentation in the Care Management Record System may result in voided billing.

### **DISTRIBUTION**

- This policy must be distributed to all AHI Health Home Program staff and all subcontracting Health Home Service Providers.
- 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 Adirondack Health Institute's Health Home program.
- All questions regarding this policy or its implementation may be directed to the Director of Health Home and Care Management by emailing [healthhome@ahihealth.org](mailto:healthhome@ahihealth.org).

**Contact Person:** Assistant Director, Health Home

**Responsible Person:** Health Home Service Provider

**Approved By:** Director, Care Management and Health Home



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### **APPENDIX A: DEFINITION OF COMPLEX TRAUMA**

#### **The term complex trauma incorporates at least:**

i. Infants/children/or adolescents' exposure to multiple traumatic events, often of an invasive, interpersonal nature

*and*

ii. the wide-ranging, long-term impact of this exposure.

#### **Nature of the traumatic events:**

i. often is severe and pervasive, such as abuse or profound neglect;

ii. usually begins early in life;

iii. can be disruptive of the child's development and the formation of a healthy sense of self (with self-regulatory, executive functioning, self-perceptions, etc.);

iv. often occur in the context of the child's relationship with a caregiver

v. can interfere with the child's ability to form a secure attachment bond, which is considered a prerequisite for healthy social-emotional functioning.

*Many aspects of a child's healthy physical and mental development rely on this secure attachment, a primary source of safety and stability.*

#### **Wide-ranging, long-term adverse effects can include impairments in:**

i. physiological responses and related neurodevelopment,

ii. emotional responses,

iii. cognitive processes including the ability to think, learn, and concentrate,

iv. impulse control and other self-regulating behavior,

v. self-image,

vi. relationships with others.



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### **APPENDIX B: PROCESS FOR ASSESSING TRAUMA IN THE HEALTH HOME**

**The workflow for this process can be found here:**

[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/final\\_complex\\_trauma\\_workflow.pdf](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/final_complex_trauma_workflow.pdf)

**The below are guidelines:**

If a Non-licensed professional (or a licensed professional without access to CT Exposure Assessment and Functional Impairment Assessment) identifies a child who may have Complex Trauma, he or she should complete the Complex Trauma Exposure Screen form located here:

[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/final\\_complex\\_trauma\\_exposure\\_screen.pdf](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/final_complex_trauma_exposure_screen.pdf)

If positive, a referral is made to a licensed professional to complete the CT Exposure Assessment and [if positive] the Functional Impairment Assessment. All supporting documentation should be sent to the licensed professional at this time.

**Complex Trauma Exposure Assessment can be found here:**

[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/final\\_complex\\_trauma\\_exposure\\_assessment.pdf](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/final_complex_trauma_exposure_assessment.pdf)

The Functional Impairment Assessment can include recent and valid assessments, child/ youth interview, collateral sources, or additional assessments using the approved list from NCTSN (**National Child Traumatic Stress Network**), **found here:**

<http://www.nctsn.org/trauma-types/complex-trauma/standardized-measures-assess-complex-trauma>

If functional impairment exists and Health Home Care Management would be an appropriate support for the child, the licensed provider completes the **CT Eligibility Determination form, found here:**

[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/final\\_complex\\_trauma\\_elig\\_determination.pdf](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/final_complex_trauma_elig_determination.pdf)

If a licensed professional believes that a child has experienced Complex Trauma, he or she should complete the CT Exposure Assessment. If positive, he or she should proceed with a Functional Impairment Assessment as specified above. If functional impairment exists the referral should be made to the Health Home.



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**Appendix C: HH+ Eligibility Documentation Guide**

<b>Population/Sub-Population</b>	<b>Examples of Documentation Sources</b>
<p><b>HIV+ Virally unsuppressed</b></p> <ul style="list-style-type: none"> <li>• HIV and SMI</li> <li>• HIV Only</li> <li>• HIV and IDU</li> </ul>	<ul style="list-style-type: none"> <li>• Lab results</li> <li>• Medical records</li> </ul>
<p><b>Homelessness</b></p> <ul style="list-style-type: none"> <li>• SMI Only</li> <li>• HIV &amp; SMI</li> <li>• HIV &amp; SUD</li> </ul>	<ul style="list-style-type: none"> <li>• Letter from shelter or other homeless housing program</li> <li>• Hospital discharge summary</li> <li>• Eviction notice</li> <li>• Documentation from local Homeless Management Information System (HMIS)</li> <li>• Documentation in a Care Plan and Progress notes would maintain this billing category until external documentation is obtained.</li> </ul>
<p><b>Criminal Justice Involvement</b></p> <ul style="list-style-type: none"> <li>• SMI Only</li> <li>• HIV &amp; SMI</li> </ul>	<ul style="list-style-type: none"> <li>• Release papers</li> <li>• Documentation from parole/probation</li> <li>• Print-out from “WebCrimis” or other criminal justice database</li> <li>• Letter from halfway house</li> </ul>
<p><b>3 or more Inpatient hospitalizations</b></p> <ul style="list-style-type: none"> <li>• HIV &amp; SMI</li> <li>• HIV &amp; SUD</li> <li>• SMI only with a Bipolar or Schizophrenic Diagnosis</li> </ul>	<ul style="list-style-type: none"> <li>• Hospital discharge summary</li> <li>• Print out from PSYCKES</li> <li>• RHIO alerts of inpatient admission</li> <li>• MCO confirmation of admission</li> </ul>
<p><b>3 or more Inpatient Psychiatric hospitalizations</b></p> <ul style="list-style-type: none"> <li>• SMI only</li> <li>• HIV &amp; SMI</li> </ul>	<ul style="list-style-type: none"> <li>• Hospital discharge summary</li> <li>• Print out from PSYCKES</li> <li>• RHIO alerts of inpatient admission</li> <li>• MCO confirmation of admission</li> </ul>
<p><b>4 or more ED visits</b></p> <ul style="list-style-type: none"> <li>• HIV only</li> </ul>	<ul style="list-style-type: none"> <li>• Hospital discharge summary</li> <li>• Print out from PSYCKES</li> <li>• RHIO alerts of inpatient admission</li> <li>• MCO confirmation of admission</li> </ul>
<p><b>4 or more ED visits</b></p> <ul style="list-style-type: none"> <li>• SMI only</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Hospital discharge summary</li> <li>• Print out from PSYCKES</li> <li>• RHIO alerts of inpatient admission</li> <li>• MCO confirmation of admission</li> </ul>
<p><b>Assertive Community Treatment (ACT) step down</b></p> <ul style="list-style-type: none"> <li>• SMI only or SMI &amp; HIV</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation of Discharge from ACT</li> </ul>



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<b>Enhanced Service Package (ESA)</b> <ul style="list-style-type: none"><li>• SMI only or SMI &amp; HIV</li></ul>	<ul style="list-style-type: none"><li>• Copy of ESA agreement</li></ul>
<b>Expired AOT within the past year</b> <ul style="list-style-type: none"><li>• SMI only or SMI &amp; HIV</li></ul>	<ul style="list-style-type: none"><li>• Copy of expired AOT order</li></ul>
<b>Active AOT</b>	<ul style="list-style-type: none"><li>• Active AOT order</li></ul>
<b>CNYPC Discharge / State PC Discharge</b>	<ul style="list-style-type: none"><li>• Discharge paperwork</li></ul>
<b>Clinical Discretion of the SPOA</b> <ul style="list-style-type: none"><li>• SMI only or HIV &amp; SMI</li></ul> <b>Clinical Discretion of the MCO</b> <ul style="list-style-type: none"><li>• ALL HH+ Eligible populations</li></ul> <b>Clinical Discretion Medical provider for HIV</b>	<ul style="list-style-type: none"><li>• All members being billed at the HH+ rate for clinical discretion will need to be notified to the Health Home. In the case of SPOA's the SPOA coordinator will need to provide an attestation of agreement for the members receiving this level of service</li><li>• In the case of the HIV+ population the medical provider will need to supply documentation that the member needs this level of service</li></ul>
<b>Ineffectively Engaged</b> <ul style="list-style-type: none"><li>• SMI or HIV &amp; SMI</li></ul>	<ul style="list-style-type: none"><li>• Hospital discharge summary</li><li>• Print out from PSYCKES</li><li>• RHIO alerts of inpatient admission</li><li>• MCO confirmation of admission</li></ul>



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### Appendix D: Health Home Program Chronic Conditions

<b><i>Health Home Serving Children and Adults Chronic Conditions</i></b>
Acquired Hemiplegia and Diplegia
Acquired Paraplegia
Acquired Quadriplegia
Acute Lymphoid Leukemia w/wo Remission
Acute Non-Lymphoid Leukemia w/wo Remission
Alcoholic Liver Disease
Alcoholic Polyneuropathy
Alzheimer's Disease and Other Dementias
Angina and Ischemic Heart Disease
Anomalies of Kidney or Urinary Tract
Apert's Syndrome
Aplastic Anemia/Red Blood Cell Aplasia
Ascites and Portal Hypertension
Asthma
Atrial Fibrillation
Attention Deficit / Hyperactivity Disorder (Must meet specific criteria)
Benign Prostatic Hyperplasia
Bi-Polar Disorder
Blind Loop and Short Bowel Syndrome
Blindness or Vision Loss
Bone Malignancy
Bone Transplant Status
Brain and Central Nervous System Malignancies
Breast Malignancy
Burns - Extreme
Cardiac Device Status
Cardiac Dysrhythmia and Conduction Disorders
Cardiomyopathy
Cardiovascular Diagnoses requiring ongoing evaluation and treatment
Cataracts
Cerebrovascular Disease w or w/o Infarction or Intracranial Hemorrhage
Chromosomal Anomalies
Chronic Alcohol Abuse and Dependency
Chronic Bronchitis
Chronic Disorders of Arteries and Veins
Chronic Ear Diagnoses except Hearing Loss
Chronic Endocrine, Nutritional, Fluid, Electrolyte and Immune Diagnoses



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Chronic Eye Diagnoses
Chronic Gastrointestinal Diagnoses
Chronic Genitourinary Diagnoses
Chronic Gynecological Diagnoses
Chronic Hearing Loss
Chronic Hematological and Immune Diagnoses
Chronic Infections Except Tuberculosis
Chronic Joint and Musculoskeletal Diagnoses
Chronic Lymphoid Leukemia w/wo Remission
Chronic Metabolic and Endocrine Diagnoses
Chronic Neuromuscular and Other Neurological Diagnoses
Chronic Neuromuscular and Other Neurological Diagnoses
Chronic Non-Lymphoid Leukemia w/wo Remission
Chronic Obstructive Pulmonary Disease and Bronchiectasis
Chronic Pain
Chronic Pancreatic and/or Liver Disorders (Including Chronic Viral Hepatitis)
Chronic Pulmonary Diagnoses
Chronic Renal Failure
Chronic Skin Ulcer
Chronic Stress and Anxiety Diagnoses
Chronic Thyroid Disease
Chronic Ulcers
Cirrhosis of the Liver
Cleft Lip and/or Palate
Coagulation Disorders
Cocaine Abuse
Colon Malignancy
Complex Cyanotic and Major Cardiac Septal Anomalies
Conduct, Impulse Control, and Other Disruptive Behavior Disorders
Congestive Heart Failure
Connective Tissue Disease and Vasculitis
Coronary Atherosclerosis
Coronary Graft Atherosclerosis
Crystal Arthropathy
Curvature or Anomaly of the Spine
Cystic Fibrosis
Defibrillator Status
Dementing Disease
Depression
Depressive and Other Psychoses
Developmental Language Disorder



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Developmental Delay NOS / NEC / Mixed
Diabetes w/wo Complications
Digestive Malignancy
Disc Disease and Other Chronic Back Diagnoses w/wo Myelopathy
Diverticulitis
Drug Abuse Related Diagnoses
Ear, Nose, and Throat Malignancies
Eating Disorder
Endometriosis and Other Significant Chronic Gynecological Diagnoses
Enterostomy Status
Epilepsy
Esophageal Malignancy
Extrapyramidal Diagnoses
Extreme Prematurity - Birthweight NOS
Fitting Artificial Arm or Leg
Gait Abnormalities
Gallbladder Disease
Gastrointestinal Anomalies
Gastrostomy Status
Genitourinary Malignancy
Genitourinary Stoma Status
Glaucoma
Gynecological Malignancies
Hemophilia Factor VIII/IX
History of Coronary Artery Bypass Graft
History of Hip Fracture Age > 64 Years
History of Major Spinal Procedure
History of Transient Ischemic Attack
HIV Disease
Hodgkin's Lymphoma
Hydrocephalus, Encephalopathy, and Other Brain Anomalies
Hyperlipidemia
Hypertension
Hyperthyroid Disease
Immune and Leukocyte Disorders
Inflammatory Bowel Disease
Intestinal Stoma Status
Joint Replacement
Kaposi's Sarcoma
Kidney Malignancy
Leg Varicosities with Ulcers or Inflammation





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Liver Malignancy
Lung Malignancy
Macular Degeneration
Major Anomalies of the Kidney and Urinary Tract
Major Congenital Bone, Cartilage, and Muscle Diagnoses
Major Congenital Heart Diagnoses Except Valvular
Major Liver Disease except Alcoholic
Major Organ Transplant Status
Major Personality Disorders
Major Respiratory Anomalies
Malfunction Coronary Bypass Graft
Malignancy NOS/NEC
Mechanical Complication of Cardiac Devices, Implants and Grafts
Melanoma
Migraine
Multiple Myeloma w/wo Remission
Multiple Sclerosis and Other Progressive Neurological Diagnoses
Neoplasm of Uncertain Behavior
Nephritis
Neurodegenerative Diagnoses Except Multiple Sclerosis and Parkinson's
Neurofibromatosis
Neurogenic Bladder
Neurologic Neglect Syndrome
Neutropenia and Agranulocytosis
Non-Hodgkin's Lymphoma
Obesity (BMI at or above 25 for adults and BMI at or above the 85 <sup>th</sup> percentile for children)
Opioid Abuse
Osteoarthritis
Osteoporosis
Other Chronic Ear, Nose, and Throat Diagnoses
Other Malignancies
Pancreatic Malignancy
Pelvis, Hip, and Femur Deformities
Peripheral Nerve Diagnoses
Peripheral Vascular Disease
Persistent Vegetative State
Phenylketonuria
Pituitary and Metabolic Diagnoses
Plasma Protein Malignancy
Post-Traumatic Stress Disorder
Postural and Other Major Spinal Anomalies



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Prematurity - Birthweight < 1000 Grams
Progressive Muscular Dystrophy and Spinal Muscular Atrophy
Prostate Disease and Benign Neoplasms - Male
Prostate Malignancy
Psoriasis
Psychiatric Disease (except Schizophrenia)
Pulmonary Hypertension
Recurrent Urinary Tract Infections
Reduction and Other Major Brain Anomalies
Rheumatoid Arthritis
Schizophrenia
Secondary Malignancy
Secondary Tuberculosis
Sickle Cell Anemia
Significant Amputation w/wo Bone Disease
Significant Skin and Subcutaneous Tissue Diagnoses
Spina Bifida w/wo Hydrocephalus
Spinal Stenosis
Spondyloarthropathy and Other Inflammatory Arthropathies
Stomach Malignancy
Tracheostomy Status
Valvular Disorders
Vasculitis
Ventricular Shunt Status
Vesicostomy Status
Vesicoureteral Reflux



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Appendix E: Adirondack Health Institute Health Home Severe Emotional Disturbance (SED) Eligibility Guidance

Severe Emotional Disturbance (SED) is defined as the following for Health Home Serving Children purposes:

1. A child or adolescent (under the age of 21) that has a designated mental illness diagnosis in the Diagnostic and Statistical Manual (DSM) categories below as defined by DOH:

Table with 2 columns listing DSM categories: -Anxiety Disorders, -Depressive Disorders, -Dissociative Disorders, -Feeding and Eating Disorders, -Paraphilic Disorders, -Schizophrenia Spectrum and Other Psychotic Disorders, -ADHD, -Trauma- and Stressor-Related Disorders, -Bipolar and Related Disorders, -Elimination Disorders, -Sleep Wake Disorders, -Sexual Dysfunctions, -Medication Induced Movement Disorders, -Tic Disorders, -Obsessive-Compulsive and Related Disorders, -Gender Dysphoria, -Personality Disorders, -Somatic Symptom and Related Disorders, -Disruptive, Impulse-Control, and Conduct Disorders.

AND

2. Has experienced functional limitation(s) due to emotional disturbance over the past 12 months (from the date of assessment) on a continuous or intermittent basis. The functional limitation(s) below must be moderate in at least two areas or severe in at least one of the areas:

- Ability to care for self (e.g. personal hygiene; obtaining and eating food; dressing; avoiding injuries)
• Family life (e.g. capacity to live in a family or family like environment; relationships with parents or substitute parents, siblings and other relatives; behavior in family setting)
• Social relationships (e.g. establishing and maintaining friendships; interpersonal interactions with peers, neighbors and other adults; social skills; compliance with social norms; play and appropriate use of leisure time)
• Self-direction/self-control (e.g. ability to sustain focused attention for long periods of time to permit completion of age-appropriate tasks; behavioral self-control; appropriate judgment and value systems; decision-making ability)
• Ability to learn (e.g. school achievement and attendance; receptive and expressive language; relationships with teachers; behavior in school)



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- Proof of Eligibility Requirements:  
To enroll the youth/child into the Health Home program under the single qualifying condition of SED:
- Proof of **both** diagnosis and functional limitation(s) must be obtained from a licensed mental health professional
- If you are unable to obtain proof of functional limitation(s) from a licensed mental health professional, **you can use the mental illness diagnosis as one of two chronic conditions\*** instead
- The functional limitation(s) need to be reviewed at least annually with updated proof obtained from a licensed mental health professional stating severity.

The child can enroll into the Health Home with 2 mental illness diagnoses as chronic conditions as well.

### **At least one of the following required documents is needed to enroll a youth/child into the Health Home program under SED single qualifying condition:**

- Comprehensive Mental Health Assessment
- Evaluation must be completed within the past twelve (12) months. Completed by a licensed Medical or Mental Health professional to include valid diagnosis.
- Psychosocial
- Evaluation must be completed within the past (12) months. Completed by a licensed Medical or Mental Health professional to include valid diagnosis.
- Psychiatric Assessment
- Evaluation must be completed within the past (12) months. Completed by a licensed Psychiatrist (MD) or a Licensed Nurse Practitioner to include valid diagnosis.
- AHI HH SED Verification Form
- Form created specifically for licensed professionals to complete and sign to confirm diagnosis and functional limitation(s) resulting in SED determination
- It is recommended to also gather supporting documentation such as a Psychosocial from the licensed professional supporting the information provided but not required



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### Appendix F: Adirondack Health Institute Health Home Severe Emotional Disturbance Functionality Assessment

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ CIN: \_\_\_\_\_

*Directions: Please review this form and the information completed for accuracy. Please make all necessary changes you see fit per your professional capacity as Physician or Mental Health Provider.*

**Primary Diagnosis of patient** (DSM V/ ICD 10 code): \_\_\_\_\_

**Other Diagnosis of patient** (DSM V/ ICD 10 code): \_\_\_\_\_

**Functional Limitations:** For SED eligibility a child must have at least two moderate or at least one severe impairment.

*The functional problems must be moderate in at least two of the following areas or severe in at least one of the following areas:*

- i. Ability to care for self** (personal hygiene; obtaining and eating food; dressing; avoiding injuries)  
 Moderate    Severe
  
- ii. Family life** (capacity to live in a family, family like environment or small group setting; relationships with parents or substitute parents, sibling and other relatives; behavior in family setting)  
 Moderate    Severe
  
- iii. Social Relationships** (establishing and maintaining friendships; interpersonal interactions with peers, neighbors and other adults; social skills; compliance with social norms; play and appropriate use of leisure time)  
 Moderate    Severe
  
- iv. Self-direction/ self-control** (ability to sustain focused attention for a long enough period to permit completion of age-appropriate tasks; behavioral self-control; appropriate judgment and value systems; decision making)  
 Moderate    Severe
  
- v. Ability to learn** (e.g. school achievement and attendance; receptive and expressive language; relationships with teachers; behaviors in school)  
 Moderate    Severe

**Other Additional Recommendation or Comments:**



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**Name of Licensed Professional:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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**Appendix G: Adirondack Health Institute Health Home**

*Serious Mental Illness Functionality Assessment*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ CIN: \_\_\_\_\_

*Directions: Please review this form and the information completed for accuracy. Please make all necessary changes you see fit per your professional capacity as Physician or Mental Health Provider.*

**Primary Diagnosis of patient** (DSM V/ ICD 10 code): \_\_\_\_\_

**Other Diagnosis of patient** (DSM V/ ICD 10 code): \_\_\_\_\_

**Functional Limitations (may be completed by Licensed Professional or Care Manager):** For SMI eligibility an adult must have one of the criteria listed below as a result of their qualifying diagnosis:

**i. Ability to care for self** (personal hygiene, diet, clothing, avoiding injuries, securing health care, or complying with medical advice)

Mild  Moderate  Severe

**ii. Restrictions of activities of daily living** (maintaining a residence, getting and maintaining a job, attending school, using transportation, day-to-day money management, or accessing community service)

Mild  Moderate  Severe

**iii. Difficulties in maintaining social functioning** (establishing and maintaining social relationships, interpersonal interactions with primary partners, children and other family members, friends, or neighbors, social skills, compliance with social norms, or appropriate use of leisure time)

Mild  Moderate  Severe

**iv. Deficiencies of concentration, persistence, or pace** (resulting in failure to complete tasks in a timely manner in work, home, or school setting. Individuals may exhibit limitations in these areas when they repeatedly are unable to complete simple tasks within an established time period, make frequent errors in task, or require assistance in the completion of tasks)

Mild  Moderate  Severe

**Other Additional Recommendation or Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Name of Licensed Professional: \_\_\_\_\_

Organization: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_