Adirondack Health Institute

Lead Empower Innovate

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

Date Revised: 2/1/2020, 5/6/2021, 6/1/2022; 8/1/2023, 9/1/2024

Health Home Standard: C3d (HH+), F6c1, F6c3(Children)
DOH Guidance for HH+ SMI Caseloads
DOH Guidance for HH+ HIV Caseloads

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, problems, or compliance issues with the policy within ten days of the issue date to the AHI's Health Home Assistant Director.

3. All questions regarding this policy or its implementation may be directed to the Assistant Director of 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.

POLICY AND PROCEDURE

DOH: Department of Health

HHSC: Health Home Serving Children

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 defended 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

<u>Supervisor to Care Manager Caseload Ratios</u>

- 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 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
- Complete quarterly audits and assess chart quality
- Supervisors should review the caseload points report in Data Den to assess case load ratios for HHCM's
- 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 required caseload ratio for HH+ members shall be 1 Care Manager to 20 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 or equal to 20 HH+ recipients to 1 qualified 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 or equal to 20 HH+ members to one qualified Care Manager. *Please refer to Staffing Qualifications Policy and HH+ policy for additional HH+ requirements.*

POLICY AND PROCEDURE

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 20 HH+ members per each Care Manager/FTE on the team. For every 40+ 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

Health Home Plus (HH+) HIV/AIDS

- The preferred caseload ratio for HH+ members shall be 1 Care Manager to 15-20 HH+ members but should not exceed 1 Care Manager to 20 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/complexity. Caseload sizes for children should be built based on complexity levels obtained from the CANS-NY assessment tool. Mixed caseloads are allowable.

- For Complex members a caseload ratio of 1:12 is acceptable
- For Early Development or Intensive Complexity members a caseload ratio of 1:20 is acceptable
- For low or standard complexity members a caseload ratio of 1:40 is acceptable

POLICY AND PROCEDURE

Training

- AHIHH will provide training related to all Health Home polices. 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.

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.
- Health Home Care Management Supervisors have access to Data Den which will allow them to monitor caseload ratios on a daily 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.

Contact Person: Assistant Director Health Home

Responsible Person: Health Home Service Provider

Reviewed By: Director, Care Management and Health Home

Approved By: Chief Compliance Officer

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.	1:20 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 60 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.)	For every 40 HH+ individuals, the team must have at least one (1) qualified HH+ care manager. For example, a team serving 50 HH+ individuals shall include two (2) qualified HH+ care managers.
HH+ HIV/AIDS Team Approach	HHCM may increase the caseload beyond 1:20 by 10's for every team member with a max of 40 (Peers, Navigators, CHW) added to the member's team. One HHCM can supervise no more than two team members.	1:20 HHCM 1:30 HHCM +1 1:40 HHCM +2
HHSC	Complex	1:12
HHSC	Early Development or Intensive Complexity	1:20
HHSC	Low or Standard Complexity	1:40
HHSC	Mixed Complexity Caseload	Max 40 Points

POLICY AND PROCEDURE

DESK GUIDE

Health Home Serving Children Mixed Caseload Model

The table below outlines recommended categories and point values a Health Home Serving Children provider can use when adopting a mixed caseload model:

CANS Complexity	Points Assigned
Complex	3
Early Development or Intensive	2
Low or Standard	1

Mixed Caseload Example:

Category	Number of Children	Calculation	Points by Category
Complex (3 Points)	5	5 (Children) X 3 (Points) =	15
Early Development or Intensive (2 Points)	10	10 (children) X 2 (Points)=	20
Low or standard (1 Point)	4	4 (children) X 1 (Point) =	4
	Total 19		Total 39

POLICY AND PROCEDURE

DESK GUIDE
HH+ Mixed Caseload Model

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

Category	Description	Point Value
HH+	For any member receiving HH+ Services	3
High Touch	For members not receiving HH+ services but require a high level of service intensity. Factors a HHSP can consider are: non-SMI, Homelessness, HARP Enrollment, HH+ Step-down, chronic substance abuse etc. May include individuals that meet the HH High Risk/High Need rate.	2
Low Touch	Individuals not receiving HH+ services and require a low level of service intensity. May include individuals that meet the HH Care Management rate.	1

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 no more than 1:20, the recommended point range would be 60 points (see calculation below).

Ratio	Calculation (using HH+ cases only)	Points Range
1:20	20 HH+ individuals X 3 (point value) =	60 Points

EXAMPLE:

Category	Number of Individuals	Calculation	Points by Category
HH+ (3 Points)	12	12 (individuals) X 3 (Points) =	36
High Touch (2 Points)	6	6 (individuals) X 2 (Points)=	12
Low Touch (1 Point)	9	9 (individuals) X 1 (Point) =	9
	Total 27		Total 57

POLICY AND PROCEDURE

DESK GUIDE
HH+ Team Caseload Model

The required team caseload shall be 1:20 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	40 HH+ members
3	60 HH+ members
4	61-80 HH+ members

A team must have a least one qualified HH+ Care Manager for every 40 HH+ members.

Category	# of HH+ Members	Calculation	Points by Category
HH+ (3 Points)	32	32 (individuals) X 3 (points)=	96
High Touch (2 Points)	18	18 (individuals) X 2 (points) =	36
Low Touch (1 Point)	35	35 (individuals) X 1 (points) =	35
	Total 85		Total 167

In this example, the 167 points is below the maximum recommended mixed caseload range of 180 points.