Adirondack Health Institute

Lead Empower Innovate

POLICY AND PROCEDURE

Title: Health Home Eligibility and Appropriateness Criteria Policy

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; 12/1/2023; 9/1/2024

DOH Policy: HH0016

DOH Guidance: Appropriateness and Continued Eligibility

DOH FAQ: Appropriateness and Continued Eligibility for Services Tool FAQ

***** This Policy replaces the Qualifying Conditions Policy*****

Purpose of Policy

To define and put parameters around the qualifying criteria, eligibility, and appropriateness 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 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 Care Management and Health Home.

Statement of Policy

AHI shall develop, disseminate, and review at least annually a Health Home Eligibility and Appropriateness 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 Eligibility and Appropriateness Policy.

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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.

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.

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Continued Eligibility for Services Tool: The NYS DOH- approved Health Homes screening tool for the adult Health Home population. It prompts the user to answer the minimum number of questions required to determine whether the member should continue in the Health Home program or be disenrolled. Completion of the tool generates a recommendation of "Recommend Continued Services", "Recommend Disenrollment" or "More Information Needed".

Voluntary Disenrollment: Member knowingly and voluntarily leaves the program.

Involuntary Disenrollment: Member either does not know about or does not agree with the CMA's decision to disenroll the member. The Notice of Determination for Disenrollment in the New York State Health Home Program form (DOH-5235) is used to provide fair hearing rights.

Graduation: A member no longer needs any care management support. They may still use other supports like family, friends, Home Attendants, etc.

Step-Down: A member needs a lower-level intensity of care management support (MCO/MLTC Telephonic Case Manager, Housing Case Manager, Patient Centered Medical Home Case Manager, etc.)

Step-Up: A member needs a higher-level intensity of care management support (AOT Case Management, Health Home Plus Case Management, ACT Case Management, Institutional Setting)

Case Conference – Multidisciplinary Team (MDT) – Interdisciplinary Team (IDT) – Child & Family Team Meeting (CFTM) – Care Team Meeting: consist of the member, member supports, MCO, health care providers, and others approved to ensure the member needs are addressed in a comprehensive manner. The composition of the MDT may vary at any point during a member's enrollment and the terms can be used interchangeably.

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
- 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
- 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

SMI Eligible Diagnosis Codes

Psychotic Disorders: F21, F22, F23, F20.81, F20.9, F25.0, F25.1, F06.2, F06.0, F06.1, F28, F29
Bipolar Disorders: F31.11, F31.12, F31.14, F31.2, F31.73, F31.74, F31.9, F31.0, F31.31, F31.32, F31.4, F31.5, F31.75, F31.76, F31.9, F31.81, F34.0, F06.33, F06.34, F31.89
Obsessive-Compulsive Disorders: F42
Depression: F34.8, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F233.3, F33.41, F33.42, F33.9, F34.1, N94.3, F06.31, F06.32, F06.34, F32.8, F32.9, F34, F32.08
Anxiety Disorders: F41.9, F41.0, F41.1, F44.81, F40.0, F43.10
Personality Disorders: F60.0, F60.1, F60.3, F60.04, F60.5, F60.6, F60.9, F60.81, F21

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

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- 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 Eligibility and Appropriateness 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. It is the responsibility of the Care Management Agency to determine Eligibility and Appropriateness for Health Home Services.

1. Active Medicaid
    - It is the responsibility of the HHCM to ensure that the member has active Medicaid upon enrollment and checks for RE codes as well as coverage codes. It is the responsibility of the HHCM to check for ongoing 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 a single qualifying condition:

- HIV/AIDS

- One serious mental illness [adults]/ severe emotional disturbance [children]
- Complex trauma [children]*
- Sickle Cell Disease (Adults and Children)

Please see the appendices for more specifics around defining trauma and assessing for trauma
Children who are receiving EI services can be enrolled and served in Health Home
**Substance Use Disorders (SUDs) are considered Chronic Conditions, however, alone are not a qualifying condition. The Health Home Candidate must have another chronic condition*.*

Eligibility for Person with Developmental Disabilities

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.

3. Appropriateness Criteria:

- 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. The Health Home Care Manager must determine and confirm that the member meets initial appropriateness criteria for enrollment into the Health Home program. Supporting documentation to validate the chosen appropriateness criteria must be included within the member's record.

- For those members enrolled in **Children's Health Home** this is an annual determination via the Eligibility Screening Tool in Netsmart and the Continued Enrollment Screening Tool for **Adults**. To qualify for enrollment (and ongoing care management services) in the Health Home program, an individual must be assessed and found to have significant behavioral, medical, physical, or social risk factors that require the intensive level of Care Management services provided by the Health Home program. Selection of risk factors must be well documented in the member's record and must be related to a requirement for comprehensive care management in order for the member to be effectively served.
- Initial Appropriateness must be recorded electronically in Netsmart; this is done by completing the eligibility screening assessment in Netsmart within **28 days** of enrollment in Health Home for adults and children.

Children's Health Home Guidance:

Requirement for Reporting Annual Appropriateness for **Children's Health Home**; On an annual basis, at the annual review of the Plan of Care, Health Home care managers must verify continued eligibility for the children's Health Home Program through annual documentation of continuing appropriateness. Health Home Care Managers will be required to complete an annual Eligibility Screening Assessment. The HHCM can select a different significant risk factor for appropriateness that differs from the initial or previous annual appropriateness chosen. Supporting documentation to validate the chosen appropriateness criteria must be included within the member's case file.

For youth and children who are at risk of a higher level of care should be offered and considered for the Children's HCBS Waiver program or High-Fidelity WRAP. 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 a higher level of care needs to be documented in the member's record.

Please see the Eligibility Screening Assessment in Netsmart for a complete list of Significant Risk Factors

Pended Members Guidance:

Once enrolled this assessment will need to be completed for any ***new*** segment created. For example, if a member is in DSE or an excluded setting, or if a member gets a new CIN #. Failure to reassess the appropriateness criteria following a status change within 28 days will result in the CMA not being able to bill for services delivered.

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Verifying Initial Health Home Eligibility and Appropriateness

- Active Medicaid can be verified via MAPP (Medicaid Analytics Performance Portal) or ePACES. RE codes and coverage codes will need to be reviewed and verified.
- 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. AHI has developed an attestation form to help collect the SED determination. This is an annual determination as well.
- 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. Viral Load and T-Cell Count should continue to be recorded/monitored in the member's record and Billing.
- 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 a members' eligibility is confirmed, and the Health Home service provider obtains proof of Health Home qualifying conditions and confirmed appropriateness criteria, the Health Home Service Provider is responsible for completing the Eligibility Screen Assessment in Care Management Record System within 28 days of a signed consent. Appropriateness criteria will be generated in the MAPP HTS and failure to complete within 28 days of a signed consent will result in billing being blocked for that member.

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Verifying Ongoing Eligibility and Appropriateness

- 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. HHSP's are responsible for confirming Medicaid coverage monthly for billing purposes.
- Eligibility criteria and appropriateness criteria shall be reassessed at minimum yearly and documented in the member's record. This will be recorded through the **Eligibility Screening Assessment tool in Netsmart for Children**. Documentation of continued eligibility and appropriateness must be in the member's record.
- **Health Home Serving Adults** will assess the enrolled member at or before the annual enrollment date and every 180 days thereafter using the **CES Tool** for adults. The annual Plan of Care will need to reflect the members' continued need for Health Home enrollment. If a member's Plan of Care only reflects maintenance goals for the member, then graduation will need to be discussed with the member.
- If a member enrolled in Children's Health Home 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 longer meets eligibility or the appropriateness criteria after enrollment, the Health Home Service Provider can refer to other Case Management services or SPOA based on needs of the family and consent.
- If a member enrolled in Adult Health Home is found to no longer be appropriate for Health Home Care Management the health home care manager will work with the member on graduation and potential referrals to a stepdown service.

Annual Eligibility/Appropriateness for Adults: Continued Eligibility for Services Tool

Effective 11/1/2023; As part of standard, routine Health Home care management activities, members must be evaluated to identify those eligible for disenrollment, which may occur at any time during a member's enrollment.

The CES Tool evaluates members based upon active Medicaid (eligible and compatible with HH services), qualifying diagnosis, significant risk factors, other risk factors, and member engagement in HH care management. The CES Tool is completed for members enrolled in **Health Homes Serving Adults (HHSA) ONLY Who are NOT HH+ or HH+ Stepdown.** CMAs must use the CES Tool initially to coincide with the annual consent date and every 180 days for all enrolled (non-pended) HHSA members to identify members who no longer need the Health Home level of service and take appropriate steps to disenroll such members.

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The CES Tool is in Netsmart CareManager under additional forms. This assessment will be recorded electronically in the member's record and recorded in the MAPP HHTS; a paper version of the assessment is not allowable.

The use of a CES Tool does not replace the requirement to disenroll members organically as reasons to disenroll present themselves. The CES Tool is not required to be completed prior to all disenrollments, nor should it be. Members do not need to meet the criteria of the CES Tool before graduating. Rather, the tool is to be used at defined timeframes to help identify additional members who are appropriate to graduate, step down, or step up from HHCM management services.

NOTE: If they are HH+/HH+ Eligible/HH+ Stepdown the form does not need to be completed for record keeping purposes. However, a CMA may choose to complete the tool for internal tracking reasons. When the HHCM completes the form, they should select the appropriate sub population the member falls into (HH+SMI, HH+HIV, AOT) and save the tool.

NOTE: If a member moves into HH+ Stepdown the CES Tool will be due 365 days from the date of the stepdown regardless of the due date in data den; HHCM's must track this population and date of stepdown by using the sub-program in Netsmart and utilize the tasks feature in NetSmart to track HH+ Stepdown CES Tool due dates. HHCM will complete the HH+ Stepdown billing for 6 months, however the HH+ Stepdown Program should be used for 12 months to coincide with the due month of the CES Tool.

Procedure:

- The CMA will complete an initial CES Tool for the enrolled member (not including pended members) at the time of the members annual consent date.
- Once the member has completed the initial CES Tool and Continued Enrollment is recommended, the CES Tool will be due every 180 days thereafter to the date listed in Data Den.
- Failure to complete the annual CES Tool or a follow up CES Tool will result in the Health Home Service Provider not being able to bill for services delivered.

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CES Tool Outcomes:

Continued Enrollment:

If continued enrollment is determined the CMA will need to reassess every 180 days thereafter – due date listed in Data Den. The risk factor(s) that contributed to the recommendation of continued enrollment on the CES Tool should be incorporated into the Health Home Plan of Care if they are not there already. The record will need to contain evidence that the member still has the stated risk factors that led to the outcome of Continued Enrollment. The tool's determination should be shared with the members in the course of ongoing Plan of Care development.

Recommend Continued Services – complete CES Tool at next required timeframe – 180 days

Disenrollment:

If disenrollment is determined the HHCM will have 56calendar days (Date will be listed in Data Den) to work with the member regarding graduation from Health Home (please follow the Health Home Disenrollment Policy).

The outcome should be reviewed with the member and care team as appropriate and to ascertain whether the member is in agreement with the results and voluntarily agrees to graduate or does not agree and will be involuntarily discharged, and the member will need to be issued the DOH-5235. If the member is not in agreement with their disenrollment the HHCM will complete the DOH-5235 and check the "other" box and note the reason "Member is no longer engaged in HHCM services as defined by the CES Tool".

It is recommended that a transition goal be added to the members plan of care to support the work that the HHCM will complete over the next 56 days as the member works towards graduation.

If during those 56 days a new Risk Factor presents itself, the HHCM can consult with the HHCM Supervisor to decide if another CES Tool should be completed. The HHCM will need to document the new risk factor and the decision to complete an updated CES Tool.

If a member is recommended for Disenrollment and over the course of the 56 days the member becomes pended for Excluded Setting or Diligent Search the HHCM would continue to comply with the recommendation of Disenrollment.

Recommend Disenrollment– require that disenrollment be completed within 56 calendar days

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More Information Needed:

If more information is needed the HHCM and supervisor will work together to obtain the clarifying information and documentation to complete the CES Tool again within the required timeframe of 60 days – a second outcome of more information required is not allowable.

- The HHCM should review the outcome with the member
- The HHCM should make an attempt to collect additional information to determine if the member should be disenrolled from Health Home or still meets the appropriateness criteria
- If there are answers that are unclear on the CES Tool, the HHCM can set up case conferences with providers and use additional sources, like PSYCKES, to obtain information.
- This process should be no longer than 56 days; a follow up CES Tool is required within 56 calendar days from the first determination and if the determination is Disenrollment the HHCM has 56 calendar days from the first CES Tool date completed to complete the member's discharge

Pended Members:

Pended for Excluded Setting: If a member is pended for excluded setting the next due date for the tool will re-set to coincide with the new start date following the member returning to Health Home from an excluded setting. The tool will be due one year from the date of the new start date.

Pended for DSE: If a member is deemed disengaged and is placed in Diligent Search Status (DSE) the HHCM would NOT complete a CES Tool for that member until a year following the member's re-engagement date.
If the member has had their initial CES Tool completed and continued services is recommended the due date for the next CES Tool would reset to 12 months to coincide with the member's updated re-engaged status start date.

Example One: Member enrolled 1/1/2023 and would be due for the initial CES Tool 1/1/2024 however that member entered DSE in 3/1/2023 and reengages 4/1/2023. The HHCM would complete the initial CES Tool 4/1/2024.
Example Two: Member enrolled 1/1/2023 and had their annual CES Tool completed 1/1/2024; continued enrollment was recommended – next CES Tool would be due 6 months later 6/1/2024. However, this member goes into DSE in 3/1/2024 and reengages in 5/1/2024; the new CES Tool reassessment date would reset the 6 months based on the members re-engagement status date making the new due date 5/1/2025.

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Note: If you do a member's CES tool prior to the due date listed in Data Den, your next CES Tool due date will correspond to the recommendation you receive, even if the member has been pended Due to all recommendations being uploaded to MAPP.

Supervisor Role:

The CES Tool must be completed by the CMA Supervisor or Quality Improvement staff, or if completed by the HHCM, the CMA Supervisor must review and sign and finalize the assessment.

Completion of the CES Tool must be documented in the member's record. In Netsmart, if the HHCM completed the tool they can leave it in draft for the supervisor to review and finalize, or the supervisor can document in the record via contact note that they have reviewed the tool. Additionally, if there are any concerns related to the completion of the CES Tool, the CMA Supervisor has the discretion to complete a new CES Tool for submission. This new CES Tool must be completed within the same time period allotted for the first CES Tool. Completion of a second CES Tool must also be documented in the member's record. The supervisor must document in the member's record what new information was identified to substantiate a new tool being completed.

The date of completion and outcome is recorded in Netsmart and, in turn, uploaded into the MAPP tracking system. MAPP HHTS generates the due date for the next CES Tool based on the completion date and outcome.

Member and Care Team involvement is intentionally not required to complete the CES Tool. The CES Tool should be completed based upon a chart review, provided that all documentation is present in the members' record. If answers are unclear, yielding a result of "More Information Needed", the tool must be completed a 2nd time within 56 calendar days, during which time the member and/or care team member(s), a supervisor and the Health Home should be consulted about those specific questions. If the tool recommends Disenrollment, the member and Care Team would become involved to discuss and plan for an appropriate disenrollment.

Disenrollment recommendation on the CES Tool could be the result of poor documentation in the chart, the member not understanding the program, a poor fit with the Care Manager or Care Management Agency, not having all the information about the member, etc. A supervisor's judgement may supersede the recommendation on the tool in these cases, it must be thoroughly documented in the member's record by the supervisor why the disenrollment recommendation was NOT followed. The CES Tool Must be re-done within 56days and the recommendation of the second tool must be followed. Failure to comply with the second recommendation may lead to the CMA not being able to bill for Health Home Services.

A CMA may choose to complete a CES Tool for any member at any time. This request may come from NYS DOH, the MCO, or other reasons.

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The Medicaid Analytics Performance Portal (MAPP) Health Home Tracking System (HHTS) provides warning validation codes for expiring and expired CES Tools and other billing block related features in the system. These warning codes are followed up on by the Lead Health Home as an additional support to the network to ensure CMA's are paid for their work.

Re-referred Members

There may be instances where CMA discharges a member due to the CES Tool and the member no longer being eligible/appropriate for Health Home. The member may be re-referred to Health Home either through a self-referral or by a provider. If the Health Home referral is passed through the Health Home it will be screened for a recent CES Tool and to see if there is new actionable information that may make the person eligible again. If this is the case the Health Home will distribute the referral to a CMA for acceptances. There may be instances where the Health Home goes back to the referral source for more information needed to process the referral.

If a CMA accepts an upward referral (One that does not come directly from the Health Home) the CMA is responsible for verifying that the member has not been recently discharged from Health Home. CMA's can send their upward referrals to the Health Home for review to prevent a member from enrolling back into Health Home that does not meet eligibility.

CES Tool Desk Guide

Population/Status	Initial Due Date	Reassessment Due Date
Adult Mainstream population	365 Days from consent date	If recommended continued services: 180 days
Adult HH+	Does not need to be completed	NONE
Adult HH+ Stepdown	Not due until 365 days from the date that the member entered step down	If recommended continued services: 180 days
Diligent Search – enrolled under a year	365 days from the date of re-engagement	If recommended continued services: 180 days
Diligent Search – enrolled over a year	N/A	365 days after the date of re-engagement
Pended – enrolled under a year	365 days from the date of re-enrollment	If recommended continued services: 180 days
Pended – enrolled over a year	365 days from the date of re-enrollment	If recommended continued services: 180 days

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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 / PREFORMANCE 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.

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

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

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)

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

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

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

Population/Sub-Population	Examples of Documentation Sources
HIV+ Virally unsuppressed • HIV Only • HIV and IDU	• Lab results • Medical records
Homelessness • S • HIV & SMI • HIV & SUD	• Letter from shelter or other homeless housing program • Hospital discharge summary • Eviction notice • Documentation from local Homeless Management Information System (HMIS) • Documentation in a Care Plan would maintain this billing category until external documentation in obtained.
Criminal Justice Involvement • SMI Only •	• Release papers • Documentation from parole/probation • Print-out from "WebCrims" or other criminal justice database • Letter from halfway house
3 or more Inpatient hospitalizations • HIV &SMI • HIV & SUD • SMI only with a Bipolar or Schizophrenic Diagnosis	• Hospital discharge summary • Print out from PSYCKES • RHIO alerts of inpatient admission • MCO confirmation of admission
3 or more Inpatient Psychiatric hospitalizations • SMI only	• Hospital discharge summary • Print out from PSYCKES • RHIO alerts of inpatient admission • MCO confirmation of admission
4 or more ED visits • HIV only	• Hospital discharge summary • Print out from PSYCKES • RHIO alerts of inpatient admission • MCO confirmation of admission
4 or more ED visits • SMI only	• Hospital discharge summary • Print out from PSYCKES • RHIO alerts of inpatient admission • MCO confirmation of admission
Assertive Community Treatment (ACT) step down • SMI only	• Documentation of Discharge from ACT within the last 12 months for transition off of ACT

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Enhanced Service Package (ESA) • SMI	• Copy of ESA agreement
Expired AOT within the past year • SMI o	• Copy of expired AOT order
Active AOT	• Active AOT order
CNYPC Discharge / State PC Discharge	• Discharge paperwork
Clinical Discretion of the SPOA • SMI only **Clinical Discretion of the MCO** • ALL HH+ Eligible populations **Clinical Discretion Medical provider for HIV**	• 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 • The MCO will need to provide documentation that they approve this member for this level of service • In the case of the HIV+ population the medical provider will need to supply documentation that the member needs this level of service
Ineffectively Engaged • SMI	• Hospital discharge summary • Print out from PSYCKES • RHIO alerts of inpatient admission • MCO confirmation of admission

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Appendix D: Health Home Program Chronic Conditions

Health Home Serving Children and Adults Chronic Conditions
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 85th 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:

-Anxiety Disorders	-Sleep Wake Disorders
-Depressive Disorders	-Sexual Dysfunctions
-Dissociative Disorders	-Medication Induced Movement Disorders
-Feeding and Eating Disorders	-Tic Disorders
-Paraphilic Disorders	-Obsessive-Compulsive and Related Disorders
-Schizophrenia Spectrum and Other Psychotic Disorders	-Gender Dysphoria
-ADHD	-Personality Disorders
-Trauma- and Stressor-Related Disorders	-Somatic Symptom and Related Disorders
-Bipolar and Related Disorders	-Disruptive, Impulse-Control, and Conduct Disorders
-Elimination 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)

- 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: _____