

# SMI and HIV Health Home Plus

CONCEPTS AND GUIDANCE

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FOR CARE COORDINATORS AND SUPERVISORS



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# Training Outline

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1. Who needs Health Home Plus (HH+)?
2. HH+ Eligibility
3. Defining Serious Mental Illness (SMI)
4. MCO and Clinical/Medical Discretion for HH+ Eligibility
5. The Golden Thread in HH+ Cases
6. Program Requirements
7. Quality Monitoring and Oversight



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# Who Needs HH+?

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*HH+ Members will receive Health Home Services that are more intense than those provided to traditional Health Home Members.*

Just like regular Health Home services in which **appropriateness** must be determined, not everyone who meets diagnostic eligibility requires this level of care.

A Member can have Serious Mental Illness (SMI) or HIV and still be managing his or her care and symptoms effectively enough to not need SMI HH+ or HIV HH+.

NYS has outlined what the eligibility factors are for these HH+ program.



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# HH+ Eligibility

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To help ensure only the right Members are put into this level of service, the Eligibility Form must be completed and uploaded to the Member's record along with the supporting documentation to match the eligibility items checked.

Best Practices:

- ✓ Determine Eligibility on the first of the month so that it is easy to track for annual renewal
- ✓ In the attached documentation, highlight what makes the Member eligible
- ✓ Complete the form with a Supervisor prior to uploading to CareManager



Don't forget to notify the MCO when a Member transitions on or off HH+ services!



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# HH+ Eligibility: Sample Form

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Member Information	
Chart Number:	9999
Assigned Care Coordinator:	T. Smith
Person Completing Form:	J. Jones, Supervisor
Date of Health Home Enrollment:	5/25/2018
Date of HH+ Eligibility Confirmation:	6/1/2019

Verification of Eligibility (Required)		
	Eligibility Requirement	Supporting Documentation on File
<input checked="" type="checkbox"/>	SMI Diagnosis (Required)	Hixny Printout



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# HH+ Eligibility: Sample Form

Must have at least ONE of the following boxes checked and supporting documentation on file to be eligible for SMI HH+ for 12 months		
	Eligibility Requirement	Supporting Documentation on File
<input type="checkbox"/>	ACT Step Down	
<input type="checkbox"/>	Enhanced Service Package / Voluntary Agreement	
<input type="checkbox"/>	History of expired AOT order in the last year	
<input checked="" type="checkbox"/>	Homeless <i>(Must meet HUD Category 1, Literally Homeless, definition)</i>	Letter from Shelter
	High utilization of Inpatient or Emergency Department services <input type="checkbox"/> Three or more psychiatric inpatient hospitalizations in the last year OR <input type="checkbox"/> ...	



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# HH+ Eligibility: Sample Form

	- Dental examination V72.2	V72.2	Active
	- Encounter for dental examination and cleaning without abnormal findings Z01.20	Z01.20	Active
F	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	F43.10	Active
F	COCAINE DEPENDENCE, UNCOMPLICATED	F14.20	Active
F	OPIOID DEPENDENCE, UNCOMPLICATED	F11.20	Active
F	CANNABIS ABUSE, UNCOMPLICATED	F12.10	Active
F	ALCOHOL ABUSE, UNCOMPLICATED	F10.10	Active
F	ALCOHOL DEPENDENCE, UNCOMPLICATED	F10.20	Active
F	COCAINE ABUSE, UNCOMPLICATED	F14.10	Active
F	OPIOID ABUSE, UNCOMPLICATED	F11.10	Active
AD	Encntr screen for dis of the bld/bld-form org/immun mechnsm	Z13.0	Active
AD	Essential (primary) hypertension	I10	Active
F	OTHER STIMULANT ABUSE, UNCOMPLICATED	F15.10	Active
AD	Anemia, unspecified	D64.9	Active
AD	Constipation, unspecified	K59.00	Active
AD	Attention-deficit hyperactivity disorder, unspecified type	F90.9	Active
AD	Personal history of other infectious and parasitic diseases	Z86.19	Active
AD	Post-traumatic stress disorder, unspecified	F43.10	Active
AD	Bipolar disorder, unspecified	F31.9	Active
AD	Gastro-esophageal reflux disease without esophagitis	K21.9	Active
AD	Anxiety disorder, unspecified	F41.9	Active
AD	Psoas muscle abscess	K68.12	Active
AD	Discitis, unspecified, lumbar region	M46.46	Active
AD	Osteomyelitis of vertebra, lumbar region	M46.26	Active
F	CANNABIS DEPENDENCE, UNCOMPLICATED	F12.20	Active
AD	Nonspec elev of levels of transamns & lactic acid dehydrngse	R74.0	Active
AD	Encounter for screening for oth suspected endocrine disorder	Z13.29	Active
AD	Encounter for screening for lipid disorders	Z13.220	Active
AD	Encounter for screening for malignant neoplasm of prostate	Z12.5	Active
AD	Abnormal results of liver function studies	R94.5	Active
AD	Type 2 diabetes mellitus without complications	E11.9	Active
AD	Urinary tract infection, site not specified	N39.0	Active
F	OTHER INSOMNIA	G47.09	Active
F	NICOTINE DEPENDENCE, CIGARETTES, UNCOMPLICATED	F17.210	Active
F	ANXIETY DISORDER, UNSPECIFIED	F41.9	Active
F	PAIN DISORDER WITH RELATED PSYCHOLOGICAL FACTORS	F45.42	Active
F	DORSALGIA, UNSPECIFIED	M54.9	Active
F	OTHER CHRONIC PAIN	G89.29	Active
F	BIPOLAR DISORDER, UNSPECIFIED	F31.9	Active
F	ILLNESS, UNSPECIFIED	R69	Active



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# Defining Serious Mental Illness (SMI)

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NYS OMH has set criteria for the definition of Serious Mental Illness for Health Home eligibility.

For a Member to have SMI both the criteria below must be met:

Qualifying DSM 5 / ICD 10 Diagnoses

- |                       |                     |                                  |
|-----------------------|---------------------|----------------------------------|
| ✓ Psychotic Disorders | ✓ Bipolar Disorders | ✓ Obsessive-Compulsive Disorders |
| ✓ Depression          | ✓ Anxiety Disorders | ✓ Personality Disorders          |

**AND**

Extended Impairment in Functioning



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# SMI Qualifying Diagnoses

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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



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# SMI Extended Impairment in Functioning

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1. Marked difficulties in self-care such as personal hygiene, diet, clothing, avoiding injuries, securing health care, or complying with medical advice; or
2. 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
3. Marked difficulties in maintaining social functioning such as 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; or
4. 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.



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# MCO & Clinical/Medical Discretion for HH+ Eligibility

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If a Member has an SMI or HIV diagnoses but does not qualify under the pre-established criteria, discretion can be sought from an outside provider.

SMI HH+	MCO or SPOA/LGU Clinical Discretion
HIV HH+	MCO or Medical Provider Discretion

*Should be the outlier, not the norm*

Office of Mental Health and AIDS Institute developed set criteria. Most Members should fall into one of these. In the rare instances that someone does not meet pre-established criteria, approval can be sought from the MCO or a provider.



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# SMI HH+ MCO or SPOA/LGU Clinical Discretion

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## MCO Approval:

- CDPHP – Email or Letter from Behavioral Health Staff, uploaded with Eligibility Checklist
- Fidelis – Not approving any clinical discretion cases at this time; too vague and subjective
- MVP – Can pursue; no experience yet with MVP
- Straight Medicaid Cases – this route is not an option

## SPOA/LGU Clinical Discretion:

- Review case with Supervisor as to why HH+ is needed; ensure Plan of Care and documentation reflects need
- Complete Clinical Discretion Form and submit to Lead Health Home for review with SPOA/LGU

*When submitting requests and in the justification, this question should be clearly documented:  
“What are the Member’s circumstances that are NOT captured in the eligibility criteria that warrant this intensive level of support?”*



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# SMI HH+ SPOA/LGU Clinical Discretion

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## Discretion Request Workflow:

1. Internal review of case with Care Coordinator and Supervisor
2. Clinical Discretion Request Form is sent to Lead Health Home
3. Lead Health Home reviews the case
4. CMA presents case to SPOA/LGU meeting (standing monthly meeting)
5. SPOA/LGU signs off on form with decision to approve



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# SMI HH+ SPOA/LGU Clinical Discretion

## Health Home Plus SMI (HH+ SMI) LGU / SPOA Clinical Discretion Request Form

Please complete this form as best you can and submit the form along with a copy of the DOH 5055 listing the local SPOA/LGU to your local SPOA/LGU contact. Please do not hand write forms.

Member Information		Referral Source Information	
Name:		Date of Referral / Request:	
DOB:		Name:	
Medicaid CIN:		Title:	
Address: <i>(Please include facility name, if applicable)</i>		Agency:	
		Email:	
		Telephone:	
Living Situation: Choose an item.		DLA 20 Score:	
SMI Diagnosis:			
Education Level	Current Employment Status	Number of Hours Worked Per Week	
Choose an item.	Choose an item.	Choose an item.	

Rising Risk: Variables to Consider for Referral	
<i>Please provide your best estimates over the past 180 days</i>	
<i>If you do not know the information, you may leave it blank. If the number of contacts/days is zero, please record zero</i>	
Number of Police Contacts:	Number of Chemical Dependency Crisis Contacts:
Number of Court Appearances:	Number of Chemical Dependency Detox Contacts:
Number of ED visits (medical):	Number of Shelter Days:
Number of ED/Crisis visits (mental health):	Number of Days not in the Community:
Number of Ambulance Trips:	

Rationale for HH+ Services
<i>Please provide a detailed reason why the Member is in need of HH+ Services. Please be sure to include previous supports or services that have been unsuccessful in mitigating need. Attach any supporting documentation.</i>



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# HIV HH+ MCO or Medical Provider Discretion

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## MCO Request:

- No guidance yet from any MCOs on how to request or approve
- State Guidance reads that MCO's "may refer an individual in need to the HIV HH+ program or request a continuation of HIV HH+ services for a Member whose viral load is not stable."

## Medical Provider:

- Provider requests for HIV HH+ services must include:
  - Member's viral load status
  - Factors that indicate the need for referral to HH+ such as newly diagnosed, unstable viral load suppression, poor adherence to treatment, etc.

*Discretion justifications should answer the question:*

*"What are the Member's circumstances that are NOT captured in the eligibility criteria that warrant this intensive level of support?"*



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# HH+ Discretion Requests – Not Acceptable

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Under NO circumstance should form letters be used for any discretion cases.

To Whom It May Concern,

[REDACTED] has been in the care of Albany Medical Center Department of Medicine. [REDACTED] could benefit from the additional case management services by [REDACTED] Health Home Plus Program.

To Whom It May Concern:

[REDACTED] would benefit from the Health Home Plus. She needs extra psycho-social support. If you have any further questions I can be reached at 518-252-4043.

To Whom It May Concern,

[REDACTED] has been in the care of Albany Medical Center Department of Medicine. [REDACTED] could benefit from the additional case management services by [REDACTED] Health Home Plus Program.

Thank you for your attention to this important matter.



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# HH+ Program Type in CareManager

To identify Members as HH+ on the Actionboards and for CRHC monitoring, the correct program Type must be assigned to the chart in CareManager

## Active Programs

Name ↕	Organization Name ↕	Start Date ▼	End Date ↕
SMI Health Home +	Capital Region Health Connections (CRHC)	05/01/2021	04/30/2022
HARP Enrolled	Capital Region Health Connections (CRHC)	05/01/2019	

## Inactive Programs

Name ↕	Organization Name ↕	Start Date ▼	End Date ↕
SMI Health Home +	Capital Region Health Connections (CRHC)	05/01/2020	04/30/2021
SMI Health Home +	Capital Region Health Connections (CRHC)	05/01/2019	04/30/2020



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\*\*Best practice – add the End Date for one year later when you enter the Program Type. This creates another safeguard for re-qualifying Members, as they will no longer show under HH+ on the Actionboards.

# The Golden Thread in HH+ Cases

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Plans and Notes should 100% reflect need for HH+ level of care.

What made someone eligible should be a focus, or at least incorporated to preserve Member-centeredness

Remember the policy statement and intent of HH+:

*HH+ Members will receive Health Home Services that are more intense than those provided to traditional Health Home Members.*

*The intent of the Health Home Plus program is to provide more intense services to Members identified as higher needs based on risk factors and diagnoses. Any factors or risk factors that deem the Member eligible for the HH+ level of service must be addressed in the Member's Plan of Care and through monthly Core Service delivery. All documentation in the chart should reflect this more intense level of need and Care Coordinator response to that need.*



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# HH+ Program Requirements

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To bill at the HH+ rate for SMI or HIV, the following Core Services must be provided and clearly documented in the chart.

Program	Core Services Per Month	Number of F2F Core Services Per Month
SMI HH+	Four	Two F2F with the Member
HIV HH+	Four	Two F2F with the Member If Team Approach, one F2F must be with the Care Coordinator

If these requirements are not met, billing will automatically default to the Medium rate as long as at least ONE Core Service was provided in the month.

# HH+ Program Requirements: HML

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If and only if the requirements on the previous page were met, answer “Yes” to the following HML questions:

1. Was a Core Service provided to the Member for the service month? **Yes, and provide date**
12. Is the Member in the expanded HH+ population? **Yes, with proper program and eligibility selected**
- 12a. Were the minimum required HH+ services provided to and the caseload requirements met? **Yes**



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# HH+ Program Requirements: HML

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If the required number of Core Services was not satisfied, but at least one service was provided, answer the questions as follows:

1. Was a Core Service provided to the Member for the service month? **Yes, and provide date**

12. Is the Member in the expanded HH+ population? **Yes, with proper program and eligibility**

12a. Were the minimum required HH+ services provided to and the caseload requirements met? **NO**

**Note: 12a must say “No” if the program requirements were not met.  
Answering “Yes” will trigger billing at the HH+ rate.**



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# HIV HH+ Additional Program Requirements

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## Additional HIV HH+ Requirements:

1. Case conferences with all consented providers every six months
2. Six month in-home assessment to evaluate viral load status and progress made towards Plan of Care Objectives

## Home Visits Required at the following milestones:

1. At time of assessment for HIV HH+ services (when eligibility is being determined)
2. At time of six month re-assessment for HIV HH+ services (Item #2 above)
3. At time of Plan of Care development and review



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# Quality Oversight and Monitoring

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## CRHC Role:

- ✓ Initial review of HH+ claims for a period of time to be determined, starting with the first month the claims are submitted by the CMA.
- ✓ Submits written findings to CMA on a monthly basis and reviews findings on monthly calls
- ✓ Level of concern of reviewed claims drives the period of time for which claims are reviewed
- ✓ Ongoing concerns without improvement will lead to Corrective Action

**NOTE: This does not replace the CMA need to review as well**

## CMA Role:

- ✓ Corrections to findings of CRHC initial audits
- ✓ Corrective action / Training with staff based CRHC initial findings
- ✓ Ongoing monitoring of HH+ cases (quality, compliance) and claims (billing)



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# Quality Oversight and Monitoring

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## Compliance:

- ✓ Eligibility is correct and uploaded with proper documentation attached
- ✓ Correct Program Type is entered in CareManager with date of eligibility determination
- ✓ Care Coordinator caseload size does not exceed maximum number of cases
- ✓ Plans, Assessments and Case Conferences are updated timely and as required (timeframes, in person)

## Quality:

- ✓ Evidence of Golden Thread and work towards criteria that made the Member eligible
- ✓ Plan of Care and Care Note Documentation reflects level of need for HH+ services

## Billing:

- ✓ Documentation supports Core Service delivery
- ✓ Program Requirements are met (number of Core Services and other activities for HIV HH+)



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# Policy References

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When in doubt, consult the policy!

## Policy F. Special Programs

### 4. Serious Mental Illness Health Home Plus (SMI HH+)

## Policy F. Special Programs

### 5. HIV Health Home Plus (HIV HH+)



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# Questions?

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