

Information Regarding the Transition of Adult Home Supportive Case Management (AH-SCM) Programs to Health Home Care Management (HHCM) July 2, 2014

Consistent with the Medicaid State Plan Amendment authorizing the implementation of Health Homes, the Office of Mental Health (OMH) has been working with the Department of Health (DOH) to transition OMH's Targeted Case Management (TCM) programs to the Health Home program.

The next OMH TCM program to transition to the Health Home program will be Adult Home Supportive Case Management (AH-SCM). AH-SCM programs should begin converting to the Health Home program immediately. As of September 1, 2014, it is expected that all OMH AH-SCM programs statewide will have completed the conversion to the Health Home program.

Contracting with Health Homes. The OMH funded agency which runs the AH-SCM program may/should already have a contract with one or more Health Homes for a legacy TCM program that previously converted to HHCM. The AH-SCM program needs to contract, via a sub-contractor DEAA, with one or more of these Health Homes.

Choosing the Health Home. AH-SCM programs should identify the Health Homes in which their agency has contracted and should assign their members to the Health Home(s) that best meets their member's needs. This decision should be based on the Health Home network partners and Managed Care Plans with which the Health Home has partnered. AH-SCM programs should contact the Health Home(s) to discuss member assignment. Lists of New York State designated Health Homes and contact information is available on the Health Home website at:

http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_contacts.htm

Assigning Members to a Health Home. Upon completion of the required sub-contractor DEAA between an AH-SCM provider and a Health Home, Adult Home residents meeting eligibility requirements may be enrolled in that Health Home. The AH-SCM provider must submit to the Health Home or Health Homes in which they will be partnering a list of the AH-SCM members that are to be enrolled with that Health Home.

Health Home Member Tracking System. Each AH-SCM will be provided information from the Health Home about how the Health Home(s) collects information to populate the Health Home Member Tracking System (HHMTS), which is the NYS DOH Health Home member database, with member information. Once the Health Home receives member tracking information from the AH-SCM program, the Health Home will submit that information to the NYS HHMTS. AH-SCM providers do not have direct access to the DOH HHMTS, but Health Homes are responsible for submitting information to and downloading information from the HHMTS on behalf of the AH-SCM program.

Each AH-SCM member must be submitted to the HHMTS with a begin date corresponding to the first of the month during which Health Home Services were provided. All existing AH-SCM members should be submitted to the HHMTS with a value of "E" in the Enrollment/Outreach Code field and a direct biller indicator value of "Y." The "Y" value for the direct bill indicator means that the AH-SCM program is a converting care management agency and will bill Medicaid directly for all Health Home services at the 1386 rate code, through 12/31/2014, as outlined in the Health Home converting case management billing policy. Additionally, once the member signs the Health Home consent form with the Health Home they are enrolled in, the member's consent date must be submitted to the Health Home Member Tracking System.

Responsibilities of the Health Home. It is the responsibility of the Health Home to ensure that care managers assigned to AH-SCM Health Home members:

- Meet staffing requirements;
- Meet core competency training and qualifications;
- Are familiar with Health Home procedures and reporting requirements; and
- Can develop a person-centered plan of care that reflects the preferences, goals, strengths and service needs of the Adult Home resident, including those that may choose to transition from the Adult Home to the community.

Supportive Case Management Billing Procedures. AH-SCM providers are considered converting care management agency programs and therefore will bill Medicaid directly for a per-member-per month (PMPM) for all members enrolled in the Health Home using rate code 1386. AH-SCM billing using the Health Home rate code may begin when the AH-SCM has been notified by the Health Home that a subcontractor Data Exchange Application Agreement (DEAA) has been executed and approved. Note that once an AH-SCM provider transitions to billing the Health Home rate code 1386, the PMPM will vary depending on the member's acuity. Acuity is derived from Medicaid claims and encounter history.

AH-SCM programs can work with their Health Home to obtain a list of acuities for their members. By multiplying the acuity times the applicable base rate (upstate or downstate) the AH-SCM program can calculate the applicable PMPM for each member. For members without an established acuity, the acuity level will be set at a level that will provide a PMPM approximately equal to the OMH AH-SCM rate. Each AH-SCM program should calculate the PMPM for their members and contact OMH if they have any concerns about potential impact to program revenue.

Health Homes and AH-SCMs must work together to ensure that only one claim is submitted for any member for any month of service. Only one claim (i.e., AH-SCM or HH) can be submitted for any individual for any month of service (i.e., duplicate billing is not permitted) with the exception of the first month Health Home billing occurs, which will be referred to as the transition month, as described in the following paragraph. Once the AH-SCM program begins billing under the Health Home rate codes, the AH-SCM program is no longer subject to the AH-SCM regulations and is subject to the Health Home billing rules.

Transition to Health Home Medicaid Billing. Due to this change in billing rules, AH-SCM programs will submit two claims to Medicaid for the transition month, i.e., the first month they begin billing the Health Home rate code. This is necessary because the date of service used for a Health Home rate code claim is different than the date of service used for an AH-SCM rate code claim. The date of service listed on an AH-SCM claim is the first of the month following the month when services were provided. For example, under the AH-SCM billing rules, a claim submitted for services provided in April 2014 would have a date of service of May 1, 2014. The date of service listed on a Health Home claim is the first of the month during which services were provided. For example, under the Health Home billing rules, a claim submitted for services provided in May 2014 would have a date of service of May 1, 2014. The AH-SCM program must submit one claim with a date of service for the first of the month using the OMH AH-SCM rate code (for billing the previous months services under OMH AH-SCM) and another claim with the same date of service using the Health Home rate code 1386 (for services provided in the current month). AH-SCM programs are not allowed to continue billing the AH-SCM rate codes after this transition month.

Additional Information

Information on Health Home billing and tracking and other resources, including a link to the Health Home Provider Manual, can be found at the Health Home website:

http://www.health.ny.gov/health_care/medicaid//program/medicaid_health_homes.