

Clinical and Functional Indicators for Health Home High. Medium and Low Billing-DRAFT FOR REVIEW AND DISCUSSION ONLY as of 9-28-15

No.	Clinical and Functional Indicators	How Information is Captured	Suggestions for Documentation Requirements
1	Does the member meet the HARP criteria based on claims and encounters?	Auto populated within MAPP	For the initial cohort of HARP enrollees, the HARP flag will be applied based on claims and encounter data and auto-populated within MAPP.
2	Base Acuity	Auto populated within MAPP	N/A-this is a score that is derived based on claims and encounter data
3	Risk	Auto populated within MAPP	N/A-this is a score that is derived based on claims and encounter data.
4	What is the member's Diagnosis code (primary reason for Health Home eligibility)?	This field will not be edited at go live and is optional.	Medical records, claims data.
5	Is the member HIV positive?	Enter Yes or No.	Medical records or laboratory data, NYS HIV surveillance data.
5a	What is the member's viral load?	Enter Value. Questions 5a appears when the response to Question 5 is "Yes"	Copies of laboratory reports within 90 days of the reporting period documenting the members viral load count. <200 copies =Low Between 200 and 400 copies =Medium >400=High
5b	What is the member's T-Cell count?	Enter Value. Question 5b appears when the response to Question 5 is "Yes"	Copies of laboratory reports within 90 days of the reporting period documenting the members T-Cell count. >350 =Low Between 200 and 350 =Medium <200 =High
6	Is the member homeless?	Enter Yes or No.	Member meets either the HUD level 1 or level 2 definition of homelessness. Level 1: Literally Homeless Level 2: Imminent Risk of Homelessness
6a	Does the member meet the HUD Category 1 or HUD Category 2 level of homelessness?	Question 6a appears when the response to 6 is "Yes". Drop down box with two options: HUD Category 1 and HUD Category 2.	Self-report with back-up documentation from one of the following: housing provider, outreach worker, shelter, institution, court ordered eviction notice, care manager, etc. See HUD Homeless Definitions and Recordkeeping Requirements: https://www.hudexchange.info/resources/documents/Homeless_Definition_RecordkeepingRequirementsandCriteria.pdf

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7	Was the member incarcerated within the past year?	Enter Yes or No. Question 7a appears when the response to 7 is "Yes".	Local, State or Federal corrections records.
7a	When was the member released?	Must enter a valid date. Date must be in the past.	Recent incarceration within 7-12 months =Medium Recent incarceration within 6 months =High
8	Did the member have a recent Inpatient stay due to mental illness?	Enter Yes or No. Question 8a appears when the response to Question 8 is "Yes".	Discharge summary from an inpatient stay in an IMD or psychiatric unit of a general hospital.
8a	When was the member discharged from the mental illness inpatient stay?	Must enter a valid date. Date must be in the past.	IP stay for MH within 6 months = High IP stay for MH within 7-12 months = Medium
9	Did the member have a recent inpatient stay for substance abuse?	Enter Yes or No. Question 9a appears when the response to 9 is "Yes".	Discharge summary from an IP SUD treatment facility.
9a	When was the member discharged from the substance abuse inpatient stay?	Must enter a valid date. Date must be in the past. Question 9a appears when the response to 9 is Yes.	IP stay for SUD within 6 months = High IP stay for SUD within 7-12 months = Medium
10a	Did the member have a Positive Lab test OR other documentation of substance use?	Each question must have response-Yes or No. There must be at least one Yes for questions 10a-10c AND at least one Yes for questions 11a-11b.	Positive lab test or other documentation of substance use within the last 30 days.
10b	Did the member have an LDSS positive screening for referral to SUD service?		LDSS form LDSS-4526 within the last 30 days.
10c	Was member referred for SUD service from parole/probation within last 30 days?		Documentation of referral from parole/probation office.
11a	Is there documentation from family and/or criminal courts that indicates member involvement in a domestic violence and/or child welfare incident within the last 60 days?		Documentation from family and/or criminal court within the past 60 days.
11b	Is there documentation from Drug court OR a police report alleging member's SUD including, but not limited to, operating a vehicle under the influence, harassment, disorderly conduct, and/or public lewdness within the last 60 days.		Documentation from drug court or a police report within the past 60 days.

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12	Was a Health Home core service provided this month?	Enter Yes or No	Refer to the Health Home Provider Manual at: eMedNY : Provider Manuals : Health Homes Examples of core services are provided in the April 2012 Medicaid Update Special Edition at: http://www.health.ny.gov/health_care/medicaid/program/update/2012/april12muspec.pdf
13	AOT Member	Enter Yes or No	MAPP will include an AOT flag
14	AOT Minimum Services Provided	Enter Yes or No	Care plan/notes entries indicating service provided at Health Home Plus level of Care
15	AH Member qualifies for Adult Home Plus Care Management	Enter Yes or No	MAPP will include an AH flag.
16	AH Member transitioned to community	Enter Yes or No	Care plan/notes entries/discharge plan.
17	AH Member continues to quality	Enter Yes or No	AH members must have an assessment every six months to support continued billing at AH Plus rate.
	AH Member interested in transitioning	Enter Yes or No	Care plan/notes entries