NEW YORK STATE | Department of Health | Medicaid Redesign Team

Health Home/ Managed Care Organization Workgroup Meeting
Notes and Next Steps

June 14, 2016

Proposed Agenda

- Welcome- Introductions
- Updates on Children's Health Home
- Updates HHDF
- Update on Billing Committee
- Updates on Revised Workflow – Feedback and Problem Solving Session
- FAQs
  - Non- Medical Transportation
  - Consent and Communication
- HML- Approved Revisions
- Review Summer Schedule
- Next Steps

Hot Topics

- HARP BH HCBS WORKFLOW- POC EXCHANGE ETC
  - Updates
- BILLING
  - HML-UPDATE- Todays Topic
  - MAPP-HHTS- updates
- ENROLLMENT- updates
- PERFORMANCE MEASUREMENT and QUALITY IMPROVEMENT
- PERSON CENTERED CARE PLANNING– COMMUNICATION BTWN MCO AND CMA'S
- Incidents and Complaints
- ACT Intersection of DOH/OMH regulation
- REDESIGNATION- Site visit follow-up what feedback to expect and when

Reminder: Administrative Service Agreements (ASAs) Due July 1, 2016

- Only 3 plans have submitted revised ASAs applicable to all Health Homes (those serving adults and those serving children) to reflect the January 2016 ASA revisions
- ASAs are due for all Health Homes (including those serving children) by July 1, 2016
  - There are three new Health Homes that will only serve children for which ASAs are also required
- Completing ASAs in timely manner is critical to staying on track for beginning to enroll kids in Health Homes October 1, 2016
- ASA DOH Standard Agreement (January 2016)
- http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/administrative_health_home_services_agreement.pdf
- ASA Key Contract Provisions for Customized ASAs (February 2016)
- http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/mco_contract_provisions.pdf

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Health Home Serving Children Updates

- Enrolling children in Health Homes is scheduled to begin October 2016
- **ASAs are due by July 1 for all Health Homes**
    - **3 new Health Homes serving *only* children and MCO's will need to execute for first time an ASA and should be working to execute those ASAs**
    - ***Completing new ASAs in timely manner for all Health Homes is critical to staying on track for beginning to enroll kids in Health Homes October 1, 2016***
- Last Comprehensive Webinar on Readiness and Implementation Activities for Launching Health Homes for Children was April 7, 2016
    - Reminder: All Health Home Serving Children Design and Implementation Webinars can be found at http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hhsc_webinars.htm
- Health Home State Plan approved in April, includes use of CANS-NY assessment to determine High Medium Low billing for children, referral rather than assignment list (see April 7 Webinar for more details)
- Modifications to Health Home eligibility criteria for children: Serious Emotional Disturbance (SED) (Health Home definition) and ***Complex Trauma*** (CMA/SAMHSA definition) as single qualifying conditions for Health Home eligibility – Work group developing processes for determining Complex Trauma eligibility by licensed professional
- ***DOH is working to schedule in late June early July Health Homes Serving Children Webinar just for the Plans***
    - ***Through Plan Associations, DOH has requested a list of questions/ topics plans are most interested in***
- Training Schedule for Summer (see website and slides)

Systems Modifications for Health Homes Serving Children

- **MAPP Health Home Tracking System** Modifications Underway for October Enrollment of Children in Health Homes:
  - ✓ Children's referral portal, consent
  - ✓ Billing for children's rates from CANS-NY algorithm and connectivity between MAPP and UAS
- **Uniform Assessment System (UAS)** - CANS-NY will be housed in Uniform Assessment System
  - ✓ Training for access to and use of the MAPP Referral Portal and UAS will occur in the Summer/Fall of 2016
  - ✓ Users will be required to obtain a Health Commerce System (HCS) ID in order to access the MAPP referral portal and UAS

Health Home Serving Children (HHSC) Training Schedule – JUNE and JULY 2016

Schedule of Upcoming Trainings – Health Homes Serving Children	JUNE & JULY 2016
Information on the NYS Child Welfare System and Defining the Collaborative Roles for HH and CMAs	June 1st
Complex Trauma draft proposal review to obtain stakeholder feedback	June 8th
Information regarding OASAS Programs, Services and Addiction for HH and CMAs	June 15th
Health Home Serving Children 101 for OASAS providers	June 21st
CANS-NY - In person training - Albany School of Public Health Auditorium	June 22nd & 23rd
Health Home Serving Children Billing Guidance	June 29th
CANS-NY - In person Training - NYC – 90 Church St	July 12th & 13th
Health Home Serving Children Consent Process	July 13th
Care at Home (CAH) I & II	July 27th

Health Home Serving Children (HHSC) Training Schedule – AUGUST 2016

Schedule of Upcoming Trainings – Health Homes Serving Children	AUGUST 2016
Child Welfare interface with Health Home Serving Children - Roles and Responsibilities	August 10th
MAPP Referral Portal	August 17th
CANS-NY In person Training - Rochester Training - Hillside Family of Agencies	August 18th & 19th
Health Home Serving Children outreach, eligibility and appropriateness determination	August 24th
CANS-NY - In person training - NYC – 90 Church St	August 29th & 30th
OMH TCM program transition	August 31st

Health Home Serving Children (HHSC) Training Schedule – SEPTEMBER 2016

Schedule of Upcoming Trainings – Health Homes Serving Children	SEPTEMBER 2016
Health Home Serving Children 101 for Early Intervention Providers	September 6th
Early Intervention Services and System for HH and CMAs	September 7th
MAPP training - MAPP HH User, HH CMA, MAPP for LDSS, LGU, SPOA, DOH and State partner users	Three weeks prior to go live TBD
Health Home Serving Children 101 for HIV and AIDS providers	September 20th
Information and education from the AIDS Institute for HH and CMAs	September 21st
UAS training environment and how to use the system	Available once user has HCS account provisioned roles
UAS 1300 - Using the UAS to conduct CANS assessments	TBD
UAS 1500 - Understanding the CANS assessment	TBD
UAS 1820 - CAPS and SCALES	TBD
UAS 1850 - CANS Assessment Outcomes	TBD

Health Home Development Funds

- June's Health Home Development Fund payment may be delayed due to the data conversion from the old HHTS into MAPP HHTS
- Semi Annual Spending Reports Update
  - March reports received have been reviewed and feedback will be coming out to the health homes shortly
  - 7 of 31 Health Homes still have not submitted the March 2016 spending report – emails were sent directly to these health homes
  - Next spending report is due in September 2016. There will be a new template to use for this report, communication will be coming out shortly on when the new template will be available on the Health Home website
- The Department is currently reviewing all spending reports to verify that totals reported under "Total Amount of HH Development Funds Received to Date" match what has actually gone out to each Health Home
- Reports are also being reviewed to see how much money has already been spent to date, as well as the percentage remaining to be spent by each health home.
- DOH will be reaching out to Health Homes directly to discuss any questions or concerns we have with HHDF reports

Billing Subcommittee

- First meeting Monday 6/13/16 updates: Jessica Fear
    - Mapped out the process- for plans and timeframes
        - Discussed plans likeness and differences across plans
        - Remittance advice who they are paying and what they are paying for-
            - 30-45 days from billing support to sending out the door
            - Details to be submitted to DOH
        - Need more information about improving remittance advice
        - Manual process-
- Health Homes have met and are collecting more detailed information
    - Dates to examine the issues urgency to get this rectified
- Discussion
    - Next Steps
        - DOH will require updating attestations for billing timeframes
        - Plan workflow in detail
        - Millan and BTQ- need to be at the table and TAT need to fit within HH 15 days for both legs of the workflow
        - Payment for assessment - pending billing guidance and tools to make the CMHA data feed more efficient

    - Next Meeting: Preliminary Recommendation HH/MCO workgroup July 15

BH HCBS Plan of Care Updates

- Data total number of assessments
- Total number of POC submitted

26-Mar	7-May	7-Jun	Total
763	558	355	1676

- Total number of Approved services

- Issues?
- Opportunities?
- **Add webinar links to HCBS services: emphasis on three minimum requirements**
- **Recommendations**
- **Training in person -**
- **Pre recorded webinars on every step of the process**
- **Utilization management – can plans assist with this**
- **HCBS provider seeking guidance on the assessment process**
- **How to use interdisciplinary team to get POC completed**
- Partial or failed attempts?

Health Homes and CMAs should use all available resources to train HHCMs

http://mctac.org/page/get-the-right-tools/

All NYC HH and CMA should register

New MCTAC In-Person Training Offering:
Adult BH HCBS Plan of Care & Expedited Workflow Training

Register now for an in person training on the Adult BH HCBS Plan of Care & Expedited Workflow on June 20th in New York City. MCTAC and state partners will walk through the Plan of Care template and the Expedited Workflow. This training is geared towards NYC Health Home Care Management supervisors, MCO representatives, and Health Home Lead staff. The training will cover:

- Plan of Care guidance
- Expedited Adult BH HCBS Worklow
- Q&A with MCTAC and State partners

Date and time: June 20th, 9am-1pm
Location: NYU Kimmel Center, Rosenthal Pavilion (10th floor), 60 Washington Square South New York, NY 10012
Register here!

*The slides from this presentation will be made available on MCTAC.org at a later date. Coffee, tea, and water will be available for training participants.

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Non- Medical Transportation

- **General Designation Information**
- **REMINDER:** To provide this service you must be or become a Medicaid transportation provider
- If you are NOT a Medicaid transportation vendor, you will unable to provide Non-Medical Transportation
- In order to become certified by Medicaid, you must complete a New York State Medicaid Enrollment form at https://www.emedny.org/info/ProviderEnrollment/transportation/index.aspx

Non-Medical Transportation Services

- In addition to any medical transportation furnished under 42 CFR 440.17(a) in the State Plan, Non-Medical Transportation may be available to individuals receiving BH HCBS in HARPs and HIV SNPs
- Non-Medical Transportation will be paid Fee For Service (FFS), the same way regular Medicaid transportation is paid. Regular Medicaid transportation covers trips to and from Medicaid-covered medical appointments
- There are two types of Non-Medical Transportation:
  - Trips to and from BH HCBS that are included in the Plan of Care (POC)
  - Trips to and from non-HCBS destinations (e.g. job interview) that are time-limited/non-routine (with a start and end date) and specifically tied to a goal related to recovery from mental health or substance use disorders in the individual's POC (see the guidance manual for examples of qualifying trips)
- $2,000 cost cap per individual per year – excludes public transportation and transportation to and from BH HCBS in the POC

Examples of Non-HCBS Locations Specifically Related to Goals in POC

Goal in Plan of Care	Non-Medical Location to Which Transportation May Be Requested
Obtain Employment	Job interview
Go back to school	College fair
Owning a pet	Go to a shelter to adopt an animal
Losing weight	Attend a wellness seminar
Get involved in the arts	Attend a play
Improve personal hygiene	Go to a barber/beauty shop for a hair cut
Be more physically active	Attend a dance class
Obtain High School equivalency certification	Attend a workshop to prepare for the GED test

- All goals are to be met within a specific timeframe. Requests for transportation to a service associated with the goal that are submitted outside the specified timeframe will not be considered.
- Non-Medical Transportation cannot be used for routine transportation to and from a job or school. For example, a participant may be transported to a job interview, but not to work on a daily basis. Similarly, a participant may be transported to a college fair, but not to classes on a regular basis. The frequency of these trips should be included in the plan of care with a specific timeframe defined including a start and end date.

Non-Medical Transportation Grid

- Health Home Care Managers are responsible for completing the “NYS Behavioral Health Home and Community Based Services (BH HCBS) Plan for Transportation Grid” (Grid) based on the BH HCBS and goals in an individual’s POC
- The Grid is only to be completed if an individual requires Non-Medicaid Transportation, and this grid should NOT include regular Medicaid transportation (i.e. trips to Medicaid-covered medical appointments)
- The care manager will send the completed Grid to the Managed Care Organization (MCO) along with the POC
- As soon as the POC is approved, the MCO is responsible for forwarding the Grid to the transportation manager (e.g. LogistiCare) to ensure that individuals’ non-medical trips (NMT) can be authorized. Note that the transportation manager also coordinates the transportation for other Medicaid covered transportation
- If the services or goals within the POC require NMT change, then the Grid needs to be re-submitted by the care manager to the MCO and from the MCO to the transportation manager

Non-Medical Transportation Grid

Attachment A: NYS Behavioral Health Home and Community Based Services (BH HCBS) Plan for Transportation Grid

1. Participant Information

Participant Name: _____ DOB: _____

Care Management Program: _____ Medicaid ID: _____ Date of Plan: _____

Address _____ City _____ County _____ Zip code _____

2. MCO Information

MCO _____ Telephone _____ Fax _____

County _____ Address _____ City _____ State _____ Zip code _____

3. Transportation Provider Information

Transportation Provider _____ NPI _____ Telephone _____ Fax _____

County _____ Address _____ City _____ State _____ Zip code _____

Transportation Provider _____ NPI _____ Telephone _____ Fax _____

County _____ Address _____ City _____ State _____ Zip code _____

Transportation Provider _____ NPI _____ Telephone _____ Fax _____

County _____ Address _____ City _____ State _____ Zip code _____

4. Non-Medical Transportation

Goal (from Plan of Care)	BH HCBS or Specific Activity/ Support/ Task	Type of Transportation Service Needed	Trip Destination/ Location	Start Date/ End Date	Frequency	Non-HCBS Trip?*
						Y / N
						Y / N
						Y / N

Date _____ Completed By_____ Telephone_____ Email_____ Fax_____

*Non-HCBS trips are subject to the $2,000 per year per participant cap for Non-Medical Transportation. Trips to BH HCBS and trips using public transportation will not apply to the cost cap.

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Which Mode of Transportation is Necessary?

- The same, appropriate mode of transportation used by the participant for standard medical trips should be used for non-medical transportation trips, and vice versa
- **Assessing the most cost effective and medically appropriate mode of transportation**.

- Medical Justification “2015” Form:
  - ✓ Requires a medical professional to provide the mobility-related reason why the enrollee requires a specific mode of transportation
  - ✓ Reasons for decreased mobility could be that the enrollee is wheelchair-bound, underwent recent surgery to a limb, is blind, or has an unstable gate.
  - ✓ Must be signed by a medical professional and sent to the transportation manager
  - ✓ Reviewed, approved and filed by the transportation manager
  - ✓ Audited by the Department and transportation manager
- Many individuals will already have this form on file if they are already receiving regular Medicaid transportation

- This form is not needed for public transit

Where to send completed grids

- **LogistiCare Solutions, LLC**
  - Fax to (877) 564-5928, or
  - Email to HARPNYC@logisticare.com
  - Attn: HARP CARE PLAN GRID

Guidance for Non-Medical Transportation

- The “Guidance for Behavioral Health Home and Community Based Non-Medical Transportation Services for Adults in HARPs and HARP Eligibles in SNPs” can be found at the following link: https://www.emedny.org/ProviderManuals/Transportation/PDFS/HARP_Guidelines_Non-Medical_Transportation.pdf
- The guidance document includes:
  - Definition of Non-Medical Transportation
  - Roles for Health Home Care Managers, MCOs and Transportation Managers
  - Guidelines for Non-Medical Transportation

Questions on Non-Medical Transportation in New York City

- Contact the State Transportation Team for general questions related to NMT: MedTrans@health.ny.gov
- Contact LogisitiCare for specific questions in NYC:

Role	Name	Title	Email Address	Telephone Number
Primary Contact	Sofiya Samekhova	Utilization Review/RN Manager	Sofiya.samekhova@logisticare.com	(877) 564-5911 x2010
Secondary Contact	Allisha Rambharose	Healthcare Facilities Manager	Allisha.rambharose@logisticare.com	(877) 564-5911 x2008
Secondary Contact	Andrea Taiani	Director of Operations	andreat@logisticare.com	(877) 564-5911 x2002
Backup	Jennifer Halterman	Call Center Manager	Jennifer.halterman@logisticare.com	(877) 564-5911 x2006
Backup	Ricky Rodriguez	Transportation Network Manager	ricky.rodriguez@logisticare.com	(877) 564-5911 x2004
Backup	Eric Stein	General Manager	eric.stein@logisticare.com	(877) 564-5911 x2001

Health Home Rates: High, Medium, and Low (HML) Rates with Clinical and Functional Adjustments Effective September 1, 2016

- Effective 9/1/16, the monthly HML Assessment questionnaire is used to determine the rate code a member should be billed under for a that month.
- HML Assessment created and approved by the HH/MCO Workgroup and uses clinical/functional questions to determine a member's HML status for each month based on real time member attributes.
- Providers should answer any questions that don't apply to a member or any questions that they cannot answer with unknown.
- Each answered question qualifies as either High, Medium, or Low (see following slides).

Discussion:

Frequency of acuity and risk - if HARP is done quarterly- can acuity and risk be calculated qtrly?

Health Home Rates: High, Medium, and Low (HML) Rates with Clinical and Functional Adjustments Effective January 1, 2016

1. Does the member have at least one response in the “High” category?
   - Yes – bill for member using the “High” rate code
   - No – see # 2
2. Does the member have at least one response in the “Medium” category?
   - Yes – bill for member using the “Medium” rate code
   - No- see # 3
3. Bill for member using the “low” rate code

MAPP HML Monthly Billing Assessment Questions
(see Billing Support Upload File for fields collected through file upload)

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Quest. #	Question in MAPP	COMMENT
1.	Does the member meet the HARP criteria based on claims and encounters?	This will be auto populated within MAPP by DOH
2.	Base Acuity	This will be auto populated within MAPP by DOH
3.	Risk	This will be auto populated within MAPP by DOH
Clinical Adjustments		
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.
5.	Is the member HIV positive?	Questions 5a and 5b appear when the response to Q5 is "Yes"
5a.	What is the member's viral load?	Questions 5a and 5b appear when the response to Q5 is "Yes"
5b.	What is the member's T-Cell count?	Questions 5a and 5b appear when the response to Q5 is "Yes"
Functional Adjustments		
6.	Is the member homeless?	Question 6a appears when the response to 6 is "Yes".
6a.	Does the member meet the HUD Category 1 or HUD Category 2 level of homelessness?	Drop down box with two options: HUD Category 1 and HUD Category 2
7.	Was the member incarcerated within the past year?	Question 7a appears when the response to 7 is "Yes".
7a.	When was the member released?	must enter a valid date. Date must be in the past
8.	Did the member have a recent Inpatient stay due to mental illness?	Question 8a appears when the response to 8 is "Yes".
8a.	When was the member discharged from the mental illness inpatient stay?	must enter a valid date. Date must be in the past
9.	Did the member have a recent inpatient stay for substance abuse?	Question 9a appears when the response to 9 is "Yes".
9a.	When was the member discharged from the substance abuse inpatient stay?	Question 9a appears when the response to 9 is Yes.
10a.	Did the member have a Positive Lab test OR other documentation of substance use?	Each question must have response: Y/N. Must have at least 1 Y to 10a-10c AND at least one Y in 11a-11b
10b.	Did the member have an LDSS positive screening for referral to SUD service?	
10c.	Was member referred for SUD service from parole/probation within last 30 days?	
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?	
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.	
12	Was a Health Home core service provided this month?	Y/N

High, Medium, and Low values for HML Clinical and Functional Adjustments

Attribute	Low	medium	High
Base Acuity (unadjusted)	<= 2.5	Between 2.5 and 5.0	>=5.00
Clinical Adjustments			
Predictive Risk	< 30%	between 30% and 50%	> 50%
HIV Viral Load	< 200	between 200 and 400	> 400
HIV T-cell Counts	> 350	~~between 200 and 350 el~~ AI recommending eliminating	< 200

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AIDS Institute Clinical Guidelines

- CD4 testing is recommended at 12 weeks and every four months after initiation of ARV until CD4 is > 200 cells/mm3 on two measures.
- For those who are virally suppressed, CD4 testing is recommended at least every 6 months if CD4 is less than or equal to 300 cells/mm3;
- every 12 months if >300 cells/mm3 and less than or equal to 500 cells/mm3
- optional if CD4 greater than 500 cells/mm3.

Opportunities suggested in discussion:

- Future enhancements- build in an alert for documentation
- Refine documentation and consider the human factor consider 6 month overall

Viral Load Test Timing

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Practitioners agree that a six month period for more aggressive care management is appropriate for an HIV+ member with a medium or high range viral load, even though they should be tested again within that period.

- quarterly for HIV+ persons with recent history of non-adherence, MH disorders, SU, poor social support, or other major medical conditions:
- every 4 months for most individuals after complete viral suppression;
- every 6 months for those with complete suppression for over 1 year and CD4 counts greater than 200 cells/mm3.
- Note, when a person is failing virologically, testing is recommended within 4 weeks from a change in ARV, and at least every 8 weeks until complete suppressed

High, Medium, and Low values for HML Clinical and Functional Adjustments

Functional Adjustments		
	Medium	**High**
Homelessness	Meets HUD Category 2: Imminent Risk of Homelessness definition within the last 3 months	Meets HUD Category 1: Literally Homeless definition within the last 3 months
Incarceration	Recent Incarceration between seven and twelve months	Recent Incarceration within six months
IP Stay for Mental Illness	IP Stay for Mental Illness within seven and twelve months	IP Stay for Mental Illness within six months

High, Medium, and Low values for HML Clinical and Functional Adjustments

Functional Adjustments		
IP Stay for SUD Treatment	**Medium**	**High**
	IP Stay for SUD Treatment within 7 and 12 months	IP Stay for SUD Treatment within six months
SUD Active Use/ Functional Impairment		Proposed SUD Active Use/Functional Impairment Positive Lab test for Opioids, Benzodiazepines, Cocaine, Amphetamines, or Barbiturates OR care manager observation (with supervisory sign-off) of continued use of drugs(including synthetic drugs) or alcohol OR MCO report of continued use of drugs or alcohol **AND** demonstration of a functional impairment including continued inability to maintain gainful employment OR continued inability to achieve success in school OR documentation from family and/or criminal courts that indicates domestic violence and/or child welfare involvement within the last 120 days OR documentation indicating active Drug court involvement **AND** the presence of **6 or more Criterion** of substance use disorder under DSM-V which **must** also include pharmacological criteria of tolerance and/or withdrawal.

Required Documentation DRAFT

- Self Report is acceptable documentation for M and L rates during the first 30 days of billing and is reviewed and approved by a supervisor.
- Required documentation to support rate level thereafter.
- Self Report is not acceptable on its own for documenting a high rate however in some examples documentation of an intervention that informs the plan of care may be considered documentation.
    - The subcommittee will develop examples for consideration and final approval

Discussion:

- Can the county be a means for documentation for incarceration?
- HH are finding larger than anticipated H- non HARP category
- HH finding larger L rates – HARP
- Can SDOH review this data and verify ? Evaluate?
- Opportunity for acuity and risk be calculated more frequently? Real time? Qtrly?

Current Documentation DRAFT

Functional Limitation	Required Documentation
Homessness	*Self-report, letter from shelter, hospital d/c summary
Incarceration	*Self-report, release papers, documentation from parole/probation, documented conversation from collateral contact, Print-out from Webcrims, Letter from 1/2 way house
IP Stay for Mental Illness	Self-report, hospital d/c summary, documented progress note (including name, title, contact information of person on inpatient unit who verified patient's d/c date), print out from Psyckes, or MCO confirmation
IP Stay for SUD Treatment	*Self-report and hospital d/c summary, documented progress note (including name, title, contact information of person on inpatient unit who verified patient's d/c date), print out from Psyckes or MCO confirmation
SUD Active Use/Functional Impairment	Self report and Patient, Hospital records, Collateral contact, HRA, Parole/probation, MCO confirmation, family,

Reportable Timeframes

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- MAPP-HHTS requires monthly attestation
- Clinical and Functional adjustments auto populated and should be updated when there is a change
- Functional adjustment questions requiring a date auto calculate timeframes
  - Recently released from prison June 2016 – bill H rate code and auto adjust to M rate code January 2017
  - HUD CAT 1 Homeless and housed on May 2016 bill H rate code and auto adjust to M rate code December 2016

Health Home Rates: High Medium and Low Rates with Clinical and Functional Adjustments Effective September 1, 2016

Health Home Rates - High, Medium and Low				
Population	**Region**	**Low**	**Medium**	**High**
HARP	Downstate	$125.00	$311.00	$479.00
non -HARP	Downstate	$62.00	$249.00	$383.00
HARP	Upstate	$117.00	$293.00	$450.00
non -HARP	Upstate	$58.00	$234.00	$360.00
Other Health Home Rates				**Rate**
Health Home Plus *	Downstate			$800.00
Health Home Plus *	Upstate			$700.00
Adult Home **	Downstate			$700.00
Outreach	Statewide			$135.00
* Limited to AOT members that are not receiving ACT services.				
** Limited to Impacted Adult Home members assessed for transition to the community. If an impacted Adult Home member transitions to the upstate region, the rate is $563.				

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HML -

- Questions
- Discussion:
  - Incarceration LGU- Comparing data by DCJ - follow up with Kelly Hansen - what is “incarceration” to refine and define clearly
  - Acuity and Risk calculated annually- can it be more frequently ?
  - Rates based on HML questionnaire and acuity and risk
    - Answer all “no” on the HML but H –rate is possible due to risk and acuity

Summer Schedule: Video Conference Capability

- **July 15, 2016-**
  - 1450 Western Ave. Albany - Main Conference Room, 4th fl.
  - 501 7th Ave, NYC, Conf Room A
- **August 19, 2016**
  - 44 Holland Ave, Albany - 8th fl. Conf Room
  - 501 7th Ave, NYC, Conf Room A
- **September 16, 2016**
  - 1450 Western Ave. Albany - Main Conference Room, 4th fl.
  - 501 7th Ave, NYC, Conf Room A

Next Steps…..

Follow up items from todays workgroup:

- Billing subcommittee: Plans and HH to review respective billing workflow and timelines and prepare preliminary recommendations for July 15 Workgroup
- HML Subcommittee: refine and define examples of documenting intervention for H-rate
    - Conference of Mental Hygiene Directors - Kelly Hansen interested in assisting with defining and refining “Incarceration”-
- SDOH-follow up:
    - Frequency of acuity and risk calculation- qtrly possible?
    - HHDF: Is there a timeline to expend the HHDF?