

The following **Questions and Answers** are provided in response to questions submitted related to *Assertive Community Treatment (ACT) and Health Home Updated Instructions* issued June 25, 2019:

1. Do Health Homes need to submit a Notice of Change (NOC) form for the ACT and Health Home transition?

No. A NOC form is not required. At the beginning of July 2019, the Department's MAPP HHTS team will be emailing a list to each Health Home that has an active relationship with any care management agencies that have been identified as ACT providers. These relationships will be ended automatically, with an end date of July 31, 2019. No action from the Health Home is necessary to end these relationships.

If any of the ACT providers identified on the list also provide standard Health Home care management (under the listed MMIS ID), the Health Home will need to notify MAPP Customer Care Center (CCC) via email that this HH-CMA relationship must **not** be ended to ensure non-ACT members continue to be served.

Health Homes should confirm that the HH Gatekeeper information in MAPP HHTS is up to date before July 1, 2019. MAPP HHTS Gatekeepers can be updated by an active Gatekeeper, or by submitting the *Medicaid Analytics Performance Portal (MAPP) MAPP Gatekeeper Add/Remove Request* form found at the following link:

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_home/s/mapp/docs/mapp_gatekeeper_add_remove_form.docx

Completed forms should be submitted to MAPP Customer Care Center (CCC) at: mapp-customer@carecenter@cma.com

For all relationships with ACT providers ending July 31, 2019, Health Homes must notify the *New York State Department of Health, Office of Health Insurance Programs, Division of Operations and Systems, Security and Privacy Bureau* at: doh.sm.Medicaid.Data.Exchange@health.ny.gov

2. Will the ACT and Health Homes transition affect the completion of the NYS Eligibility Assessment for HARP enrolled members?

No. This transition will not change the requirement for a NYS Eligibility Assessment to be completed by ACT teams.

3. Will the DOH 5058 *Health Home Patient Information Sharing Withdrawal of Consent* form need to be completed for ACT members transitioning from the Health Home program?

Yes. For all ACT members who have a DOH 5055 *Health Home Patient Information Sharing Consent* form on file, a DOH 5058 *Health Home Patient Information Sharing Withdrawal of Consent* form must be signed. If an individual cannot/refuses to sign the DOH 5058, this must be documented.

4. How will Health Homes know which Health Home members are in ACT?

Health Homes will be able to create a list by pulling information using the program filter on the *My Members* screen within the MAPP HHTS to identify members in ACT.

To view the steps Health Homes need to take, please review the PowerPoint titled “*MAPP Health Home Tracking System: Special Population Search Utilizing the My Members Screen*”, which can be found via the following link: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/mapp/index.htm - **under:** MAPP Webinars, 2019

If the list contains any discrepancies (e.g. an enrolled HH member or individual in outreach with a CMA that is not an ACT provider, etc.), Health Homes must determine who the ACT provider is and communicate this to the CMA. In turn, the CMA must contact the ACT provider to confirm ACT enrollment and services, and ensure the DOH 5058 *Health Home Patient Information Sharing Consent* form is completed for administrative disenrollment (refer to Q&A #3). To identify the ACT provider, Health Homes must complete the following steps:

- Step 1:* Go to *Member CIN Search* within the MAPP HHTS and enter member’s CIN.
- Step 2:* Click on *Member’s Name* which pops up a screen containing the member’s information.
- Step 3:* Scroll to the bottom of the screen to see “*Recent Care Management Claim Activity Within Last 6 Months*” where you will be able to see provider name(s) and date(s) of service.

5. How will Health Homes know if a member has been administratively disenrolled?

Health Homes can identify segments that were ended for ACT members by downloading the Enrollment Download file from the MAPP HHTS. Ended segments for ACT members will have a closed status; an end date of 7/31/19; a Disenrollment Reason Code of 99: ‘Other’; and a Segment End Date Description of ‘ACT Member’.

6. How will Health Homes and care management agencies identify ACT recipients *after* this transition to ensure they are not enrolled in the Health Home program?

All members prior to enrollment must have their Medicaid eligibility verified through ePACES and in the “Member CIN Search” function in the MAPP HHTS. Within the Member CIN Search you will see under “*Recent Care Management Claim Activity Within Last 6 Months*”, which indicates if a member has had care management claims submitted to Medicaid within the past six months. If there are claims listed indicating that a member has received care management, discuss this information with the potential Health Home member to determine whether enrollment is appropriate.

7. What is the role of the Health Home for Class Members (Adult Home Plus) under an ACT team?

Health Homes will no longer have administrative protocols for Adult Home members on ACT teams. All Adult Home initiative requirements will be completed directly by the ACT team.