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NY - Submission Package - NY2021MS0003O - (NY-21-0026) - Health Homes

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group Division of Program Operations
601 E. 12th St., Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

March 24, 2022

Brett Friedman, Esq
Acting Medicaid Director
Department of Health
99 Washington Ave.
Albany, NY 12210

Re: Approval of State Plan Amendment NY-21-0026 NYS Health Home Program

Dear Brett Friedman, Esq,

On September 30, 2021, the Centers for Medicare and Medicaid Services (CMS) received New York State Plan Amendment (SPA) NY-21-0026 for NYS Health Home Program to add sickle cell disease as a single qualifying condition for Health Homes Serving Adults and Health Homes Serving Children.

We approve New York State Plan Amendment (SPA) NY-21-0026 with an effective date(s) of September 01, 2021.

For payments made to Health Homes providers for Health Homes participants who newly qualify based on the Health Homes program's increase in conditions covered under this amendment, a medical assistance percentage (FMAP) rate of 90 percent applies to such payments for the period 9/1/2021 to 6/30/2023.

The FMAP rate for payments made to health homes providers will return to the state's published FMAP rate at the end of the enhanced match period. The Form CMS-64 has a designated category of service Line 43 for states to report health homes services expenditures for enrollees with chronic conditions.

If you have any questions regarding this amendment, please contact LCDR Frankeena McGuire at frankeena.mcguire@cms.hhs.gov

Sincerely,

James G. Scott

Division Director

Center for Medicaid & CHIP Services


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NY - Submission Package - NY2021MS0003O - (NY-21-0026) - Health Homes

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Approval Letter](#) [RAI](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

Package Information

| | | | |
|----------------------------|---|------------------------|------------------------|
| Package ID | NY2021MS0003O | Submission Type | Official |
| Program Name | NYS Health Home Program | State | NY |
| SPA ID | NY-21-0026 | Region | New York, NY |
| Version Number | 2 | Package Status | Approved |
| Submitted By | Michelle Levesque | Submission Date | 9/30/2021 |
| Package Disposition |  | Approval Date | 3/24/2022 11:16 AM EDT |

RAI

CMS is issuing this Request for Additional Information (RAI) pursuant to Section 1915(f) of the Social Security Act (added by P.L. 97 -35). This request has the effect of stopping the 90 -day time period for CMS to act on the material. A new 90 -day time frame will not begin until we receive your response to this request.

In accordance with our guidelines to all State Medicaid directors dated January 2, 2001, and subsequently reiterated in the August 16, 2018 Center for Medicaid and CHIP Services Informational Bulletin, if a response to a formal request for additional information from CMS is not received from the state within 90 days of issuance, CMS will initiate disapproval of the SPA or waiver action.

In addition, because this amendment was submitted after January 2, 2001 and is effective after January 1, 2001, please be advised that we will defer federal financial participation (FFP) for state payments made in accordance with this amendment until it is approved. Upon approval, FFP will be available for the period beginning with the effective date through the date of approval.

Submission Package NY2021MS00030

Agency Name Department of Health

Authority Health Homes

Submission Date Sep 30, 2021

State NY

All Questions

| Question ID | Reference | CMS question to the State | Policy/Regulation | State Response |
|-------------|-------------------------------|---|--|---|
| 1 | 42 CFR 430.10; 42 CFR 447.205 | 1. While reviewing the Fiscal Calculations worksheet, we observed only the totals for FY2022 expressed as a yearly amount. Please explain if the estimate is based on a month and multiplied by a factor of 12. If it isn't and the estimates vary month-to-month, please provide additional support showing the monthly estimates. | 42 CFR 430.10 – Identifies the State plan as a comprehensive written document describing the nature and scope of its Medicaid program which contains all information necessary for CMS to determine whether the plan can be approved and eligible for FFP. | The fiscal estimate for 2022 is not based on varied month-to-month enrollment. Please see the attached Fiscal Calculation Detail (21-0026) for more detail. |
| 2 | 42 CFR 430.10; 42 CFR 447.205 | 2. While reviewing the Fiscal Calculations worksheet, we observed only the totals for FY2022 expressed as a yearly amount. Please explain if the estimate is based on a month and multiplied by a factor of 12. If it isn't and the estimates vary month-to-month, please provide additional support showing the monthly estimates | 42 CFR 430.10 – Identifies the State plan as a comprehensive written document describing the nature and scope of its Medicaid program which contains all information necessary for CMS to determine whether the plan can be approved and eligible for FFP. | This is a duplicate of No. 1. See response to No. 1. |
| 3 | 42 CFR 430.10; 42 CFR 447.205 | 3. The state must submit the payment methodology section for this HH SPA via MACPro. Please let us know if you continue to have difficulty uploading the payment section. | 42 CFR 430.10 – Identifies the State plan as a comprehensive written document describing the nature and scope of its Medicaid program which contains all information necessary for CMS to determine whether the plan can be approved and eligible for FFP. | The payment methodology section has been added for this via MACPro. The payment methodology has not been adjusted and rates will remain the same. The modest increase in fiscal impact is due in part to the increased sickle cell qualifying population. Reflects the number of anticipated new enrollments. |

Submission Package was updated by the State in accordance with the response above

Yes

No

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2021MS00030 | NY-21-0026 | NYS Health Home Program

Package Header

Package ID NY2021MS00030
Submission Type Official
Approval Date 3/24/2022
Superseded SPA ID N/A

SPA ID NY-21-0026
Initial Submission Date 9/30/2021
Effective Date N/A

State Information

State/Territory Name: New York

Medicaid Agency Name: Department of Health

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2021MS00030 | NY-21-0026 | NYS Health Home Program

Package Header

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|---------------------------------|--|
| Package ID NY2021MS00030 | SPA ID NY-21-0026 |
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| Approval Date 3/24/2022 | Effective Date N/A |
| Superseded SPA ID N/A | |

SPA ID and Effective Date

SPA ID NY-21-0026

| Reviewable Unit | Proposed Effective Date | Superseded SPA ID |
|---|-------------------------|-------------------|
| Health Homes Population and Enrollment Criteria | 9/1/2021 | 20-0034 |

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2021MS00030 | NY-21-0026 | NYS Health Home Program

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
| Package ID | NY2021MS00030 | SPA ID | NY-21-0026 |
| Submission Type | Official | Initial Submission Date | 9/30/2021 |
| Approval Date | 3/24/2022 | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

Executive Summary

Summary Description Including Goals and Objectives The Department of Health proposes to amend the Title XIX (Medicaid) State Plan Amendment for non-institutional services to comply with enacted statutory provisions. The changes proposed in the State Plan Amendment seek to add sickle cell disease as a single qualifying condition for Health Homes Serving Adults and Health Homes Serving Children. The majority of children with sickle cell disease in New York are enrolled in Medicaid, yet of the approximately 2,000 individuals under 21 years old only 10% were enrolled in Health Home in 2018. The Department is submitting this request based on the recommendations of an expert workgroup to ensure effective transition of young adults with sickle cell disease from pediatric to adult care. Individuals with sickle cell disease face significant challenges in accessing appropriate services, especially as they transition to adulthood. Current challenges include family and youth's understanding of the disease; youth attendance at peer support groups; keeping medical appointments; educational materials that consider literacy and language needs; and readiness of adult providers to accept SCD patients. Enrolling youth in Health Homes will provide these individuals with additional supports to address these challenges.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

| | Federal Fiscal Year | Amount |
|--------|---------------------|-----------|
| Second | 2022 | \$1551040 |

Federal Statute / Regulation Citation

§1902(a) of the Social Security Act and 42 CFR 447

Supporting documentation of budget impact is uploaded (optional).

| Name | Date Created |
|------|--------------|
| | |

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | NY2021MS00030 | NY-21-0026 | NYS Health Home Program

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| Superseded SPA ID | N/A | | |

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Health Homes | NY2021MS00030 | NY-21-0026 | NYS Health Home Program

CMS-10434 OMB 0938-1188

The submission includes the following:

- Administration
- Eligibility
- Benefits and Payments
- Health Homes Program

Do not use "Create New Health Homes Program" to amend an existing Health Homes program. Instead, use "Amend existing Health Homes program," below.

- Create new Health Homes program
- Amend existing Health Homes program
- Terminate existing Health Homes program

NYS Health Home Program

Health Homes SPA - Reviewable Units

Only select Reviewable Units to include in the package which you intend to change.

*

| <input type="checkbox"/> | Reviewable Unit Name | Included in Another Source Type Submission Package |
|--------------------------|---|--|
| <input type="checkbox"/> | Health Homes Intro | (APPROVED |
| <input type="checkbox"/> | Health Homes Geographic Limitations | (APPROVED |
| <input type="checkbox"/> | Health Homes Population and Enrollment Criteria | (APPROVED |
| <input type="checkbox"/> | Health Homes Providers | (APPROVED |
| <input type="checkbox"/> | Health Homes Service Delivery Systems | (APPROVED |
| <input type="checkbox"/> | Health Homes Payment Methodologies | (APPROVED |
| <input type="checkbox"/> | Health Homes Services | (APPROVED |
| <input type="checkbox"/> | Health Homes Monitoring, Quality Measurement and Evaluation | (APPROVED |

1 - 8 of 8

Submission - Public Notice/Process

MEDICAID | Medicaid State Plan | Health Homes | NY2021MS00030 | NY-21-0026 | NYS Health Home Program

Package Header

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|--------------------------|---------------|--------------------------------|------------|
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| Submission Type | Official | Initial Submission Date | 9/30/2021 |
| Approval Date | 3/24/2022 | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

Name of Health Homes Program

NYS Health Home Program

Public notice was provided due to proposed changes in methods and standards for setting payment rates for services, pursuant to 42 CFR 447.205.

Upload copies of public notices and other documents used

| Name | Date Created |
|------|--------------|
| | |

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Health Homes | NY2021MS00030 | NY-21-0026 | NYS Health Home Program

Package Header

| | |
|---------------------------------|--|
| Package ID NY2021MS00030 | SPA ID NY-21-0026 |
| Submission Type Official | Initial Submission Date 9/30/2021 |
| Approval Date 3/24/2022 | Effective Date N/A |
| Superseded SPA ID N/A | |

Name of Health Homes Program:

NYS Health Home Program

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
- No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

All Indian Health Programs

| | |
|---|---|
| Date of solicitation/consultation: | Method of solicitation/consultation: |
| 9/15/2021 | paper mailing/electronic mail |

All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

All Indian Tribes

| | |
|------------------------------|--------------------------------|
| Date of consultation: | Method of consultation: |
| 9/15/2021 | paper mailing/electronic mail |

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

| Name | Date Created |
|------|--------------|
| | |

Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits

Service delivery

Other issue

Submission - Other Comment

MEDICAID | Medicaid State Plan | Health Homes | NY2021MS00030 | NY-21-0026 | NYS Health Home Program

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|--------------------------|---------------|--------------------------------|------------|
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| Approval Date | 3/24/2022 | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

SAMHSA Consultation

Name of Health Homes Program

NYS Health Home Program

The State provides assurance that it has consulted and coordinated with the Substance Abuse and Mental Health Services Administration (SAMHSA) in addressing issues regarding the prevention and treatment of mental illness and substance abuse among eligible individuals with chronic conditions.

| |
|-----------------------------|
| Date of consultation |
| 11/20/2014 |

Health Homes Intro

MEDICAID | Medicaid State Plan | Health Homes | NY2021MS00030 | NY-21-0026 | NYS Health Home Program

Package Header

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|--------------------------|---------------|--------------------------------|------------|
| Package ID | NY2021MS00030 | SPA ID | NY-21-0026 |
| Submission Type | Official | Initial Submission Date | 9/30/2021 |
| Approval Date | 3/24/2022 | Effective Date | 9/1/2021 |
| Superseded SPA ID | 20-0034 | | |
| | User-Entered | | |

Program Authority

1945 of the Social Security Act

The state elects to implement the Health Homes state plan option under Section 1945 of the Social Security Act.

Name of Health Homes Program

NYS Health Home Program

Executive Summary

Provide an executive summary of this Health Homes program including the goals and objectives of the program, the population, providers, services and service delivery model used

Summary description including goals and objectives

New state plan amendment supersedes transmittal# 20-0054

Transmittal# 21-0026

Part I: Summary of new State Plan Amendment (SPA) #21-0026

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan Amendment for non-institutional services to comply with enacted statutory provisions. The changes proposed in the State Plan Amendment seek to add sickle cell disease as a single qualifying condition for Health Homes Serving Adults and Health Homes Serving Children. The majority of children with sickle cell disease in New York are enrolled in Medicaid, yet of the approximately 2,000 individuals under 21 years old only 10% were enrolled in Health Home in 2018. The Department is submitting this request based on the recommendations of an expert workgroup to ensure effective transition of young adults with sickle cell disease from pediatric to adult care. Individuals with sickle cell disease face significant challenges in accessing appropriate services, especially as they transition to adulthood. Current challenges include family and youth's understanding of the disease; youth attendance at peer support groups; keeping medical appointments; educational materials that consider literacy and language needs; and readiness of adult providers to accept SCD patients. Enrolling youth in Health Homes will provide these individuals with additional supports to address these challenges.

General Assurances

- The state provides assurance that eligible individuals will be given a free choice of Health Homes providers.
- The states provides assurance that it will not prevent individuals who are dually eligible for Medicare and Medicaid from receiving Health Homes services.
- The state provides assurance that hospitals participating under the state plan or a waiver of such plan will be instructed to establish procedures for referring eligible individuals with chronic conditions who seek or need treatment in a hospital emergency department to designated Health Homes providers.
- The state provides assurance that FMAP for Health Homes services shall be 90% for the first eight fiscal quarters from the effective date of the SPA. After the first eight quarters, expenditures will be claimed at the regular matching rate.
- The state provides assurance that it will have the systems in place so that only one 8-quarter period of enhanced FMAP for each health homes enrollee will be claimed.
- The state provides assurance that there will be no duplication of services and payment for similar services provided under other Medicaid authorities.

Health Homes Population and Enrollment Criteria

MEDICAID | Medicaid State Plan | Health Homes | NY2021MS00030 | NY-21-0026 | NYS Health Home Program

Package Header

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| Superseded SPA ID | 20-0034 | | |

User-Entered

Categories of Individuals and Populations Provided Health Homes Services

The state will make Health Homes services available to the following categories of Medicaid participants

Categorically Needy (Mandatory and Options for Coverage) Eligibility Groups

Medically Needy Eligibility Groups

Mandatory Medically Needy

Medically Needy Pregnant Women

Medically Needy Children under Age 18

Optional Medically Needy (select the groups included in the population)

Families and Adults

Medically Needy Children Age 18 through 20

Medically Needy Parents and Other Caretaker Relatives

Aged, Blind and Disabled

Medically Needy Aged, Blind or Disabled

Medically Needy Blind or Disabled Individuals Eligible in 1973

Health Homes Population and Enrollment Criteria

MEDICAID | Medicaid State Plan | Health Homes | NY2021MS00030 | NY-21-0026 | NYS Health Home Program

Package Header

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| Superseded SPA ID | 20-0034 | | |
| | User-Entered | | |

Population Criteria

The state elects to offer Health Homes services to individuals with:

Two or more chronic conditions

Specify the conditions included:

- Mental Health Condition
- Substance Use Disorder
- Asthma
- Diabetes
- Heart Disease
- BMI over 25
- Other (specify):

| Name | Description |
|-------------|---|
| BMI over 25 | BMI is defined as, at or above 25 for adults, and BMI at or above the 85 percentile for children. |

One chronic condition and the risk of developing another

Specify the conditions included:

- Mental Health Condition
- Substance Use Disorder
- Asthma
- Diabetes
- Heart Disease
- BMI over 25
- Other (specify):

| Name | Description |
|----------------------------|-----------------------|
| HIV/AIDS | see description below |
| One Serious Mental illness | see description below |
| SED/Complex Trauma | see description below |
| Sickle Cell Disease | see description below |

Specify the criteria for at risk of developing another chronic condition:

HIV, Serious Mental Illness (SMI) and Serious Emotional Disturbance (SED) and complex trauma are each single qualifying conditions for which NYS was approved. Providers do not need to document a risk of developing another condition in these cases.

New York's Medicaid program serves over 5 million enrollees with a broad array of health care needs and challenges. While many Medicaid enrollees are relatively healthy and access practitioners to obtain episodic and preventive health care, the Medicaid program also has several population groups who have complex medical, behavioral, and long term care needs that drive a high volume of high cost services including inpatient and long term institutional care.

Of the 5.4M Medicaid enrollees who access services on a fee for service or

managed care basis, 975,000 (including dual eligibles) have been identified as high cost/high need enrollees with two or more chronic conditions and/or a Serious Persistent Mental Illness. These high cost/high need enrollees are categorized into four groups representing enrollees with intellectual disabilities, enrollees in need of long term care services, enrollees with behavioral health issues, and enrollees with two or more chronic medical conditions. One of NY's first health home initiatives will focus on enrollees with behavioral health and/or chronic medical conditions.

The NYS Medicaid program plans to certify health homes that build on current provider partnerships. Applicant health home providers will be required to meet State defined health home requirements that assure access to primary, specialty and behavioral health care that support the integration and coordination of all care. Recently passed New York State Law provides the Commissioners of Health, Mental Health, Alcoholism and Substance Abuse Services, and People with Developmental Disabilities the authority to integrate care delivery by synching health care, substance abuse services, and mental health certification requirements for health homes. Approved health homes will directly provide, or contract for, health home services to the identified eligible beneficiaries. To meet this goal, it is expected that health home providers will develop health home networks with primary, medical, specialty and mental health providers, substance abuse service providers, community based organizations, managed care plans and others to provide enrollees access to needed services.

To facilitate the use of health information technology by health homes to improve service delivery and coordination across the care continuum, NY has developed initial and final HIT standards for health homes that are consistent with NYS' Operational Plan for Health Information Technology and Exchange approved by CMS. Providers must meet initial HIT standards to implement a health home. Furthermore, applicants must provide a plan to achieve the final standards within eighteen months of program initiation in order to be approved as a health home provider.

To the extent possible health home providers will be encouraged to utilize regional health information organizations or qualified entities to access patient data and to develop partnerships that maximize the use of HIT across providers (i.e. hospitals, TCMS). Health home providers will be encouraged to utilize HIT as feasible to create, document, execute and update a plan of care that is accessible to the interdisciplinary team of providers for every patient. Health home providers will also be encouraged to utilize HIT as feasible to process and follow up on patient testing, treatments, community based services and provider referrals.

NY will target populations for health homes services in the major categories and the associated 3M Clinical Risk Group categories of chronic behavioral and medical conditions listed below.

Major Category: Alcohol and Substance Abuse

3M Clinical Risk Group (3M CRGs) Category

1. Alcohol Liver Disease
2. Chronic Alcohol Abuse
3. Cocaine Abuse
4. Drug Abuse - Cannabis/NOS/NEC
5. Substance Abuse
6. Opioid Abuse
7. Other Significant Drug Abuse

Major Category: Mental Health

3M Clinical Risk Group (3M CRGs) Category

1. Bi-Polar Disorder
2. Conduct, Impulse Control, and Other Disruptive Behavior Disorders
3. Dementing Disease
4. Depressive and Other Psychoses
5. Eating Disorder
6. Major Personality Disorders
7. Psychiatric Disease (Except Schizophrenia)
8. Schizophrenia

Major Category: Cardiovascular Disease

3M Clinical Risk Group (3M CRGs) Category

1. Advanced Coronary Artery Disease
2. Cerebrovascular Disease
3. Congestive Heart Failure
4. Hypertension
5. Peripheral Vascular Disease

Major Category: HIV/AIDS
 3M Clinical Risk Group (3M CRGs) Category
 1. HIV Disease

Major Category: Metabolic Disease
 3M Clinical Risk Group (3M CRGs) Category
 1. Chronic Renal Failure
 2. Diabetes

Major Category: Respiratory Disease
 3M Clinical Risk Group (3M CRGs) Category
 1. Asthma
 2. Chronic Obstructive Pulmonary Disease

Major Category: Other
 3M Clinical Risk Group (3M CRGs) Category
 1. Other Chronic Disease -conditions listed above as well as other specific diagnoses of the population.

Description of population selection criteria

The target population to receive health home services under this amendment includes categorically needy and medically needy beneficiaries served by Medicaid managed care or fee for service and Medicare/Medicaid dual eligible beneficiaries who meet health home selection criteria. NY will offer Health Home Services to individuals with two or more chronic conditions, individuals with HIV/AIDS, individuals with one serious mental illness, individuals with SED, individuals with complex trauma, and individuals with Sickle Cell Disease.

Enrollees in the behavioral health category have been identified through claims and encounter data analysis as having received mental health or substance abuse services and/or having select mental health diagnoses. These enrollees often have co-morbid chronic, medical conditions. In addition, based on experience in working with this population, many of these enrollees have social issues, such as lack of permanent housing, that take priority to these individuals over their health care conditions. Enrollees in the chronic medical condition category have been identified through claims and encounter data analysis as having two or three chronic medical conditions.

Complex trauma exposure in childhood has been shown to impair brain development and the ability to learn and develop social and emotional skills during childhood, consequently increasing the risks of developing serious or chronic diseases in adolescence and adulthood. Children who have experienced complex trauma and who are not old enough to have experienced long-term impacts are uniquely vulnerable. Childhood exposure to child maltreatment, including emotional abuse and neglect, exposure to violence, sexual and physical abuse are often traumatic events that continue to be distressing for children even after the maltreatment has ceased, with negative physical, behavioral, and/or psychological effects on the children. Since child maltreatment occurs in the context of the child's relationship with a caregiver, the child's ability to form secure attachment bonds, sense of safety and stability are disrupted. Without timely and effective intervention during childhood, a growing body of research shows that a child's experience of these events (simultaneous or sequential maltreatment) can create wide-ranging and lasting adverse effects on developmental functioning, and physical, social, emotional or spiritual well-being. Enrolling children who are experiencing complex trauma in Health Homes will work to prevent, while an individual is still in childhood, the development of other more complex chronic conditions in adulthood.

Enrollees in the complex trauma category will be identified for referral to Health Homes by various entities, including child welfare systems (i.e., foster care and local departments of social services), health and behavioral health care providers, and other systems (e.g., education) that impact children.

Enrollees in the behavioral health category have been identified through claims and encounter data analysis as having received mental health or substance abuse services and/or having select mental health diagnoses. These enrollees often have co-morbid chronic, medical conditions. In addition, based on experience in working with this population, many of these enrollees have social issues, such as lack of permanent housing, that take priority to these individuals over their health care conditions. Enrollees in the chronic medical condition category have been identified through claims and encounter data analysis as having two or three chronic medical conditions.

One serious and persistent mental health condition

Specify the criteria for a serious and persistent mental health condition:

The guidance on complex trauma draws upon the domains within the definition of serious emotional disturbance (SED). While there may be similarities in the condition(s) and symptoms that arise in either complex trauma or SED, the therapeutic approaches associated with the same diagnoses may vary significantly when the symptoms arising from traumatic experiences are identified as such. Trauma experts indicate that with complex trauma, the

clinical diagnoses may be more severe and typically present as comorbidities or multiple diagnoses. 1. Definition of Complex Trauma a. The term complex trauma incorporates at least:

- i. Infants/children/or adolescents' exposure to multiple traumatic events, often of an invasive, interpersonal nature, and
- ii. the wide ranging long-term impact of this exposure.

b. Nature of the traumatic events:

- i. often is severe and pervasive, such as abuse or profound neglect
- ii. usually begins early in life
- iii. can be disruptive of the child's development and the formation of a healthy sense of self (with self-regulatory, executive functioning, self-perceptions, etc.)
- iv. often occur in the context of the child's relationship with a caregiver, and
- v. can interfere with the child's ability to form a secure attachment bond, which is considered a prerequisite for healthy social-emotional functioning.

c. Many aspects of a child's healthy physical and mental development rely on this secure attachment, a primary source of safety and stability.

d. Wide-ranging, long-term adverse effects can include impairments in

- i. physiological responses and related neurodevelopment
- ii. emotional responses
- iii. cognitive processes including the ability to think, learn, and concentrate
- iv. impulse control and other self-regulating behavior
- v. self-image, and
- vi. relationships with others and
- vii. dissociation.

Effective October 1, 2016 complex trauma and SED will each be a single qualifying condition.

Health Homes Population and Enrollment Criteria

MEDICAID | Medicaid State Plan | Health Homes | NY2021MS00030 | NY-21-0026 | NYS Health Home Program

Package Header

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| Superseded SPA ID | 20-0034 | | |
| | User-Entered | | |

Enrollment of Participants

Participation in a Health Homes is voluntary. Indicate the method the state will use to enroll eligible Medicaid individuals into a Health Home:

- Opt-In to Health Homes provider
- Referral and assignment to Health Homes provider with opt-out
- Other (describe)

Describe the process used:

Any Individual, including those for which consent to enroll in a health home will be provided by a parent or guardian, will be referred to health homes by health homes, care managers, managed care plans and other providers and entities, including local departments of social services, and local government units. Referrals will be processed for assignment, and such assignments will take into account existing relationships with health care providers or health care delivery system relationships, geography, and/or qualifying condition. Such individuals/parents/guardians will be given the option to choose another health home when available, or opt out of enrollment of a health home.

The state provides assurance that it will clearly communicate the individual's right to opt out of the Health Homes benefit or to change Health Homes providers at any time and agrees to submit to CMS a copy of any letter or communication used to inform the individuals of the Health Homes benefit and their rights to choose or change Health Homes providers or to elect not to receive the benefit.

| Name | Date Created |
|------|--------------|
| | |

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | NY2021MS00030 | NY-21-0026 | NYS Health Home Program

Package Header

| | | | |
|--------------------------|----------------|--------------------------------|------------|
| Package ID | NY2021MS00030 | SPA ID | NY-21-0026 |
| Submission Type | Official | Initial Submission Date | 9/30/2021 |
| Approval Date | 3/24/2022 | Effective Date | 9/1/2021 |
| Superseded SPA ID | NY-20-0034 | | |
| | System-Derived | | |

Payment Methodology

The State's Health Homes payment methodology will contain the following features

- Fee for Service
 - Individual Rates Per Service
 - Per Member, Per Month Rates
 - Fee for Service Rates based on
 - Severity of each individual's chronic conditions
 - Capabilities of the team of health care professionals, designated provider, or health team
 - Other

Describe below

see text box below regarding rates

- Comprehensive Methodology Included in the Plan
- Incentive Payment Reimbursement

Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided see text below

- PCCM (description included in Service Delivery section)
- Risk Based Managed Care (description included in Service Delivery section)
- Alternative models of payment, other than Fee for Service or PMPM payments (describe below)

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Agency Rates

Describe the rates used

- FFS Rates included in plan
- Comprehensive methodology included in plan
- The agency rates are set as of the following date and are effective for services provided on or after that date

Effective Date

7/1/2020

Website where rates are displayed

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/billing/hh_rates_effective_july_2020.htm

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Rate Development

Provide a comprehensive description in the SPA of the manner in which rates were set

1. In the SPA please provide the cost data and assumptions that were used to develop each of the rates
2. Please identify the reimbursable unit(s) of service
3. Please describe the minimum level of activities that the state agency requires for providers to receive payment per the defined unit
4. Please describe the state's standards and process required for service documentation, and
5. Please describe in the SPA the procedures for reviewing and rebasing the rates, including
 - the frequency with which the state will review the rates, and
 - the factors that will be reviewed by the state in order to understand if the rates are economic and efficient and sufficient to ensure quality services.

Comprehensive Description Provide a comprehensive description of the rate-setting policies the State will use to establish Health Homes provider reimbursement fee for service or PMPM rates. Explain how the methodology is consistent with the goals of efficiency, economy, and quality of care. Within your description, please explain: the reimbursable unit(s) of service, the cost assumptions and other relevant factors used to determine the payment amounts, the minimum level of activities that the State agency requires for providers to receive payment per the defined unit, and the State's standards and process required for service documentation.

Provider Type

NYS Medicaid providers eligible to become health homes include managed care plans; hospitals; medical, mental and chemical dependency treatment clinics; primary care practitioner practices; PCMHs; FQHCs; Targeted Case Management (TCM) providers; certified home health care agencies and any other Medicaid enrolled providers that meet health home provider standards.

Care Management Fee:

Health Homes meeting State and Federal standards will be paid a per member per month care management fee that is adjusted based on region and case mix method for adults, or the Child and Adolescent Needs and Strength Assessment of New York (CANS-NY) for children age 0 through 20). The total cost relating to a care manager (salary, fringe benefits, non-personal services, capital and administration costs) in conjunction with caseload assumptions were used to develop the Health Home rates. The state periodically reviews the Health Home payments in conjunction with Department of Labor salary data to ensure that the Health Home rates are sufficient to ensure quality services.

Effective May 1, 2018, the per member per month care management fee for adults will be based on region and case mix defined by populations as indicated below. Health Home rates for children will continue to be determined by an algorithm applied to the CANS-NY assessment. The risk adjusted payments will allow providers to receive a diverse population of patients and assign patients to various levels of care management intensity without having to meet preset standards for contact counts. Providers will be able to respond to and adjust the intensity and frequency of intervention based on patient's current condition and needs (from tracking to high touch). All rates will be published on the DOH website. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers. Rates for Health Home services to children are effective October 1, 2016 and apply to services furnished on and after October 1, 2016.

For dates of service beginning June 1, 2018 through December 31, 2018, the per member per month care management fee for Health Homes that are, as of June 1, 2018, designated to serve children only, or designated to serve children in 43 counties and adults and children in one county, shall be adjusted to provide \$4 million in payments to supplement care management fees. The supplemental payments shall be paid no later than March 31, 2019 and will be allocated proportionately among such Health Homes based on services provided between June 1, 2018 and December 1, 2018. The supplement shall be a lump sum payments.

Rates for Health Home services furnished to other populations are effective as noted below and apply to services furnished on and after such dates.

State Health Home Rates and Rate Codes Effective October 1, 2017 can be found at:

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_rates_eective_october_2017.xlsx

State Health Home Rates and Rate Codes Effective May 1, 2018 can be found at:

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_rates_eective_october_2017.xlsx

State Health Home Rates and Rate Codes Effective October 1, 2018 can be found at:

https://health.ny.gov/health_care/medicaid/program/medicaid_health_homes/billing/docs/hh_rates_effective_october_2018.xlsx

8.xlsx

State Health Home Rates and Rate Codes Effective July 1, 2020, can be found at:

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/billing/hh_rates_effective_july_2020.htm

Population Case Mix Definitions for Health Home Adult Rates

Health Home Plus/Care Management Rates include adults with active AOT order or expired AOT order within last year; adults stepping down from State PC and ACT; Health and Recovery Plan (HARP) members that meet high risk criteria (recent incarceration, homelessness, multiple hospital admissions, etc.); and members identified at the discretion of the Medicaid Managed Care Plan or state designated entity for adults not currently enrolled in a Medicaid Managed Care Plan.

Health Home High Risk/Need Care Management Rates, include adults that are HARP enrolled members not included in the Health Home Plus/Care Management; any adult member meeting high risk criteria based on the high, medium and low, Clinical and Functional Assessment; and members identified at the discretion of the Medicaid Managed Care Plan or state designated entity for adults not currently enrolled in a Medicaid Managed Care Plan.

Health Home Care Management Rates, include all other adults not meeting criteria for Health Home Services Adult Home Transition Rates, Health Home Plus/Care Management or High Risk /High Need Care Management Rates.

Health Home Services Adult Home Transition Rates apply to individuals, under the terms of a Stipulation and Order of Settlement between the U.S. Department of Justice and New York State, that are Adult Home Residents with serious mental illness (SMI) that are required to transition from Adult Homes located in New York City to the community.

Effective July 1, 2020, the PMPM for case finding will be reduced to \$0 as indicated in the State Health Home Rates and Rate Codes posted to the State's website as indicated above.

A unit of service will be defined as a billable unit per service month. In order to be reimbursed for a billable unit of service per month health home providers must, at a minimum, provide one of the core health home services per month. The monthly payment will be paid via the active care management PMPM. Once a patient has consented to received services and been assigned a care manager and is enrolled in the health home program the active care management PMPM may be billed. Care managers must document all services provided to the member in the member's care plan.

Managed Care Considerations:

Similar to the NY patient centered Medical Home program, it is the intention of the State to coordinate and pay for health home services through health plans but at State set rates for the service. The State will address any existing care management resources in the current plan premium for health home enrollees under CMS guidelines (bring this resource out of the capitation and create federal matching for those resources under the health home payment). Plans will pay health home providers State set rates when providers are contracted to provide all health home services. In the case where the plan does a portion of the health home service (e.g. telephonic post discharge tracking) and downstream providers do a separate portion (e.g. face to face care management) the plan will then split the State generated PMPM proportional to the contracted effort.

The Medicaid/FHP Model Contract has been modified to include language similar to that outlined below which addresses any duplication of payment between the MCO capitation payments and health home payments. The delivery design and payment methodology will not result in any duplication of payment between Health Homes and managed care.

- The managed care plan is not required to provide services that would duplicate the CMS reimbursed Health Home services for members participating in the State's Health Home program.
- The managed care organization will be informed of members assigned to a Health Home or will assign its members to a Health Home for health home services. Plans may need to expand their networks to include additional State designated health home providers to ensure appropriate access.
- Plans will need to have signed contracts including clearly established responsibilities with the provider based health homes.
- The managed care plan will be required to inform either the individual's Health Home or the State of any inpatient admission or discharge of a Health Home member that the plan learns of through its inpatient admission initial authorization and concurrent review processes as soon as possible to promote appropriate follow-up and coordination of services.
- Plans will assist State designated Health Home providers in their network with coordinating access to data, as needed.
- Plans will, as appropriate, assist with the collection of required care management and patient experience of care data from State designated Health Home providers in its' network.

The State has a health home advisory committee of providers and managed care plans through which any issues with payment would be raised and addressed. Directions have been given to health plans to match health home payment to providers based on relative health home care management effort. Further information on specific construction on health home rates includes specific administration compensation to guide rate differential construct.

Targeted Case Management (TCM) Conversion Considerations:

The State envisions that eventually all targeted case management programs operating in New York will convert to or become part of health homes, and these providers will require time to meet State and Federal health home standards. The State will allow TCM providers that can meet health home standards to convert to health homes or join with larger health homes. TCM providers that convert to health homes will be governed under NYS Health Home Provider Qualification Standards, not TCM standards. The payment method will be designed to transition all existing TCM capacity from the current rates to the new Health Home payment structure. Effective January 1, 2015 TCM programs for adults will be paid

their existing TCM rates until November 30, 2016. Effective October 1, 2016 through September 30, 2018 TCM programs for children will be paid a transitional rate that is as financially equivalent as practicable to their current rate.

Health Home care management services may be provided to children that are eligible and enrolled in both the Early Intervention Program and Health Home, and will meet and fulfill the requirements of the ongoing service coordination required to be provided to children enrolled in the Early Intervention Program.

All payments will be made under the health home payment detailed above in the care management fee section if they convert to or become part of a health home. Effective October 1, 2017, the case finding PMPM will be paid under the provisions described in the care management fee section.

Children's Transitional Rates

Providers delivering Individualized Care Coordination (ICC) under the 1915c SED or Health Care Integration (HCI) under the 1915c B2H waivers, who shall provide Health Home Care Management services in accordance with this section effective on January 1, 2019, shall be eligible for a transition rate add-on for two years to enable providers to transition to Health Home rates. Health Home Care Management Services eligible for the transition rate add-on shall be limited to services provided to the number of children such providers served as of December 31, 2018. Services provided to a greater number of children than such providers served as of December 31, 2018 shall be reimbursed the Health Home rate without the add-on. The transition methodology is set forth in the transitional rate chart.

Children's Health Home Transition Rates

January 1, 2019 through June 30, 2019

| Health Home | Add-On | | Transitional Rate | | | | | |
|--------------|----------|-----------|-------------------|-----------|----------|-----------|------------|------------|
| | Upstate | Downstate | Upstate | Downstate | Upstate | Downstate | | |
| 1869: Low | \$225.00 | \$240.00 | 7926: SED (L) | \$948.00 | \$992.00 | SED (L) | \$1,173.00 | \$1,232.00 |
| 1870: Medium | \$450.00 | \$479.00 | 7925: SED (M) | \$723.00 | \$753.00 | SED (M) | \$1,173.00 | \$1,232.00 |
| 1871: High | \$750.00 | \$799.00 | 7924: SED (H) | \$423.00 | \$433.00 | SED (H) | \$1,173.00 | \$1,232.00 |

July 1, 2019 through December 31, 2019

| Health Home | Add-On | | Transitional Rate | | | | | |
|--------------|----------|-----------|-------------------|-----------|----------|-----------|------------|------------|
| | Upstate | Downstate | Upstate | Downstate | Upstate | Downstate | | |
| 1869: Low | \$225.00 | \$240.00 | 7926: SED (L) | \$711.00 | \$744.00 | SED (L) | \$936.00 | \$984.00 |
| 1870: Medium | \$450.00 | \$479.00 | 7925: SED (M) | \$542.00 | \$565.00 | SED (M) | \$992.00 | \$1,044.00 |
| 1871: High | \$750.00 | \$799.00 | 7924: SED (H) | \$317.00 | \$325.00 | SED (H) | \$1,067.00 | \$1,124.00 |

January 1, 2020 through June 30, 2020

| Health Home | Add-On | | Transitional Rate | | | | | |
|--------------|----------|-----------|-------------------|-----------|----------|-----------|----------|------------|
| | Upstate | Downstate | Upstate | Downstate | Upstate | Downstate | | |
| 1869: Low | \$225.00 | \$240.00 | 7926: SED (L) | \$474.00 | \$496.00 | SED (L) | \$699.00 | \$736.00 |
| 1870: Medium | \$450.00 | \$479.00 | 7925: SED (M) | \$362.00 | \$377.00 | SED (M) | \$812.00 | \$856.00 |
| 1871: High | \$750.00 | \$799.00 | 7924: SED (H) | \$212.00 | \$217.00 | SED (H) | \$962.00 | \$1,016.00 |

July 1, 2020 through December 31, 2020

| Health Home | Add-On | | Transitional Rate | | | | | |
|--------------|----------|-----------|-------------------|-----------|----------|-----------|----------|----------|
| | Upstate | Downstate | Upstate | Downstate | Upstate | Downstate | | |
| 1869: Low | \$225.00 | \$240.00 | 7926: SED (L) | \$237.00 | \$248.00 | SED (L) | \$462.00 | \$488.00 |
| 1870: Medium | \$450.00 | \$479.00 | 7925: SED (M) | \$181.00 | \$188.00 | SED (M) | \$631.00 | \$667.00 |
| 1871: High | \$750.00 | \$799.00 | 7924: SED (H) | \$106.00 | \$108.00 | SED (H) | \$856.00 | \$907.00 |

January 1, 2019 through June 30, 2019

| Health Home | Add-On | | Transitional Rate | | | | | |
|--------------|----------|-----------|-------------------|-----------|----------|-----------|------------|------------|
| | Upstate | Downstate | Upstate | Downstate | Upstate | Downstate | | |
| 1869: Low | \$225.00 | \$240.00 | 8002: B2H (L) | \$925.00 | \$960.00 | B2H (L) | \$1,150.00 | \$1,200.00 |
| 1870: Medium | \$450.00 | \$479.00 | 8001: B2H (M) | \$700.00 | \$721.00 | B2H (M) | \$1,150.00 | \$1,200.00 |
| 1871: High | \$750.00 | \$799.00 | 8000: B2H (H) | \$400.00 | \$401.00 | B2H (H) | \$1,150.00 | \$1,200.00 |

July 1, 2019 through December 31, 2019

| Health Home | Add-On | | Transitional Rate | | | | | |
|--------------|----------|-----------|-------------------|-----------|----------|-----------|------------|------------|
| | Upstate | Downstate | Upstate | Downstate | Upstate | Downstate | | |
| 1869: Low | \$225.00 | \$240.00 | 8002: B2H (L) | \$694.00 | \$720.00 | B2H (L) | \$919.00 | \$960.00 |
| 1870: Medium | \$450.00 | \$479.00 | 8001: B2H (M) | \$525.00 | \$541.00 | B2H (M) | \$975.00 | \$1,020.00 |
| 1871: High | \$750.00 | \$799.00 | 8000: B2H (H) | \$300.00 | \$301.00 | B2H (H) | \$1,050.00 | \$1,100.00 |

January 1, 2020 through June 30, 2020

| Health Home | Add-On | | Transitional Rate | | | | | |
|--------------|----------|-----------|-------------------|-----------|----------|-----------|----------|------------|
| | Upstate | Downstate | Upstate | Downstate | Upstate | Downstate | | |
| 1869: Low | \$225.00 | \$240.00 | 8002: B2H (L) | \$463.00 | \$480.00 | B2H (L) | \$688.00 | \$720.00 |
| 1870: Medium | \$450.00 | \$479.00 | 8001: B2H (M) | \$350.00 | \$361.00 | B2H (M) | \$800.00 | \$840.00 |
| 1871: High | \$750.00 | \$799.00 | 8000: B2H (H) | \$200.00 | \$201.00 | B2H (H) | \$950.00 | \$1,000.00 |

July 1, 2020 through December 31, 2020

| Health Home | Add-On | | Transitional Rate | | | | | |
|--------------|----------|-----------|-------------------|-----------|----------|-----------|----------|----------|
| | Upstate | Downstate | Upstate | Downstate | Upstate | Downstate | | |
| 1869: Low | \$225.00 | \$240.00 | 8002: B2H (L) | \$231.00 | \$240.00 | B2H (L) | \$456.00 | \$480.00 |
| 1870: Medium | \$450.00 | \$479.00 | 8001: B2H (M) | \$175.00 | \$180.00 | B2H (M) | \$625.00 | \$659.00 |

1871: High \$750.00 \$799.00 8000: B2H (H) \$100.00 \$100.00 B2H (H) \$850.00 \$899.00

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Assurances

The State provides assurance that it will ensure non-duplication of payment for services similar to Health Homes services that are offered/covered under a different statutory authority, such as 1915(c) waivers or targeted case management.

Describe below how non-duplication of payment will be achieved All rates are published on the DOH website. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers. All of the above payment policies have been developed to assure that there is no duplication of payment for health home services.

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

- The state has developed payment methodologies and rates that are consistent with section 1902(a)(30)(A).
- The State provides assurance that all governmental and private providers are reimbursed according to the same rate schedule, unless otherwise described above.
- The State provides assurance that it shall reimburse providers directly, except when there are employment or contractual arrangements consistent with section 1902(a)(32).

Optional Supporting Material Upload

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