

September 21, 2012

RE: Regulation Notice for Former Targeted Case Management Providers

Dear OMH and COBRA Targeted Case Management Provider:

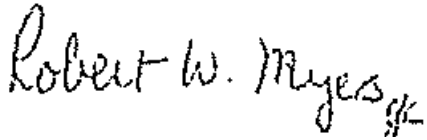
This letter serves as notification to the Office of Mental Health's (OMH) and the AIDS Institute's, HIV COBRA targeted case management (TCM) providers that have entered into agreements to provide care management services for designated Phase I, II and III Health Homes members. Please be advised that care management services that are provided to Health Home members will be billed as Health Home Services using appropriate Health Home services rate codes (legacy or health home), rather than targeted case management rate codes.

Accordingly, OMH regulations pertaining to Medicaid reimbursement for Intensive Case Management, Supportive Case Management, and Blended Case Management (14 NYCRR Part 506) and Social Services Rules and Regulations (18 NYCRR 505.16) for both OMH's case management and HIV COBRA case management programs will no longer relate to services that you provide to Health Home members. This will be effective upon your approval to bill for Health Home services for Phases I, II and III designated Health Home members. The service requirements necessary to support claims for Health Home services will be governed by the Health Home Provider Qualification Standards for Chronic Medical and Behavioral Health Populations, and guidance provided in the "*Medicaid Update, Special Edition*", April 2012. Please note that retrospective billing for Health Home services prior to executing a contract with a Health Home provider or Health Plan will be allowed. If your agency is continuing to provide targeted case management services for any remaining TCM members you will bill for those members using TCM rate codes and they will remain subject to the TCM rules and regulations to support TCM claims.

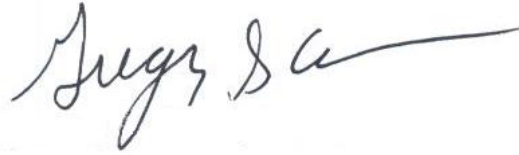
The Office of Health Insurance Programs (OHIP), Division of Program Development and Management is working with the Office of the Medicaid Inspector General (OMIG) to develop audit standards that meet Health Home requirements. These standards will be developed based on guidance provided in the "*Medicaid Update, Special Edition*" and the Health Home Provider Qualification Standards. Please be advised that Health Homes must provide at least one of the five core Health Home services per month to meet minimum billing requirements. Active and ongoing progressive engagement with the member must be documented in the care management record to demonstrate active progress toward outreach, and engagement, care planning and/or the member achieving their personal goals. OHIP is working with the OMIG to determine a period of time that Health Homes would not be subject to routine active audits to allow for program start-up and implementation.

If you have questions, please contact Deirdre Astin at 518 408-4825. Thank you for participation in the Health Home program and for the service you provide to New York's most vulnerable populations.

Sincerely,



Robert W. Myers, Ph.D.  
Senior Deputy Commissioner  
New York State Office of Mental Health



Gregory S. Allen, Director  
Division of Program Development & Management  
Office of Health Insurance Programs



Ira Feldman, Deputy Director  
AIDS Institute

cc: James C. Cox  
Medicaid Inspector General