

**Care Management Services Transition to Managed Care Worksheet Assumptions**  
**\*\*\*\*\*Draft for Discussion Purposes\*\*\*\*\***

- Health Home eligible population is made up of three populations - HARP, non-HARP and Other Populations. Individuals in the HARP and non-HARP populations have behavioral health needs; individuals in the non-HARP population do not meet the HARP eligibility criteria.
- There would be ten payment tiers for care management services; a high, medium and low tier for each Health Home eligible population and a separate tier for AOT members with more intensive care management service needs.
- The worksheet includes assumptions for the percent of individuals that will access care management services, an estimate of AOT members and estimates of individuals that will fall in the high, medium and low tiers.
- Caseload ranges are based on the tier payment and a statewide care manager cost (includes salary, fringe, etc) of approximately \$115,000. The worksheet calculates the caseload needed to pay out the projected care manager cost for each tier and assumes the case manager's entire caseload is of the same tier.