Individuals with Intellectual and/or Developmental Disabilities Health Home (I/DD HH) CMART

I/DD HH-CMART SPECIFICATIONS VERSION 1.0

Office of Quality and Patient Safety and Office of People With Developmental Disabilities
NEW YORK STATE | DEPARTMENT OF HEALTH

Contents

Overview

The I/DD Health Homes (previously referred to as Care Coordination Organization CCOs) are Health Homes for those with Intellectual/Developmental Disabilities (I/DD HHs) served by the Office for People With Developmental Disabilities (OPWDD). Effective July 1, 2018, I/DD HHs began serving individuals with I/DD who chose to receive this comprehensive model of Care Management. Care management is defined as the delivery of member-specific interventions by a multidisciplinary team, led by a dedicated care manager. Care management decisions will be based on a current comprehensive assessment and Life Plan. The interventions should result in coordinated, efficient, and quality care to achieve the Life Plan goals and optimize health outcomes for people with complex health issues and needs. For people in Medicaid I/DD HHs, care management is required to address care needs, coordinate services, and arrange efficient quality health care to promote health outcomes. Together, the multidisciplinary team and care manager will assure enrollees receive needed medical, behavioral and social services in accordance with the Life Plan. I/DD HHs are encouraged, as feasible, to utilize Health Information Technology (HIT) to create, document, execute, and update the Life Plan. I/DD HHs are further encouraged to utilize HIT to make the Life Plan available to all members of the multidisciplinary team working with each member.

I/DD HH services are provided through partnerships between health care providers, health plans, and community-based organizations. I/DD HHs must have the capacity to perform core services specified by Centers for Medicare and Medicaid Services (CMS) which include:

1) comprehensive care management
2) care coordination and health promotion
3) comprehensive transitional care
4) individual and family support
5) referral to community and social support services
6) use of health information technology to link services

I/DD HHs must provide at least one of the first 5 core functions (exclusive of HIT) to each member per month to meet the minimum monthly billing standards. Throughout this document, the term I/DD HH includes the I/DD HH staff.

The I/DD HH Care Management Assessment Reporting Tool (I/DD HH-CMART) is a tool for the collection of standardized care management data for members enrolled in a I/DD HH. This data will provide the Department of Health (DOH) with information about care management services such as the volume and type of interventions for all members during the reporting period. The submission of care management services by the I/DD Health Homes will be supplemented with Life Plan and Assessment data provided by OPWDD. The Life Plan and Assessment data will be submitted to the Department on the same timeline as the care management services data.

Submission Requirements

All I/DD HHs designated by New York State (NYS) DOH and OPWDD after June 30th, 2018 must submit I/DD HH-CMART data beginning with the quarter July 1, 2021 through September 30, 2021 and in the accordance with the due dates in the reporting schedule below. The first quarter submission will be

considered a test submission and will not be used in any official reporting or analysis. The first quarter to be used in any reporting will be October 1, 2021 through December 31, 2021.

Reporting Schedule

I/DD HH-CMART submissions are due to NYS DOH by the first Monday of the second month following the close of the reporting period. The last day for submitting I/DD HH-CMART data, including revisions to rejected rows, is the last day of the second month following the close of the reporting period.

Reporting Period	Due Date	Last Date to Submit Revisions
Q1 : January 1-March 31	1st Monday in May	May 31
Q2 : April 1-June 30	1st Monday in August	August 31
Q3 : July 1-September 30	1st Monday in November	November 30
Q4 : October 1-December 31	1st Monday in February	February 28 (29 in Leap Years)

What to Report

I/DD HHs are required to provide NYS DOH with the following information submitted via the I/DD Health Home Care Management Assessment Reporting Tool (I/DD HH-CMART):

1) **Interventions**
   The submission will contain data regarding care management services (interventions) provided to I/DD HH members during the reporting period. These elements must be extracted from the I/DD HHs Electronic Healthcare Record (EHR).

The I/DD HHs will coordinate with the care management staff providing services to collect the data for the reporting period. I/DD HH-CMART data should be extracted from the I/DD HHs EHR, not collected manually. I/DD HH-CMART submissions will include data for Medicaid members who are assigned to or enrolled with the I/DD HH at any time during the reporting period. The data submitted will include all members whether the member is in a managed care plan or Fee-for-Service (FFS). Data submitted should include both adult and child I/DD HH members.

How to Submit

The I/DD HH-CMART data submission must be submitted to the Department via the "CMART File Upload" application on the Health Commerce System (HCS) as a zipped file. This requires a user ID and password. All I/DD HHs have access to the HCS. After logging into the HCS, select 'CMART File Upload' from the Applications tab and follow the instructions for attaching and sending the file. This application will email the file securely to the OQPS I/DD HHs team who will then confirm receipt of the file and run error checks on the submitted data. Transmitting files through the HCS is mandatory due to the identifiable content of the files. Files sent via email (whether encrypted or not) will not be accepted.

Error Checks & QA Reports

The I/DD HH will be responsible for creating their own QA report or edit checks to provide clean CMART data to the State. I/DD HHs can submit test submissions up to one month prior to the due date, the State will run its internal report and provide feedback to the I/DD HHs. Once the due date has passed, the Department will accept either the I/DD HH's last test submission as final or the I/DD HH's first submission for the quarter, if they did not send in any test submissions. After the due date has passed, re-submissions for any reason will not be accepted. Any errors within the final data submission will be rejected by the State and not included in future analysis with CMART data.

I/DD HH-CMART reports will be sent to designated I/DD HH-CMART contact persons by the Office of Quality and Patient Safety (OQPS) staff member assigned to the I/DD HH via HCS. Any questions regarding the process should be sent to the OQPS staff member assigned to your I/DD HH.

Reporting Requirements

The specifications for each submission element are provided below, along with additional reporting guidelines and clarifications. The submission itself will be comprised of three fixed-width or comma separated values (CSV) text files with the following names:

1. INTERVENTIONS.TXT or INTERVENTIONS.CSV

When submitted, these files will be submitted together as a single zip file and submitted to OQPS via the HCS. The format of the file name shall be "I/DD HH-CMART_MMISID-YYYY-Qx.zip" where "MMISID" is the I/DD HH's current MMIS ID, "YYYY" is the current year and "Qx" is the reporting period quarter (Q1, Q2, Q3, or Q4).

The following sections describe each text file in the submission in greater detail.

File Definitions:

The files that make up the I/DD HH-CMART submission all start with two columns. These data elements are defined below.

Col	Column Name	Data Type	Start Col	End Col
1	MBR_ID	Varchar	1	8
2	HH_MMIS_ID	Varchar	9	16

MBR_ID: Member's eight-digit Medicaid ID. This is also sometimes referred to as their Medicaid CIN. This must match the Medicaid ID submitted by the I/DD HH in Medicaid claims and encounters data. In the unlikely event a member's Medicaid ID changes during enrollment, I/DD HHs should submit the member's Medicaid ID as it was at the time of the intervention.

HH_MMIS_ID: The I/DD HH's eight-digit MMIS ID submitted in I/DD HH-CMART should match the MMIS ID submitted in Medicaid claims and encounters data. If the I/DD HH's MMIS ID changes during a member's enrollment, I/DD HHs should submit the MMIS ID at the time of the intervention. A submission file may have only one HH_MMIS_ID. Any submission with more than one HH_MMIS_ID will contain many errors. The system will accept the most frequent MMIS ID and reject all other rows.

File Specification: INTERVENTIONS

The Interventions file includes all I/DD HH interventions/contacts. For purposes of I/DD HH-CMART reporting, this term is used broadly.

- The DOH defines the term intervention as all actions taken by the care manager or I/DD HH pursuant to the goals identified in members' Life Plan. Interventions to report include all interactions during the reporting period between the HH and:
  - o Enrolled members
  - o I/DD HH supervisors (member specific meetings, not general-purpose staff meetings)
  - o I/DD HH internal team meetings (member specific meetings, not general-purpose staff meetings)
  - o Member's doctors, providers, etc.
  - o Member's family
- Reportable actions are always member-specific. Contacts that are not member-specific, for example establishing a Memoranda of Understanding between the I/DD HH an outside provider, should not be reported.
- I/DD HHs are expected to report all interventions for a member during the reporting period. I/DD HHs will submit more than one row of data per member, where the I/DD Health Home attempts or completes more than one intervention for the member during the reporting period.
- It is also possible for there to be more than one intervention per member per day.
- Members who do not receive an intervention during the reporting period should be omitted from the submitted data.
- The file should be fixed-width (called INTERVENTIONS.TXT) or CSV (called INTERVENTIONS.CSV).
  - o For fixed-width files, start/end columns are documented in the following table.
  - o CSV files may not have additional columns beyond those shown here.
  - o Data submitted in a fixed-width file, should not include column names. The first row in the file should be data.
  - o Data submitted in a CSV file should include column names. The first row should be the column names in the following table.
- **Null, Blank values, and spaces, will be ignored. All columns require an entered value.**

#	Field Name	Data Type	Start Col	End Col	Details/Comments
	File Spec: INTERVENTIONS.TXT				
1	MBR_ID	Varchar	1	8	This field may not be NULL.
2	HH_MMIS_ID	Varchar	9	16	This field may not be NULL.
3	INTERVENTION_DATE	Date	25	32	MMDDYYYY A I/DD HH may submit more than one intervention per member per day. This field may not be NULL.
4	MODE	Int	33		1 = Letter, 2 = Phone, 3 = In-Person (Face to face) 4 = Email, 5 = SMS/Text, 6 = Video Conference (Microsoft Skype, Google Hangouts, Apple Facetime) *Submit only intervention modes approved for use by the CCO/HH.* Only One MODE per contact. This field may not be NULL.
5	TARGET	Int	34		1 = Member 2 = Co-worker, Senior Care Manager, Supervisor (I/DD HH or CMA) 3 = Multidisciplinary Team/Case Review Meeting (Internal/External) 4 = External Doctor/Provider (Anyone who provides care or service to the member.) 5 = Family of Member (Includes close friends who function as de-facto family.) 6 = Other This field may not be NULL.
6	COMPLETED	Int	35		1 = TRUE, 5 = FALSE, 9 = Not Recorded TRUE only if contact is successful and the member responds. Further guidance below. This field should be 9 where MODE = Letter (1) This field may not be NULL.
7	CARE_MANAGE[i]	Int	37		1= TRUE, 5 = FALSE
8	CARE_COORD_HEALTH_PROMOTE[ii]	Int	38		The intervention goals are mutually exclusive.
9	TRANSITION_CARE[iii]	Int	39		
10	PATIENT_FAMILY_SUPPORT[iv]	Int	40		When COMPLETED = TRUE, at least one of intervention goal columns must be TRUE.
11	COMM_SOCIAL[v]	Int	41		None of these fields may be NULL.

File Definitions:

INTERVENTION_DATE: This is the date of the intervention. This date should be during the reporting period. It should be in the format of MMDDYYYY with no intervening "-" or "/". The format is the same if data is submitted via a fixed-width file or CSV.

MODE: This is the mode of communication used in the intervention. If there is more than one mode of intervention used during the intervention, the I/DD HH should report only the last mode used. For example, an enrolled member uses a cellphone to call their care manager to inform her of an ED utilization. The Care Manager is at the hospital and agrees to come see the member in-person. In this example, the I/DD HH should not report two interventions, because there is only one distinct intervention. Nor should the I/DD HH report a single intervention with two modes. In this example, the I/DD HH should report the mode of intervention used last during the intervention.

I/DD HH-CMART includes several new intervention modes. These include 4 (Email), 5 (SMS/Text), and 6 (Video Conference). These new modes were added to broaden the specificity of the data reported. I/DD HHs may individually determine the appropriateness of these intervention modes.

- I/DD HHs must report only on interventions using communication modes approved by the I/DD HH
- Where the Target is another care manager or provider, no distinction need be made between E-mail and secure on-line tools such as the HCS. For purposes of I/DD HH-CMART reporting these can be treated as the same communication mode.
- I/DD HHs are expected to comply with HIPAA and I/DD HH policy regarding the use of digital communications.

TARGET: Most reported interventions are between the I/DD HH and the member. That said, an intervention may be between the I/DD HH and another provider or the member's family. Any action taken on behalf of a specific member and meets one of the Intervention Types should be reported. If any intervention is taken on behalf of a member between two or more outside targets it is at the I/DD HH's discretion to determine which target to report. Whichever target is the primary focus of the intervention should be the one reported.

COMPLETED: I/DD HH-CMART requires I/DD HHs to report all interventions and to identify which interventions were completed. I/DD HH-CMART required I/DD HHs to report only completed interventions. This change allows I/DD HHs to better document the scale of care management efforts.

- **A complete intervention results in at least some interaction with the member.**
- When the intervention mode = 1 (Letter), completed should be reported as 9 (Not recorded). Interventions by mail will not affect the I/DD HHs intervention completion rate.
- Interventions made using any mode other than 1 (Letter) should be identified as 1 (TRUE) or 5 (FALSE).
- When the intervention mode is 2 (phone) or 3 (in person) or 4 (Email) or 5 (SMS/Text) I/DD HHs should identify interventions, which result in at least some interaction with the member. For example, a SMS/text message to remind a member of an upcoming

appointment would only be complete if the member responds. Phone calls, emails and text messages which result in no interaction with the client should be reported as incomplete, even when going to numbers and addresses which are known to be good.

Intervention Type: The final five columns of the INTERVENTIONS.TXT file detail the type of intervention.

- **CARE_MANAGE:**
    - Care manager or interdisciplinary team creates, updates, or reviews the assessment or person-centered Life Plan. Includes performing an assessment (comprehensive or targeted), monitoring goal progress, or updating the Life Plan.
    - Care manager follows up with member or service providers to monitor the progress and completion of the Life Plan.
    - Applies to enrolled members only.
- **CARE_COORD_HEALTH_PROMOTE:**
    - Care manager coordinates and arranges for the provision of services and supports adherence to treatment recommendations.
    - Care manager facilitates regular case review meetings with external providers or multidisciplinary team.
    - Care manager promotes evidence-based wellness and prevention by linking enrollees with resources for services such as smoking cessation, diabetes, asthma, hypertension, self-help recovery resources, and other services based on individual needs and preferences.
    - Applies to enrolled members only.
- **TRANSITION_CARE:**
    - Care manager or interdisciplinary team creates or reviews a transition plan for a member discharged from a hospital, Nursing Home, or residential/rehabilitation facility.
    - Care manager follows up with member or service providers to monitor the progress and completion of the transition plan.
    - Applies to enrolled members only.
- **INDIVID_FAMILY_SUPPORT:**
    - The I/DD HH engages the member via peer support, support groups and self-care programs.
    - Care manager discusses advance directives with enrollee, family, or caregiver.
    - Care manager communicates or shares information with individuals and their families and other caregivers.
    - Applies to enrolled members only.
- **COMM_SOCIAL:**
    - Care manager coordinates with community-based resources and actively manages appropriate referrals, access, engagement, follow-up and coordination of community-based services.
    - Applies to enrolled members only.

Questions

For questions about the specifications and general reporting guidelines, contact the Health Home Team in Office of Quality & Patient Safety by calling (518) 486-9012 or by emailing the Care Management mailbox at: CareManagement_OQPS@health.ny.gov.

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[i] See CCO/Health Homes Provider Policy Guidance and Manual (PDF) for more details.
[ii] See CCO/Health Homes Provider Policy Guidance and Manual (PDF) for more details.
[iii] See CCO/Health Homes Provider Policy Guidance and Manual (PDF) for more details.
[iv] See CCO/Health Homes Provider Policy Guidance and Manual (PDF) for more details.
[v] See CCO/Health Homes Provider Policy Guidance and Manual (PDF) for more details.