



MEDICAID HEALTH HOME PROVIDER APPLICATION INSTRUCTIONS

PURPOSE

The purpose of this document is to provide instructions for submission of a Letter of Intent for organizations interested in becoming designated as a Health Home Lead Agency.

BACKGROUND

The Health Home Program was implemented in 2012 to provide reimbursement for care management to approved health home providers for the following health home services provided to enrollees with two or more chronic conditions or one single qualifying chronic condition: HIV/AIDS or Serious Mental Illness (SMI), and risk factors that require the intensive level of Care Management services:

- Comprehensive care management;
- Care coordination and health promotion;
- Comprehensive transitional care from inpatient to other settings, including appropriate follow-up;
- Individual and family support, which includes authorized representatives;
- Referral to community and social support services; and
- The use of health information technology (HIT) to link services, as feasible and appropriate.

Health Home Eligibility Requirements may be accessed at:

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/health_home_chronic_conditions.pdf

NYS health homes are required to use multidisciplinary teams comprised of medical, mental health, and Substance use providers, social workers, nurses and other care providers. The team will be led by a dedicated care manager who will assure that enrollees receive all needed medical, behavioral, and social services in accordance with a single care management plan. The health home provider will be accountable for reducing avoidable health care costs, specifically preventable hospital admissions/readmissions, skilled nursing facility admissions and emergency room visits and meeting quality measures.

Comprehensive information, including policies and procedures regarding the NYS Health Home Program information may be accessed at:

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

PROVIDER ELIGIBILITY AND GENERAL QUALIFICATIONS

NYS providers eligible to become health homes demonstrate an integrated health care and community provider network that includes: 1) managed care plans; 2) hospitals; 3) community-based organizations; and 4) mental health and substance abuse services providers.

1. Health home providers/plans must be enrolled (or be eligible for enrollment) in the NYS Medicaid program and agree to comply with all Medicaid program requirements.

2. Health home providers can either directly provide, or subcontract for the provision of, health home services. The health home provider remains responsible for all health home program requirements, including services performed by the subcontractor.
3. Care coordination and integration of health care services will be provided to all health home enrollees by an interdisciplinary team of providers, where each individual's care is under the direction of a dedicated care manager who is accountable for facilitating access to medical and behavioral health care services and community social supports as defined in the enrollee's care plan.
4. Hospitals that are part of a health home network must have procedures in place for referring any eligible individuals with chronic conditions who seek or need treatment in a hospital emergency department to a DOH designated health home provider.

Additional details regarding the roles and responsibilities of Health Home Lead Agencies are available at https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_mco_cm_standards.pdf.

LETTER OF INTENT

Prospective applicants must submit a Letter of Intent that includes:

- The host or primary applicant; a preliminary list of the proposed Health Home network partners including direct care providers, community-based organizations, the proposed service area, and initial capacity.
- The anticipated governance structure of the proposed Health Home (e.g., anticipated ownership entity or entities, network providers, including care management agencies), specialty populations to be served, adults and/or children/youth, and any other relevant information.

Please submit the Letter of Intent to the Health Home BML at: healthhomes@health.ny.gov

Select: *Organizational Changes* - Subject Line: *Letter of Intent*

All submissions will be reviewed in collaboration with State Agency Partners within the context of service gaps and needs. The applicant will be noticed in writing, with the determination as to whether the Department plans to proceed with an application and designation process, and the applicable next steps.