

POLICY: 1.013 HEALTH HOME PLUS FOR ASSISTED OUTPATIENT TREATMENT (AOT)

All Health Home (HH) enrolled court-mandated AOT patients will receive Health Home Plus (HH+) services as detailed in the procedures. Care Management Agencies (CMAs) meeting with patients at least four times per month are eligible for billing using the HH+ rate code that month; CMAs providing at least one core service, but unable to meet this minimum requirement despite making adequate efforts, may bill at the “High” HH regular rate code that month.

What is Assisted Outpatient Treatment (AOT)?

The Assisted Outpatient Treatment (AOT) Program refers to court-mandated treatment for patients with mental health illness who are unable to voluntarily and properly adhere to prescribed treatments and experience recurrent negative outcomes (e.g., recurrent hospitalizations, repeated incidents of violence). Through AOT, patients receive psychiatric services through a community-based setting. AOT is grounded in evidence-based practice and aims to ensure that patients meeting the relevant criteria have priority access to community-based resources that can help them become and remain healthy.

What is Health Home Plus (HH+)?

All court-ordered AOT includes some level of care management, which may be provided through a Health Home (HH) if the patient is determined eligible to receive HH services or is assigned by the court to participate in a HH program. Any court-ordered AOT patient enrolled in a HH must receive HH Plus (HH+) services. HH+ is a more intensive care management program for patients with a Serious Mental Illness (SMI) who are enrolled in a HH. To date, patients receiving AOT, released from an OMH Central New York Psychiatric Center and its corrections-based mental health units, or discharged from an OMH State Psychiatric Center are the HH population eligible for HH+. Together, the NYS Office of Mental Health (OMH) and Department of Health (DOH) oversee the court order and compliance to HH+.

PROCEDURE:

HH Plus (HH+) for Assisted Outpatient Treatment (AOT)

Attestation forms

1. Each year, NYPHH will obtain necessary information from all collaborating Care Management Agencies (CMAs) to complete the NYSDOH/OMH Health Home Plus Standard Attestation Form that allows for the billing of HH+ Services.
 - a. NYP will submit the final completed attestation form to the NYSDOH.

Outreach and Engagement

1. Court-ordered mandated AOT patients not currently enrolled in HH will be referred directly to qualified CMAs with relevant behavioral expertise through the Local Governmental Unit (LGU)/Single Point of Access (SPOA).
 - a. Inform NYPHH of any AOT referrals *within 2 business days*.
 - b. If a court-mandated AOT patient refuses to receive HH services, the LGU will provide a copy of the AOT order that can be used to automatically enroll the patient in HH.

This order, however, does not substitute the patient's consent to share clinical information. Clinical information may only be shared for the purposes of coordinating services for the patient as permitted by section 33.13(d) of the Mental Hygiene Law.

(https://www.omh.ny.gov/omhweb/psyckes_medicaid/initiatives/er/training/ConfidentialityAgreement.pdf) (also enclosed as *Appendix J*).

2. If a court-ordered mandated AOT patient is already receiving care management services from a collaborating CMA, the LGU/SPOA may notify NYPHH or the CMA of the patient's AOT status.
 - a. If the notification is sent directly to the CMA by the LGU, the CMA must inform NYP of the patient's AOT status using email *within 2 business days*.
 - b. The LGU will ensure that the CMA has the appropriate expertise to provide case management services to meet the patient's AOT needs.
 - c. If the CMA is not qualified to meet the patient's needs, the LGU will transfer the patient to another qualified CMA.
 - d. If a patient is transferred to another CMA by the LGU, the CMA must notify NYPHH *immediately, but no later than 2 business days*.
2. CMAs assigned an AOT patient must provide outreach to the patient *immediately, but no later than 2 business days*.

Care Management

1. CMAs providing care management to AOT patients must adhere to the Program Requirements for AOT HH+ outlined by the NYS OMH and DOH. In accordance to the most recent guidelines, CMAs must meet the following requirements:
 - a. have working knowledge of and comply with the statutory basis of the AOT Program under Kendra's Law (§9.60 of NYS Mental Hygiene Law);
 - b. meet the minimum education, experience, and supervision requirements for Care Managers (CMs) as outlined by the NYS OMH and DOH (*see Appendix K*);
 - a. CM and Supervisor qualifications as well as supervision protocols will be review during quality review visits at least biannually.
 - c. provide face-to-face contact with AOT patients at least 4x per month;
 - d. document all efforts to meet with patients face-to-face who cannot be successfully reached in the patient's Care Plan Activity Note on ACD, report these efforts to the LGU in accordance to their notification procedures, and work with the LGU to determine appropriate follow-up steps;
 - e. assign CMs a caseload ratio of no more than 1 CM to 12 HH+ patients, and no greater than 1 to 15 caseload ratio when the CM's caseload includes HH+ and non-HH+ patients (this caseload mix cannot include more than 11 HH+ patients);
 - f. create a Care Plan that includes all of the categories of service listed in the court-ordered AOT treatment plan;
 - g. submit any proposed material changes (i.e., additions or deletions) to the categories of services listed in the patient's court-ordered AOT treatment plan to the LGU or the County's AOT coordinator, who can petition to the court (any other proposed changes that do not pertain to the specified categories of service do not need to be submitted to the LGU);

- h. collaborate with the LGU to coordinate and ensure timely delivery of the services listed in the court-ordered AOT treatment plan;
- i. provide timely updates to NYPHH regarding the patient’s AOT status, including when (1) a HH patient has been mandated to receive AOT, (2) a court order mandate for AOT has expired and (3) a court order mandate was not renewed (this may be done through the MAPP portal); NYP will, in turn, update the patient’s Managed Care Plan (may be done through the MAPP portal);
- j. Comply with all of the LGU’s reporting requirements of the AOT program, including submitting bi-monthly assessment and follow-up data reports to OMH through their Child and Adult Integrated Reporting System (CAIRS);
- k. Comply with the requirements for engaging in a diligent search of Missing patients as outlined by the OMH (see *Appendix L* for further details);
- l. Collaborate with the LGU and AOT coordinators in accordance to local policy (see *Appendix M* for details on LGU requirements for operating, directing, and supervising their county’s AOT program).

Billing

1. CMAs must attest on the HML Form in AllScripts Director (ACD) that the minimum service requirements of four (4) face-to-face contacts and 1 core service have been met by responding “Yes” to the questions (1) “Is the member in the expanded HH+ population?” and (2) “Were the minimum required HH+ services provided?”
 - a. If the minimum requirement of 4 face-to-face contacts has not been met any given month, the CMA cannot bill at the HH+ rate code that month.
2. HH+ services are billed using a separate rate code (1853), which has a higher monthly differential than High, Medium, Low (HML) rates due to the additional standards and requirements for providing care management services to AOT patients. The Monthly HH+ Payment Rate varies for Downstate and Upstate CMAs:

Rate Code	Rate Description	Monthly HH+ Rate
1853	Downstate (Dutchess, Putnam, Rockland, Westchester, Nassau and Suffolk Counties, and New York City)	\$800
	Upstate (all other counties)	\$700

3. Effective 12/1/2016, direct billing for HH+ services provided to AOT patients by CMAs will be eliminated; NYP Health Home will distribute payments to CMAs, minus a small administrative fee.
 - a. CMAs are still responsible for properly identifying HH+ AOT patients on the HML Forms in ACD (see bullet #2 above).
 - b. CMA’s will submit claims to NYPHH who will forward the claim to the patient’s Managed Care Organization (MCO) or eMedNY (if the patient does not have an assigned MCO).
4. Effective 12/1/2016 or the elimination of direct billing, if a CM is unable to meet the minimum requirements of 4 face-to-face contacts with an AOT patient any given month, but provides at

least one HH+ core service and (1) documents all efforts to reach the patient in the patient’s care management record, (2) reports their efforts to reach the patient to the LGU’s using their notification procedures and (3) collaborates with the LGU to conduct a risk determination, the CMA may bill at the (High) HH rate code during that month.

Documentation

1. All care management activities related to patients receiving HH+ services must be documented in the Activity Note on Allscripts Director (ACD).
2. Complete HML form on ACD and properly designate patients receiving HH+ services.

APPENDIX J. Section 33.13(d) of the Mental Hygiene Law¹

NEW YORK STATE MENTAL HYGIENE LAW SECTION 33.13 (d) CONFIDENTIALITY AGREEMENT

-between-

THE NEW YORK STATE OFFICE OF MENTAL HEALTH -and-

THIS AGREEMENT, is entered into the ____ day of _____, 20 __, by and between the New York State Office of Mental Health (OMH) and _____, hereinafter referred to as “PROVIDER.”

WHEREAS, New York State Mental Hygiene Law Section 33.13 evidences the Legislature’s intent to facilitate the flow of patient information within the provider network, in order to assure continuity and appropriateness of care; and

WHEREAS subdivision (d) of such section permits entities and persons responsible for the provision of services for current or former patients (i.e., individuals concerning whom clinical information is maintained or possessed by OMH or a licensed facility, ward, wing or unit) may share with each other information necessary to such provision of services, provided there is some nexus, or link, with OMH through licensure, a local or unified services plan, an agreement, or consistent with standards established by the Commissioner for purposes of implementing Kendra’s Law, and the patient’s consent/authorization to such information-sharing is not legally mandatory; and

WHEREAS, PROVIDER is licensed by the Department of Health pursuant to Article 28 of the Public Health Law,

WHEREAS, PROVIDER is an enrolled provider in the Medicaid program, i.e., that program of medical assistance for needy persons established under Title XI of Article 5 of the Social Services Law and pursuant to Title XIX of the Federal Social Security Act, (“Medicaid”) and furnishes items or services for

¹ New York State Mental Hygiene Law Section 33.13 (d) Confidentiality Agreement. Accessed 28 April 2017, https://www.omh.ny.gov/omhweb/psyckes_medicaid/initiatives/er/training/ConfidentialityAgreement.pdf

which payment is claimed or reported under the Medicaid program or which offers to furnish such items or services; and

WHEREAS, PROVIDER is a provider of health and/or mental health services, some of which are billable under the Medicaid program; and

WHEREAS, the OMH is a “covered entity” for purposes of 45 C.F.R. Parts 160, 164 (the HIPAA Privacy Rules) and is therefore bound by the provisions of these rules; and

WHEREAS the HIPAA Privacy Rules permit disclosures of individually identifying health information, or protected health information (“PHI”) for treatment purposes without requiring patient consent or authorization; and

WHEREAS because New York State Mental Hygiene Law Section 33.13, specifically subdivision (d) of such section, is more stringent than HIPAA with respect to disclosing information for treatment purposes without patient consent/authorization, an agreement is necessary before information can be shared by OMH with PROVIDER for treatment purposes without such consent/authorization; and

WHEREAS, OMH has developed and seeks to implement the Psychiatric Services and Clinical Knowledge Enhancement System, (“PSYCKES”) a web-based tool for sharing certain state administrative health data (which includes PHI) for treatment purposes, including improving clinical decision making in mental health services; and

WHEREAS, OMH and PROVIDER seek to support quality improvement, safety, and improved clinical decision making in mental health services; monitor access to and utilization of Medicaid services and establish utilization controls; promote cost effective mental health services; and coordinate management of high cost recipients, high risk recipients and underserved or sub-optimally treated recipient populations with control agencies and providers; and

WHEREAS, OMH wishes to ensure that all PHI received or created from, for or on behalf of OMH is in accordance with all applicable state and federal laws, including, without limitation, New York State Mental Hygiene Law Sections 33.13 and 33.16 and the HIPAA Privacy Rules, and associated OMH policies and procedures;

NOW, THEREFORE, the parties hereto hereby agree as follows:

1. Nature of the Services to be Provided:

(a) PROVIDER is a provider of mental health treatment services and general health care services. Use of the data that includes PHI will be limited to the purposes directly related to identifying and serving the needs of PROVIDER patients, and shall include:

- (i) supporting clinical decision making including evaluation and planning of treatment services;
- (ii) supporting patient engagement in appropriate care;
- (iii) identifying patients served by PROVIDER that have quality concerns;

(iv) supporting coordination of care between Providers;

(v) supporting coordination of care between PROVIDER and OMH and/or the local governmental unit; and

(vi) supporting patient education.

(b) For purposes of this Agreement, the term “PROVIDER patients” shall mean any individual who is or has been:

(i) served by PROVIDER as evidenced by an adjudicated claim;

(ii) seeking services from PROVIDER; or

(iii) referred to PROVIDER by means of Local Governmental Units (LGU's), as defined in Article 41 of the New York State Mental Hygiene Law, and Single Point of Access agencies that coordinate care with OMH at the local level.

2. Nature and Extent of Patient Information to be Disclosed

OMH will grant the PROVIDER access to aggregate, de-identified data on the performance of all Providers in New York State on quality measures, and protected health information pertaining to PROVIDER patients that is available in PSYCKES, including:

(a) Confidential health information (excluding HIV, family planning, substance abuse, and genetic disorders related data) for PROVIDER patients with quality and safety concerns.

(b) Confidential health information (including HIV, family planning, substance abuse, and genetic disorders related data) for all admitted patients of PROVIDER who sign a PSYCKES Consent Form permitting PROVIDER access. PROVIDER shall review the PSYCKES Consent Forms with its patients, and shall retain a copy of the signed forms.

(c) Confidential health information (including HIV, family planning, substance abuse, and genetic disorders related data) for any PROVIDER patient who is medically incapacitated in a medical or psychiatric emergency.

3. Privacy Requirements and Security Procedures and Protocols

(a) PROVIDER will comply with all privacy requirements and security procedures and protocols of OMH with respect to access to PSYCKES, including but not limited to the execution of a Confidentiality and Nondisclosure Agreement and Computer Application Sharing Form, and/or Data Exchange Agreement (as applicable).

(b) Only staff of PROVIDER who require the data to perform the functions of this Agreement will be given access to the data. Such staff shall be trained by PROVIDER as to the confidential nature of the

data, and its proper handling, and each such staff person shall sign an agreement agreeing to use or handle such data accordingly, and agreeing to meet any other appropriate City, State or Federal privacy and security requirements to access, use or disclose confidential data.

(c) PROVIDER and staff of PROVIDER shall ensure that any confidential health information shall remain confidential and shall only be stored, accessed, used or disclosed in accordance with applicable provisions of State and Federal law. Under the Mental Hygiene Law, further disclosure of such confidential mental health information is strictly limited to those circumstances in which consent of the patient is obtained, a court order is issued, or the recipient of the disclosed information is otherwise authorized to receive such information under Mental Hygiene Law section 33.13.

(d) PROVIDER and OMH will from time to time conduct audits of consent forms, and of PROVIDER's PSYCKES use logs to monitor adherence to procedures and compliance with applicable laws and rules.

4. Additional Provisions Specific to Use of Medicaid data:

(a) Medicaid data made available by OMH in PSYCKES to PROVIDER shall be used in a manner which supports the administration of the Medicaid program, consistent with the requirements of New York State Social Services Law §§ 367- b and 369, and federal Social Security Act § 1902(a)(7).

(b) For purposes of this Agreement, "Medicaid data" shall mean and include claims, managed care encounters, and recipient eligibility and demographic data.

(c) For purposes of this Agreement, "Medicaid recipient" shall mean an individual who is or has been Medicaid eligible and has received services during that period of eligibility.

(d) Medicaid data made available by OMH in PSYCKES shall be used by PROVIDER to improve the quality, safety and efficiency of services by:

- (i) supporting the conduct of PROVIDER and OMH quality improvement programs, and utilization management programs;
- (ii) reviewing performance on quality and efficiency measures relative to other Providers;
- (iii) tracking performance on quality and efficiency measures over time;
- (iv) supporting reporting requirements of OMH and local governmental units;
- (v) monitoring Medicaid recipient outcomes; and
- (vi) providing Medicaid recipients with a summary of their clinical health information.

(e) Consistent with federal regulations at 42 CFR 431.306(b), OMH and PROVIDER shall have policies and procedures to protect the security and confidentiality of the data, comparable in scope and method with those of the Department of Health.

(f) To the extent Medicaid data available from PSYCKES contains confidential HIV related information, as defined by New York State Public Health Law §2780(7), such data can only be used for a purpose directly connected with the administration of the Medicaid program and consistent with the limitations of New York State Public Health Law § 2782 relating to persons to whom or

entities to which confidential HIV related information may be disclosed. Such a purpose may include supervision, monitoring, administration or provision of Medicaid care, services and supplies.

(g) To the extent Medicaid data available from PSYCKES includes individually identifying alcohol and drug abuse patient records which are subject to the provisions of 42 CFR Part 2, such information shall only be used or disclosed in accordance with such regulations.

Authorization

Provider Authorized Signatory: I agree to the terms and have legal authority to commit the Provider to them.	Name	Date
	Signature	
	Title	
OMH Data Owner	Name	Date
	Signature	
	Title	

APPENDIX K. NYS OMH and DOH requirements by for the Education, Experience, and Supervision of Care Managers Providing Health Home Plus Services to Patients receiving Assisted Outpatient Treatment ²

➤ **Education**

1. A bachelor's education (major or concentration) in one of the following fields: social work, psychology, nursing, rehabilitation, education, occupational therapy, physical therapy, recreation or recreation therapy, counseling, community mental health, child and family studies, sociology, speech and hearing or other human services field*; or
2. A NYS teacher's certificate for which a bachelor's degree is required; or
3. NYS licensure and registration as a Registered Nurse and a bachelor's degree; or
4. A Bachelor's level of education or higher in any field with five years of experience working directly with persons with behavioral health diagnoses; or
5. A Credentialed Alcoholism and Substance Abuse Counselor (CASAC).

➤ **Experience**

Two years of experience:

1. In providing direct services to people with Serious Mental Illness, developmental disabilities, or alcoholism or substance abuse; or
2. In linking individuals with Serious Mental Illness, developmental disabilities, or alcoholism or substance abuse to a broad range of services essential to successful living in a community setting (e.g., medical, psychiatric, social, educational, legal, housing and financial services)

➤ **Supervision**

1. Supervision from a licensed level healthcare professional (e.g., RN, licensed clinician, psychologist) with prior experience in a behavioral health clinic or care management supervisory capacity; or
2. Master's level professional with 3 years prior experience supervising clinicians and/or CMs who are providing direct services to individuals with SMI/serious SUDs.

*A master's degree in any of these fields may be substituted for one year of experience

² Health Home Plus Guidance. Accessed 28 April 2017.

https://www.omh.ny.gov/omhweb/adults/health_homes/aot-hh-guidance.pdf

APPENDIX L. Requirements by the Office of Mental Health (OMH) for locating AOT court-ordered Missing patients

If the individual with an AOT court order cannot be located, and has had no credibly reported contact *within 24 hours* of the time the care manager received either notice that the individual had an unexplained absence from a scheduled treatment appointment, or other credible evidence that the AOT individual could not be located, the individual will be deemed Missing. A diligent search shall commence, as outlined in the OMH guidance.³ If the care manager made effort to provide four (4) face-to-face contacts and was unable to due to Missing status, HH+ rate can continue to be billed as long as the diligent search procedures referenced above are followed and clearly documented in the individual's care management record. The individual's record shall also clearly indicate when the determination was made that the individual was missing. The diligent search shall continue until either the person is located or the court order is no longer active.

- If all activities for performing a diligent search cannot reasonably be completed within the same month the individual is deemed Missing, the HH+ rate may still be billed for that month so long as the diligent search process commenced within timeframes specified in AOT Program Operation guidance.
- A missing AOT individual is considered a significant event that must be reported to the LGU *within 24 hours*, following the LGU's protocol for reporting significant events. Continued communication with the LGU should be made in order to determine what additional follow-up efforts may be required, and shall also be documented clearly in the individual's record.

³ "Assisted Outpatient Treatment Program: Guidance for AOT Program Operation" (Reissued February 2014). <https://www.omh.ny.gov/omhweb/guidance/adult-services/guidance-for-program-operation.pdf>

APPENDIX M. LGU Requirements for Operating, Directing and Supervising their County's AOT program and Collaborating with Care Management Agencies (CMAs)

The LGU is responsible to operate, direct, and supervise their County's AOT program and work in collaboration with the CMA to arrange or provide for all categories of AOT services.

As part of these responsibilities the LGU:

- Uses their established system to respond to and investigate all AOT referrals;
- Ensures that the services in the treatment plan are made available and monitors delivery of these services.
- Monitors the AOT individuals served;
- Follows the county-specific procedure for implementation of MHL section 9.60 removal orders;
- Follows their established system for notification regarding AOT recipients who are missing *within 24 hours*, diligent search, removal orders, and missing person report (see link below for detail); and
- Uses their established system to be notified of all significant events and reports them to OMH as required (see link here for details); and
- Provides data to OMH as required.

For more detail on AOT program and reporting requirements, see <http://bi.omh.ny.gov/aot/about>