



Policy/Procedure:	Health Home Plus HIV Policy
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**Policy:**

Health Home Plus (HH+) is an intensive level of Health Home Care Management to provide the highest risk Members with the services needed to stabilize their health and social service needs in the community. HH+ supports persons living with HIV (PLWH) by addressing barriers to positive health outcomes, adhering to HIV care and treatment, and achieving viral suppression. (Unsuppressed viral load (VL) in HIV+ persons on antiretroviral therapy (ART) occurs when treatment fails to suppress a person's VL and is associated with decreased survival and increased HIV transmission. An unsuppressed viral load is defined as a viral load > 200 copies per mL.) It is also recognized that social and behavioral factors contribute significantly to the inability of HIV+ individuals to remain engaged in the healthcare system and to achieve viral load suppression. This is especially true for individuals with co-occurring conditions of Serious Mental Illness (SMI), Substance Use Disorder (SUD), or homelessness. By recognizing HIV+ individuals with detectable viral load and those encountering psycho-social barriers to achieving viral suppression warrant the highest intensity of care, Bassett CHN Health Home and Partnering CMA's will provide HH+ HIV services to support Persons Living With HIV to achieve viral load suppression, and address barriers to maintaining health and adhering to care and treatment.

\*This Policy consolidates all guidance for HH+ HIV Members from previous policy into one policy and provides updated detail on eligible HH+ HIV populations and staff qualifications to serve HH+ HIV Members.

**Quality Management and Performance Improvement**

Each month Bassett CHN will review select HML's for Health Home Plus billing and adherence to this policy. The Care Management Record will be reviewed to ensure proper HH+ supporting documentation is present in the record and the service needs are reflected in the member's Plan of Care.

In addition, Bassett CHN supports contemporaneous documentation, within member health records, especially HH+ Plus members. Therefore, CMA's should immediately upload supporting documentation within the member's electronic health record, but no more than 90 days will be given. Because supporting documentation for homelessness and SUD can be more difficult to gather, HHSP's shall have more than 90 days to upload such documentation, within the member's record. In the interim, the member's eligibility status can be substantiated via client self-report or care manager observation. Examples of acceptable supporting documentation are as follows:

- HIV Status: Lab results, medical records, or documented conversation from collateral contact (must a service provider or MCO that can confirm lab results and/or have access to the individual's medical record.
- Homelessness: Letter from a shelter or other housing program, hospital discharge summary, eviction notice, or self-report. Observation by care manager and documentation of this observation in progress notes and care plan that reflects the intensity of service needs to address this category.
- Inpatient Stay for Physical Illness: Hospital discharge summary, documentation of collateral contact of a provider who can verify patients discharge (Note must include: name of contact, title, contact information). Print out from PSYCKES. RHIO alerts or MCO confirmation.



- Inpatient Stay for Mental Illness: Hospital discharge summary, documentation of collateral contact of a provider who can verify patients discharge (Note must include: name of contact, title, contact information). Print out from PSYCKES. RHIO alerts or MCO confirmation.
- Substance Abuse Disorder Active: Based on assessment and information gathered by the care manager from substance abuse providers, probation/parole, court ordered programs, DSS, or other sources.

### Procedures:

#### **A. CMA Eligibility and Attestation Requirements to Serve HH+ HIV Members**

1. CMA must meet the following requirements to provide and bill HH+ HIV services:
  - a. All legacy COBRA HIV TCMs are eligible to provide and bill for HH+ HIV services
  - b. Non-legacy providers must attest that the CMA will ensure the following requirements are met in order to provide and bill for HH+ HIV services:
    - i. CMA has process for immediate assignment of HH+ eligible Members to qualified HH+ Care Managers and the provision of HH+ services, as outlined in policy guidance
    - ii. CMA meets Staff Qualification requirements, as outlined in policy guidance
    - iii. CMA has a process to ensure HH+ caseloads do not exceed the required ratio of 1 qualified HH+ Care Manager per every 12-15 HH+ Members (1FTE:15 HH+ ratio)
    - iv. CMA has process to ensure the minimum service intensity requirements outlined in the applicable HH+ program guidance are met.
    - v. CMA meets at least one of the following criteria to provide/bill HH+ HIV services:
      - a) Article 28 or 31 provider, certified home health agencies, community health center, community service programs, or other community based organizations with one of the following:
        - i) Two years' experience in the case management of persons living with HIV or AIDS; or
        - ii) Three years' experience providing community based social services to persons living with HIV or AIDS; or
        - iii) Three years' experience providing case management or community based social services to women, children and families; substance users; MICA clients; homeless persons; adolescents; parolees, recently incarcerated; and other high-risk populations and includes one year of HIV related experience.
      - b) CMA is in positive standing with all Health Homes and MCOs
      - c) CMA Supervisors, Care Managers, and peer/navigators meet qualification requirements to provide HH+ HIV services
2. Prior to providing/billing for enrolled HH+ services, the CMA must complete and submit "Bassett CHN HH+ for HIV+ Individuals – Attestation" attesting to the above requirements.
  - a. If approved, Bassett will submit "DOH HH+ for HIV+ Individuals – Attestation" to DOH on the CMAs behalf, and provide a copy of the completed document to the CMA
  - b. Once approved, the CMA is responsible for ensuring that all requirements are met as attested when providing/billing HH+ SMI services, and must be able to show proof of attested information at any time as requested by Bassett CHN Health Home.

## B. Care Manager/Staff Requirements to Serve HH+ HIV Members

1. Staff assigned to provide HH+ service must meet the following minimum qualifications for education and experience, based on staff role:
  - a. Care Management Supervisor: Must meet one of the following minimum qualifications:
    - i. Master's degree in Health, Human Services, Mental Health, Social Work and one year of supervisory experience and one year of qualifying experience\*\*; OR
    - ii. Bachelor's degree in Health, Human Services, Mental Health, Social Work and two years of supervisory experience and three years of qualifying experience\*\*.
  - b. Care Manager/Coordinator: Must meet one of the following minimum qualifications:
    - i. Masters or Bachelor's degree in Health, Human Services, Education, Social Work, Mental Health and one year of qualifying experience\*\*; OR
    - ii. Associates degree in Health, Human Services, Social Work, Mental Health or certification as an R.N. or L.P.N. and two years of qualifying experience\*\*
  - c. Navigator/Community Health Worker/Peer - Minimum qualifications:
    - i. Ability to read, write, and carry out directions AND High School Diploma or GED, OR
    - ii. Certified Alcohol and Substance Abuse Counselor (CASAC), OR
    - iii. Certification as a Peer (AIDS Institute Peer Certification preferred), OR
    - iv. Community Health Worker

\*Staff serving HH+ populations should also demonstrate knowledge of community resources, sensitivity towards the target population, cultural competence, and speak the language of the community.

\*\*Qualifying Experience means verifiable work with the target populations defined as individuals with HIV, history of mental illness, homelessness or substance abuse.

2. All HH+ HIV Care Managers and Peers/Navigators/Community Health Worker staff serving HH+ HIV Members must meet the following training requirements established by the AIDS Institute:
  - a. The following Core competency trainings must be completed within the first 18 months of employment:
    - Child Abuse and Neglect (annual update)
    - HIV Disclosure and HIV Confidentiality Law Overview (annual update)
    - Role of Health Home Care Managers in Improving Health Outcomes for Clients living with HIV
    - Introduction to Co-occurring Disorders for Client with HIV
    - Introduction to HIV, STIs, and HCV
    - Harm Reduction Approach Overview
    - Overview of HIV Infection and AIDS
    - Overview of STIs
    - LGBT Cultural Competency
    - Promoting Primary Care and Treatment Adherence for HIV Positive Individuals
    - Role of Non-clinicians in Promoting PrEP
    - Sex, Gender, and HIV/STIs
    - Ending the Epidemic
    - AIDS and Adolescence-The Changing Legal Landscape
    - Transgender Health 102- Addressing Barriers to Care

- Improving Healthcare with People Who Use Drugs
- Drug User Health-Caring for the Whole Person
- b. A minimum of 70 hours of approved training annually thereafter.

Most core competency trainings are offered in multiple formats including in-person, webinar, and online training. Supervisors should use discretion and select the format that best fits the needs of individual staff. In-house trainings (staff meetings, in-service trainings, grand rounds, etc.) may be used for trainings, but must meet the basic elements of the core competency trainings.

To assist staff in meeting the 70-hour annual requirement, the AIDS Institute provides a comprehensive list of training resources, which can be found at <https://www.hivtrainingny.org/>

### C. Member Eligibility for HH+ HIV services

1. HH+ HIV services are a level of HH Care Management available to Members who have a diagnosis of HIV+ AND meet one of the following eligibility criteria (a, b, or c):
  - a. Not virally suppressed: (Viral load > 200 copies per mL); OR
  - b. Has behavioral health conditions (SMI, and/or engage in Intravenous Drug Use) regardless of viral load status, AND meets one of the following:
    - i. Had three or more in-patient hospitalizations within the last 12 months; OR
    - ii. Had Four or more Emergency Room visits in the within the last 12 months; OR
    - iii. Is Homeless at time of eligibility (meets Housing Urban Development's [HUD] Category One (1) homeless definition-An individual who lacks a fixed, regular, and adequate nighttime residence):
      - a) a car, park, sidewalk, abandoned building, bus or train station, airport, or camping ground; is living in a publicly or privately-operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing); **or**
      - b) is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
  - c. Clinical Discretion: MCOs and medical providers have Clinical Discretion to refer individuals into the HH+ category;
    - i. For medical providers, there is no standard template for clinical discretion but clinical discretion requests from providers must include:
      - a) Status of an individual's viral load, AND
      - b) Factors that indicate the need for referral into HH+ or a continuation of services such as: newly diagnosed HIV status, viral load suppression is not stable, housing instabilities, poor adherence to treatment plan, etc.

**\*For Members who are Eligible for AI and OMH Health Home Plus:**

CMA supervisors and care managers/coordinators should determine the most appropriate HH+ assignment for a member who is diagnosed with both SMI and HIV. Members who are eligible for both HIV and SMI HH+ should be served at a level of intensity consistent with the requirements of HH+. When working with a member who meets the eligibility criteria for both SMI and HIV HH+, a determination must be made by the health home/care management agency regarding the most appropriate care management program that will best serve the member's needs, while also respecting member choice. The CMA Supervisor, care manager, and the member must evaluate what the most pressing concerns are for this member and the root cause of their instability. The Plan of Care should address the dual needs of the member. If the person is virally unsuppressed, the need to work toward adherence to care and treatment (medication) is a priority. If the person's SMI is not controlled, then this too must be a priority. In such cases, supervisory staff must review the needs and the Care Plan, and ensure that the medical and mental health providers are contacted and include the care manager and member in the conversation about what the most appropriate CMA would be. The CMA care supervisor must actively work with the care manager to ensure that the needs of the member are being appropriately addressed.

**D. Service & Documentation Requirements for HH+ HIV Members**

1. If a potential Member is identified as HH+-eligible during Referral/Outreach:
  - a. Bassett CHN Referral Coordinator will notify CMA Point of Contact receiving assignment that the Member is designated as HH+ and requires immediate attention for engagement
  - b. The HHCM should initiate contact with the individual and/or referral source within 1 business day of receiving the referral/assignment.
  - c. The CHN/CM and Referral Source should coordinate efforts in a way that provides for warm hand-off and/or immediate engagement working with high-need individuals.
  - d. If the potential Member is being discharged from a facility or another program, the CHN/CM should be a participant in the facility/program discharge planning when feasible.
2. Prior to providing/billing enrolled HH+ HIV services for a specific Member, the CMA/HHCM must verify Member's HH+ eligibility and provide notification to the Lead Health Home and the Member's MCO of the intent to provide HH+ HIV services:
  - a. Ensure documentation verifying HH+ SMI eligibility is uploaded to Member's Record:
    - i. Medical documentation verifying HIV+ diagnosis
    - ii. Documentation verifying the Member's HH+ HIV category of eligibility
  - b. Notify Bassett CHN Operations Manager, Quality Analyst, and Systems Analyst by email of intent to provide HH+ services to the Member:
    - i. Bassett CHN Health Home Administrator will review documentation
    - ii. Once verified, Bassett CHN Administrator will activate the HH+ HIV Program in the Member's Care Management Record
  - c. Notify Member's MCO of the Member's HH+ eligibility status per specific MCO Contact protocols.
    - i. CHN/CM should review with MCO if an HIV Special Needs Plan (HIV SNP) is applicable for the Member's needs (For additional information about HIV SNPs see: <https://www.health.ny.gov/diseases/aids/general/resources/snps/#about>)
3. Members receiving HH+ HIV services shall be provided with the following number and type of contacts as follows:
  - a. A minimum of four (4) core services must be provided per month
    - i. At least two (2) of the four (4) core services must be face-to-face contacts.



- a) At least one (1) face-to-face contact per month must be with the HH+ HIV qualified Care Manager
  - b. Face-to-Face visits should occur at:
    - i. Assessment
    - ii. Reassessment (required every 6 months)
    - iii. Care Plan revisions/updates (every 6 months, or sooner based on Member's needs)
  - c. Case conference with all providers and the client must occur every six months, or as needed based on the needs of the client.
  - d. If contact frequencies have not been met, then the CMA may bill for core services at the HH High Risk rate for that month.
4. CM/CMA must ensure that HML Billing is completed as appropriate each month, based on the Member's HH+ eligibility and the core services provided to the Member during the month:
- a. HML Question 3: Is the member HIV positive?
    - o NO: If Member does not have current HIV+ diagnosis (Not HH+ HIV eligible)
    - o YES: If Member has current HIV+ diagnosis (verifying documentation required)
  - 6a: What is the member's viral load?: Answer based on most recent lab results
  - 6b: What is the Member's T-Cell Count?: Answer based on most recent lab results (Verifying documentation of VL & TCell counts must be uploaded to Member's Record)
  - b. HML Question 12: Is the member in the expanded HH+ population?
    - o NO: If the Member is not currently eligible for HH+ HIV
    - o YES: If the Member is eligible, select the appropriate HIV eligibility category (verifying documentation must be uploaded to record)
  - 12a: Were minimum required HH+ services provided and the caseload requirement met?
    - o YES: Only if 4 contacts (including at least 2 Face to Face, 1 of which must be completed by a HH+ HIV qualified staff) were completed/documented by a qualified
    - o NO: If 4 contacts (including at least 2 Face to Face, 1 of which must be completed by a HH+ HIV qualified staff) were not completed by qualified staff with proper caseload ratio
- HH+ members may be served/billed at HH+ Level for 12 consecutive months from the discovery of eligibility/initial HH+ Billing. In cases where extenuating circumstances are documented and written justification provided, an extension may be granted for recipients to remain in the program an additional 12 months.
5. CM/CMA must notify Bassett CHN Administration (Operations Manager, Systems Analyst, and Quality Analyst) and the Member's MCO if any of the following occur:
- a. A Member is no longer HH+ HIV eligible (Member does not meet any eligible category after 12 months from first HH+ eligible billing)
  - b. A Member is admitted to an Excluded Facility (Inpatient/Residential Care or Incarceration)
  - c. A Member is being disenrolled or transferred to another CMA

Bassett CHN Administrative staff will update the Member's Care Management Record Program to reflect the Member's current HH+ eligibility status as needed

## E. Care Management Models That Meet HH+ HIV Requirements

1. To meet the changing and complex needs of the HH+ population, CMAs may utilize different models of care management to achieve successful transitions, continuity of care, and improved outcomes. CMAs have the option to adopt any of the following models of care management listed below:
  - a. One HH+ HIV qualified Care Manager with HH+ Only Caseload:
    - Maximum case load of 12-15 HH+ Members
  - b. One HH+ HIV qualified Care Manager with Mixed Caseload (HH+ and non-HH+):
    - One (1) Health Home care manager/coordinator with five (5) or more HH+ members – maximum caseload of 25 members (inclusive of HH+ members).
  - c. Care Management Team providing HH+ HIV Services
    - One (1) HH+ Qualified Care Manager/coordinator plus one (1) peer/navigator/community health worker – maximum caseload of 20 members.
    - One (1) HH+ HIV qualified care manager plus two (2) peer/navigator/community health workers – maximum caseload 25 members.
    - One CM/coordinator may supervise no more than 2 team Members.

*Note: When the number of HH+ clients is extremely low, the care manager supervisor should use discretion to build an appropriately sized caseload. Example: if a CMA has only 3 members eligible for HH+, the care manager supervisor can work with the care manager to build a caseload that does not exceed NYSDOH caseload limits and allows for the HH+ members to receive the necessary intensive level of services. For technical assistance with caseloads, please contact the NYSDOH AIDS Institute at [HIVCareMgt@health.ny.gov](mailto:HIVCareMgt@health.ny.gov)*