

Guide to Edits for Appropriateness Criteria and Codes

Summary: As of March 2025, the [Appropriateness Criteria and Codes](#) will now reflect new appropriateness criteria and applicable program(s) (indicated by text in **red**), which can be compared to the prior language/applicable program(s) (indicated by text crossed out and in black). This update supersedes the previous chart from Appendix B of the [HH0016 Eligibility Requirements for Health Home Services and Continued Eligibility in the Health Home Program](#) policy and the previously posted criteria codes chart. The revision annotated below reflect an implementation date of **April 1, 2025**.

Please Note: Only codes that have been updated are annotated on this guide. If a code is not present on this document, there were no changes made.

Updates have been made to this Guide to Edits as of March 2025. The revisions made can be identified by an Asterix *** in the update made column.**

Appropriateness Code	Update Made	Appropriateness Criteria	Program	Comments Required?
10	This code now reflects the addition of new criteria for Children and is now applicable to both Adults and Children.	ADVERSE EVENTS RISK: Current H-code in EMEDNY (HARP Eligible/Enrolled) (ADULTS) Current K1-code in EMEDNY (Children's Waiver Enrolled) (CHILDREN)	Adults Both	N
13	This code now reflects the addition of a six (6) month timeframe for involvement with the specified services and/or direct referral.	ADVERSE EVENTS RISK: Member currently involved with mandated preventive services and/or direct referral within the last six (6) months from Child Protective Services/Preventive Services Program, County Local Departments of Social Services, Administration for Children's Services (for New York City), Special Education Program, Schools (e.g., children suspension, truancy, grade failure/repeat grade or summer school). Must specify provider of service and date of referral	Children	Y

Appropriateness Code	Update Made	Appropriateness Criteria	Program	Comments Required?
19	* This code no longer has the requirement that a member does not know who or how to contact their provider(s). Additionally, this is now only applicable to Children.	HEALTHCARE RISK: During the last 3 months, the member has been unable to schedule and keep their healthcare appointments (medical, psychiatric, etc.). and they do not know who their provider(s) is and how to contact their provider(s). Must describe the issue	Both Children	Y
21	* This code is now only applicable to Children.	HEALTHCARE RISK: Member has not seen their provider (e.g., PCP, BH) in the last year	Both Children	N
22	This code has been revised to reflect a new timeframe of three (3) months.	READMISSION/RECIDIVISM RISK: Released from inpatient Medical, Emergency Department, Crisis Stabilization, Residential Treatment Setting, Psych, or Detox within the last 6 three (3) months. Must specify name of institution and date of release	Adults	N
23	This code has been revised to reflect a new timeframe of three (3) months.	READMISSION/RECIDIVISM RISK: Released from Jail/Prison or other justice program within the last 6 three (3) months. Must specify name program and date of release	Adults	Y

Appropriateness Code	Update Made	Appropriateness Criteria	Program	Comments Required?
27	This code, previously unassigned, now reflects criterion for Children regarding guardianships/ caregiver changes within the last six (6) months.	<u>There is no criterion currently assigned to this code.</u> SOCIAL DETERMINANTS RISK: Member has had a change in guardianship/caregiver within the last six (6) months	N/A Children	N/A N
28	This code has been revised to reflect a new timeframe of three (3) months. Additionally, this is now only applicable to Adults.	SOCIAL DETERMINANTS RISK: Member has had a change in guardianship/caregiver within the last 6 three (3) months	Both Adults	N
30	This code reflects the additional requirement of an individual being eligible for the needed benefit. * Language from the February 14th, 2025 update has been revised to reflect a new example for this code. The intent of this note is to clarify that an individual is not eligible under this code if the needed benefit is accessible via current enrollment in a plan, program, or waiver.	SOCIAL DETERMINANTS RISK: Member (or caregiver, if Member is a child) needs, is eligible for, and does not have one (1) of the following needed entitlements: • Medicaid Transportation/Access-a-Ride • Housing Supports (Section 8, Empire State Supportive Housing Initiative (ESSHI), New York Health Equity Reform (NYHER) Housing Supports) • Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), and Temporary Assistance for Needy Families (TANF) • Home Energy Assistance Program (HEAP) • Medical Entitlements (Medicare/Medicaid support) • Child Care Supports (for caregiver of enrolled children only) • Early Intervention (Head Start or Special Education)	Both	N

Appropriateness Code	Update Made	Appropriateness Criteria	Program	Comments Required?
		NOTE: Members who have access to a needed benefit due to current enrollment in a plan, program, or waiver do not meet this criterion. For example, members who are enrolled in a Medicaid Managed Long-Term Care (MLTC) Plan have access to Access-a-Ride through their MLTC benefit package and therefore do not meet the threshold for Health Home Appropriateness if their only need is Access-a-Ride For example, members who are enrolled in a Medicaid Managed Long-Term Care (MLTC) Plan have access to Non-Emergency Medical Transportation (NEMT) to Social Adult Day Programs through their MLTC benefit package. Therefore, these members would not meet the threshold for Health Home Appropriateness if their only need is NEMT to a Social Adult Day Program.		
31	This code has been revised to reflect a new timeframe of three (3) months and the additional requirement of the institutionalization or nursing home placement be ongoing.	SOCIAL DETERMINANTS RISK: Recent and ongoing institutionalization or nursing home placement of member's primary support person within the last 6 three (3) months and there is no other person to provide the same level of support	Adult	N
32	This code reflects the requirement for a clinician's handwritten plan or prescription within the last three (3) months. Additionally, the clinician involved must be specified.	TREATMENT NON-ADHERENCE RISK: Member/care team member report of non-adherence with a clinician's written treatment plan or prescription within the last 6 three (3) months ...Must specify WHICH the clinician(s) and medication(s) and/or treatment(s) involved	Both	Y

Appropriateness Code	Update Made	Appropriateness Criteria	Program	Comments Required?
36	* This code, previously unassigned, now reflects criterion for Adults who have an established relationship with a provider but have not seen them in the last year.	HEALTHCARE RISK: Member has an established relationship with a provider but has not seen them in the last year: Applicable to Primary Care Provider, mental health provider, substance use provider, or provider to treat their Single Qualifying Condition (Complex Trauma, Sickle Cell Disease, Serious Emotional Disturbance/Serious Mental Illness, or HIV) or physical disability related to a neurologic, muscular, or neuromuscular condition.	N/A Adults	N/A N