



Department of Health

KATHY HOCHUL
Governor

MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

NYSDOH/AIDS INSTITUTE Health Home Plus (HH+) Attestation for HIV+ Individuals

To be completed by Health Home programs. HH+ billing cannot begin until attestation forms are received.

Name of Health Home: _____ Contact Person: _____
Contact Person Phone: _____ Contact Person E-Mail: _____

Instructions for completion or if you need assistance:

- Complete the NYSDOH/AIDS Institute Health Home Plus Standard Attestation Form below.
- Submit form to: [Health Home BML](#) - Subject: AIDS Institute HH+ Attestations.

Department of Health staff will review the information provided and contact your agency if further clarification is needed.

| Health Home Plus Standards | |
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| <i>To affirm Care Management Agency (CMA) compliance with each standard, check box in left column.</i> | |
| <input type="checkbox"/> | Health Home CMA has process for immediate assignment of HH+ eligible members to qualified care managers and the provision of HH+ services, as outlined in the applicable HH+ program guidance. |
| <input type="checkbox"/> | Health Home CMA meets Staff Qualification requirements, as outlined in applicable HH+ program guidance. |
| <input type="checkbox"/> | Health Home CMA has process to ensure HH+ caseload sizes do not exceed the required ratio of 1 qualified care manager for every 15-20 HH+ recipients . |
| <input type="checkbox"/> | Health Home CMA has process to ensure the minimum service intensity requirements outlined in the applicable HH+ program guidance is met. |
| Additional Requirements for Non-AIDS Institute Legacy and Non-Legacy CMA Providers (<i>please ensure boxes are checked under each bolded subsection below</i>): | |
| <input type="checkbox"/> | <p>CMA meets at least one of the following criteria:</p> <p>Article 28 or 31 provider, certified home health agencies, community health center, community service programs, or other community-based organizations with:</p> <ul style="list-style-type: none"> ▪ Two years' experience in the case management of persons living with HIV or AIDS; or ▪ Three years' experience providing community based social services to persons living with HIV or AIDS; or ▪ 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. |



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|--------------------------|---|
| <input type="checkbox"/> | CMA is in positive standing with all HHs and Managed Care Organizations (MCO) |
| <input type="checkbox"/> | <p>CMA Supervisor(s), care managers, and peer/navigators meet the following qualifications:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Care Management Supervisor: Minimum qualifications: <ul style="list-style-type: none"> • Master’s degree in Health, Human Services, Mental Health, Social Work, one year of supervisory experience and one year of qualifying experience** or • Bachelor’s degree in Health, Human Services, Mental Health, Social Work and three years of supervisory experience and three years of qualifying experience**. <input type="checkbox"/> Care Manager/Coordinator: Minimum qualifications: <ul style="list-style-type: none"> • Master’s or Bachelor’s degree in Health, human services, education, social work, mental health, and one year of qualifying experience** or • Associate’s 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**. <input type="checkbox"/> Navigator/Community Health Worker/Peer: Minimum qualifications: <ul style="list-style-type: none"> • High School Diploma or GED, or • CASAC, or • Certification as a Peer, or • Community Health Worker, and • Ability to read, write and carry out directions <p>Community resident with knowledge of community resources, sensitivity towards the target population, culturally competent, and speaks the language of the community preferred.)</p> <p>**QUALIFYING EXPERIENCE means verifiable work with the target populations: individuals with HIV, history of mental illness, homelessness, or substance use.</p> |

Training requirements for Health Home CMAs serving individuals who are HIV+

Care Manager/Coordinator and Navigator/Community Health Worker/Peer level staff serving individuals with HIV in HH+ must meet training requirements as stated in the [Health Home Plus Program Guidance for Individuals with HIV](#) established by the AIDS Institute.

All core competency training content areas must be completed within the first 18 months of employment.

A minimum of **40 hours annually** for staff who have completed their first year of employment.



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Please use the section below to list ALL contracted Care Management Agencies (CMAs), including AIDS Institute (AI) Legacy Providers who previously attested to meeting HH+ qualifications to which this HH+ Attestation will apply. When including the name of the CMA, please ensure that the name on this form matches exactly to how the name is displayed in the Medicaid Analytics Performance Portal (MAPP).

Please use column "CMA Changes" to notify DOH of any changes, including but not limited to changes in HH+ population(s), and adding or removing CMAs.

For each CMA listed, indicate with an "X" in the appropriate column(s) – if CMA is an AI Legacy or Non-AI Legacy provider; and if CMA is qualified to serve and bill the HH+ rate code.

Mark all that apply.

| Name of Care Management Agency <i>(As displayed in MAPP)</i> | CMA Changes <i>(If applicable, please mark "Add" or "Remove")</i> | AI Legacy <i>(If applicable, please mark "X")</i> | Non-AI Legacy <i>(If applicable, please mark "X")</i> | HH+HIV <i>(If applicable, please mark "X")</i> |
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Certification and Acknowledgement

I certify, on behalf of my agency, that all information contained in this NYSDOH AIDS Institute Health Home Plus Funding Attestation is accurate and true. I have read the attached and agree that my agency will not seek payment at the HH+ rate for members served by Care Management agencies that do not meet the qualifications to serve HH+ individuals. HH+ payments received are subject to recovery upon audit by the State or Managed Care Organization should documentation fail to support payment received.

Health Home Director Name (print)

Signature

Date