

Introduction

The purpose of this guide is to provide Integrated Health Homes with information on how to notify a Managed Care Organization (MCO) of a member's status within their health home such as enrollment, disenrollment or to request a change in tier.

Enrollment Criteria

Member needs to

1. Be eligible for Medicaid.
2. Have a Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED).
3. Have a Functional Impairment (FI) as determined by a Licensed Mental Health Professional.

SMI & SED Definitions

Diagnosis must be determined by use of the Diagnostic and Statistical Manual (DSM) of Mental Disorders published by the American Psychiatric Association or its most recent International Classification of Diseases (ICD).

SMI is defined as an Adult that has a persistent or chronic mental illness, a behavioral, or emotional disorder that causes serious functional impairment and substantially interferes with or limits one or more major life activities including functioning in the family, school, employment, or community. SMI may co-occur with substance use disorder, developmental, neurodevelopmental, or intellectual disabilities but those diagnoses may not be the clinical focus for health home services.

SED is defined by a Child having a diagnosable mental, behavioral, or emotional disorder which results in a functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities. SED may co-occur with substance use disorder, developmental, neurodevelopmental, or intellectual disabilities but those diagnoses may not be the clinical focus for health home services.

Mental Health Professional Definition

Mental health professional must meet all the following conditions:

1. Holds at least a master's degree in a mental health field including, but not limited to, psychology, counseling and guidance, psychiatric nursing, and social work; or is a Doctor of Medicine or osteopathic medicine; and
2. Holds a current Iowa license when required by the Iowa professional licensure laws (such as a psychiatrist, a psychologist, a marital and family therapist, a mental health counselor, an advanced registered nurse practitioner, a psychiatric nurse, or a social worker); and
3. Has at least two years of post-degree experience supervised by a mental health professional in assessing mental health problems, mental illness, and service needs and in providing mental health services.

Functional Impairment Definition

The level of functional impairment must be identified by an assessment completed by the Licensed Mental Health Professional. It must be signed and dated within 365 days of enrollment.

Functional Impairment (FI) means

- a. The loss of functional capacity that is episodic, recurrent, or continuous and
Comm. 659 (07/22)

Iowa Department of Human Services
Integrated Health Home
Health Home Notification Form Guide

- b. Substantially interferes with or limits the achievement of or maintenance of one or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills and
- c. Substantially interferes with or limits the individual’s functional capacity with family, employment, school, or community.

Examples of Functional Impairment Assessments:

- Annual Mental Health Assessment / Evaluation
- DLA 20 <https://www.thenationalcouncil.org/areas-of-expertise/dla-20-mental-health-outcomes-measurement/>
- Strengths and Difficulties Questionnaire [https://sdqinfo.org/py/sdqinfo/b3.py?language=Englishqz\(USA\)](https://sdqinfo.org/py/sdqinfo/b3.py?language=Englishqz(USA))
- WHODAS 2.0 https://www.who.int/classifications/icf/more_whodas/en/
- Other appropriate mental health functional impairment assessments

When is functional impairment documentation required to be sent in with notification form?

Scenario	Functional Impairment to be Sent in with Notification Form	Expectation
Enrollment as Non ICM (Tier 5/6)	Required	
Enrollment as ICM (Tier 7/8)	Not required	IHH should obtain documentation within 60 days and place in member’s record. Approval by IME for Habilitation or CMH Waiver confirms functional impairment.
MCO to MCO Non ICM (Tier 5/6)	Required	
MCO to MCO ICM (Tier 7/8)	Not required	IHH needs to submit the PCSP and current assessment to the new MCO, for funding to be secured per the MCO processes.
IHH to IHH Transfer	Not required	IHH needs to obtain within 60 days and place in member’s record.
IHH to IHH Transfer (to new MCO)	Required	

Iowa Department of Human Services
Integrated Health Home
Health Home Notification Form Guide

Process

1. The IHH meets with the member.
2. The IHH gathers the necessary documentation to verify member's diagnosis and functional impairment from qualified mental health professional.
3. The IHH completes the Health Home Notification Form.
4. Section 1: Member Information of the form fill out all sections, as indicated.
 - a. Member Name, DOB, Medicaid ID Number
 - b. Phone – *If member does not have one, record NA*
 - c. MCO-Assigned Member ID Number - *Required for Amerigroup members*
 - d. Home Address - *If member is homeless, record NA or homeless*
5. Section 2: Provider Information, fill out the following.
 - a. Health Home Name, National Provider Identifier (NPI)
 - b. MCO Assigned Provider # - *Required for Amerigroup members*
 - c. Primary Care Provider - *If member does not have one identified, record NA.*
6. Section 3: Status, mark the appropriate box to identify whether an enrollment, change in tier, or disenrollment is being requested.
 - a. **Enrollment** – check if member is enrolling into your Health Home
 - b. **Change in Tier** – check this option when: member is changing from ICM (tier 7/8) to Non ICM (tier 5/6), member is changing from child to adult tier, or for ITC ONLY, to request hab line to be reopened. Must select one of the following reasons for the change in tier
 - i. Member requested -
 - ii. Unable to contact
 - iii. Transferring to waiver CBCM
 - iv. Other – note reason in additional information
 - v. ITC Only, Reopen hab line
 - c. **Disenrollment** – check this when member is disenrolling from the health home and add comments in the other box, when prompted
 - i. Member requested -
 - ii. Member not participating or unable to reach
 - iii. Moved from area
 - iv. Deceased – note date of death in additional information
 - v. Effectively self-coordinating services
 - vi. Incarcerated – note date of incarceration in additional information
 - vii. Lost Medicaid eligibility
 - viii. No longer meets criteria – note reason in additional information
 - ix. Provider requested – note reason in additional information
 - x. Provider terminated member enrollment – note reason in additional information

Iowa Department of Human Services
Integrated Health Home
Health Home Notification Form Guide

- xi. Moved out of State – note new address in additional information
 - xii. Transfer to another Health Home – note name of HH they are transferring to in additional information
 - xiii. Transferred to waiver CBCM
 - xiv. Transferred to higher level of care – note type of level care transferring to
 - xv. Transferred to another MCO / FFS
- d. **Effective Date of Change** – enter in the effective date for the enrollment, change in tier, or disenrollment.
- i. Enrollment and Change in Tier Date - should always be the first of the month
 - ii. Disenrollment Date for the member - This should always be the last day of the month

Notes for Status Section:

- o Effective dates are determined by the IHH.
 - o When a member is transferring from MCO-to-MCO enrollment date can be back dated up to 90 days, as long as the member was eligible with that MCO.
 - o All other enrollments, change in tier, disenrollment can be back dated to the previous month.
 - o Transfers from IHH to IHH- members can only be enrolled in one health home per month. Health Homes need to communicate with each other on effective dates. The disenrollment does need to be received prior to the enrollment being processed.
7. Section 4: Enrollment – enter diagnosis and tier member in qualifying diagnosis code(s) using the ICD or DSM codes
- a. **Qualifying Diagnosis Codes** - enter in ICD or DSM diagnosis codes
 - b. **Tier** – select the tier the Health Home is either requesting to enroll the member at, or tier they are changing the member to, or the tier they were receiving at time of disenrollment.

Notes for Tier Section:

- o If member is accessing Habilitation ONLY, they will be enrolled as a Tier 7.
 - o If member is accessing habilitation and CMH waiver, they will be enrolled as Tier 8.
 - o For non-ICM members turning 18, the tier will change depending on when their birthday falls
 - Member turns 18 on the 1st of the month the tier will change on the 1st of that same month.
 - Member turns 18 after the 1st of the month the tier will change on the 1st of the following month.
 - IHH will need to submit a disenrollment if they no longer plan to serve member after they turn 18. Pediatric IHHs should make a referral to an adult IHH prior to the member's 18th birthday, if member is going to continue to receive IHH services or habilitation services.
 - If the IHH plans to continue to serve member after they turn 18, the IHH should complete appropriate paperwork (e.g. new ROIs) and submit a tier change form indicating pediatric to adult.
- c. Signature of HH Staff – staff completing the notification form signs. Electronic signatures are accepted.
 - d. Phone – enter in HH staff phone number
 - e. Date - enter in date the form was completed

Iowa Department of Human Services
Integrated Health Home
Health Home Notification Form Guide

8. IHH will submit the Health Home Notification Form to the respective MCO along with supporting functional impairment and diagnosis information.

How to Submit

Submit the Health Home Notification Form along with supporting documentation to the member's respective MCO.

- Amerigroup: Fax (844)556-6125.
- Iowa Total Care: Can submit in one of the following ways
 - Through the client portal by uploading the documents using the documents tab or
 - Fax to (833)864-9673

How to Verify Enrollment Approval

Amerigroup members- IHH providers can locate this information on their weekly membership report and/or on Patient 360.

Iowa Total Care- IHH providers can locate this information in the client portal and on monthly member roster.

Location of Form

The Health Home Notification form can be located on the DHS website at:

<https://dhs.iowa.gov/sites/default/files/470-5582.pdf?080420202143>

Resources

The following resources are included below:

- Qualifying Mental Health Diagnosis
- Qualifying Mental Health Professional Credentials

Mental Health Diagnosis

Mental Disorder due to known physiological conditions	F01 – F09
Other Mental Disorders due to known physiological conditions	F06
Psychotic Disorder w/hallucinations due to known physiological conditions	F06.0
Catatonic disorder due to known physiological condition	F06.1
Psychotic disorder with delusions due to known physiological condition	F06.2
Mood disorder due to known physiological condition <ul style="list-style-type: none"> • Unspecified • With depressive features • With major depressive-like episode • With manic features • With mixed features 	F06.3 F06.30 F06.31 F06.32 F06.33 F06.34
Anxiety Disorder due to known physiological condition	F06.04
Other specified mental disorders due to known physiological condition	F06.8
Personality and behavioral disorders due to known physiological condition Personality change due to known physiological condition Other personality and behavioral disorders due to known physiological condition Postconcussional syndrome Other personality and behavioral disorders due to known physiological condition Unspecified personality and behavioral disorder due to known physiological	F07 F07.0 F07.8 F07.81 F07.89 F07.9
Schizophrenia Paranoid schizophrenia Disorganized schizophrenia Catatonic schizophrenia Undifferentiated schizophrenia Residual schizophrenia Other schizophrenia Schizophreniform disorder Other schizophrenia Schizophrenia, unspecified	F20 F20.0 F20.1 F20.2 F20.3 F20.5 F20.8 F20.81 F20.89 F20.9
Schizotypal disorder Delusional disorders Brief psychotic disorder Shared psychotic disorder Schizoaffective disorders Other psychotic disorder not due to a substance or known physiological condition Unspecified psychosis not due to a substance or known physiological condition	F21 F22 F23 F24 F25 F28 F29
Manic Episode <ul style="list-style-type: none"> • Without psychotic systems • Unspecified • Mild • Moderate • Severe, without psychotic symptoms • Severe with psychotic symptoms • In partial remission • In full remission • Other manic episodes • Unspecified 	F30 F30.1 F30.10 F30.11 F30.12 F30.13 F30.2 F30.3 F30.4 F30.8 F30.9
Bipolar disorder	F31

Iowa Department of Human Services
Integrated Health Home
Health Home Notification Form Guide

Bipolar disorder, current episode hypomanic	F31.0
Bipolar disorder, current episode manic without psychotic features	F31.1
• Unspecified	F31.10
• Mild	F31.11
• Moderate	F31.12
• Severe	F31.13
Bipolar disorder, current episode manic severe with psychotic features	F31.2
Bipolar disorder, current episode depressed, mild or moderate severity	F31.3
• Unspecified	F31.30
Bipolar disorder, current episode depressed, mild	F31.31
Bipolar disorder, current episode depressed, moderate	F31.32
Bipolar disorder, current episode depressed, severe, without psychotic features	F31.4
Bipolar disorder, current episode depressed, severe, with psychotic features	F31.5
Bipolar disorder, current episode mixed	F31.6
• Unspecified	F31.60
• Mild	F31.61
• Moderate	F31.62
• Severe, without psychotic features	F31.63
• Severe, with psychotic features	F31.64
Bipolar disorder, currently in remission	F31.7
• Most recent episode unspecified	F31.70
Bipolar disorder, in partial remission, most recent episode hypomanic	F31.71
Bipolar disorder, in full remission, most recent episode hypomanic	F31.72
Bipolar disorder, in partial remission, most recent episode manic	F31.73
Bipolar disorder, in full remission, most recent episode manic	F31.74
Bipolar disorder, in partial remission, most recent episode depressed	F31.75
Bipolar disorder, in full remission, most recent episode depressed	F31.76
Bipolar disorder, in partial remission, most recent episode mixed	F31.77
Bipolar disorder, in full remission, most recent episode mixed	F31.78
Other bipolar disorders	F31.8
Bipolar II disorder	F31.81
Other bipolar disorder	F31.89
Bipolar disorder, unspecified	F31.9
Major Depressive Disorder, single episode	F32
• Mild	F32.0
• Moderate	F32.1
• Severe without psychotic features	F32.2
• Severe with psychotic features	F32.3
• In partial remission	F32.4
• In full remission	F32.5
Other depressive episodes	F32.8
Premenstrual dysphoric disorder	F32.81
Other specified depressive episodes	F32.89
Major depressive disorder, single episode, unspecified	F32.9
Major Depressive Disorder, recurrent	F33
• Mild	F33.0
• Moderate	F33.1
• Severe without psychotic features	F33.2
• Severe with psychotic symptoms	F33.3
Major Depressive Disorder, recurrent, in remission	F33.4

Iowa Department of Human Services
Integrated Health Home
Health Home Notification Form Guide

<ul style="list-style-type: none"> Unspecified 	F33.40
Major Depressive Disorder, recurrent, in partial remission	F33.41
Major Depressive Disorder, recurrent, in full remission	F33.42
Other recurrent depressive disorder	F33.8
Major Depressive Disorder, recurrent, unspecified	F33.9
Persistent mood (affective) disorders	F34
Cyclothymic disorder	F34.0
Dysthymic disorder	F34.1
Other persistent mood (affective) disorders	F34.8
Disruptive mood dysregulation disorder	F34.81
Other specified persistent mood disorder	F34.89
Persistent mood (affective) disorder, unspecified	F34.9
Unspecified mood (affective) disorder	F39
Phobic anxiety disorder	F40
Agoraphobia	F40.0
<ul style="list-style-type: none"> Unspecified With panic disorder Without panic disorder 	F40.00 F40.01 F40.02
Social phobias	F40.1
Social phobia, unspecified	F40.10
Social phobia, generalized	F40.11
Specific (isolated) phobias	F40.2
Animal type phobia	F40.21
Arachnophobia	F40.210
Other animal type phobia	F40.218
Natural environment type phobia	F40.22
Fear of thunderstorms	F40.220
Other natural environment type of phobia	F40.228
Blood, injection, injury type phobia	F40.23
Fear of blood	F40.230
Fear of injections and transfusions	F40.231
Fear of other medical care	F40.232
Fear of injury	F40.233
Situational type phobia	F40.24
<ul style="list-style-type: none"> Claustrophobia Acrophobia Fear of bridges Fear of flying Other situational type phobia 	F40.240 F40.241 F40.242 F40.243 F40.248
Other specified phobia	F40.29
<ul style="list-style-type: none"> Androphobia Gynephobia Other specified phobia Other phobic anxiety disorder Phobic anxiety disorder, unspecified 	F40.290 F40.291 F40.298 F40.8 F40.9
Other anxiety disorders	F41
Panic disorder (episodic paroxysmal anxiety) without agoraphobia	F41.0
Generalized anxiety disorder	F41.1
Other mixed anxiety disorder	F41.3
Other specified anxiety disorder	F41.8
Anxiety disorder, unspecified	F41.9

Iowa Department of Human Services
Integrated Health Home
Health Home Notification Form Guide

Obsessive Compulsive Disorder Mixed obsessional thoughts and acts Hoarding disorder Excoriation (skin-picking) disorder Other obsessive-compulsive disorder Obsessive compulsive disorder, unspecified	F42 F42.2 F42.3 F42.4 F24.8 F42.9
Reaction to severe stress, and adjustment disorders Acute stress reaction Post-traumatic stress disorder Post-traumatic stress disorder, unspecified Post-traumatic stress disorder, acute Post-traumatic stress disorder, chronic Adjustment disorders Adjustment disorders, unspecified Adjustment disorder with depressed mood Adjustment disorder with anxiety Adjustment disorder with mixed anxiety and depressed mood Adjustment disorder with disturbance of conduct Adjustment disorder with mixed disturbance of emotions and conduct Adjustment disorder with other symptoms Other reactions to severe stress Reaction to severe stress, unspecified	F43 F43.0 F43.1 F43.10 F43.11 F43.12 F43.2 F43.20 F43.21 F43.22 F43.23 F43.24 F43.25 F43.29 F43.8 F43.9
Dissociative and conversation disorders Dissociative amnesia Dissociative fugue Dissociative stupor Conversion disorder with motor symptom or deficit Conversion disorder with seizures or convulsions Conversion disorder with sensory symptom or deficit Conversion disorder with mixed symptom presentation Other dissociative and conversion disorders Dissociative identity disorder Other dissociative and conversion disorders Dissociative and conversion disorder, unspecified	F44 F44.0 F44.1 F44.2 F44.4 F44.5 F44.6 F44.7 F44.8 F44.81 F44.89 F44.9
Somatoform disorders Somatization disorder Undifferentiated somatoform disorder Hypochondriacal disorders • Unspecified Hypochondriasis Body dysmorphic disorder Other hypochondriacal disorders Pain disorders related to psychological factors Pain disorder exclusively related to psychological factors Pain disorder with related psychological factors Other somatoform disorders Somatoform disorder, unspecified	F45 F45.0 F45.1 F45.2 F45.20 F45.21 F45.22 F45.29 F45.4 F45.41 F45.42 F45.8 F45.9
Other nonpsychotic mental disorders Depersonalization-derealization syndrome Pseudobulbar affect Other specified nonpsychotic mental disorders Nonpsychotic mental disorder, unspecified	F48 F48.1 F48.2 F48.8 F48.9

Iowa Department of Human Services
Integrated Health Home
Health Home Notification Form Guide

Eating disorders	F50
Anorexia nervosa	F50.0
• Unspecified	F50.00
• Restricting type	F50.01
• Binge eating/purging type	F50.02
Bulimia nervosa	F50.2
Other eating disorders	F50.8
Binge eating disorder	F50.81
Other specified eating disorder	F50.89
Eating disorder, unspecified	F50.9
Sleep disorders not due to a substance or known physiological condition	F51
Insomnia not due to a substance or known physiological condition	F51.0
Primary insomnia	F51.01
Adjustment insomnia	F51.02
Paradoxical insomnia	F51.03
Psychophysiological insomnia	F51.04
Insomnia due to other mental disorder	F51.05
Other insomnia not due to a substance or known physiological condition	F51.09
Hypersomnia not due to a substance or known physiological condition	F51.1
Primary hypersomnia	F51.11
Insufficient sleep syndrome	F51.12
Hypersomnia due to other mental disorder	F51.13
Other hypersomnia not due to a substance or known physiological condition	F51.19
Sleepwalking [somnambulism]	F51.3
Sleep terrors [night terrors]	F51.4
Nightmare disorder	F51.5
Other sleep disorders not due to a substance or known physiological condition	F51.8
Sleep disorder not due to a substance or known physiological condition, unspecified	F51.9
Sexual dysfunction not due to a substance or known physiological condition	F52
Hypoactive sexual desire disorder	F52.0
Sexual aversion disorder	F52.1
Sexual arousal disorders	F52.2
Male erectile disorder	F52.21
Female sexual arousal disorder	F52.22
Orgasmic disorder	F52.3
Female orgasmic disorder	F52.31
Male orgasmic disorder	F52.32
Premature ejaculation	F52.4
Vaginismus not due to a substance or known physiological condition	F52.5
Dyspareunia not due to a substance or known physiological condition	F52.6
Other sexual dysfunction not due to a substance or known physiological condition	F52.8
Unspecified sexual dysfunction not due to a substance or known physiological condition	F52.9
Puerperal psychosis	F53
Psychological and behavioral factors associated with disorders or diseases classified elsewhere	F54
Unspecified behavioral syndromes associated with physiological disturbances and physical factors	F59
Specific personality disorders	F60
Paranoid personality disorder	F60.0
Schizoid personality disorder	F60.1
Antisocial personality disorder	F60.2
Borderline personality disorder	F60.3

Iowa Department of Human Services
Integrated Health Home
Health Home Notification Form Guide

Histrionic personality disorder	F60.4
Obsessive-compulsive personality disorder	F60.5
Avoidant personality disorder	F60.6
Dependent personality disorder	F60.7
Other specific personality disorders	F60.8
Narcissistic personality disorder	F60.81
Other specific personality disorders	F60.89
Personality disorder, unspecified	F60.9
Impulse disorders	F63
Pathological gambling	F63.0
Pyromania	F63.1
Kleptomania	F63.2
Trichotillomania	F63.3
Other impulse disorders	F63.8
Intermittent explosive disorder	F63.81
Other impulse disorders	F63.89
Impulse disorder, unspecified	F63.9
Gender identity disorders	F64
Transsexualism	F64.0
Dual role transvestism	F64.1
Gender identity disorder of childhood	F64.2
Other gender identity disorders	F64.8
Gender identity disorder, unspecified	F64.9
Paraphilias	F65
Fetishism	F65.0
Transvestic fetishism	F65.1
Exhibitionism	F65.2
Voyeurism	F65.3
Pedophilia	F65.4
Sadomasochism	F65.5
• Unspecified	F65.50
Sexual masochism	F65.51
Sexual sadism	F65.52
Other paraphilias	F65.8
Frotteurism	F65.81
Other paraphilias	F65.89
Paraphilia, unspecified	F65.9
Other sexual disorders	F66
Other disorders of adult personality and behavior	F68
Factitious disorder	F68.1
• Unspecified	F68.10
• With predominantly psychological signs and symptoms	F68.11
• With predominantly physical signs and symptoms	F68.12
• With combined psychological and physical signs and symptoms	F68.13
Other specified disorders of adult personality and behavior	F68.8
Unspecified disorder of adult personality and behavior	F69
Conduct disorders	F91
Conduct disorder confined to family context	F91.0
Conduct disorder, childhood-onset type	F91.1
Conduct disorder, adolescent-onset type	F91.2

Iowa Department of Human Services
Integrated Health Home
Health Home Notification Form Guide

Oppositional defiant disorder Other conduct disorders Conduct disorder, unspecified	F91.3 F91.8 F91.9
Emotional disorders with onset specific to childhood Separation anxiety disorder of childhood Other childhood emotional disorders Childhood emotional disorder, unspecified Disorders of social functioning with onset specific to childhood and adolescence	F93 F93.0 F93.8 F93.9 F94
Selective mutism Reactive attachment disorder of childhood Disinhibited attachment disorder of childhood Other childhood disorders of social functioning Childhood disorder of social functioning, unspecified	F94.0 F94.1 F94.2 F94.8 F94.9
Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence Enuresis not due to a substance or known physiological condition Encopresis not due to a substance or known physiological condition Other feeding disorders of infancy and childhood Rumination disorder of infancy Other feeding disorders of infancy and early childhood Pica of infancy and childhood Stereotyped movement disorders Adult onset fluency disorder Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence Unspecified behavioral and emotional disorders with onset usually occurring in childhood and adolescence	F98 F98.0 F98.1 F98.2 F98.21 F98.29 F98.3 F98.4 F98.5 F98.8 F98.9
Mental disorder, not otherwise specified	F99

Qualified Mental Health Professional Credentials

Credentials	Title
LISW	Licensed Independent Social Worker
LMFT	Licensed Marriage and Family Therapist
LMHC	Licensed Mental Health Counselor
MFT-T or LMFT-T	Temporary Licensed Marriage and Family Therapist
MHC-T or LMHC-T	Temporary Licensed Mental Health Counselor
LMSW	Licensed Master Social Work
PMHNP	Psychiatric Mental Health Nurse Practitioner (if ARNP, may need to check for psychiatric nursing qualification via provider search)
CADC	Certified Alcohol and Drug Counselor
BACB	Board Certified Behavior Analyst
MD	Psychiatrist- may need to check for board certification via provider search
DO	Psychiatrist- may need to check for board certification via provider search
Psy.D	Psychologist- may need to check for board certification via provider search