# Health Homes State Plan Amendment

Submission Summary

## State Information

State/Territory
Name

Medicaid Agency
Name

## Submission Component

◉ State Plan Amendment

◉ Medicaid
○ CHIP

## Submission Type

○ Official Submission Package
◉ Draft Submission Package

Allow this draft package to be viewable by other states? *
○ Yes
○ No

## Key Contacts

| Name | Title | Phone Number | Email Address | |
|------|-------|--------------|---------------|---|
| | | No items available | | |

+ Add a Key Contact

### Executive Summary

+/-

Summary Description Including Goals and Objectives *

Character count: 0/4000

## Dependency Description

+/-

Description of any dependencies between this submission package and any other submission package undergoing review

Character count: 0/4000

## Disaster-Related Submission

+/-

**This submission is related to a disaster** *

◉ Yes
◯ No

**Disaster Description** *

[                    ]

Character count: 0/4000

## Federal Budget Impact and Statute/Regulation Citation

+/-

**Federal Budget Impact**

|        | Federal Fiscal Year | Amount |
|--------|---------------------|--------|
| First  |                     |        |
| Second |                     |        |

**Federal Statute / Regulation Citation** *

[|                  ]

Character count: 0/255

## Governor's Office Review

+/-

◯ No comment
◉ Comments received
◯ No response within 45 days
◯ Other

**Summary of Comments** *

[                    ]

Character count: 0/4000

◯ No comment
◯ Comments received
◯ No response within 45 days
◉ Other

**Describe** *

[                    ]

Character count: 0/4000

# Submission – Medicaid State Plan

## Submission - Medicaid State Plan

**The submission includes the following**

☑ Administration

    ☐ Designation and Authority

    ☐ Intergovernmental Cooperation Act Waivers

    ☐ Conducting Eligibility Determination and Fair Hearings

    ☐ Organization and Administration

    ☐ General Assurances

☑ Eligibility

    ☑ Methodologies for calculating income and resources that apply across many eligibility groups

        ☐ Financial Eligibility Requirements for Non-MAGI Groups

        ☐ MAGI-based methodologies

    ☐ Optional Eligibility Groups

    ☐ Mandatory Eligibility Groups

    ☑ Income or Resource Standards

        ☐ AFDC income standards – states

    ☑ Eligibility and Enrollment Processes

        ☐ Eligibility Process

        ☐ Application

        ☑ Presumptive Eligibility

            ☐ Presumptive Eligibility for Children under Age 19

            ☐ Presumptive Eligibility for Parents and Other Caretaker Relatives

            ☐ Presumptive Eligibility for Pregnant Women

            ☐ Presumptive Eligibility for the Adult Group

            ☐ Presumptive Eligibility for Individuals above 133% FPL under Age 65

            ☐ Presumptive Eligibility for Individuals Eligible for Family Planning Services

            ☐ Presumptive Eligibility for Former Foster Care Children

            ☐ Presumptive Eligibility by Hospitals

☑ Non-financial requirements

☐ State Residency

☐ Citizenship and Non-citizen eligibility

☑ Benefits and Payment

　　☑ Health Homes Program

◉ Create new Health Homes program
○ Amend existing Health Homes program
○ Terminate existing Health Homes program

\* ◉ Copy from existing Health Homes program
　○ Create new program from blank form

\*Name of Health
Homes Program 　[                              ]

\* [ -- Select Health Homes Program --　　　　▼ ]

◉ Create new Health Homes program
○ Amend existing Health Homes program
○ Terminate existing Health Homes program

\* ○ Copy from existing Health Homes program
　◉ Create new program from blank form

\*Name of Health
Homes Program 　[                              ]

○ Create new Health Homes program
◉ Amend existing Health Homes program
○ Terminate existing Health Homes program

[ -- Select Health Homes Program --　　　　　　　　　▼ ]

○ Create new Health Homes program
○ Amend existing Health Homes program
◉ Terminate existing Health Homes program

[ -- Select Health Homes Program --　　　　　　　　　▼ ]

# Submission – Public Comment

**Indicate whether public comment was solicited with respect to this submission.** \*
○ Public notice was not federally required and comment was not solicited
◉ Public notice was not federally required, but comment was solicited
○ Public notice was federally required and comment was solicited

**Indicate how the public notice was issued and public comment was solicited**

☑ Newspaper Announcement

| Name of Paper | Date of Publication | Locations covered | |
|---|---|---|---|
| [          ] | M/d/yyyy | [          ] | ✕ |

+Add a Newspaper

☑ Publication in state's administrative record, in accordance with the administrative procedures requirements

**Date of Publication** \*
[ M/d/yyyy ]

☑ Email to Electronic Mailing List or Similar Mechanism

**Date of Email or other electronic notification** \*
[ M/d/yyyy ]

Description of mailing list, in particular parties and organizations included, and, if not email, description of similar mechanism used *

Character count: 0/4000

☑ Website Notice

**Select the type of website**

☑ Website of the State Medicaid Agency or Responsible Agency

* Date of Posting    M/d/yyyy

* Website URL

☑ Website for State Regulations

* Date of Posting    M/d/yyyy

* Website URL

☑ Other

| Type | Date of Posting | Website URL | |
|------|-----------------|-------------|---|
|  | M/d/yyyy |  | × |

+Add a website

☑ Public Hearing or Meeting

| Date of meeting | Time of meeting | Location of meeting |
|-----------------|-----------------|---------------------|
| No items available | | |

**A value is required**

Add a Public Hearing/Meeting

☑ Other method

| Name of method | Date | Description | |
|----------------|------|-------------|---|
|  | M/d/yyyy |  | × |

+Add another Way of Soliciting Input

7/19/2016

**Upload copies of public notices and other documents used**

**Saved Documents**

- *Maximum file size : 2MB*
- *Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx*

| ☐ | Name | Date Created | ↑ | Type |
|---|------|--------------|---|------|
| | | No items available | | |

**A document is required**

Choose File | No file chosen

Delete Document(s) | Save Document(s)

**Upload with this application a written summary of public comments received (optional)**

**Saved Documents**

- *Maximum file size : 2MB*
- *Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx*

| ☐ | Name | Date Created | ↑ | Type |
|---|------|--------------|---|------|
| | | No items available | | |

Choose File | No file chosen

Delete Document(s) | Save Document(s)

**Indicate the key issues raised during the public comment period (optional)**

☑ Access

**Summarize comments** *

Character count: 0/4000

**Summarize response** *

Character count: 0/4000

7/19/2016

☑ Quality

**Summarize comments** *

Character count: 0/4000

**Summarize response** *

Character count: 0/4000

☑ Cost

**Summarize comments** *

Character count: 0/4000

**Summarize response** *

Character count: 0/4000

☑ Payment methodology

**Summarize comments** *

Character count: 0/4000

**Summarize response** *

Character count: 0/4000

☑ Eligibility

**Summarize comments** *

Character count: 0/4000

**Summarize response** *

Character count: 0/4000

☑ Benefits

**Summarize comments** *

Character count: 0/4000

**Summarize response** *

Character count: 0/4000

☑ Service delivery

**Summarize comments** *

Character count: 0/4000

**Summarize response** *

Character count: 0/4000

☑ Other issue

| Name of issue | Summarize comments | Summarize response | |
|---|---|---|---|
| | | | × |

+Add an Other Issue

**Indicate whether public comment was solicited with respect to this submission.** *
○ Public notice was not federally required and comment was not solicited
○ Public notice was not federally required, but comment was solicited
◉ Public notice was federally required and comment was solicited

**Indicate how the public notice was issued and public comment was solicited**

☑ Newspaper Announcement

| Name of Paper | Date of Publication | Locations covered | |
|---|---|---|---|
| | M/d/yyyy | | × |

+Add a Newspaper

☑ Publication in state's administrative record, in accordance with the administrative procedures requirements

**Date of Publication** *

M/d/yyyy

☑ Email to Electronic Mailing List or Similar Mechanism

**Date of Email or other electronic notification** *

| M/d/yyyy |
|---|

**Description of mailing list, in particular parties and organizations included, and, if not email, description of similar mechanism used** *

Character count: 0/4000

☑ Website Notice

**Select the type of website**

☑ Website of the State Medicaid Agency or Responsible Agency

*Date of Posting | M/d/yyyy |

*Website URL | |

☑ Website for State Regulations

*Date of Posting | M/d/yyyy |

*Website URL | |

☑ Other

| Type | Date of Posting | Website URL | |
|---|---|---|---|
| | M/d/yyyy | | ✕ |

+Add a website

☑ Public Hearing or Meeting

| Date of meeting | Time of meeting | Location of meeting |
|---|---|---|
| | No items available | |

**A value is required**

Add a Public Hearing/Meeting

☑ Other method

| Name of method | Date | Description | |
|---|---|---|---|
| | M/d/yyyy | | ✕ |

+Add another Way of Soliciting Input

**Upload copies of public notices and other documents used**

**Saved Documents**

- *Maximum file size : 2MB*
- *Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx*

| | Name | Date Created | ↑ | Type |
|---|---|---|---|---|
| ☐ | | | | |
| | | No items available | | |

**A document is required**

Choose File   No file chosen

Delete Document(s)   Save Document(s)

**Upload with this application a written summary of public comments received (optional)**

**Saved Documents**

- *Maximum file size : 2MB*
- *Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx*

| | Name | Date Created | ↑ | Type |
|---|---|---|---|---|
| ☐ | | | | |
| | | No items available | | |

Choose File   No file chosen

Delete Document(s)   Save Document(s)

**Indicate the key issues raised during the public comment period (optional)**

☑ Access

**Summarize comments** *

Character count: 0/4000

**Summarize response** *

Character count: 0/4000

7/19/2016

☑ Quality

**Summarize comments** *

Character count: 0/4000

**Summarize response** *

Character count: 0/4000

☑ Cost

**Summarize comments** *

Character count: 0/4000

**Summarize response** *

Character count: 0/4000

☑ Payment methodology

**Summarize comments** *

Character count: 0/4000

**Summarize response** *

Character count: 0/4000

☑ Eligibility

**Summarize comments** *

Character count: 0/4000

**Summarize response** *

Character count: 0/4000

☑ Benefits

**Summarize comments** *

Character count: 0/4000

**Summarize response** *

Character count: 0/4000

☑ Service delivery

**Summarize comments** *

Character count: 0/4000

**Summarize response** *

Character count: 0/4000

☑ Other issue

| Name of issue | Summarize comments | Summarize response | |
|---|---|---|---|
|  |  |  | × |

+Add an Other Issue

## Submission – Tribal Input

One or more Indian health programs or Urban Indian Organizations furnish health care services in this state *
- ◉ Yes
- ○ No

This state plan is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations *
- ◉ Yes
- ○ No

* ☐ The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, prior to submission of this SPA

**Complete the following information regarding any tribal consultation conducted with respect to this submission**

**Tribal consultation was conducted in the following manner**

☑ Indian Health Programs

| Name of Program | Date of consultation | Method/Location of consultation | |
|---|---|---|---|
| | M/d/yyyy | | ✕ |

+Add an Indian Health Program

☑ Urban Indian Organizations

| Name of Organization | Date of consultation | Method/Location of consultation | |
|---|---|---|---|
| | M/d/yyyy | | ✕ |

+Add an Indian Urban Organization

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation

☑ Indian Tribes

| Name of Tribe | Date of consultation | Method/Location of consultation | |
|---|---|---|---|
| | M/d/yyyy | | ✕ |

+Add an Indian Tribe

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and  summarize any comments received below and describe how the state incorporated them into the design of its program.

**Saved Documents**
- *Maximum file size : 2MB*
- *Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx*

| ☐ | Name | Date Created ↑ | Type |
|---|---|---|---|
| | | No items available | |

**A document is required**

Choose File | No file chosen

Delete Document(s)   Save Document(s)

**Indicate the key issues raised (optional)**

☑ Access

**Summarize comments** *

Character count: 0/4000

**Summarize response** *

Character count: 0/4000

☑ Quality

**Summarize comments** *

Character count: 0/4000

**Summarize response** *

Character count: 0/4000

☑ Cost

**Summarize comments** *

Character count: 0/4000

**Summarize response** *

Character count: 0/4000

☑ Payment methodology

**Summarize comments** *

Character count: 0/4000

**Summarize response** *

Character count: 0/4000

☑ Eligibility

**Summarize comments** *

Character count: 0/4000

**Summarize response** *

Character count: 0/4000

7/19/2016

☑ Benefits

**Summarize comments** *

Character count: 0/4000

**Summarize response** *

Character count: 0/4000

☑ Service delivery

**Summarize comments** *

Character count: 0/4000

**Summarize response** *

Character count: 0/4000

☑ Other issue

| Name of issue | Summarize comments | Summarize response | |
|---|---|---|---|
| | | | × |

+Add an Other Issue

One or more Indian health programs or Urban Indian Organizations furnish health care services in this state*

◉ Yes
◯ No

This state plan is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations*

◯ Yes
◉ No

* Explain why this SPA is not likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations

Character count: 0/4000

*  ◉ Even though not required, the state has solicited advice from Indian Health Programs and/or Urban Indian Organizations prior to submission of this SPA
◯ The state has not solicited advice from Indian Health Programs and/or Urban Indian Organizations prior to submission of this SPA

Complete the following information regarding any tribal consultation conducted with respect to this submission

**Tribal consultation was conducted in the following manner**

☑ Indian Health Programs

| Name of Program | Date of consultation | Method/Location of consultation | |
|---|---|---|---|
| | M/d/yyyy | | ✕ |

+Add an Indian Health Program

☑ Urban Indian Organizations

| Name of Organization | Date of consultation | Method/Location of consultation | |
|---|---|---|---|
| | M/d/yyyy | | ✕ |

+Add an Indian Urban Organization

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation

☑ Indian Tribes

| Name of Tribe | Date of consultation | Method/Location of consultation | |
|---|---|---|---|
| | M/d/yyyy | | ✕ |

+Add an Indian Tribe

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

**Saved Documents**

- *Maximum file size : 2MB*
- *Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx*

| ☐ | Name | Date Created | ↑ | Type |
|---|---|---|---|---|
| | | No items available | | |

**A document is required**

Choose File   No file chosen

Delete Document(s)   Save Document(s)

**Indicate the key issues raised (optional)**

☑ Access

**Summarize comments** *

Character count: 0/4000

**Summarize response** *

Character count: 0/4000

☑ Quality

**Summarize comments** *

Character count: 0/4000

**Summarize response** *

Character count: 0/4000

☑ Cost

**Summarize comments** *

Character count: 0/4000

**Summarize response** *

Character count: 0/4000

☑ Payment methodology

**Summarize comments** *

Character count: 0/4000

**Summarize response** *

Character count: 0/4000

☑ Eligibility

**Summarize comments** *

Character count: 0/4000

**Summarize response** *

Character count: 0/4000

☑ Benefits

**Summarize comments** *

Character count: 0/4000

**Summarize response** *

Character count: 0/4000

☑ Service delivery

**Summarize comments** *

Character count: 0/4000

**Summarize response** *

Character count: 0/4000

☑ Other issue

| Name of issue | Summarize comments | Summarize response | |
|---|---|---|---|
| | | | × |

+Add an Other Issue

# Health Homes Intro

## Executive Summary

+/-

Provide an executive summary of this Health Homes program including the goals and objectives of the program, the population, providers, services and service delivery model used *

Character count: 0/4000

## General Assurances

+/-

☐ The state provides assurance that eligible individuals will be given a free choice of Health Homes providers.

☐ The states provides assurance that it will not prevent individuals who are dually eligible for Medicare and Medicaid from receiving Health Homes services.

☐ The state provides assurance that hospitals participating under the state plan or a waiver of such plan will be instructed to establish procedures for referring eligible individuals with chronic conditions who seek or need treatment in a hospital emergency department to designated Health Homes providers.

☐ The state provides assurance that FMAP for Health Homes services shall be 90% for the first eight fiscal quarters from the effective date of the SPA. After the first eight quarters, expenditures will be claimed at the regular matching rate.

☐ The state provides assurance that it will have the systems in place so that only one 8-quarter period of enhanced FMAP for each health homes enrollee will be claimed.

☐ The state provides assurance that there will be no duplication of services and payment for similar services provided under other Medicaid authorities.

# Health Homes Population and Enrollment Criteria

## Categories of Individuals and Populations Provided Health Homes Services

The state will make Health Homes services available to the following categories of Medicaid participants

☑ Categorically Needy (Mandatory and Options for Coverage) Eligibility Groups

☑ Medically Needy Eligibility Groups

Mandatory Medically Needy

☑ Medically Needy Pregnant Women

☑ Medically Needy Children under Age 18

Optional Medically Needy (select the groups included in the population)

**Families and Adults**

☐ Medically Needy Children Age 18 through 20

☐ Medically Needy Parents and Other Caretaker Relatives

**Aged, Blind and Disabled**

☐ Medically Needy Aged, Blind or Disabled

☐ Medically Needy Blind or Disabled Individuals Eligible in 1973

## Population Criteria

+/-

**The state elects to offer Health Homes services to individuals with**

☑ Two or more chronic conditions

**Specify the conditions included**
☐ Mental Health Condition
☐ Substance Use Disorder
☐ Asthma
☐ Diabetes
☐ Heart Disease
☐ BMI over 25
☑ Other (specify)

| Name | Description | |
|------|-------------|---|
| | | × |

+ Add other specification

☑ One chronic condition and the risk of developing another

**Specify the conditions included**
☐ Mental Health Condition
☐ Substance Use Disorder
☐ Asthma
☐ Diabetes
☐ Heart Disease
☐ BMI over 25
☑ Other (specify)

| Name | Description | |
|------|-------------|---|
| | | × |

+ Add other specification

**Specify the criteria for at risk of developing another chronic condition** *

☑ One serious and persistent mental health condition

**Specify the criteria for a serious and persistent mental health condition** *

Character count: 0/4000

## Enrollment of Participants

+/-

Participation in a Health Homes is voluntary. Indicate the method the state will use to enroll eligible Medicaid individuals into a Health Home*

◉ Opt-In to Health Homes provider
◯ Referral and assignment to Health Homes provider with opt-out
◯ Other (describe)

**Describe the process used***

Character count: 0/4000

Participation in a Health Homes is voluntary. Indicate the method the state will use to enroll eligible Medicaid individuals into a Health Home*

◯ Opt-In to Health Homes provider
◉ Referral and assignment to Health Homes provider with opt-out
◯ Other (describe)

**Describe the process used***

Character count: 0/4000

☐ The state provides assurance that it will clearly communicate the individual's right to opt out of the Health Homes benefit or to change Health Homes providers at any time and agrees to submit to CMS a copy of any letter or communication used to inform the individuals of the Health Homes benefit and their rights to choose or change Health Homes providers or to elect not to receive the benefit

**Saved Documents**

- *Maximum file size : 2MB*
- *Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx*

| ☐ | Name | Date Created ↑ | Type |
|---|------|----------------|------|
| | | No items available | |

**A document is required**

Choose File | No file chosen

Delete Document(s) | Save Document(s)

Participation in a Health Homes is voluntary. Indicate the method the state will use to enroll eligible Medicaid individuals into a Health Home*

◯ Opt-In to Health Homes provider
◯ Referral and assignment to Health Homes provider with opt-out
◉ Other (describe)

**Name***

**Description***

Character count: 0/4000

# Health Homes Geographic Limitations

◯ Health Homes services will be available statewide
◉ Health Homes services will be limited to the following geographic areas
◯ Health Homes services will be provided in a geographic phased-in approach

**Specify the geographic limitations of the program***

◉ By county
◯ By region
◯ By city/municipality
◯ Other geographic area

　*Specify which counties

○ Health Homes services will be available statewide
◉ Health Homes services will be limited to the following geographic areas
○ Health Homes services will be provided in a geographic phased-in approach

**Specify the geographic limitations of the program** *
○ By county
◉ By region
○ By city/municipality
○ Other geographic area

\* Specify which regions

[text area]

Character count: 0/4000

○ Health Homes services will be available statewide
◉ Health Homes services will be limited to the following geographic areas
○ Health Homes services will be provided in a geographic phased-in approach

**Specify the geographic limitations of the program** *
○ By county
○ By region
◉ By city/municipality
○ Other geographic area

\* Specify which cities/ municipalities

[text area]

Character count: 0/4000

○ Health Homes services will be available statewide
◉ Health Homes services will be limited to the following geographic areas
○ Health Homes services will be provided in a geographic phased-in approach

**Specify the geographic limitations of the program** *
○ By county
○ By region
○ By city/municipality
◉ Other geographic area

\* Describe the area(s)

[text area]

Character count: 0/4000

○ Health Homes services will be available statewide
○ Health Homes services will be limited to the following geographic areas
◉ Health Homes services will be provided in a geographic phased-in approach

| Title of phase | Geographic Area | Implementation Date |
|---|---|---|
| | No items available | |

You must enter at least one phase

Add Phase

**Title of phase**
Phase 1

**Implementation Date** *
M/d/yyyy

**Phase-in will be done by the following geographic area** *
◉ By county
○ By region
○ By city/municipality
○ Other geographic area

**Specify which counties** *
[text field]

**Phase-in will be done by the following geographic area** *
○ By county
◉ By region
○ By city/municipality
○ Other geographic area

**Specify which regions** *
[text area]

Character count: 0/4000

Phase-in will be done by the following geographic area*
○ By county
○ By region
◉ By city/municipality
○ Other geographic area

Specify which cities/ municipalities*

Character count: 0/4000

Phase-in will be done by the following geographic area*
○ By county
○ By region
○ By city/municipality
◉ Other geographic area

Describe the area(s)*

Character count: 0/4000

Health Homes services are now available state-wide*
◉ Yes
○ No

Effective date of state-wide service implementation*

M/d/yyyy

Enter any additional narrative necessary to fully describe this phase

Character count: 0/4000

**Saved Documents**
- *Maximum file size : 2MB*
- *Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx*

| ☐ | Name | Date Created ↑ | Type |
|---|------|--------------|------|
| | | No items available | |

Choose File | No file chosen

Delete Document(s)    Save Document(s)

# Health Homes Services

## Service Definitions

+/-

**Provide the state's definitions of the following Health Homes services and the specific activities performed under each service**

**Comprehensive Care Management**

Definition*

**Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum** *

Character count: 0/4000

**Scope of service**

**The service can be provided by the following provider types**
Must check one or more

☑ Behavioral Health Professionals or Specialists

**Description** *

Character count: 0/4000

☑ Nurse Practitioner

**Description** *

Character count: 0/4000

☑ Nurse Care Coordinators

**Description** *

Character count: 0/4000

☑ Nurses

**Description** *

Character count: 0/4000

☑ Medical Specialists

**Description** *

Character count: 0/4000

☑ Physician's Assistants

**Description** *

Character count: 0/4000

☑ Pharmacists

**Description** *

Character count: 0/4000

☑ Social Workers

**Description** *

Character count: 0/4000

☑ Doctors of Chiropractic

**Description** *

Character count: 0/4000

☑ Licensed Complementary and alternative Medicine Practitioners

**Description** *

Character count: 0/4000

☑ Dieticians

**Description** *

Character count: 0/4000

☑ Nutritionists

**Description** *

Character count: 0/4000

☑ Other (specify)

| Provider Type | Description | |
|---|---|---|
| | | × |

+ Add Provider Type

**Care Coordination**

**Definition** *

**Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum** *

Character count: 0/4000

**Scope of service**

**The service can be provided by the following provider types**

Must check one or more

☑ Behavioral Health Professionals or Specialists

**Description** *

Character count: 0/4000

☑ Nurse Practitioner

**Description** *

Character count: 0/4000

☑ Nurse Care Coordinators

**Description** *

Character count: 0/4000

☑ Nurses

**Description** *

Character count: 0/4000

☑ Medical Specialists

**Description** *

Character count: 0/4000

☑ Physicians

**Description** *

Character count: 0/4000

☑ Physician's Assistants

**Description** *

Character count: 0/4000

☑ Pharmacists

**Description** *

Character count: 0/4000

☑ Social Workers

**Description** *

Character count: 0/4000

☑ Doctors of Chiropractic

**Description** *

Character count: 0/4000

☑ Licensed Complementary and alternative Medicine Practitioners

**Description** *

Character count: 0/4000

☑ Dieticians

**Description** *

Character count: 0/4000

☑ Nutritionists

**Description** *

Character count: 0/4000

☑ Other (specify)

| Provider Type | Description | |
|---|---|---|
| | | × |

+ Add Provider Type

**Health Promotion**

**Definition** *

**Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum** *

Character count: 0/4000

**Scope of service**

**The service can be provided by the following provider types**
Must check one or more

☑ Behavioral Health Professionals or Specialists

**Description** *

Character count: 0/4000

☑ Nurse Practitioner

**Description** *

Character count: 0/4000

☑ Nurse Care Coordinators

**Description** *

Character count: 0/4000

☑ Nurses

**Description** *

Character count: 0/4000

☑ Medical Specialists

**Description** *

Character count: 0/4000

☑ Physicians

**Description** *

Character count: 0/4000

☑ Physician's Assistants

**Description** *

Character count: 0/4000

☑ Pharmacists

**Description** *

Character count: 0/4000

☑ Social Workers

**Description** *

Character count: 0/4000

☑ Doctors of Chiropractic

**Description** *

Character count: 0/4000

☑ Licensed Complementary and alternative Medicine Practitioners

**Description** *

Character count: 0/4000

☑ Dieticians

**Description** *

Character count: 0/4000

☑ Nutritionists

**Description** *

Character count: 0/4000

☑ Other (specify)

| Provider Type | Description | |
|---|---|---|
|  |  | ✕ |

+ Add Provider Type

**Comprehensive Transitional Care from Inpatient to Other Settings (including appropriate follow-up)**

**Definition***

Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum *

Character count: 0/4000

**Scope of service**

**The service can be provided by the following provider types**
Must check one or more

☑ Behavioral Health Professionals or Specialists

**Description***

Character count: 0/4000

☑ Nurse Practitioner

**Description***

Character count: 0/4000

☑ Nurse Care Coordinators

**Description***

Character count: 0/4000

☑ Nurses

**Description***

Character count: 0/4000

☑ Medical Specialists

**Description***

Character count: 0/4000

7/19/2016

☑ Physicians

**Description** *

Character count: 0/4000

☑ Physician's Assistants

**Description** *

Character count: 0/4000

☑ Pharmacists

**Description** *

Character count: 0/4000

☑ Social Workers

**Description** *

Character count: 0/4000

☑ Doctors of Chiropractic

**Description** *

Character count: 0/4000

☑ Licensed Complementary and alternative Medicine Practitioners

**Description** *

Character count: 0/4000

☑ Dieticians

**Description** *

Character count: 0/4000

☑ Nutritionists

**Description** *

Character count: 0/4000

☑ Other (specify)

| Provider Type | Description | |
|---|---|---|
| | | × |

+ Add Provider Type

**Individual and Family Support (which includes authorized representatives)**

**Definition** *

**Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum** *

Character count: 0/4000

**Scope of service**

**The service can be provided by the following provider types**

Must check one or more

☑ Behavioral Health Professionals or Specialists

**Description** *

Character count: 0/4000

☑ Nurse Practitioner

**Description** *

Character count: 0/4000

☑ Nurse Care Coordinators

**Description** *

Character count: 0/4000

☑ Nurses

**Description** *

Character count: 0/4000

☑ Medical Specialists

**Description** *

Character count: 0/4000

☑ Physicians

**Description** *

Character count: 0/4000

☑ Physician's Assistants

**Description** *

Character count: 0/4000

☑ Pharmacists

**Description** *

Character count: 0/4000

☑ Social Workers

**Description** *

Character count: 0/4000

☑ Doctors of Chiropractic

**Description** *

Character count: 0/4000

☑ Licensed Complementary and alternative Medicine Practitioners

**Description** *

Character count: 0/4000

☑ Dieticians

**Description** *

Character count: 0/4000

☑ Nutritionists

**Description** *

Character count: 0/4000

☑ Other (specify)

| Provider Type | Description | |
|---|---|---|
| | | × |

+ Add Provider Type

**Referral to Community and Social Support Services**

**Definition** *

**Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum** *

Character count: 0/4000

**Scope of service**

**The service can be provided by the following provider types**
Must check one or more

☑ Behavioral Health Professionals or Specialists

**Description** *

Character count: 0/4000

☑ Nurse Practitioner

Description *

Character count: 0/4000

☑ Nurse Care Coordinators

Description *

Character count: 0/4000

☑ Nurses

Description *

Character count: 0/4000

☑ Medical Specialists

Description *

Character count: 0/4000

☑ Physicians

Description *

Character count: 0/4000

☑ Physician's Assistants

Description *

Character count: 0/4000

☑ Pharmacists

Description *

Character count: 0/4000

☑ Social Workers

Description *

Character count: 0/4000

☑ Doctors of Chiropractic

Description *

Character count: 0/4000

☑ Licensed Complementary and alternative Medicine Practitioners

Description *

Character count: 0/4000

☑ Dieticians

Description *

Character count: 0/4000

☑ Nutritionists

Description *

Character count: 0/4000

☑ Other (specify)

| Provider Type | Description | |
|---|---|---|
| | | × |

+ Add Provider Type

## Health Homes Patient Flow

+/-

Describe the patient flow through the state's Health Homes system. Submit with the state plan amendment flow-charts of the typical process a Health Homes individual would encounter *

Character count: 0/4000

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- *Maximum file size : 2MB*
- *Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx*

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# Health Homes Providers

## Types of Health Homes Providers

+/-

☑ Designated Providers

**Indicate the Health Homes Designated Providers the state includes in its program and the provider qualifications and standards**

☑ Physicians

**Describe the Provider Qualifications and Standards** *

Character count: 0/4000

☑ Clinical Practices or Clinical Group Practices

**Describe the Provider Qualifications and Standards** *

Character count: 0/4000

☑ Rural Health Clinics

**Describe the Provider Qualifications and Standards** *

Character count: 0/4000

☑ Community Health Centers

**Describe the Provider Qualifications and Standards** *

Character count: 0/4000

☑ Community Mental Health Centers

**Describe the Provider Qualifications and Standards** *

Character count: 0/4000

☑ Home Health Agencies

**Describe the Provider Qualifications and Standards** *

Character count: 0/4000

☑ Case Management Agencies

**Describe the Provider Qualifications and Standards** *

Character count: 0/4000

☑ Community/Behavioral Health Agencies

**Describe the Provider Qualifications and Standards** *

Character count: 0/4000

☑ Federally Qualified Health Centers (FQHC)

**Describe the Provider Qualifications and Standards** *

Character count: 0/4000

☑ Other (Specify)

| Provider Type | Describe the Provider Qualifications and Standards | |
|---|---|---|
| | | × |

+ Add provider types

☑ Teams of Health Care Professionals

**Indicate the composition of the Health Homes Teams of Health Care Professionals the state includes in its program. For each type of provider indicate the required qualifications and standards**

☑ Physicians

**Describe the Provider Qualifications and Standards** *

Character count: 0/4000

☑ Nurse Practitioners

**Describe the Provider Qualifications and Standards** *

```

```

Character count: 0/4000

☑ Nurse Care Coordinators

**Describe the Provider Qualifications and Standards** *

```

```

Character count: 0/4000

☑ Nutritionists

**Describe the Provider Qualifications and Standards** *

```

```

Character count: 0/4000

☑ Social Workers

**Describe the Provider Qualifications and Standards** *

```

```

Character count: 0/4000

☑ Behavioral Health Professionals

**Describe the Provider Qualifications and Standards** *

```

```

Character count: 0/4000

☑ Other (Specify)

| Provider Type | Describe the Provider Qualifications and Standards | |
|---|---|---|
| | | × |

+ Add provider types

☑ Health Teams

**Indicate the composition of the Health Homes Health Team providers the state includes in its program, pursuant to Section 3502 of the Affordable Care Act, and provider qualifications and standards**

☑ Medical Specialists

**Describe the Provider Qualifications and Standards** *

Character count: 0/4000

☑ Nurses

**Describe the Provider Qualifications and Standards** *

Character count: 0/4000

☑ Pharmacists

**Describe the Provider Qualifications and Standards** *

Character count: 0/4000

☑ Nutritionists

**Describe the Provider Qualifications and Standards** *

Character count: 0/4000

☑ Dieticians

**Describe the Provider Qualifications and Standards** *

Character count: 0/4000

☑ Social Workers

**Describe the Provider Qualifications and Standards** *

Character count: 0/4000

☑ Behavioral Health Specialists

**Describe the Provider Qualifications and Standards** *

Character count: 0/4000

☑ Doctors of Chiropractic

**Describe the Provider Qualifications and Standards** *

Character count: 0/4000

☑ Licensed Complementary and Alternative Medicine Practitioners

**Describe the Provider Qualifications and Standards** *

Character count: 0/4000

☑ Physicians' Assistants

**Describe the Provider Qualifications and Standards** *

Character count: 0/4000

☐ The state provides assurance that it will align the quality measure reporting requirements within section 3502 of the Affordable Care Act and section 1945 of the Social Security Act

**Provider Infrastructure**

+/-

**Describe the infrastructure of provider arrangements for Health Home Services** *

## Supports for Health Homes Providers

+/-

**Describe the methods by which the state will support providers of Health Homes services in addressing the following components**

1. Provide quality-driven, cost-effective, culturally appropriate, and person- and family- centered Health Homes services
2. Coordinate and provide access to high quality health care services informed by evidence-based clinical practice guidelines
3. Coordinate and provide access to preventive and health promotion services, including prevention of mental illness and substance use disorders
4. Coordinate and provide access to mental health and substance abuse services
5. Coordinate and provide access to comprehensive care management, care coordination, and transitional care across settings. Transitional care includes appropriate follow-up from inpatient to other settings, such as participation in discharge planning and facilitating transfer from a pediatric to an adult system of health care
6. Coordinate and provide access to chronic disease management, including self-management support to individuals and their families
7. Coordinate and provide access to individual and family supports, including referral to community, social support, and recovery services
8. Coordinate and provide access to long-term care supports and services
9. Develop a person-centered care plan for each individual that coordinates and integrates all of his or her clinical and non-clinical health-care related needs and services
10. Demonstrate a capacity to use health information technology to link services, facilitate communication among team members and between the health team and individual and family caregivers, and provide feedback to practices, as feasible and appropriate
11. Establish a continuous quality improvement program, and collect and report on data that permits an evaluation of increased coordination of care and chronic disease management on individual-level clinical outcomes, experience of care outcomes, and quality of care outcomes at the population level

**Description** *

## Other Health Homes Provider Standards

+/-

**The state's requirements and expectations for Health Homes providers are as follows** *

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- *Maximum file size : 2MB*
- *Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx*

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# Health Homes Service Delivery Systems

**Identify the service delivery system(s) that will be used for individuals receiving Health Homes services**

☐ Fee for Service

☑ PCCM

**The PCCMs will be a Designated Provider or part of a Team of Health Care Professionals**

\* ◉ Yes
　 ○ No

The PCCM/Health Homes providers will be paid based on the following payment methodology outlined in the payment methods section

☐ Fee for Service (describe in Payment Methodology section)

☐ Alternative Model of Payment (describe in Payment Methodology section)

☑ Other

\*Description
```
[                    ]
```
Character count: 0/4000

Requirements for the PCCM participating in a Health Home as a Designated Provider or part of a Team of Health Care Professionals will be different from those of a regular PCCM\*

◉ Yes
○ No

\*Describe how requirements will be different
```
[                    ]
```
Character count: 0/4000

☐ The state provides assurance that these requirements will be incorporated into the next PCCM contract submitted to CMS.

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- *Maximum file size : 2MB*
- *Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx*

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**The PCCMs will be a Designated Provider or part of a Team of Health Care Professionals**

\* ○ Yes
　 ◉ No

☐ The State provides assurance that it will not duplicate payment between its Health Home payments and PCCM payments.

☑ Risk Based Managed Care

**The Health Plans will be a Designated Provider or part of a Team of Health Care Professionals**

\* ◉ Yes
　 ○ No

Provide a summary of the contract language that you will impose on the Health Plans in order to deliver the Health Homes services\*
```
[                    ]
```
Character count: 0/4000

☐ The State provides assurance that any contract requirements specified in this section will be included in any new or the next contract amendment submitted to CMS for review.

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- *Maximum file size : 2MB*
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**The State intends to include the Health Home payments in the Health Plan capitation rate** *
- ⦿ Yes
- ○ No

     * **Assurances**   ☐ The State provides an assurance that at least annually, it will submit to the regional office as part of their capitated rate Actuarial certification a separate Health Homes section which outlines the following:

- Any program changes based on the inclusion of Health Homes services in the health plan benefits
- Estimates of, or actual (base) costs to provide Health Homes services (including detailed a description of the data used for the cost estimates)
- Assumptions on the expected utilization of Health Homes services and number of eligible beneficiaries (including detailed description of the data used for utilization estimates)
- Any risk adjustments made by plan that may be different than overall risk adjustments
- How the final capitation amount is determined in either a percent of the total capitation or an actual PMPM

     *   ☐ The State provides assurance that it will design a reporting system/mechanism to monitor the use of Health Homes services by the plan ensuring appropriate documentation of use of services

     *   ☐ The State provides assurance that it will complete an annual assessment to determine if the payments delivered were sufficient to cover the costs to deliver the Health Homes services and provide for adjustments in the rates to compensate for any differences found

**The State intends to include the Health Home payments in the Health Plan capitation rate** *
- ○ Yes
- ⦿ No

     **Indicate which payment methodology the State will use to pay its plans**

     ☐ Fee for Service (describe in Payment Methodology section)

     ☐ Alternative Model of Payment (describe in Payment Methodology section)

     ☑ Other

     * **Description**

     Character count: 0/4000

The Health Plans will be a Designated Provider or part of a Team of Health Care Professionals

\* ○ Yes
○ No

Indicate how duplication of payment for care coordination in the Health Plans' current capitation rate will be avoided

☐ The current capitation rate will be reduced

☑ The State will impose additional contract requirements on the plans for Health Homes enrollees

\*Provide a summary of the contract language for the additional requirements

Character count: 0/4000

☑ Other

\*Describe

Character count: 0/4000

☑ Other Service Delivery System

Describe if the providers in this other delivery system will be a designated provider or part of the Team of health care professionals and how payment will be delivered to these providers\*

Character count: 0/4000

☐ The State provides assurance that any contract requirements specified in this section will be included in any new or the next contract amendment submitted to CMS for review.

**Saved Documents**

- *Maximum file size : 2MB*
- *Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx*

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# Health Homes Payment Methodologies

## Payment Methodology

+/-

**The State's Health Homes payment methodology will contain the following features**

☑ Fee for Service

☑ Individual Rates Per Service

\*
☑ Fee for Service Rates based on

☐ Severity of each individual's chronic conditions

☐ Capabilities of the team of health care professionals, designated provider, or health team

☑ Other

**Describe below**

*
[ ]

☑ Per Member, Per Month Rates

*
☑ Fee for Service Rates based on

☐ Severity of each individual's chronic conditions

☐ Capabilities of the team of health care professionals, designated provider, or health team

☑ Other

**Describe below**

*
[ ]

☑ Comprehensive Methodology Included in the Plan

*
☑ Fee for Service Rates based on

☐ Severity of each individual's chronic conditions

☐ Capabilities of the team of health care professionals, designated provider, or health team

☑ Other

**Describe below**

*
[ ]

☑ Incentive Payment Reimbursement

*
☑ Fee for Service Rates based on

☐ Severity of each individual's chronic conditions

☐ Capabilities of the team of health care professionals, designated provider, or health team

☑ Other

**Describe below**

*
[ ]

Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided

\*

[text area]

☐ PCCM (description included in Service Delivery section)

☐ Risk Based Managed Care (description included in Service Delivery section)

☑ Alternative models of payment, other than Fee for Service or PMPM payments (describe below)

\*

☑ Tiered Rates based on

        ☐ Severity of each individual's chronic conditions

        ☐ Capabilities of the team of health care professionals, designated provider, or health team

        ☑ Other

        **Describe below**

        \*

        [text area]

        **Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided**

        \*

        [text area]

        Character count: 0/4000

**Provide a comprehensive description of the policies the state will use to establish Health Homes alternative models of payment. Explain how the methodology is consistent with the goals of efficiency, economy and quality of care. Within your description, please explain the nature of the payment, the activities and associated costs or other relevant factors used to determine the payment amount, any limiting criteria used to determine if a provider is eligible to receive the payment, and the frequency and timing through which the Medicaid agency will distribute the payments to providers.**

[text area]

## Agency Rates

+/-

Describe the rates used\*

○ FFS Rates included in plan

○ Comprehensive methodology included in plan

● The agency rates are set as of the following date and are effective for services provided on or after that date

Effective Date\*

[ M/d/yyyy ]

Website where rates are displayed\*

[text field]

## Rate Development

+/-

Provide a comprehensive description in the SPA of the manner in which rates were set
1. In the SPA please provide the cost data and assumptions that were used to develop each of the rates
2. Please identify the reimbursable unit(s) of service
3. Please describe the minimum level of activities that the state agency requires for providers to receive payment per the defined unit
4. Please describe the state's standards and process required for service documentation, and
5. Please describe in the SPA the procedures for reviewing and rebasing the rates, including
    a. the frequency with which the state will review the rates, and
    b. the factors that will be reviewed by the state in order to understand if the rates are economic and efficient and sufficient to ensure quality services.

## Assurances

+/-

☐ The State provides assurance that it will ensure non-duplication of payment for services similar to Health Homes services that are offered/covered under a different statutory authority, such as 1915(c) waivers or targeted case management.

Describe below how non-duplication of payment will be achieved *

Character count: 0/4000

☐ The State meets the requirements of 42 CFR Part 447, Subpart A, and sections 1902(a)(4), 1902(a)(6), 1902(a)(30)(A), and 1903 with respect to non-payment for provider-preventable conditions.

☐ The State provides assurance that all governmental and private providers are reimbursed according to the same rate schedule, unless otherwise described above.

☐ The State provides assurance that it shall reimburse providers directly, except when there are employment or contractual arrangements consistent with section 1902(a)(32).

# Health Homes Monitoring, Quality Measurement and Evaluation

## Monitoring

+/-

Describe the state's methodology for calculating cost saving (and report cost savings annually in Quality Measure Report). Include savings that result from improved coordination of care and chronic disease management achieved through the Health Homes Program, including data sources and measurement specifications, as well as any savings associated with dual eligibles, and if Medicare data was available to the state to utilize in arriving at its cost-savings estimates*

Character count: 0/4000

Describe how the state will use health information technology in providing Health Homes services and to improve service delivery and coordination across the care continuum (including the use of wireless patient technology to improve coordination and management of care and patient adherence to recommendations made by their provider)*

## Quality Measurement and Evaluation

+/-

☐ The state provides assurance that all Health Homes providers report to the state on all applicable quality measures as a condition of receiving payment from the state

☐ The state provides assurance that it will identify measureable goals for its Health Homes model and intervention and also identify quality measures related to each goal to measure its success in achieving the goals

☐ The state provides assurance that it will report to CMS information submitted by Health Homes providers to inform evaluations, as well as Reports to Congress as described in Section 2703(b) of the Affordable Care Act and as described by CMS

☐ The state provides assurance that it will track avoidable hospital readmissions and report annually in the Quality Measures report

Go to HHQM Reports