



State-by-State Health Home State Plan Amendment Matrix: Summary Overview

This matrix outlines key program design features from health home State Plan Amendments (SPAs) approved by the Centers for Medicare & Medicaid Services (CMS) as of March 2014. For more information about health homes (HH), visit <http://www.Medicaid.gov>.

Overview of Approved Health Home SPAs

STATE	TARGET POPULATION	HH PROVIDERS	ENROLLMENT	PAYMENT	GEOGRAPHIC AREA
ALABAMA SPA APPROVED (4/9/13) SPA EFFECTIVE (7/1/12)	Two chronic conditions; or one chronic condition and the risk of developing another, from the following list of conditions: Mental Health Condition, Substance Use Disorder, Asthma, Diabetes, Heart Disease; Transplants with a look back of Medicaid claims data for five years rather than 18 months, Cardiovascular Disease, Chronic Obstructive Pulmonary Disease, Cancer, HIV with an 18 month look back of Medicaid claims data for the identification of medications, and Sickle Cell Anemia	Team of health care professionals: Primary Medicaid Providers, including FQHCs and Rural Health Clinics	Voluntary	Per-member-per-month (PMPM) and fee-for-service (FFS)	Four geographic regions
IDAHO SPA APPROVED (11/21/12) SPA EFFECTIVE (1/1/13)	A chronic condition of SPMI or SED; Diabetes and asthma; or Have either diabetes or asthma and be at risk for another chronic condition	Current Healthy Connections providers that meet set standards, including physicians, clinical practices or clinical group practices, rural clinics, community health centers, community mental health centers, home health agencies, or any other current Healthy Connections providers	Automatic enrollment, with opt-out. Can self-refer or be referred by any service provider	PMPM payment for comprehensive care management services	Statewide



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IOWA SPA APPROVED (06/08/12) SPA EFFECTIVE (07/01/12)	Two chronic conditions or one and at risk for another. Conditions consistent with definition in statute plus Hypertension	Primary care practices, CMHCs, FQHCs, rural health centers meeting State standards and shares policies/procedures and electronic systems if practice includes multiple sites	Patient can opt-in when beneficiary presents at HH provider's office	Patient management PMPM Performance payment based on quality beginning in 2013	Statewide
IOWA - SPMI SPA APPROVED (06/18/13) SPA EFFECTIVE (07/01/13)	Adults and children with SPMI	A lead entity and qualified integrated health home (IHH) providers	Automatic assignment with opt-out	PMPM for enrolled members	Five counties: Dubuque, Polk, Linn, Warren, and Woodbury
MAINE SPA APPROVED (1/22/13) SPA EFFECTIVE (01/01/13)	Two chronic conditions or one chronic condition and at risk for another. Conditions include: Mental health condition (non-SMI), Substance use disorder, Asthma, Diabetes, Heart disease, BMI over 25, tobacco use, COPD, hypertension, hyperlipidemia, developmental disabilities or autism spectrum disorders, acquired brain injury, seizure disorders and cardiac and circulatory congenital abnormalities	Community Care Teams (CCTs) partner with primary care health home practices to manage the care of eligible individuals	Eligible individuals identified by the state and auto-assigned to practices. Patients receiving services from practice that becomes a HH can opt out if they choose	PMPM payments for HH services	Statewide
MARYLAND SPA APPROVED (09/27/2013) SPA EFFECTIVE (10/01/2013)	Opioid substance use disorder and the risk of developing another chronic condition; or one or more serious and persistent mental health condition	Psychiatric rehabilitation programs, mobile treatment service providers, and opioid treatment programs	Opt-in enrollment	PMPM One-time initial intake assessment payment	Statewide



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MISSOURI CMHC SPA APPROVED (10/20/11) SPA EFFECTIVE (01/01/12)	SPMI only Mental health (MH) or substance abuse (SA) disorder plus a chronic condition MH or SA disorder plus tobacco use	CMHC meeting State qualifications CMHCs well-positioned to be HH providers after ongoing investments in recent years (e.g., disease management, care management, electronic health records (EHR), etc.)	Eligible individuals identified, auto-assigned, and notified by State Beneficiary has option to change HH providers or opt out	Clinical care management PMPM payment Interested in shared savings strategy and performance incentive payment – both for HH providers and for Medicaid - and will revisit after initial approval	Statewide
MISSOURI PCP SPA APPROVED (12/22/11) SPA EFFECTIVE (01/01/12)	At least two of the following: asthma, cardiovascular disease, diabetes, developmental disabilities (DD), or overweight (BMI >25); <i>or</i> One of the previous chronic conditions and at risk of developing another. At risk criteria include: Tobacco use or diabetes	Designated providers of HH services will be FQHCs, RHCs and primary care clinics operated by hospitals	Eligible individuals identified, auto-assigned and notified by State Beneficiary has option to either change HH providers or opt out of program	Same as CMHC	Statewide
NEW YORK SPA APPROVED (02/03/12) SPA EFFECTIVE (07/01/12)	Individuals with SMI, chronic medical and behavioral health conditions	Any interested providers or groups of providers that meet State defined health home requirements that assure access to primary, specialty and behavioral health care and that support the integration and coordination of all care	Auto-enrollment (with opt-out)	PMPM adjusted based on region, case mix (from Clinical Risk Group (CRG) method) and eventually by patient functional status	Three-phase regional roll-out; phase one includes 10 counties



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NORTH CAROLINA SPA APPROVED (5/24/12) SPA EFFECTIVE (10/01/11)	Two chronic medical conditions or one and at risk of another condition List of qualifying chronic medical conditions include 10 conditions based on analysis of prevalence in Medicaid population	Medical Homes	Enrollment in HHs program is voluntary through Community Care of North Carolina (CCNC). Health home services will be delivered through the CCNC program	Tiered PMPM reimbursement based on ABD or non-ABD status, plus add-on payments that support specialized care management for individuals with special health needs	Statewide
OHIO SPA APPROVED (9/17/12) SPA EFFECTIVE (10/01/12)	Individuals with SPMI (children and adults)	Community Behavioral Health Centers (CBHCs)	Enrollment in HHs program is opt-out	Site-specific monthly case rates (PMPM)	Targeted to 5 counties. Statewide by end of first year
OREGON SPA APPROVED (3/13/12) SPA EFFECTIVE (10/01/11)	Consistent with definition in statute, with additional chronic conditions (hepatitis C, HIV/AIDS, chronic kidney disease, cancer)	Patient-Centered Primary Care Homes (PCPCHs). Oregon Health Authority will recognize practices as Tier 1, 2, or 3 PCPCHs Primary care providers or practices that meet the State's qualifying criteria	Patients assigned to PCPCH; can opt-out or change providers	PMPM based on PCPCH Tier met by practice or provider group; reflecting foundational, intermediate and advanced functions	Statewide
RHODE ISLAND CEDARR FAMILY CENTERS SPA APPROVED (11/23/11) SPA EFFECTIVE (10/01/11)	Diagnosis of SMI or SED, two chronic conditions or one of the following and risk of developing another: Mental health condition, Asthma, Diabetes, DD, Down Syndrome, mental retardation, seizure disorders	CEDARR Family Centers certified to meet HH criteria (CEDARR Family Centers provide services to Medicaid-eligible children who are identified as having one or more special health care needs)	Voluntary	Alternate payment methodology; rate developed based on level of effort required and market based hourly rate	Statewide



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RHODE ISLAND CMHO SPA APPROVED (11/23/11) SPA EFFECTIVE (10/01/11)	Individuals with SPMI who are eligible for State's community support program	Seven CMHOs and two smaller providers of specialty mental health services	Auto-assignment (with opt-out). Potentially eligible individuals receiving services in the hospital ED or inpatient will be notified about health homes and referred	Case rate	Statewide
RHODE ISLAND OPIOID DEPENDENCY APPROVED (11/06/13) SPA EFFECTIVE (07/01/13)	Opioid dependent Medicaid recipients currently receiving or who meet criteria for Medication Assisted Treatment	Opioid Treatment Programs licensed by the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals as Behavioral Healthcare Organizations	Auto-assignment, with opt-out	Weekly FFS payment	Statewide
SOUTH DAKOTA APPROVED (11/22/13) SPA EFFECTIVE (07/02/13)	Two or more chronic conditions, one chronic condition and the risk of developing another or one serious and persistent mental health condition	Designated providers, including: physicians, Rural Health Clinics, Community Health Centers, Community Mental Health Centers, Federally Qualified Health Centers, Advanced Practice Nurses, and Physicians' Assistants	Eligible HH recipients will be assigned to one of four tiers. Enrollment based upon classification within different tiers	PMPM rates based upon HH recipients classification into one of four tiers	Statewide



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WASHINGTON APPROVED (06/28/13) SPA EFFECTIVE (07/01/13)	One chronic condition and the risk of developing another: mental health condition, substance abuse disorder, asthma, diabetes, heart disease. Other chronic conditions include: cancer, cerebrovascular disease, chronic respiratory conditions, coronary artery disease, dementia or Alzheimer's disease, gastrointestinal, hematological conditions, HIV/AIDS, intellectual disability or disease, musculoskeletal conditions, neurological disease, and renal failure	Clinical practices or clinical group practices; Rural health clinics; Community health centers; Community mental health centers; Home health agencies; Case management agencies; Community/Behavioral health agencies; Federally qualified health centers; Hospitals; Managed care organizations; Primary care case management; or Substance use disorder treatment providers	Auto-assignment, with opt-out	FFS rates built for three levels of payment using a clinical and non-clinical staffing model combined with monthly service intensity Encounters are submitted PMPM Incentive payment, PCCM managed care, and risk based managed care also included	Targeted to 14 counties, including: Pierce, Clark, Cowlitz, Klickitat, Skamania, Wahkiakum, Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, and Yakima
WISCONSIN SPA APPROVED (1/29/13) SPA EFFECTIVE (10/01/12)	Diagnosis of HIV and at least one other diagnosed chronic condition, or at risk of developing another chronic condition	AIDS Service Organizations (ASOs)	Auto-enrollment (with opt-out)	PMPM: Monthly case rate	Targeted to four counties: Brown, Kenosha, Milwaukee and Dane