Table of Contents

State/Territory Name: MO

State Plan Amendment (SPA) #: 19-0017

This file contains the following documents in the order listed:

Records / Submission Packages

MO - Submission Package - MO2019MS0003O - (MO-19-0017) - Health Homes

Summary Reviewable Units Versions Correspondence Log Compare Doc Change Report Analyst Notes
Review Assessment Report Approval Letter Transaction Logs News Related Actions

CMS-10434 OMB 0938-1188

Package Information

Package ID	MO2019MS0003O	**Submission Type**	Official
Program Name	Migrated_HH.Community Mental Health Center – Health Homes	**State**	MO
SPA ID	MO-19-0017	**Region**	Kansas City, KS
Version Number	3	**Package Status**	Approved
Submitted By	Marissa Crump	**Submission Date**	9/26/2019
Package Disposition		**Approval Date**	11/13/2019 3:19 PM EST
Priority Code	P2		

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Kansas City Regional Office
601 E. 12th Street, Suite 355
Kansas City, MO 64106

Division of Medicaid and Children's Health Operations

November 13, 2019

Todd Richardson
Director
MO HealthNet Division
615 Howerton Court
Jefferson City, MO 65109

Re: Approval of State Plan Amendment MO-19-0017 Migrated_HH.Community Mental Health Center – Health Homes

Dear Todd Richardson:

On September 26, 2019, the Centers for Medicare and Medicaid Services (CMS) received Missouri State Plan Amendment (SPA) MO-19-0017 for Migrated_HH.Community Mental Health Center – Health Homes to add a 1.5% rate increase to the PMPM for CMHC Health Homes.

We approve Missouri State Plan Amendment (SPA) MO-19-0017 on November 13, 2019 with an effective date(s) of July 01, 2019.

Name	Date Created	
No items available		

If you have any questions regarding this amendment, please contact Karen Hatcher at karen.hatcher@cms.hhs.gov.

Sincerely,

James Scott

Division of Medicaid Field Operations - North

Division of Medicaid and Children's Health Operations

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MO2019MS0003O | MO-19-0017 | Migrated_HH.Community Mental Health Center – Health Homes

Package Header

Package ID MO2019MS0003O
SPA ID MO-19-0017
Submission Type Official
Initial Submission Date 9/26/2019
Approval Date 11/13/2019
Effective Date N/A
Superseded SPA ID N/A

State Information

State/Territory Name: Missouri
Medicaid Agency Name: MO HealthNet Division

Submission Component

(•) State Plan Amendment
(•) Medicaid
( ) CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MO2019MS0003O | MO-19-0017 | Migrated_HH.Community Mental Health Center – Health Homes

Package Header

Package ID MO2019MS0003O
SPA ID MO-19-0017
Submission Type Official
Initial Submission Date 9/26/2019
Approval Date 11/13/2019
Effective Date N/A
Superseded SPA ID N/A

SPA ID and Effective Date

SPA ID MO-19-0017

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Intro	7/1/2019	16-0007
Health Homes Geographic Limitations	7/1/2019	16-0007
Health Homes Population and Enrollment Criteria	7/1/2019	16-0007
Health Homes Providers	7/1/2019	16-0007
Health Homes Service Delivery Systems	7/1/2019	16-0007
Health Homes Payment Methodologies	7/1/2019	16-0007
Health Homes Services	7/1/2019	16-0007
Health Homes Monitoring, Quality Measurement and Evaluation	7/1/2019	16-0007

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MO2019MS0003O | MO-19-0017 | Migrated_HH.Community Mental Health Center – Health Homes

Package Header

Package ID MO2019MS0003O
SPA ID MO-19-0017
Submission Type Official
Initial Submission Date 9/26/2019
Approval Date 11/13/2019
Effective Date N/A
Superseded SPA ID N/A

Executive Summary

Summary Description Including Goals and Objectives SPA 19-0017 adds a 1.5% rate increase to the PMPM for CMHC Health Homes effective July 1, 2019.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	$17000
Second	2020	$204000

Federal Statute / Regulation Citation

Section 2703 of the Affordable Care Act and Section 1945 of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MO2019MS0003O | MO-19-0017 | Migrated_HH.Community Mental Health Center – Health Homes

Package Header

Package ID	MO2019MS0003O	**SPA ID**	MO-19-0017
Submission Type	Official	**Initial Submission Date**	9/26/2019
Approval Date	11/13/2019	**Effective Date**	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- (●) No comment
- ( ) Comments received
- ( ) No response within 45 days
- ( ) Other

Submission - Public Notice/Process

MEDICAID | Medicaid State Plan | Health Homes | MO2019MS0003O | MO-19-0017 | Migrated_HH.Community Mental Health Center – Health Homes

Package Header

Package ID MO2019MS0003O
SPA ID MO-19-0017
Submission Type Official
Initial Submission Date 9/26/2019
Approval Date 11/13/2019
Effective Date N/A
Superseded SPA ID N/A

Name of Health Homes Program

Migrated_HH.Community Mental Health Center – Health Homes

☑ Public notice was provided due to proposed changes in methods and standards for setting payment rates for services, pursuant to 42 CFR 447.205.

Upload copies of public notices and other documents used

Name	Date Created	
PublicNoticeFY20RateIncrease	8/21/2019 12:43 PM EDT	

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Health Homes | MO2019MS0003O | MO-19-0017 | Migrated_HH.Community Mental Health Center – Health Homes

Package Header

Package ID	MO2019MS0003O	**SPA ID**	MO-19-0017
Submission Type	Official	**Initial Submission Date**	9/26/2019
Approval Date	11/13/2019	**Effective Date**	N/A
Superseded SPA ID	N/A		

Name of Health Homes Program:

Migrated_HH.Community Mental Health Center – Health Homes

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- ○ Yes
- ◉ No

Submission - Other Comment

MEDICAID | Medicaid State Plan | Health Homes | MO2019MS0003O | MO-19-0017 | Migrated_HH.Community Mental Health Center – Health Homes

Package Header

Package ID MO2019MS0003O
SPA ID MO-19-0017
Submission Type Official
Initial Submission Date 9/26/2019
Approval Date 11/13/2019
Effective Date N/A
Superseded SPA ID N/A

SAMHSA Consultation

Name of Health Homes Program

Migrated_HH.Community Mental Health Center – Health Homes

☑ The State provides assurance that it has consulted and coordinated with the Substance Abuse and Mental Health Services Administration (SAMHSA) in addressing issues regarding the prevention and treatment of mental illness and substance abuse among eligible individuals with chronic conditions.

Date of consultation
2/28/2011

Health Homes Intro

MEDICAID | Medicaid State Plan | Health Homes | MO2019MS0003O | MO-19-0017 | Migrated_HH.Community Mental Health Center – Health Homes

Package Header

Package ID	MO2019MS0003O	**SPA ID**	MO-19-0017
Submission Type	Official	**Initial Submission Date**	9/26/2019
Approval Date	11/13/2019	**Effective Date**	7/1/2019
Superseded SPA ID	16-0007		
	User-Entered		

Program Authority

1945 of the Social Security Act

The state elects to implement the Health Homes state plan option under Section 1945 of the Social Security Act.

Name of Health Homes Program

Migrated_HH.Community Mental Health Center – Health Homes

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

Data conversion from previous Medicaid Model Data Lab. Supersedes Transmittal Number:00-0000 Transmittal Number:11-0011
This State Plan Amendment is in Attachment 3.1-H of the State Plan, except for the Payment Methodologies section, which is in Attachment 4.19-B (48) of the State Plan.

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 Geographic Limitations

MEDICAID | Medicaid State Plan | Health Homes | MO2019MS0003O | MO-19-0017 | Migrated_HH.Community Mental Health Center – Health Homes

Package Header

Package ID MO2019MS0003O
SPA ID MO-19-0017
Submission Type Official
Initial Submission Date 9/26/2019
Approval Date 11/13/2019
Effective Date 7/1/2019
Superseded SPA ID 16-0007
User-Entered

- (•) 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

Health Homes Population and Enrollment Criteria

MEDICAID | Medicaid State Plan | Health Homes | MO2019MS0003O | MO-19-0017 | Migrated_HH.Community Mental Health Center – Health Homes

Package Header

Package ID	MO2019MS0003O	**SPA ID**	MO-19-0017
Submission Type	Official	**Initial Submission Date**	9/26/2019
Approval Date	11/13/2019	**Effective Date**	7/1/2019
Superseded SPA ID	16-0007		
	User-Entered		

Categories of Individuals and Populations Provided Health Homes Services

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

- [x] Categorically Needy (Mandatory and Options for Coverage) Eligibility Groups
- [ ] Medically Needy Eligibility Groups

Health Homes Population and Enrollment Criteria

MEDICAID | Medicaid State Plan | Health Homes | MO2019MS0003O | MO-19-0017 | Migrated_HH.Community Mental Health Center – Health Homes

Package Header

Package ID MO2019MS0003O
SPA ID MO-19-0017
Submission Type Official
Initial Submission Date 9/26/2019
Approval Date 11/13/2019
Effective Date 7/1/2019
Superseded SPA ID 16-0007
User-Entered

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
Developmental disability	CMHCs will be the state's designated provider for individuals of any age with: • Developmental disability: this term is used as defined in section 630.005(9) of the Revised Statutes of Missouri. • Chronic Obstructive Pulmonary Disorder: changes in the lungs and airways that impede the flow of air, including emphysema and chronic bronchitis.

☑ 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
Developmental Disability	Developmental disability: this term is used as defined in section 630.005(9) of the Revised Statutes of Missouri.

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

Description of "At Risk" Criteria:
1.Tobacco use (tobacco use is considered an at-risk behavior for chronic conditions such as asthma and CVD).
2.Diabetes (Diabetes is considered an at-risk behavior for chronic conditions such as CVD and BMI over 25).

CMHCs will be the state's designated provider for individuals of any age with:
- Developmental disability: this term is used as defined in section 630.005(9) of the Revised Statutes of Missouri.
- Chronic Obstructive Pulmonary Disorder: changes in the lungs and airways that impede the flow of air, including emphysema and chronic bronchitis

(The description below is a continuation of the "criteria for a serious and persistent mental health condition" that was started in the box below)

10. Anxiety Disorders
A. Generalized Anxiety Disorder
B. Panic Disorder with Agoraphobia
C. Panic Disorder without Agoraphobia
D. Agoraphobia without Panic Disorder
E. Social Phobia
11. For children and youth only
A. Major depressive disorder, single episode
B. Bipolar
C. Reactive attachment disorder of infancy or early childhood
12. For adults aged sixty (60) years and over
A. Major depressive disorder, single episode
13. Adults with a DLA-20© mGAF score of 40 or lower, in combination with one of the following DSM diagnoses, meet the disability and diagnostic requirements:
A. Bipolar Disorder, Most Recent Episode Unspecified
B. Shared Psychiatric Disorder
C. Conversion Disorder
D. Dissociative Identity Disorder
E. Dysthymic Disorder
F. Depersonalization Disorder
G. Body Dysmorphic Disorder
H. Hypochondriasis
I. Somatization Disorder
J. Undifferentiated Somatoform Disorder
K. Paranoid Personality Disorder
L. Cyclothymic Disorder
M. Schizoid Personality Disorder
N. Schizotypal Personality Disorder
O. Obsessive-Compulsive Personality Disorder
P. Histrionic Personality Disorder
Q. Dependent Personality Disorder
R. Antisocial Personality Disorder
S. Narcissistic Personality Disorder
T. Avoidant Personality Disorder
U. Personality Disorder NOS
V. Pain Disorder Associated with Psychological Factors
W. Pain Disorder Associated with Both Psychological Factors and a General Medical Condition
X. Intermittent Explosive Disorder
14. Individuals younger than 18 with a DLA-20© mGAF or CGAS score of 50 or lower, in combination with the following DSM psychiatric diagnoses, meet the disability and diagnostic requirements:
A. Any diagnosis listed above, or
B. Separation Anxiety Disorder
C. Oppositional Defiant Disorder
D. Attention-Deficit/Hyperactivity Disorder (Predominantly Inattentive Type, Predominantly Hyperactive-Impulsive Type, Combined Type)
15. Youth or adults, meeting the age-appropriate DLA-20© mGAF or CGAS score requirements and who have one of the following Not

Otherwise Specified (NOS) Disorders, also meet the disability and diagnostic requirements. When an NOS disorder is used as the diagnosis, documentation must specifically include a detailed history/examination for each of the non-NOS criteria and a clear rationale for how those criteria are not met, thus supporting the appropriateness of an NOS diagnosis.

A. Mood Disorder NOS
B. Anxiety Disorder NOS
C. Dissociative Disorder NOS
D. Personality Disorder NOS
E. Depressive Disorder NOS
F. Impulse Control Disorder NOS
G. Disruptive Behavior Disorder NOS
H. AD/HD NOS
I. Bipolar Disorder NOS

• Duration. Rehabilitation services shall be provided to those individuals whose mental illness is of sufficient duration as evidenced by one (1) or more of the following occurrences:
1. Persons who have undergone psychiatric treatment more intensive than outpatient more than once in a lifetime (crisis services, alternative home care, partial hospital, inpatient);
2. Persons who have experienced an episode of continuous residential care other than hospitalization, for a period long enough to disrupt the normal living situation;
3. Persons who have exhibited the psychiatric disability for one (1) year or more; or
4. Persons whose treatment of psychiatric disorders has been or will be required for longer than six (6) months;
• A functional assessment may be used to establish eligibility and the need for and amount of services, including results from a standardized assessment prescribed by the department; and
• Whenever discrepancies occur regarding the appropriateness of an ICD-10-CM versus a DSM diagnosis, the DSM diagnosis shall prevail.

☑ One serious and persistent mental health condition

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

In Missouri, 'Serious and Persistent Mental Health Condition' is labeled 'Serious Mental Illness' (SMI). SMI is defined by disability, diagnosis, and duration; which are outlined below:
• Disability. There shall be clear evidence of serious and/or substantial impairment in the ability to function at an age or developmentally-appropriate level due to serious psychiatric disorder in each of the following two (2) areas of behavioral functioning, as indicated by intake evaluation and assessment:
o Social role functioning/family life— the ability to sustain functionally the role of worker, student, homemaker, family member, or a combination of these; and
o Daily living skills/self-care skills— the ability to engage in personal care (such as grooming, personal hygiene) and community living (handling individual finances, using community resources, performing household chores), learning ability/self-direction, and activities appropriate to the individual's age, developmental level, and social role functioning;
• Diagnosis. A physician or licensed psychologist shall certify a primary Diagnostic and Statistical Manual (DSM) diagnosis using the current edition of the manual. This diagnosis may coexist with other psychiatric diagnoses.
1. Schizophrenia
A. Disorganized
B. Catatonic
C. Paranoid
D. Schizophreniform
E. Residual
F. Schizoaffective
G. Undifferentiated
2. Delusional disorder
3. Bipolar I disorders
A. Single manic episode
B. Most recent episode manic
C. Most recent episode depressed
D. Most recent episode mixed
4. Bipolar II disorders

5. Psychotic disorders NOS
6. Major depressive disorder-recur
7. Obsessive-Compulsive Disorder
8. Post-Traumatic Stress Disorder
9. Borderline Personality Disorder

(This description is continued above in the box for "Additional description of other chronic conditions")

Health Homes Population and Enrollment Criteria

MEDICAID | Medicaid State Plan | Health Homes | MO2019MS0003O | MO-19-0017 | Migrated_HH.Community Mental Health Center – Health Homes

Package Header

Package ID MO2019MS0003O
SPA ID MO-19-0017
Submission Type Official
Initial Submission Date 9/26/2019
Approval Date 11/13/2019
Effective Date 7/1/2019
Superseded SPA ID 16-0007
User-Entered

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:

Individuals eligible for Health Home services and identified by the state as being existing service users of a Health Home will be auto-assigned to eligible providers based on qualifying conditions. Upon enrollment, individuals assigned to a Health Home will be informed by the state via U.S. mail and other methods as necessary of all available Health Homes throughout the state. The notice will describe individuals' choice in selecting a Health Home as well as provide a brief description of Health Home services, and describe the process for individuals to opt-out of receiving treatment services from the assigned Health Home provider. Individuals who have been auto-assigned to a Health Home provider will have the choice to opt out of receiving treatment services from the assigned Health Home provider and select another service provider from the available Health Homes throughout the state at any time. Individuals who have been auto-assigned to a Health Home provider may also opt out of the Health Home program altogether at any time without jeopardizing their existing services. Other individuals with qualifying chronic conditions who are not currently receiving services at the Health Home may request to be part of the Health Home. Potentially eligible individuals receiving services in the hospital ED or as an inpatient will be notified about eligible Health Homes and referred based on their choice of provider. Eligibility for Health Home services will be identifiable through the state's comprehensive Medicaid electronic health record. Health Home providers to which patients have been auto-assigned will receive communication from the state regarding a patient's enrollment in Health Home services. The Health Home will notify other treatment providers (e.g., primary care and specialists such as OB/GYN) about the goals and types of Health Home services as well as encourage participation in care coordination efforts.

☑ 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.

Name	Date Created	
HCH Opt Out Letter Sept 2019	9/16/2019 12:17 PM EDT	PDF

Health Homes Providers

MEDICAID | Medicaid State Plan | Health Homes | MO2019MS0003O | MO-19-0017 | Migrated_HH.Community Mental Health Center – Health Homes

Package Header

Package ID MO2019MS0003O
SPA ID MO-19-0017
Submission Type Official
Initial Submission Date 9/26/2019
Approval Date 11/13/2019
Effective Date 7/1/2019
Superseded SPA ID 16-0007
User-Entered

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

☐ Clinical Practices or Clinical Group Practices

☐ Rural Health Clinics

☐ Community Health Centers

☑ Community Mental Health Centers

Describe the Provider Qualifications and Standards

CMHCs will serve as designated providers of Health Home services. All designated providers will be required to meet state qualifications. CMHCs are certified and designated by the Department of Mental Health and provide services through a statewide catchment area arrangement. The Missouri CMHC catchment area system divides the state into separate catchment areas. Each catchment area has the specific responsibility of one or more CMHCs.

☐ Home Health Agencies

☐ Case Management Agencies

☐ Community/Behavioral Health Agencies

☐ Federally Qualified Health Centers (FQHC)

☐ Other (Specify)

☐ Teams of Health Care Professionals

☐ Health Teams

Provider Infrastructure

Describe the infrastructure of provider arrangements for Health Home Services

CMHCs will serve as designated providers of Health Home services. All designated providers will be required to meet state qualifications. CMHCs are certified and designated by the Department of Mental Health and provide services through a statewide catchment area arrangement. The Missouri CMHC catchment area system divides the state into separate catchment areas. Each catchment area has the specific responsibility of one or more CMHCs (three CMHCs are assigned more than one catchment area), assuring statewide and complete coverage of all catchment areas.

CMHC Health Homes will be physician-led with an individual's multi-disciplinary team minimally comprised of the individual's treating psychiatrist, qualified mental health professional, mental health case manager, and nurse care manager. Additional multi-disciplinary team members may include an individual's treating primary care physician, as well as other representatives as appropriate to meet client needs (e.g. educational, employment, or housing representatives). All members of an individual's team will be responsible for ensuring that care is person-centered, culturally competent and linguistically capable. In addition, CMHC Healthcare Homes will include a Health Home Director, Primary Care Physician Consultant, and Care Coordinator/Clerical Support staff. The Health Home Director is responsible for championing practice transformation designed to integrate physical and behavioral health and wellness; managing health home enrollments, discharges, and

transfers; overseeing the daily operations of the health home, including overseeing the development, and submission, of required monthly health home reports to the State; and, if appropriately credentialed, participating in health education activities. The Primary Care Physician Consultant establishes organizational priorities for disease management and improving health status; participates in case consultation with multi-disciplinary teams; helps educate clinical staff on the nature, course, and treatment of chronic diseases; and develops collaborative relationships between the organization and treating Primary Care Physicians, between treating Primary Care Physicians and Psychiatrists,, and between the organization and other healthcare professionals and facilities. The care coordinator/clerical support staff facilitates the multi-disciplinary teams' reviews of monthly care management and hospital admission reports; completes metabolic screening data entry; assists with appointment scheduling and client tracking; provides technical assistance to the multi-disciplinary teams in utilizing the automated care management reporting systems; and may, if appropriately credentialed, at the request of a multi-disciplinary team, assist in providing case management services. The cost of the Nurse Care Manager, Health Home Director, Primary Care Physician Consultant, and Care Coordinator/Clerical Support staff will be covered by the PMPM rate described in the Payment Methodology section below.

CMHCs will be supported in transforming service delivery by participating in statewide learning activities. Given CMHCs' varying levels of experience with practice transformation approaches, the State will assess providers to determine learning needs. CMHCs will therefore participate in a variety of learning supports, up to and including learning collaboratives, specifically designed to instruct CMHCs to operate as Health Homes and provide care using a whole person approach that integrates behavioral health, primary care and other needed services and supports. Learning activities will be supplemented with periodic calls to reinforce the learning sessions, practice coaching, and monthly practice reporting (data and narrative) and feedback.

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

CMHCs will be supported in transforming service delivery by participating in statewide learning activities. Given CMHCs' varying levels of experience with practice transformation approaches, the State will assess providers to determine learning needs. CMHCs will therefore participate in a variety of learning supports, up to and including learning collaboratives, specifically designed to instruct CMHCs to operate as Health Homes and provide care using a whole person approach that integrates behavioral health, primary care and other needed services and supports. Learning activities will be supplemented with periodic calls to reinforce the learning sessions, practice coaching, and monthly practice reporting and feedback.

Other Health Homes Provider Standards

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

Initial Provider Qualifications

1. State Qualifications: In addition to being a state-designated CMHC, each Health Home provider must meet state qualifications, which may be amended from time-to-time as necessary and appropriate, but minimally require that each Health Home:
a. Have a substantial percentage of its patients enrolled in Medicaid, with special consideration given to those with a considerable volume of needy individuals, defined as receiving medical assistance from Medicaid or the Children's Health Insurance Program (CHIP), furnished uncompensated care by the provider, or furnished services at either no cost or reduced based on a sliding scale. Patient percentage requirements will be determined by the state;
b. Have strong, engaged leadership personally committed to and capable of leading the practice through the transformation process and sustaining transformed practice processes as demonstrated through the application process and agreement to participate in learning activities including in-person sessions and regularly scheduled phone calls; and that agency leadership have presented the state approved "Paving the Way for Health Care Homes" PowerPoint introduction to Missouri's Health Home Initiative to all agency staff and board of directors;
c. Meet state requirements for patient empanelment (i.e., each patient receiving CMHC health home services must be assigned to a physician);
d. Meet the state's minimum access requirements as follows: Prior to implementation of health home service coverage, provide assurance of enhanced patient access to the health team, including the development of alternatives to face-to-face visits, such as telephone or email, 24 hours per day 7 days per week;
e. Actively use MO HealthNet's comprehensive electronic health record (EHR) to conduct care coordination and prescription monitoring for Medicaid participants;
f. Utilize an interoperable patient registry to input annual metabolic screening results, track and measure care of individuals, automate care

reminders, and produce exception reports for care planning;
g. Routinely use a behavioral pharmacy management system to determine problematic prescribing patterns;
h. Conduct wellness interventions as indicated based on clients' level of risk;
i. Complete status reports to document clients' housing, legal, employment status education, custody etc.;
j. Agree to convene regular, ongoing and documented internal Health Home team meetings to plan and implement goals and objectives of practice transformation;
k. Agree to participate in CMS and state-required evaluation activities;
l. Agree to develop required reports describing CMHC Health Home activities, efforts and progress in implementing Health Home services (e.g., monthly clinical quality indicators reports utilizing clinical data in disease registries, breakdown of Primary Care Nurse Manager's time and activities);
m. Maintain compliance with all of the terms and conditions as a CMHC Health Home provider or face termination as a provider of CMHC Health Home services; and
n. Present a proposed Health Home delivery model that the state determines to have a reasonable likelihood of being cost-effective. Cost effectiveness will be determined based on the size of the Health Home, Medicaid caseload, percentage of caseload with eligible chronic conditions of patients and other factors to be determined by the state.

2. Ongoing Provider Qualifications Each CMHC must also:
a. Within 3 months of Health Home service implementation, have developed a contract or MOU with regional hospital(s) or system(s) to ensure a formalized structure for transitional care planning, to include communication of inpatient admissions of Health Home participants, as well as maintain a mutual awareness and collaboration to identify individuals seeking ED services that might benefit from connection with a Health Home site, and in addition motivate hospital staff to notify the CMHC Primary Care Nurse Manager or staff of such opportunities. The state will assist in obtaining hospital/Health Home MOU if needed;
b. Develop quality improvement plans to address gaps and opportunities for improvement identified during and after the application process;
c. Demonstrate continuing development of fundamental health home functionality at 6 months and 12 months through an assessment process to be applied by the state;
d. Demonstrate significant improvement on clinical indicators specified by and reported to the state;
e. Provide a Health Home that demonstrates overall cost effectiveness; and
f. Meet NCQA level 1 PCMH requirements as determined by a DMH review or submit an application for NCQA recognition by month 18 from the date at which supplemental payments commence OR meet equivalent recognition standards approved by the state as such standards are developed.

Name	Date Created	
No items available		

Health Homes Service Delivery Systems

MEDICAID | Medicaid State Plan | Health Homes | MO2019MS0003O | MO-19-0017 | Migrated_HH.Community Mental Health Center – Health Homes

Package Header

Package ID MO2019MS0003O
SPA ID MO-19-0017
Submission Type Official
Initial Submission Date 9/26/2019
Approval Date 11/13/2019
Effective Date 7/1/2019
Superseded SPA ID 16-0007
User-Entered

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

- [x] Fee for Service
- [ ] PCCM
- [ ] Risk Based Managed Care
- [ ] Other Service Delivery System

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | MO2019MS0003O | MO-19-0017 | Migrated_HH.Community Mental Health Center – Health Homes

Package Header

Package ID MO2019MS0003O
SPA ID MO-19-0017
Submission Type Official
Initial Submission Date 9/26/2019
Approval Date 11/13/2019
Effective Date 7/1/2019
Superseded SPA ID 16-0007
User-Entered

Payment Methodology

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

☑ Fee for Service

- ☐ Individual Rates Per Service
- ☑ 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
- ☐ Comprehensive Methodology Included in the Plan
- ☐ Incentive Payment Reimbursement

Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided All CMHC Health Home providers will receive the same PMPM rate.

☐ 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)

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | MO2019MS0003O | MO-19-0017 | Migrated_HH.Community Mental Health Center – Health Homes

Package Header

Package ID MO2019MS0003O
SPA ID MO-19-0017
Submission Type Official
Initial Submission Date 9/26/2019
Approval Date 11/13/2019
Effective Date 7/1/2019
Superseded SPA ID 16-0007
User-Entered

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

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | MO2019MS0003O | MO-19-0017 | Migrated_HH.Community Mental Health Center – Health Homes

Package Header

Package ID MO2019MS0003O
SPA ID MO-19-0017
Submission Type Official
Initial Submission Date 9/26/2019
Approval Date 11/13/2019
Effective Date 7/1/2019
Superseded SPA ID 16-0007

User-Entered

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
   - the frequency with which the state will review the rates, and
   - 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.

Comprehensive Description

Rate Basis/Development
Overview of Payment Structure: Missouri has developed the following payment structure for designated CMHC Health Homes. All payments are contingent on the Health Home meeting the requirements set forth in their Health Home applications, as determined by the State of Missouri. Failure to meet such requirements is grounds for revocation of Health Home status and termination of payments. Clinical Care Management per-member-per-month (PMPM) payment:
Cost Assumptions/Factors Used to Determine Payment
Missouri will pay CMHC health homes the cost of staff primarily responsible for delivery of services not covered by other reimbursement (Primary Care Nurses, Physician Consultants, and Administrative Support staff) whose duties are not otherwise reimburseable by MO HealthNet.
Homes receive payments related to Health Home specific training, technical assistance, administration, and data analytics.
• Staff cost is based on a provider survey of all CMHCs statewide and includes fringe, operating & indirect costs.
• All CMHC Health Home providers will receive the same PMPM rate.
• The PMPM method will be reviewed periodically to determine if the rate is economically efficient and consistent with quality of care.
Clinical Care Management Standards
Managed Care: All Health Home payments including those for MO HealthNet ("MHN") participants enrolled in managed care plans will be made directly from MHN to the Health Home provider. As a result of the additional value that managed care plans will receive from MHN direct paid Health Home services, the managed care plan is not required to provide care coordination or case management services that would duplicate the CMS reimbursed health home services. This Health Home delivery design and payment methodology will not result in any duplication of payment between Health Homes and managed care. The managed care plan will be informed of its members that are in Health Home services and a managed care plan contact person will be provided for each Health Home provider to allow for coordination of care.
• The managed care plan will be required to inform either the individual's Health Home or MO Health Net of any inpatient admission or discharge of a Health Home member that the plan learns of through its inpatient admission initial authorization and concurrent review processes within 24 hours.
• The CMHC Health Home team will provide Health Home services in collaboration with MCO network primary care physicians in the same manner as they will collaborate with any other primary care physician who is serving as the PCP of an individual enrolled in the CMHC Health Home.
Minimum Criteria for Payment:
The criteria required for receiving the PMPM payment is:
A. The person is identified as meeting CMHC health home eligibility criteria on the State-run health home patient registry;
B. The person is enrolled as a health home member at the billing health home provider and is enrolled in only one health home at a time;
C. The minimum health home service required to merit payment of the PMPM is that the person has received Care Management monitoring for treatment gaps; or another health home service was provided that was documented; and
D. The health home will report that the minimal service required for the PMPM rate payment occurred on a monthly health home attestation report.
Except as otherwise noted in the plan, state-developed per-member-per-month rates are the same for both

governmental and private providers of health home services. The agency's per-member-per-month rate is published on the website at: https://dmh.mo.gov/media/pdf/cmhc-hch-pmpm-rate-chart and is effective for
services provided on or after July 1, 2019.

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | MO2019MS0003O | MO-19-0017 | Migrated_HH.Community Mental Health Center – Health Homes

Package Header

Package ID	MO2019MS0003O	**SPA ID**	MO-19-0017
Submission Type	Official	**Initial Submission Date**	9/26/2019
Approval Date	11/13/2019	**Effective Date**	7/1/2019
Superseded SPA ID	16-0007		
	User-Entered		

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 Health Home service payments will not result in any duplication of payment or services between Medicaid programs, services, or benefits (i.e. managed care, other delivery systems including waivers, any future Health Home state plan benefits, and other state plan services). In addition to offering guidance to providers regarding this restriction, the State may periodically examine recipient files to ensure that Health Home participants are not receiving similar services through other Medicaid-funded programs.

☑ The state has developed payment methodologies and rates that are consistent with section 1902(a)(30)(A).

☑ 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).

Optional Supporting Material Upload

Name	Date Created	
No items available		

Health Homes Services

MEDICAID | Medicaid State Plan | Health Homes | MO2019MS0003O | MO-19-0017 | Migrated_HH.Community Mental Health Center – Health Homes

Package Header

Package ID	MO2019MS0003O	**SPA ID**	MO-19-0017
Submission Type	Official	**Initial Submission Date**	9/26/2019
Approval Date	11/13/2019	**Effective Date**	7/1/2019
Superseded SPA ID	16-0007		
	User-Entered		

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

Comprehensive care management services are:
a. Identification of high-risk individuals and use of client information to determine level of participation in care management services;
b. assessment of preliminary service needs; treatment plan development, which will include client goals, preferences and optimal clinical outcomes;
c. assignment of health team roles and responsibilities;
d. development of treatment guidelines that establish clinical pathways for health teams to follow across risk levels or health conditions;
e. monitoring of individual and population health status and service use to determine adherence to or variance from treatment guidelines and;
f. development and dissemination of reports that indicate progress toward meeting outcomes for client satisfaction, health status, service delivery and costs.

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

MO HealthNet maintains a web-based electronic health record (EHR) accessible to enrolled Medicaid providers, including CMHCs, primary care practices and schools. The tool is a HIPAA-client portal that enables providers to:
- Download paid claims data submitted for an enrollee by any provider over the past three years (e.g., drug claims, diagnosis codes, CPT codes);
- View dates and providers of hospital emergency department services;
- Identify clinical issues that affect an enrollee's care and receive best practice information;
- Prospectively examine how specific preferred drug list (PDL) and clinical edit criteria would affect a prescription for an individual enrollee and determine if a prescription meets requirement for Medicaid payment;
- Electronically request a drug prior authorization or clinical edit override; pre-certifications for radiology, durable medical equipment (DME), optical and inpatient services;
- Identify approved or denied drug prior authorizations or clinical edit overrides or medical pre-certifications previously issued and transmit a prescription electronically to the enrollee's pharmacy of choice; and
- Review laboratory data and clinical trait data;
- Determine medication adherence information and calculate medication possession ratios (MPR); and
- Offer counseling opportunities for pharmacists through a point of service medication therapy management (MTM) module.

Scope of service

The service can be provided by the following provider types

- ☐ Behavioral Health Professionals or Specialists
- ☐ Nurse Practitioner
- ☐ Nurse Care Coordinators
- ☐ Nurses
- ☐ Medical Specialists
- ☐ Physicians
- ☐ Physician's Assistants
- ☐ Pharmacists
- ☐ Social Workers
- ☐ Doctors of Chiropractic

☐ Licensed Complementary and alternative Medicine Practitioners

☐ Dieticians

☐ Nutritionists

☑ Other (specify)

Provider Type	Description
CMHC	Community Mental Health Center

Care Coordination

Definition

Care Coordination is the implementation of the individualized treatment plan (with active client involvement) through appropriate linkages, referrals, coordination and follow-up to needed services and supports, including referral and linkages to long term services and supports. Specific activities include, but are not limited to: appointment scheduling, conducting referrals and follow-up monitoring, participating in hospital discharge processes and communicating with other providers and clients/family members.

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

MO HealthNet maintains a web-based electronic health record (EHR) accessible to enrolled Medicaid providers, including CMHCs, primary care practices, and schools. The tool is a HIPAA-client portal that enables providers to:
-Download paid claims data submitted for an enrollee by any provider over the past three years (e.g., drug claims, diagnosis codes, CPT codes);
-View dates and providers of hospital emergency department services;
-Identify clinical issues that affect an enrollee's care and receive best practice information;
-Prospectively examine how specific preferred drug list (PDL) and clinical edit criteria would affect a prescription for an individual enrollee and determine if a prescription meets requirement for Medicaid payment;
-Electronically request a drug prior authorization or clinical edit override; pre-certifications for radiology, durable medical equipment (DME), optical and inpatient services;
-Identify approved or denied drug prior authorizations or clinical edit overrides or medical pre-certifications previously issued and transmit a prescription electronically to the enrollee's pharmacy of choice; and
-Review laboratory data and clinical trait data;
-Determine medication adherence information and calculate medication possession ratios (MPR); and
-Offer counseling opportunities for pharmacists through a point of service medication therapy management (MTM) module.

Scope of service

The service can be provided by the following provider types

☐ Behavioral Health Professionals or Specialists

☐ Nurse Practitioner

☐ Nurse Care Coordinators

☐ Nurses

☐ Medical Specialists

☐ Physicians

☐ Physician's Assistants

☐ Pharmacists

☐ Social Workers

☐ Doctors of Chiropractic

☐ Licensed Complementary and alternative Medicine Practitioners

☐ Dieticians

☐ Nutritionists

☑ Other (specify)

Provider Type	Description
CMHC	Community Mental Health Center

Health Promotion

Definition

Health promotion services shall minimally consist of providing health education specific to an individual's chronic conditions, development of self-management plans with the individual, education regarding the importance of immunizations and screenings, child physical and emotional development, providing support for improving social networks and providing health- promoting lifestyle interventions, including but not limited to, substance use prevention, smoking prevention and cessation, nutritional counseling, obesity reduction and prevention and increasing physical activity. Health promotion services also assist clients to participate in the implementation of the treatment plan and place a strong emphasis on person-centered empowerment to understand and self-manage chronic health conditions.

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

A module of the MO HealthNet comprehensive, web-based EHR allows enrollees to look up their own healthcare utilization and receive the same content in laypersons' terms. The information facilitates self-management and monitoring necessary for an enrollee to attain the highest levels of health and functioning. Utilization data available through the module includes:
-Administrative claims data for the past three years;
-Cardiac and diabetic risk calculators;
-Chronic health condition information awareness;
-A drug information library; and
-The functionality to create a personal health plan and discussion lists to use with healthcare providers.

Scope of service

The service can be provided by the following provider types

- ☐ Behavioral Health Professionals or Specialists
- ☐ Nurse Practitioner
- ☐ Nurse Care Coordinators
- ☐ Nurses
- ☐ Medical Specialists
- ☐ Physicians
- ☐ Physician's Assistants
- ☐ Pharmacists
- ☐ Social Workers
- ☐ Doctors of Chiropractic
- ☐ Licensed Complementary and alternative Medicine Practitioners
- ☐ Dieticians
- ☐ Nutritionists
- ☑ Other (specify)

Provider Type	Description
CMHC	Community Mental Health Center

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

Definition

In conducting comprehensive transitional care, a member of the health team provides care coordination services designed to streamline plans of care, reduce hospital admissions, ease the transition to long term services and supports, and interrupt patterns of frequent hospital emergency department use. The health team member collaborates with physicians, nurses, social workers, discharge planners, pharmacists, and others to continue implementation of the treatment plan with a specific focus on increasing clients' and family members' ability to manage care and live safely in the community, and shift the use of reactive care and treatment to proactive health promotion and self management.

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

MO HealthNet maintains an initial and concurrent authorization of stay tool which requires hospitals to notify MO HealthNet (via accessing the online authorization tool) within 24 hours of a new admission of any Medicaid enrollee and provide information about diagnosis, condition and treatment for authorization of an inpatient stay.
MO HealthNet and the Department of Mental Health are working with the vendor to develop capacity for a daily data transfer listing all new hospital admissions discharges. This information will be transferred to the state's data analytics contractor which will match it to a list of all persons assigned and/or enrolled in a health home. The contractor would then immediately notify the health home provider of the admission, which would enable the health home provider to:
- Use the hospitalization episode to locate and engage persons in need of health home services;
- Perform the required continuity of care coordination between inpatient and outpatient; and
- Coordinate with the hospital to discharge and avoid readmission as soon as possible.

Scope of service

The service can be provided by the following provider types

- ☐ Behavioral Health Professionals or Specialists
- ☐ Nurse Practitioner
- ☐ Nurse Care Coordinators
- ☐ Nurses
- ☐ Medical Specialists
- ☐ Physicians
- ☐ Physician's Assistants
- ☐ Pharmacists
- ☐ Social Workers
- ☐ Doctors of Chiropractic
- ☐ Licensed Complementary and alternative Medicine Practitioners
- ☐ Dieticians
- ☐ Nutritionists
- ☑ Other (specify)

Provider Type	Description
CMHC	Community Mental Health Center

Individual and Family Support (which includes authorized representatives)

Definition

Individual and family support services activities include, but are not limited to: advocating for individuals and families, assisting with obtaining and adhering to medications and other prescribed treatments. In addition, health team members are responsible for identifying resources for individuals to support them in attaining their highest level of health and functioning in their families and in the community, including transportation to medically necessary services. A primary focus will be increasing health literacy, ability to self manage their care and facilitate participation in the ongoing revision of their care/treatment plan. For individuals with DD the health home will refer to and coordinate with the approved DD case management entity for services more directly related to Habilitation and coordinate with the approved DD case management entity for services more directly related a particular healthcare condition.

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

A module of the MO HealthNet comprehensive, web-based EHR allows enrollees to look up their own healthcare utilization and receive the same content in laypersons' terms. The information facilitates self-management and monitoring necessary for an enrollee to attain the highest levels of health and functioning. Utilization data available through the module includes:
a. Administrative claims data for the past 3 years;
b. Cardiac and diabetic risk calculators;
c. Chronic health condition information awareness;
d. A drug information library; and
e. The functionality to create a personal health plan and discussion lists to use with healthcare providers.

Scope of service

The service can be provided by the following provider types

- ☐ Behavioral Health Professionals or Specialists
- ☐ Nurse Practitioner
- ☐ Nurse Care Coordinators
- ☐ Nurses
- ☐ Medical Specialists
- ☐ Physicians
- ☐ Physician's Assistants
- ☐ Pharmacists
- ☐ Social Workers
- ☐ Doctors of Chiropractic
- ☐ Licensed Complementary and alternative Medicine Practitioners
- ☐ Dieticians
- ☐ Nutritionists
- ☑ Other (specify)

Provider Type	Description
CMHC	Community Mental Health Center

Referral to Community and Social Support Services

Definition

Referral to community and social support services, including long term services and supports, involves providing assistance for clients to obtain and maintain eligibility for healthcare, disability benefits, housing, personal need and legal services, as examples. For individuals with DD, the health home will refer to and coordinate with the approved DD case management entity for this service.

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

Health home providers will monitor continuing Medicaid eligibility using the DFS eligibility website and data base. MO HealthNet and the Department of Mental Health will also develop a process to notify health home providers of impending eligibility lapses (e.g., 60 days in advance).

Scope of service

The service can be provided by the following provider types

- ☐ Behavioral Health Professionals or Specialists
- ☐ Nurse Practitioner
- ☐ Nurse Care Coordinators
- ☐ Nurses
- ☐ Medical Specialists
- ☐ Physicians
- ☐ Physician's Assistants
- ☐ Pharmacists
- ☐ Social Workers
- ☐ Doctors of Chiropractic
- ☐ Licensed Complementary and alternative Medicine Practitioners
- ☐ Dieticians

☐ Nutritionists

☑ Other (specify)

Provider Type	Description
CMHC	Community Mental Health Center

Health Homes Services

MEDICAID | Medicaid State Plan | Health Homes | MO2019MS0003O | MO-19-0017 | Migrated_HH.Community Mental Health Center – Health Homes

Package Header

Package ID MO2019MS0003O
SPA ID MO-19-0017
Submission Type Official
Initial Submission Date 9/26/2019
Approval Date 11/13/2019
Effective Date 7/1/2019
Superseded SPA ID 16-0007
User-Entered

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

The CMHC outreach worker or a consumer's case manager (CsMgr) offers the opportunity to enroll in the health home, and explains that they will be assigned a Nurse Care Manager (NCM) to assist them in improving their health and wellness goals, these services are free, participation is optional, and choosing not to enroll will have NO impact on their currents services.

Once an individual enrolls, the CMHC completes a comprehensive health screen. The NCM meets with them to review the results of the screen and their treatment history, and to discuss their wellness, health, and healthcare goals.

A multi-disciplinary team collaborates with them to develop a treatment plan, updates at least quarterly, that includes wellness, health, healthcare, and self-management goals.

The consumer's Primary Care Physician (PCP) is notified of enrollment in the health home. If they don't have a PCP, the CMHC works to connect them with one.

The team members carry out their assigned plan responsibilities related to wellness, health status, chronic disease management, housing, employment, and care coordination.

NCMs update care management registries for each individual on their caseload monthly. The registries enable NCMs to identify if consumers receive psychotropic medications outside of best practice guidelines; if they fail to fill prescribed medications for chronic health conditions or psychotropic medications; if consumers with hypertension, diabetes, and cardiovascular disease have lab values that exceed desired levels; and to track progress in controlling BMI levels, tobacco use, and metabolic screening values.

CsMgrs accompany consumers to visits with their PCPs and assist them to improve their health status and manage chronic health conditions.

If they achieve their goals, they may be discharged, or transferred to a Primary Care Health Home for continued care management with the option of returning to the CMHC if needed.

Name	Date Created	
Flow Chart for Individuals Engaged thru Outreach	8/22/2019 3:24 PM EDT	
Flow Chart for Existing CMHC Consumer	8/22/2019 3:24 PM EDT	

Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | MO2019MS0003O | MO-19-0017 | Migrated_HH.Community Mental Health Center – Health Homes

Package Header

Package ID	MO2019MS0003O	**SPA ID**	MO-19-0017
Submission Type	Official	**Initial Submission Date**	9/26/2019
Approval Date	11/13/2019	**Effective Date**	7/1/2019
Superseded SPA ID	16-0007		
	User-Entered		

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

The State will annually perform an assessment of cost savings using a pre/post-period comparison. The assessment will include total Medicaid savings for the intervention group and will be subdivided by category of service. It will also be broken out for each CMHC Health Home. The data source will be Medicaid claims and the measure will be PMPM Medicaid expenditure. Savings calculations will be trended for inflation and will truncate the claims of high-cost outliers annually exceeding three standard deviations of the mean. Savings calculations will include the cost of PMPM payments received by Health Home Providers. The assessment will also include the performance measures enumerated in the Quality Measures section.

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)

To facilitate the exchange of health information in support of care for patients receiving or in need of health home services, the state will utilize several methods of health information technology (HIT).

The following is a summary of HIT currently available for Health Home providers to conduct comprehensive care management, care coordination, health promotion, individual and family support and referral to community and social support services. Also included is a description of the state's process to improve health information exchange (HIE) for comprehensive transitional care services.

As Missouri implements its Health Home models, the State will also be working toward the development of a single data portal to facilitate information exchange, measures documentation and calculation and state reporting to CMS. The state will also continue to refine a process for HIE between CMHCs and primary care practices and has contacted SAMSHA to learn more about opportunities available under the national technical assistance center on integrated care.

1. HIT for Comprehensive Care Management and Care Coordination – MO HealthNet maintains a web-based electronic health record (EHR) accessible to enrolled Medicaid providers, including CMHCs, primary care practices, and schools. The tool is a HIPAA-compliant portal that enables providers to:

(a) Download paid claims data submitted for an enrollee by any provider over the past three years (e.g., drug claims, diagnosis codes, CPT codes);;
(b) View dates and providers of hospital emergency department services;
(c) Identify clinical issues that affect an enrollee's care and receive best practice information;
d) Prospectively examine how specific preferred drug list (PDL) and clinical edit criteria would affect a prescription for an individual enrollee and determine if a prescription meets requirement for Medicaid payment;
e) Electronically request a drug prior authorization or clinical edit override; pre-certifications for radiology, durable medical equipment (DME), optical and inpatient services;
(f) Identify approved or denied drug prior authorizations or clinical edit overrides or medical pre-certifications previously issues and transmit a prescription electronically to the enrollee's pharmacy of choice; and
(g) Review laboratory data and clinical trait data;
(h) Determine medication adherence information and calculate medication possession ratios (MPR); and
(i)Offer counseling opportunities for pharmacists through a point of service medication therapy management (MTM) module.

2. HIT for Health Promotion and Individual and Family Support Services – A module of the MO HealthNet comprehensive, web based EHR allows enrollees to access their own healthcare utilization information and receive the same content in laypersons' terms. The information facilitates self-management and monitoring necessary for an enrollee to attain the highest levels of health and functioning. Health Home providers will provide instruction to individuals on the use of the module. Utilization data available through the module includes:
(a) Administrative claims data for the past 3 years;
(b) Cardiac and diabetic risk calculators;
(c) Chronic health condition information awareness
(d) A drug information library; and
(e) The functionality to create a personal health plan and discussion lists to use with healthcare providers.

3. HIT for Comprehensive Transitional Care – MO HealthNet maintains an initial and concurrent authorization of stay tool which requires

hospitals to notify MO HealthNet (via accessing the online authorization tool) within 24 hours of the next usual workday regarding a new admission of any Medicaid enrollee and provide information about diagnosis, condition and treatment for authorization of an inpatient stay. MO HealthNet and the Department of Mental Health are working with the vendor to develop capacity for a daily data transfer listing all new hospital admissions discharges. This information will be transferred to the states data analytics contractor which will match it to a list of all persons assigned and/or enrolled in a Health Home. The contractor would then immediately notify the Health Home provider of the admission, which would enable the Health Home provider to:

(a) Use the hospitalization episode to locate and engage persons need of health home services;

(b) Perform the required continuity of care coordination between inpatient and outpatient; and

(c) Coordinate with the hospital to discharge an avoidable admission as soon as possible. The daily data transfer will be in place within six months of implementation of the SPA. In the interim, Health Homes will continue to implement or develop memoranda of understanding (MOU) with local hospitals for notification about hospital admissions.

4. Referral to Community and Social Support Services – Health Home providers will be encouraged to monitor continuing Medicaid eligibility using the FSD eligibility website and data base. MO HealthNet and the Department of Mental Health will also refine process to notify Health Home providers of impending eligibility lapses (e.g., 60 days in advance).

5. Specific HIT Strategies for CMHCs Customer Information Management, Outcomes and Reporting (CIMOR) - CMHCs will continue to utilize CIMOR for routine functions (e.g., contract management, billing, benefit eligibility, etc.); however CIMOR's capacity will continue to be expanded in support of CMHC comprehensive care management and care coordination functions. CIMOR will enable assignment of enrollees to a CMHC Health Home based on enrollee choice and admission for services. CMHC Health Home providers utilize CIMOR to report Department of Mental Health required outcome measures. In addition, the CMHC Health Home enrollment data in CIMOR will be cross referenced with MO Health Net inpatient pre-authorization data to enable the automated real-time reporting of inpatient authorizations to the appropriate CMHC.

6. Behavioral Pharmacy Management System (BPMS) – CMHCs utilize BPMS to receive aggregate and individual identification and reporting of potentially problematic prescribing patterns.

Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | MO2019MS0003O | MO-19-0017 | Migrated_HH.Community Mental Health Center – Health Homes

Package Header

Package ID	MO2019MS0003O	**SPA ID**	MO-19-0017
Submission Type	Official	**Initial Submission Date**	9/26/2019
Approval Date	11/13/2019	**Effective Date**	7/1/2019
Superseded SPA ID	16-0007		
	User-Entered		

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

This view was generated on 11/13/2019 3:54 PM EST