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State/Territory Name: District of Columbia

State Plan Amendment (SPA) #: 24-0021

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DC - Submission Package - DC2024MS00080 - (DC-24-0021) - Health Homes

Summary Reviewable Units Versions Analyst Notes **Approval Letter** Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid & CHIP Operations Group
601 E. 12th St. Room 355
Kansas City, MO 20001



Center for Medicaid & CHIP Services

October 09, 2024

Melisa Byrd
Director
Department of Health Care Finance
441 4th Street, NW
Washington, DC 20001

Re: Approval of State Plan Amendment DC-24-0021 My Health GPS

Dear Melisa Byrd,

On September 27, 2024, the Centers for Medicare and Medicaid Services (CMS) received District of Columbia State Plan Amendment (SPA) DC-24-0021 for My Health GPS to provide assurance of compliance with mandatory annual state reporting. The District will supply My DC Health Home's Core Set of Children's Health Care Quality Measures and the behavioral health measures on the Core Set of Adult Health Care Quality Measures for Medicaid.

We approve District of Columbia State Plan Amendment (SPA) DC-24-0021 with an effective date of September 30, 2024.

If you have any questions regarding this amendment, please contact Taneka Rivera at Taneka.Rivera@cms.hhs.gov.

Sincerely,
James G. Scott
Director, Division of Program Operations
Center for Medicaid & CHIP Services

DC - Submission Package - DC2024MS0008O - (DC-24-0021) - Health Homes

- Summary
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Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | DC2024MS0008O | DC-24-0021 | My Health GPS

CMS-10434 OMB 0938-1188

Package Header

Package ID	DC2024MS0008O	SPA ID	DC-24-0021
Submission Type	Official	Initial Submission Date	9/27/2024
Approval Date	10/09/2024	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name:	District of Columbia	Medicaid Agency Name:	Department of Health Care Finance
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Submission Component

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | DC2024MS00080 | DC-24-0021 | My Health GPS

Package Header

Package ID	DC2024MS00080	SPA ID	DC-24-0021
Submission Type	Official	Initial Submission Date	9/27/2024
Approval Date	10/09/2024	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID DC-24-0021

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Monitoring, Quality Measurement and Evaluation	9/30/2024	DC-24-0010

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | DC2024MS00080 | DC-24-0021 | My Health GPS

Package Header

Package ID	DC2024MS00080	SPA ID	DC-24-0021
Submission Type	Official	Initial Submission Date	9/27/2024
Approval Date	10/09/2024	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This proposed SPA would allow the District to provide assurance of compliance with mandatory annual My Health GPS health home reporting of the Core Set of Children's Health Care Quality Measures and the behavioral health measures on the Core Set of Adult Health Care Quality Measures for Medicaid, effective September 30, 2024.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$0

Federal Statute / Regulation Citation

Section 1945 of the Social Security Act / 42 CFR 437.15

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | DC2024MS00080 | DC-24-0021 | My Health GPS

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Governor's Office Review

<input type="radio"/> No comment	Describe	D.C. Act 22-434
<input type="radio"/> Comments received		
<input type="radio"/> No response within 45 days		
<input checked="" type="radio"/> Other		

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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DC - Submission Package - DC2024MS00080 - (DC-24-0021) - Health Homes

Summary Reviewable Units Versions Analyst Notes Approval Letter Transaction Logs News Related Actions

Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | DC2024MS00080 | DC-24-0021 | My Health GPS

CMS-10434 OMB 0938-1188

Package Header

Package ID	DC2024MS00080	SPA ID	DC-24-0021
Submission Type	Official	Initial Submission Date	9/27/2024
Approval Date	10/09/2024	Effective Date	9/30/2024
Superseded SPA ID	DC-24-0010		
	System-Derived		

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:

DHCF will use historical claims and encounter data from Fiscal Years 2014 through 2016 to establish a baseline and expected trend on medical spending for the eligible HH population. DHCF will then compare expected spending with actual spending. The difference between expected spending and actual spending will represent cost savings. DHCF may also compare a cohort of beneficiaries who have enrolled in the HH program with a cohort of similar beneficiaries who are eligible for the program but not enrolled.

DHCF will also compare costs related to services or utilization including, but not limited to, emergency room utilization, hospitalizations, nursing facility admissions, and pharmacy utilization. This will enable DHCF to understand the overall impact of the program, not just on total spending, but on whether utilization reflects the types of services expected for a given patient (pharmacy, primary care, substance abuse treatment, etc.) or is found in areas that could still indicate poor care coordination (like ER and hospital inpatient). DHCF will analyze each HH for its overall impact on total cost of care and health care utilization, and then compare their performance to other HHs in DC to inform future policy decisions and ways to promote continuous quality improvement.

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).

All HH providers will be required to utilize certified EHR technology which will allow providers to report and review a beneficiary's intake, assessment results, assigned HH team, integrated HH care plans, clinical baselines and data related to chronic conditions, as well as HH services provided, such as referrals made and health promotion activities completed.

Additionally, HHs are required to: 1) have an active participation agreement in effect with the Designated DC Health Information Exchange (DC-HIE); 2) send and receive admit, transfer, discharge data; and 3) are required to share CCDA or equivalent structured data to the Designated DC HIE. HHs are expected to use event alerts (e.g. emergency department visits; hospital admissions, transfers and discharges) to inform a person-centered HH care plan.

Through their active participation in the Designated DC HIE, HHs may access the Patient Care Snapshot and Health Records tools that display an aggregation of critical clinical and administrative data from disparate data sources for a selected patient. These tools were developed initially through CMS HITECH IAPD funding support. They have been fully operational since 2021 and are maintained through CMS Medicaid Enterprise System (MES) funding support. HHs will also be required to access the DC HIE population health analytics tool, a common set of dashboards for DHCF and HHs to perform panel-level analysis based on clinical and administrative data on patient populations and drill-through to patient-level details to inform targeted interventions, coordinate care, and improve performance on quality measures.

Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | DC2024MS00080 | DC-24-0021 | My Health GPS

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	System-Derived		

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 to include applicable mandatory Core Set measures submitted by Health Home providers in accordance with all requirements in 42 CFR §§ 437.10 through 437.15 no later than state reporting on the 2024 Core Sets, which must be submitted and certified by December 31, 2024 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. In subsequent years, states must report annually, by December 31st, on all measures on the applicable mandatory Core Set measures that are identified by the Secretary.
- ☒ The state provides assurance that it will track avoidable hospital readmissions and report annually in the Quality Measures report.

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