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State/Territory Name: Minnesota

State Plan Amendment (SPA) #: 24-0035

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MN - Submission Package - MN2024MS0004O - (MN-24-0035) - Health Homes

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Division of Medicaid and CHIP Operations
601 East 12th Street, Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

November 19, 2024

John Connolly
State Medicaid Director
Department of Human Services
540 Cedar St
Saint Paul, MN 55155

Re: Approval of State Plan Amendment MN-24-0035 Behavioral Health Homes

Dear John Connolly,

On September 30, 2024, the Centers for Medicare and Medicaid Services (CMS) received Minnesota State Plan Amendment (SPA) MN-24-0035 for Behavioral Health Homes. This SPA assures that data from behavioral health home providers will be included in the state's mandatory core set measure reporting.

We approve Minnesota State Plan Amendment (SPA) MN-24-0035 with an effective date(s) of October 01, 2024.

If you have any questions regarding this amendment, please contact Sandra Porter at Sandra.Porter@CMS.hhs.gov or via telephone at 312-353-8310.

Sincerely,

James G. Scott

Director, Division of Program Operations
Center for Medicaid & CHIP Services

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Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MN2024MS0004O | MN-24-0035 | Behavioral Health Homes

CMS-10434 OMB 0938-1188

Package Header

Package ID	MN2024MS0004O	SPA ID	MN-24-0035
Submission Type	Official	Initial Submission Date	9/30/2024
Approval Date	11/19/2024	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Minnesota **Medicaid Agency Name:** Department of Human Services

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MN2024MS00040 | MN-24-0035 | Behavioral Health Homes

Package Header

Package ID MN2024MS00040 **SPA ID** MN-24-0035
Submission Type Official **Initial Submission Date** 9/30/2024
Approval Date 11/19/2024 **Effective Date** N/A
Superseded SPA ID N/A

SPA ID and Effective Date

SPA ID MN-24-0035

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Monitoring, Quality Measurement and Evaluation	10/1/2024	MN-19-0015

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MN2024MS00040 | MN-24-0035 | Behavioral Health Homes

Package Header

Package ID	MN2024MS00040	SPA ID	MN-24-0035
Submission Type	Official	Initial Submission Date	9/30/2024
Approval Date	11/19/2024	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Assure that data from behavioral health home providers will be included in mandatory core set measure reporting

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

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

Federal Statute / Regulation Citation

42 CFR §§ 437.10 and 437.15

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MN2024MS00040 | MN-24-0035 | Behavioral Health Homes

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Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- 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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MN - Submission Package - MN2024MS0004O - (MN-24-0035) - Health Homes

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Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | MN2024MS0004O | MN-24-0035 | Behavioral Health Homes

CMS-10434 OMB 0938-1188

Package Header

Package ID	MN2024MS0004O	SPA ID	MN-24-0035
Submission Type	Official	Initial Submission Date	9/30/2024
Approval Date	11/19/2024	Effective Date	<u>10/1/2024</u>
Superseded SPA ID	MN-19-0015		
	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:

The Department will use data from FFS claims and encounter data to estimate the savings achieved. We will compare the relative claim costs and annual cost increases of the BHH enrolled population to the overall Medicaid population and the "control" population of the BHH-eligible members who are not enrolled in a BHH. The observed relative costs and year-to-year trends will be reasonably adjusted for the populations' relative Medicaid program distributions and risk (i.e. risk adjusted) and, for the BHH-enrolled vs. control group comparison, the classification of the member (SED, SMI, SPMI, etc.). The Department will also measure the relative costs by broad and detailed claim cost categories to understand the key drivers of the observed aggregate savings and provide additional feedback to the participating providers. Where appropriate, the Department may choose to adjust for the impact of high-cost cases, although the relative prevalence of high-cost cases will likely be retained as part of the overall performance assessment. Where sufficient enrolled lives exist to develop credible estimates, the Department may also choose to examine the cost savings achieved by individual BHHs.

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 BHHs will be required to utilize electronic health records and a patient registry. Through the certification standards, behavioral health homes must demonstrate their capacity to collect data, exchange information, and monitor population health and to track progress and outcomes.

At a minimum, the BHH provider must:

- Use an electronic health record and patient registry to collect individual and practice-level data.
- Monitor and analyze data in their patient registry and in a tool approved by the Minnesota Department of Human Services to identify past and current treatment or services and identify potential gaps in care.

Additional HIT-related requirements that will be phased in over the first 18 months include:

- Use of HIT to link services, identify and manage gaps in care, track, and segment the population, and improve outcomes over time.
- Use of electronic and non-electronic tools to use best practices and evidence to guide care.
- Use of HIT to facilitate communication among behavioral health home team members and other providers and with the recipient and with other caregivers.

Behavioral health homes will be monitored on a regular basis to ensure adherence to certification standards.

Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | MN2024MS00040 | MN-24-0035 | Behavioral Health Homes

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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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