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State/Territory Name: Missouri

State Plan Amendment (SPA) #: 24-0028

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MO - Submission Package - MO2024MS00070 - (MO-24-0028) - Health Homes

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601E. 12th St, Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

October 21, 2024

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

Re: Approval of State Plan Amendment MO-24-0028 DD Health Home

Dear Todd Richardson,

On October 03, 2024, the Centers for Medicare and Medicaid Services (CMS) received Missouri State Plan Amendment (SPA) MO-24-0028 for DD Health Home due to CMS requesting that Health Home programs submit an amendment to comply with the final rule that requires Health Home Core Set(s) to be a mandatory reporting element beginning 2024 pursuant to 42 CFR §§ 437.10 and 437.15.

We approve Missouri State Plan Amendment (SPA) MO-24-0028 with an effective date(s) of October 01, 2024.

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

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

MO - Submission Package - MO2024MS00070 - (MO-24-0028) - Health Homes

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Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MO2024MS00070 | MO-24-0028 | DD Health Home

CMS-10434 OMB 0938-1188

Package Header

Package ID	MO2024MS00070	SPA ID	MO-24-0028
Submission Type	Official	Initial Submission Date	10/3/2024
Approval Date	10/21/2024	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

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

- ☒

State Plan Amendment
- ☒

Medicaid
- ☐

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MO2024MS00070 | MO-24-0028 | DD Health Home

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SPA ID and Effective Date

SPA ID MO-24-0028

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Monitoring, Quality Measurement and Evaluation	10/1/2024	MO-24-0005

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MO2024MS00070 | MO-24-0028 | DD Health Home

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Executive Summary

Summary Description Including Goals and Objectives CMS is requesting Health Home programs submit an amendment to comply with the final rule that requires Health Home Core Set(s) to be a mandatory reporting element beginning 2024.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$0
Second	2026	\$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 | MO2024MS00070 | MO-24-0028 | DD Health Home

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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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MO - Submission Package - MO2024MS0007O - (MO-24-0028) - Health Homes

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Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | MO2024MS0007O | MO-24-0028 | DD Health Home

CMS-10434 OMB 0938-1188

Package Header

Package ID	MO2024MS0007O	SPA ID	MO-24-0028
Submission Type	Official	Initial Submission Date	10/3/2024
Approval Date	10/21/2024	Effective Date	10/1/2024
Superseded SPA ID	MO-24-0005		
	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 state will annually conduct a methodology which establishes estimated cost savings for the health home population on the basis of reductions in utilization for key targets identified by the program.

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 individuals receiving or in need of DD Health Home services, the state will utilize several methods of health information technology (HIT).

The IntellectAbilities Integrated Health Supports System includes an integrated health risk solution used to provide early detection of health risks and destabilization as well as standardized electronic Health Risk Support Plan (HRSP) templates. Completed HRSPs will support the team with identification of implementation strategies to mitigate risk and improve health outcomes.

As Missouri implements its DD Health Home models, the state will also be working toward the development of a single data portal to facilitate information exchange, performances measures documentation and calculation and aggregate state reporting to CMS. The state will also continue to refine a process for Health Information Exchange (HIE) between DD Health Home and primary care practices.

The following is a summary of HIT currently available for DD 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 HIE for comprehensive transitional care services.

Care Management and Care Coordination HIT:
DMH maintains an electronic events management system for reporting of critical incidents and other events that meet criteria defined by DMH DD.

MO HealthNet maintains a web-based electronic health record (EHR) accessible to enrolled Medicaid providers. The tool is a HIPAA-client portal that enables providers to:

- Download paid claims data submitted for the individual 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 the individual's care and receive best practice information;
- Prospectively examine how specific preferred drug list (PDL) and clinical edit criteria would affect a prescription for the individual 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 issues 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.

Health Promotion and Individual and Family Support Services HIT:

Health Promotion –
DD Health Home has access to an integrated electronic health risk solution. The integrated electronic health risk solution is used to provide early detection of health risk and destabilization, and is intended to empower the individual and other interdisciplinary team members with information to effectively oversee the health and welfare of the individual. The integrated electronic health risk solution is interactive, individualized applications to empower users to address areas of health risk and destabilization in areas such as functional activities, behavioral, physiological, safety, and frequency of services. Health Home work with the individual to address the identified areas of health risk and destabilization, service gaps, and support effective individualized service planning to mitigate risk and improve overall health outcomes.

The integrated electronic health risk solution provides training and service considerations that are tailored specifically to the needs of the individual, and empower the team with knowledge of how to address areas of risk identified.

Individual and Family Support Services -

The DD Health Home has access to an integrated electronic health risk solution. The integrated electronic health risk solution has the capability to be interoperable with other health information technology. The information maintained in this integrated electronic health risk solution may be used to provide information related to the early detection of health risk and destabilization.

Comprehensive Transitional Care HIT:

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 individual and provide information about diagnosis, condition and treatment for authorization of an inpatient stay. DMH DD would 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 individuals in need of DD 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, DD Health Home will continue to implement or develop memoranda of understanding (MOU) with local hospitals for notification about hospital admissions.

Referral to Community and Social Support Services HIT:

The DD Health Home has access to an integrated electronic health risk solution. The integrated electronic health risk solution has the capability to be interoperable with other health information technology. The information maintained in this integrated electronic health risk solution may be used to provide information related to the early detection of health risk and destabilization.

DD 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 DD Health Home providers of impending eligibility lapses (e.g., 60 days in advance).

Specific HIT Strategies for DD Health Home Customer Information Management, Outcomes and Reporting (CIMOR) – DD Health Home will continue to utilize The DD Information System for routine functions (e.g., contract management, billing, benefit eligibility, etc.). In addition, DD Health Home enrollment data in the DD Information System will be cross referenced with MO HealthNet inpatient pre-authorization data to enable the automated real-time reporting of inpatient authorizations to the appropriate DD Health Home provider.

Data Warehouse and Reporting System – The department's identified system will support data warehousing and reporting for the DD Health Home.

Specific HIT Strategies for Prescribing Practices – DD Health Home will utilize an electronic health management tool to receive aggregate and individual identification and reporting of potentially problematic prescribing patterns.

Health Homes Monitoring, Quality Measurement and Evaluation

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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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