

Table of Contents

State/Territory Name: Missouri

State Plan Amendment (SPA) #: 24-0029

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

MO - Submission Package - MO2024MS0008O - (MO-24-0029) - 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 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-24-0029 Migrated_HH.Community Mental Health Center – Health Homes

Dear Todd Richardson,

On October 03, 2024, the Centers for Medicare and Medicaid Services (CMS) received Missouri State Plan Amendment (SPA) MO-24-0029 for Migrated_HH.Community Mental Health Center – Health Homes 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-24-0029 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 - MO2024MS0008O - (MO-24-0029) - Health Homes

- Summary
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- Versions
- Analyst Notes
- Approval Letter
- Transaction Logs
- News
- Related Actions

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MO2024MS0008O | MO-24-0029 | Migrated_HH.Community Mental Health Center - Health Homes

CMS-10434 OMB 0938-1188

Package Header

Package ID	MO2024MS0008O	SPA ID	MO-24-0029
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Superseded SPA ID	N/A		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 | MO2024MS00080 | MO-24-0029 | Migrated_HH.Community Mental Health Center – Health Homes

Package Header

Package ID	MO2024MS00080	SPA ID	MO-24-0029
Submission Type	Official	Initial Submission Date	10/3/2024
Approval Date	10/21/2024	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID MO-24-0029

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Monitoring, Quality Measurement and Evaluation	10/1/2024	MO-21-0033

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MO2024MS0008O | MO-24-0029 | Migrated_HH.Community Mental Health Center – Health Homes

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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 in 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 | MO2024MS00080 | MO-24-0029 | Migrated_HH.Community Mental Health Center - 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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MO - Submission Package - MO2024MS0008O - (MO-24-0029) - 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 | MO2024MS0008O | MO-24-0029 | Migrated_HH.Community Mental Health Center - Health Homes

CMS-10434 OMB 0938-1188

Package Header

Package ID	MO2024MS0008O	SPA ID	MO-24-0029
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Approval Date	10/21/2024	Effective Date	10/1/2024
Superseded SPA ID	MO-21-0033		
	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 Health Home services, the state will utilize several methods of health information technology (HIT).

The State has developed mechanisms with MO HealthNet to document performance measures and aggregate state data reporting to CMS.

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.

1. HIT for Comprehensive Care Management and Care Coordination - The Department of Mental Health maintains an electronic web-based health management tool for care management, care coordination, and population health. This tool provides a comprehensive view of the individuals' medical and behavioral health including integration of alerts, metabolic trends, patient histories based on Medicaid claims (diagnoses, procedures, pharmacy), hallmark events (ER visits, hospitalizations), and care team members. The tool also provides for customized reporting on any data within the system and provides a dashboard of quality measures for providers to use to identify needed interventions.

In addition, MO HealthNet maintains a web based EHR accessible to enrolled Medicaid providers, including CMHCs, primary care practices, and schools. This tool is a HIPAA-compliant portal that enables providers:

- 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 PDL and clinical edit criteria would affect a prescription for an individual enrollee and determine if a prescription meets requirement for Medicaid payment;
- e) 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;
- f) Review laboratory data and clinical trait data; and
- g) Determine medication adherence information and calculate Medication Possession Ratios (MPR).

2. HIT for Health Promotion and Individual and Family Support Services - Health Homes have integrated digital behavioral health solutions for individuals to access via an app or the web. Individuals must opt-in to access the solutions, which are individual-specific in design to identify, engage, and support the individual's emergent and urgent needs. The solutions contain highly interactive, individually tailored applications to empower users to address conditions such as depression, anxiety, stress, substance use, chronic pain and sleep challenges, while also supporting the physical and spiritual aspects of whole person health. Health Homes work with the individual to address these identified challenges and guide recommended evidence-based resources through the solutions where the individual has access to 24-hours a day.

In addition, Health Homes have staff trained in a peer wellness coaching model which incorporates eight dimensions of wellness: spiritual, emotional, occupational, social, physical, environmental, financial, and intellectual. This model focuses on an individual's strengths and aims to consider areas an individual may want to strengthen, change, or improve. This training has been effective in delivering better patient-centered care, increasing patient engagement, and promoting health and wellbeing.

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 a new admission of any Medicaid enrollee and provide information about diagnosis, condition, and treatment for authorization of an inpatient stay.

These authorizations are sent daily to the Department of Mental Health HIT vendor which then sends an alert to the appropriate treatment team at the Health Home (via the HIT vendor's web-based solution for care management and population health). This information and process allows the Health Home provider to::

- a. Use the hospitalization episode to locate and engage individuals in 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.
4. Referral to Community and Social Support Services - Health Home providers will monitor the continuing Medicaid eligibility of enrollees through an electronic health management tool which notifies Health Home providers of impending eligibility lapses 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, and benefit eligibility). In addition, the CMHC Health Home enrollment data in CIMOR will be cross referenced with MO HealthNet inpatient pre-authorization data to enable the automated real-time reporting of inpatient authorizations to the appropriate CMHC.
6. Specific HIT Strategies for Prescribing Practices - CMHCs 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

MEDICAID | Medicaid State Plan | Health Homes | MO2024MS00080 | MO-24-0029 | Migrated_HH.Community Mental Health Center – 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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