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**State/Territory Name: Wisconsin**

**State Plan Amendment (SPA) #: 24-0025**

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# WI - Submission Package - WI2024MS0011O - (WI-24-0025) - Health Homes

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



## Center for Medicaid & CHIP Services

January 08, 2025

William Hanna  
Medicaid Director  
Wisconsin Department of Health Services  
1 West Wilson Street  
Madison, WI 53701

Re: Approval of State Plan Amendment WI-24-0025 HIV/AIDS Health Home

Dear Director Hanna:

On December 20, 2024, the Centers for Medicare (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0025 for the HIV/AIDS Health Home program. This amendment provides the required assurances regarding the reporting of mandatory Health Home Core Set(s) measures by the state to CMS in accordance with all requirements in 42 CFR §§ 437.10 through 437.15.

We approve Wisconsin State Plan Amendment (SPA) WI-24-0025 with an effective date(s) of October 01, 2024.

If you have any questions regarding this amendment, please contact Mai Le-Yuen at [mai.le-yuen@cms.hhs.gov](mailto:mai.le-yuen@cms.hhs.gov).

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

# WI - Submission Package - WI2024MS0011O - (WI-24-0025) - Health Homes

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## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | WI2024MS0011O | WI-24-0025 | HIV/AIDS Health Home

CMS-10434 OMB 0938-1188

### Package Header

Package ID	WI2024MS0011O	SPA ID	WI-24-0025
Submission Type	Official	Initial Submission Date	12/20/2024
Approval Date	01/08/2025	Effective Date	N/A
Superseded SPA ID	N/A		

### State Information

State/Territory Name:	Wisconsin	Medicaid Agency Name:	Department of Health Services
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### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

# Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | WI2024MS0011O | WI-24-0025 | HIV/AIDS Health Home

## Package Header

<b>Package ID</b>	WI2024MS0011O	<b>SPA ID</b>	WI-24-0025
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<b>Approval Date</b>	01/08/2025	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

## SPA ID and Effective Date

**SPA ID** WI-24-0025

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Intro	10/1/2024	12-008
Health Homes Geographic Limitations	10/1/2024	12-008
Health Homes Population and Enrollment Criteria	10/1/2024	12-008
Health Homes Providers	10/1/2024	12-008
Health Homes Service Delivery Systems	10/1/2024	12-008
Health Homes Payment Methodologies	10/1/2024	12-008
Health Homes Services	10/1/2024	12-008
Health Homes Monitoring, Quality Measurement and Evaluation	10/1/2024	12-008

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | WI2024MS0011O | WI-24-0025 | HIV/AIDS Health Home

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Submission Type	Official	Initial Submission Date	12/20/2024
Approval Date	01/08/2025	Effective Date	N/A
Superseded SPA ID	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** Required attestation related to reporting for 1945 HHQM - WI HIV/AIDS health home.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$0
Second	2026	\$0

#### Federal Statute / Regulation Citation

The Social Security Act, section 1945(h)(2) Medicaid Health Homes

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | WI2024MS0011O | WI-24-0025 | HIV/AIDS Health Home

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<b>Superseded SPA ID</b>	N/A		

### 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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# WI - Submission Package - WI2024MS0011O - (WI-24-0025) - Health Homes

## Health Homes Intro

MEDICAID | Medicaid State Plan | Health Homes | WI2024MS0011O | WI-24-0025 | HIV/AIDS Health Home

CMS-10434 OMB 0938-1188

### Package Header

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Approval Date	01/08/2025	Effective Date	10/1/2024
Superseded SPA ID	12-008		
	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  
HIV/AIDS Health Home

### 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  
This is a digital submission of SPA WI-12-008, HIV/AIDS Care Coordination Benefit. This program was created by 2009 Wisconsin Act 221 and provides care coordination for HIV/AIDS patients.

### 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.

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## Health Homes Geographic Limitations

MEDICAID | Medicaid State Plan | Health Homes | WI2024MS0011O | WI-24-0025 | HIV/AIDS Health Home

CMS-10434 OMB 0938-1188

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Superseded SPA ID	12-008		
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

#### Specify the geographic limitations of the program

- ☒ By county
- ☐ By region
- ☐ By city/municipality
- ☐ Other geographic area

#### Specify which counties:

1. Brown
2. Dane
3. Kenosha
4. Milwaukee

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## Health Homes Population and Enrollment Criteria

MEDICAID | Medicaid State Plan | Health Homes | WI2024MS0011O | WI-24-0025 | HIV/AIDS Health Home

CMS-10434 OMB 0938-1188

### Package Header

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User-Entered			

## Categories of Individuals and Populations Provided Health Home Services

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

- ☒ 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 | WI2024MS0011O | WI-24-0025 | HIV/AIDS Health Home

## Package Header

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User-Entered			

## Population Criteria

The state elects to offer Health Homes services to individuals with:

- ☐ Two or more chronic conditions
- ☒ 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
HIV	The population includes Medicaid and BadgerCare Plus members with a diagnosis of HIV and who have at least one other diagnosed chronic condition, or is at risk of developing another chronic condition.

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

The population includes Medicaid and BadgerCare Plus members with a diagnosis of HIV and who have at least one other diagnosed chronic condition, or is at risk of developing another chronic condition. Individuals at “at-risk” for developing another chronic condition include:

- Individuals having a CD4 cell count of less than 200 cells/uL or CD4 cells accounting for fewer than 14 percent of all lymphocytes
- Individuals with a body mass index <18.5 kg/ m<sup>2</sup>
- Individuals whose fasting plasma blood sugar is 100-125 mg/dL or A1C 5.7% - 6.4%
- Individuals with systolic pressure between 120 - 139 mm Hg; diastolic pressure between 80 – 89 mm Hg
- Individuals with hyperlipidemia:  
Total cholesterol >200 mg/dL  
HDL levels <40 mg/dL for men and <50mg/dL for women  
LDL levels >130 mg/dL

For the purposes of this benefit, a chronic condition is defined as one that has lasted at least 6 months, can reasonably be expected to continue for six months, or is likely to recur.

- ☐ One serious and persistent mental health condition

# Health Homes Population and Enrollment Criteria

MEDICAID | Medicaid State Plan | Health Homes | WI2024MS0011O | WI-24-0025 | HIV/AIDS Health Home

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## 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:

Members meeting the above criteria will be automatically enrolled in the health home. Health home providers will be responsible for educating members about the benefits of health home enrollment and inform them of the option to disenroll. Members agree to health home services by actively participating in the assessment and care plan process.

- ☒ The state provides assurance that it will clearly communicate the individual's right to opt out of the Health Home benefit or to change Health Home providers at any time and agrees to submit to CMS a copy of any letter or communication used to inform the individual of the Health Home benefit and their rights to choose or change Health Home providers or to elect not to receive the benefit.

Name	Date Created	
HIV AIDS Health Home Enrollment Info 12202024	12/20/2024 2:34 PM EST	

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## Health Homes Providers

MEDICAID | Medicaid State Plan | Health Homes | WI2024MS0011O | WI-24-0025 | HIV/AIDS Health Home

CMS-10434 OMB 0938-1188

### Package Header

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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
- ☐ Home Health Agencies
- ☐ Case Management Agencies
- ☐ Community/Behavioral Health Agencies
- ☐ Federally Qualified Health Centers (FQHC)
- ☒ Other (Specify)

Provider Type	Description
AIDS Service Organizations	<p>Designated providers as described in Section 1945(h)(5) AIDS Service Organizations identified under Wisconsin Statute ch 252.12(12)(a)8, for the purpose of providing life care services to persons diagnosed as having AIDS/HIV . The AIDS Service Organization (ASO) as the designated provider will provide health home services using a multidisciplinary approach. ASOs provide services to a significant number of Medicaid members with HIV infection. The ASOs will be responsible for outreach and communication to patients and organizations that provide services to individuals with HIV infection. The outreach will include educating patients and the AIDS/HIV community stakeholders about health homes.</p> <p>The professionals listed below are identified as “best practice” for meeting the needs of all individuals with HIV infection. The other</p>

Provider Type	Description
	members of the multidisciplinary team will be optional as determined by each patient's health care and psychosocial needs. The other, optional members of the team could include outreach workers, peer specialists, dieticians community care representatives (for example, fitness coach). There will be no restriction on the make up of the other members of the team. The ultimate decision will be between the member and his or her primary health care provider.

# Health Homes Providers

MEDICAID | Medicaid State Plan | Health Homes | WI2024MS0011O | WI-24-0025 | HIV/AIDS Health Home

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☐ Teams of Health Care Professionals

☐ Health Teams

# Health Homes Providers

MEDICAID | Medicaid State Plan | Health Homes | WI2024MS00110 | WI-24-0025 | HIV/AIDS Health Home

## Package Header

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## Provider Infrastructure

### Describe the infrastructure of provider arrangements for Health Home Services

The core team of health care professionals will include experts in the care and treatment of individuals diagnosed with HIV infection. In addition to the patient's primary health care provider, the designated health home must ensure that the following professionals are part of the core team:

- A registered nurse
- A case manager
- A mental health or substance abuse professional
- A dentist
- A pharmacist

The patient and core team members will be central to the initial comprehensive assessment of needs and to the development of a single care plan. The single care plan will address all aspects of the member's care and treatment, including their community care needs. Each team will have a lead to ensure that there is communication, coordination and consultation among the team. For example, the team lead will do the following:

- Ensure that the member's care and treatment needs are addressed using a multidisciplinary team approach. This includes identifying individuals the member deems central to addressing his or her health care and social services needs.
- Ensure that the member is at the center of the team and is identified as an active and informed participant in his or her own care.
- Ensure that the member and providers on the team know each other.
- Ensure that the role and responsibility of each person on the team is defined for the member.
- Ensure that each member has an identified care coordinator.
- Ensure that team members share information regarding patient care, treatment, medications prescribed, recommended self-care and upcoming visits.

Each patient will have an identified care coordinator who will be responsible for the overall coordination of the patient's care. The team lead and the care coordinator can be the same individual.

Linkages between primary and behavioral health services are basic to the provision of services to patients diagnosed with HIV infection. Health home patients who do not have a diagnosis of mental health or substance use disorder will be routinely screened for depression and substance use. The integration of behavioral and physical health will occur within the health home through the required composition of a core team that includes representatives of both disciplines. The state will provide technical assistance to the extent necessary. For example, the Department will provide SBIRT (screening, brief intervention, referral, and treatment) training to help ensure that substance abuse screening is provided as a matter of course for all health home members. The state will continue to collaborate with the ASOs and set up calls and site audits/visits to support and monitor health home services and to ensure that health home services are provided in accordance with the requirements outlined under "Provider Standards."

## 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

The state will provide technical assistance to the extent necessary. For example, the Department will provide SBIRT (screening, brief intervention, referral, and treatment) training to help ensure that substance abuse screening is provided as a matter of course for all health home members. The state will continue to collaborate with the ASOs and set up calls and site audits/visits to support and monitor health home services and to ensure that health home services are provided in accordance with the requirements outlined under "Provider Standards."

## Other Health Homes Provider Standards

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

Providers are expected to provide comprehensive case management, care coordination, health promotion services, comprehensive transitional care, individual and family support services, and referral to community and social support services. See attached for original state plan submission.

Name	Date Created	
<a href="#">12-008 AIDS-HIV REVISED FINAL Attch. 4-19-H pages 1 through 13 2013 03 25</a>	12/20/2024 2:42 PM EST	



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## Health Homes Service Delivery Systems

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CMS-10434 OMB 0938-1188

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

- ☒ Fee for Service
- ☐ PCCM
- ☐ Risk Based Managed Care
- ☐ Other Service Delivery System

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# WI - Submission Package - WI2024MS0011O - (WI-24-0025) - Health Homes

- Summary
- Reviewable Units
- Analyst Notes
- Approval Letter
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## Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | WI2024MS0011O | WI-24-0025 | HIV/AIDS Health Home

CMS-10434 OMB 0938-1188

### Package Header

Package ID	WI2024MS0011O	SPA ID	WI-24-0025
Submission Type	Official	Initial Submission Date	12/20/2024
Approval Date	01/08/2025	Effective Date	10/1/2024
Superseded SPA ID	12-008		
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### 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

**Describe below**

Reimbursement will be the same regardless of the frequency or intensity of care management activities.

☐ 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**

Reimbursement will be the same regardless of the frequency or intensity of care management activities.

☐ 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

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## 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 | WI2024MS0011O | WI-24-0025 | HIV/AIDS Health Home

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## 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** Reimbursement will be limited to a monthly case rate. The reimbursement will be the same regardless of the frequency or intensity of care management activities provided within the month, except that health home providers will be required to provide at least one care management activity during the billable month. Health home providers must submit a claim to receive payment.

Allowable care management activities include:

- Comprehensive care management
- Care coordination and monitoring
- Assessment and care plan updates
- Health promotion
- Comprehensive transitional care (including appropriate follow-up from inpatient to other settings)
- Individual and family support services (including authorized representatives)
- Referral to community and social support services
- Activities related to updating the care plan and documenting contacts

Allowable activities will include face-to-face, telephone and other modes of communication among the care team, the member and collaterals. Direct health care or social services are not covered.

This fee is reimbursable only for eligible members who have gone through the assessment and care plan development process and who have an assigned care coordinator. Reimbursement will be limited to the lesser of the amount billed or the established maximum fee.

The state considered the following factors in developing the monthly rate: the development of a core health home team, associated Medicaid reimbursement rates (based on max fee schedule), claims data to determine appropriate levels of service across provider types, and the acuity and chronicity of members being served. Reimbursement will be the same for private and public providers.

Maximum allowable fees and reimbursement rates under the methods and standards set forth in this Attachment are published in the schedules posted online on the Wisconsin Medicaid website at:

# Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | WI2024MS00110 | WI-24-0025 | HIV/AIDS Health Home

## Package Header

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## 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**

The State assures CMS that health home service payments will not result in any duplication of payment or services between Medicaid programs, services, or benefits, including management care, other delivery systems including waivers, any future health homes, and other state plan services.
- ☒ 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

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# WI - Submission Package - WI2024MS0011O - (WI-24-0025) - Health Homes

## Health Homes Services

MEDICAID | Medicaid State Plan | Health Homes | WI2024MS0011O | WI-24-0025 | HIV/AIDS Health Home

CMS-10434 OMB 0938-1188

### Package Header

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### 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 involves the use of evidence-based guidelines to provide systematic, responsive and coordinated management of all aspects of primary and specialty care (physical and behavioral needs) for individuals with AIDS/HIV. Comprehensive care management includes early identification of individuals who meet the criteria for health home

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

All contacts with health home members will be documented in the electronic health record. The patient's electronic health record will be accessible to all members of the patient's core team.

##### 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
Designated AIDS Service Organization Providers	Designated providers as described in Section 1945(h)(5) AIDS Service Organizations identified under Wisconsin Statute

# Health Homes Services

MEDICAID | Medicaid State Plan | Health Homes | WI2024MS0011O | WI-24-0025 | HIV/AIDS Health Home

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### Care Coordination

#### Definition

Care coordination is the ongoing management of the patient’s medical, behavioral, pharmacological, dental care, and community care needs by a designated team lead.

The team lead will ensure that the patient has a current, written, individualized, multidisciplinary care and treatment plan that addresses all aspects of the patient’s care (including preventive care needs, all medical subspecialties, institutional care, home and community care).

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

The patient’s treatment plan will be electronic and must be accessible to all members of the patient’s core team.

#### 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
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# Health Homes Services

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### Health Promotion

#### Definition

Health promotion services include all activities aimed at prevention, assisting the patient in better understanding their disease and, learning how to direct the care and treatment they receive.  
Enhanced patient education and active promotion of self-management and self care are part of health promotion.

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

The designated team lead will be responsible for ensuring that the patient's electronic treatment plan is updated to include all patient education, including medication management and self care regimen.

#### 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
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# Health Homes Services

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

#### Definition

Comprehensive transitional care involves the establishment of an automatic referral arrangement between institutional care providers and the health home provider to ensure that there is immediate communication and/or referrals of patients with AIDS/HIV who are admitted to the institution or are seen in the emergency room. Automatic referrals include the establishment of policies and procedures to assure that there is systematic and timely sharing of information related to the patient's institutional or emergency room care. Transitional care will include timely face-to-face or telephone contacts with the patient (or the patient's authorized representative) after an emergency room visit or a hospital or nursing home discharge. Transitional care includes reviewing the discharge summary with the patient and assisting them in receiving the recommended care, including scheduling follow-up appointment.

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

The care coordinator will be responsible for ensuring that the patient's electronic treatment plan is updated to reflect all transitional care needs.

#### 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
Designated AIDS Service Organizations Providers	Designated providers as described in Section 1945(h)(5) AIDS Service Organizations identified under Wisconsin Statute

# Health Homes Services

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### Individual and Family Support (which includes authorized representatives)

#### Definition

Individual and family support services include activities related to advocating on the member's behalf and mobilizing services and support for the member. It will include contacts with anyone identified as instrumental to the member's day-to-day support and care. Peer-to-peer information sharing and support are included in these support services.

Individual and family support services include imparting information in a manner that is simple, clear, straightforward and culturally appropriate.

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

The care coordinator will update the patient's electronic health record to reflect all activities related to individual and family support services.

#### 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
Designated AIDS Service Organization Providers	Designated providers as described in Section 1945(h)(5) AIDS Service Organizations identified under Wisconsin Statute

# Health Homes Services

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### Referral to Community and Social Support Services

#### Definition

Referral to community and social support services includes activities related to providing assistance to members to ensure they have access to social support services identified in the care plan.  
To the extent feasible, the health home provider will establish meaningful working relationships with community-based organizations that provide services to individuals with HIV infection.

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

The care coordinator will document all referrals and the outcome of those referrals in the patient's electronic health record.

#### 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
Designated AIDS Service Organizations Providers	Designated providers as described in Section 1945(h)(5) AIDS Service Organizations identified under Wisconsin Statute

# Health Homes Services

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## 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

Each patient will have an identified care coordinator who will be responsible for the overall coordination of the patient's care. The team lead and the care coordinator can be the same individual.

Linkages between primary and behavioral health services are basic to the provision of services to patients diagnosed with HIV infection. Health home patients who do not have a diagnosis of mental health or substance use disorder will be routinely screened for depression and substance use. The integration of behavioral and physical health will occur within the health home through the required composition of a core team that includes representatives of both disciplines.

Name	Date Created	
12-008 AIDS-HIV REVISED FINAL Atch. 4-19-H pages 1 through 13 2013 03 25	12/20/2024 4:19 PM EST	

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# WI - Submission Package - WI2024MS0011O - (WI-24-0025) - Health Homes

## Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | WI2024MS0011O | WI-24-0025 | HIV/AIDS Health Home

CMS-10434 OMB 0938-1188

### Package Header

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### 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 use paid claims data to compare costs for providing health care services to members enrolled in the H&S program prior to the implementation of the health home and annually thereafter to identify the areas of cost reduction. The state will also assess the costs of providing services to members with SUD and a co-occurring condition who are not enrolled in the health home and compare these costs and outcomes to those of members in the health home. The calculation method will be the same for dual-eligibles. Medicare data is not available to the State and therefore is not considered in cost-savings estimates.

**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).**

The state will require H&S providers to electronically store care plans in an electronic medical record (EMR) format or via a care coordination software platform in order to securely share information across provider sites. In addition, the state will strongly encourage the use of health information technology (HIT) within the first year of implementation. This will include the use of electronic medical records (EMRs) and the state selected health information exchange (HIE) to interface between Hubs, Spokes, and other relevant providers identified in the care plan and that the member may interact with. Finally, the state will provide the necessary technical assistance to support the implementation and use of HIT among H&S providers.

# Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | WI2024MS00110 | WI-24-0025 | HIV/AIDS Health Home

## Package Header

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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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