

## Health Home Administrative Component SPA Template

General Comments: Unless otherwise specified, all comment boxes have a character limit of 2000 characters.

<b>Monitoring</b>	
<p><b>Provide an estimate of the number of individuals to be served by the Health Homes program during the first year of operation:</b> (Indicate the answer as a number.)</p>	
<p><b>Provide an estimate of the cost-savings that will be achieved from implementation of the health homes program during the first year of operation:</b> (Describe how this cost-savings estimate was calculated, whether it accounted for savings associated with dual eligibles, and if Medicare data was available to the State to utilize in arriving at its cost-savings estimates. Indicate answer in terms of dollars.)</p>	
<b>Quality Measurement</b>	
<p><b>See the quality measure technical specifications manual for detailed information on completing this section.</b></p>	
<b>State Goals and Quality Measures: In addition to the CMS recommended core measures, identify the goals and define the measures the State will use to assess its Health Homes model of service delivery:</b>	
<p><b>Health Home Goal 1</b> <b>(For each state goal and measure, indicated whether the measure is an Evaluation</b></p>	<p>1. Measure 1</p> <ul style="list-style-type: none"> <li>▪ Indicate the name of the measure                             <ul style="list-style-type: none"> <li>▪ The measure is an Evaluation Measure from the Health Homes State Plan for purposes of determining the effect of the program on reducing one of the following: (Please choose ONE of the following):                                     <ul style="list-style-type: none"> <li>○ Hospital Admission</li> </ul> </li> </ul> </li> </ul>

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<p><b>Measure from the health homes state plan or if the measure is not included in the health homes state plan)</b></p>	<ul style="list-style-type: none"> <li>○ Emergency Room Visits</li> <li>○ Skilled Nursing Facility Admissions</li> </ul> <p style="text-align: center;">---OR---</p> <ul style="list-style-type: none"> <li>▪ This measure is not included in the Health Homes State Plan             <ol style="list-style-type: none"> <li>1. Measure Specification, including a description of the numerator and denominator.                 <ul style="list-style-type: none"> <li>▪ Indicate the measure specification in the comment box</li> </ul> </li> <li>2. Data Sources                 <ul style="list-style-type: none"> <li>▪ Indicate the data sources in the comment box</li> </ul> </li> <li>3. Frequency of Data Collection (select ONE of the following):                 <ul style="list-style-type: none"> <li>○ Monthly</li> <li>○ Quarterly</li> <li>○ Annually</li> <li>○ Continuously</li> <li>○ Other                     <ul style="list-style-type: none"> <li>▪ Indicated the frequency of data collection</li> </ul> </li> </ul> </li> <li>4. How Health IT will be utilized                 <ul style="list-style-type: none"> <li>▪ Indicate how health IT will be utilized in the comment box</li> </ul> </li> <li>5. Measure is related to: (choose ONE of the following):                 <ul style="list-style-type: none"> <li>○ Clinical Outcomes</li> <li>○ Experience of Care</li> <li>○ Quality of Care</li> <li>○ Other                     <ul style="list-style-type: none"> <li>▪ Describe what the measure is related to:</li> </ul> </li> </ul> </li> </ol> </li> </ul>
<p><b>Health Home Goal 2 (For each state goal and measure, indicated whether the measure is an Evaluation Measure from the health homes state plan or if the measure is not included in the health homes state plan)</b></p>	<p>1. Measure 2</p> <ul style="list-style-type: none"> <li>▪ Indicate the name of the measure             <ul style="list-style-type: none"> <li>▪ The measure is an Evaluation Measure from the Health Homes State Plan for purposes of determining the effect of the program on reducing one of the following: (Please choose ONE of the following):                 <ul style="list-style-type: none"> <li>○ Hospital Admission</li> <li>○ Emergency Room Visits</li> <li>○ Skilled Nursing Facility Admissions</li> </ul> </li> </ul> </li> </ul> <p style="text-align: center;">---OR---</p>

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|  | <ul style="list-style-type: none"><li>▪ This measure is not included in the Health Homes State Plan<ol style="list-style-type: none"><li>1. Measure Specification, including a description of the numerator and denominator.<ul style="list-style-type: none"><li>▪ Indicate the measure specification in the comment box</li></ul></li><li>2. Data Sources<ul style="list-style-type: none"><li>▪ Indicate the data sources in the comment box</li></ul></li><li>3. Frequency of Data Collection (select ONE of the following):<ul style="list-style-type: none"><li>○ Monthly</li><li>○ Quarterly</li><li>○ Annually</li><li>○ Continuously</li><li>○ Other<ul style="list-style-type: none"><li>▪ Indicated the frequency of data collection</li></ul></li></ul></li><li>4. How Health IT will be utilized<ul style="list-style-type: none"><li>▪ Indicate how health IT will be utilized</li></ul></li><li>5. Measure is related to: (choose ONE of the following):<ul style="list-style-type: none"><li>○ Clinical Outcomes</li><li>○ Experience of Care</li><li>○ Quality of Care</li><li>○ Other<ul style="list-style-type: none"><li>▪ Describe what the measure is related to:</li></ul></li></ul></li></ol></li></ul> |
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