

Health Home SPA Template

Public Notice	
Check which of the following applies to your specific state	
<p>Whether Comment is Solicited (Indicate whether public comment was solicited. Public Notice is required for new Health Homes programs and for changes to payment methodologies.)</p>	<ul style="list-style-type: none"> <input type="radio"/> Public notice was not required and comment was not solicited <input type="radio"/> Public notice was not required but comment was solicited <input type="radio"/> Public notice was required and comment was solicited
<p>Method of Public Comment (Indicate how public comment was solicited, such as newspaper, publication in state administrative record, website notice, and public hearing. For each method, indicate date and location of notice, URL, date of posting and/or the date, time and location of any public meetings. Adding additional detail around the key issues raised during this period is <i>optional</i>.)</p>	
Tribal Input	
<p>Whether Input is Solicited (Indicate whether tribal input was solicited. Tribal input is required if the State Plan Amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations.)</p>	
<p>Organization Consulted for Tribal Input (Indicate which organizations</p>	

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were consulted for tribal input)	
Method of Tribal Input (For each organization consulted, indicate the date, method, and location of consultation. Indicate any key issues raised (Access, Quality, Cost, Payment Methodology, eligibility, benefits, service delivery and any other areas) raised during these consultations.)	
SAMHSA Consultation	
SAMHSA Consultation (Add the date of the SAMHSA Consultation. mm/dd/yyyy format.)	
Health Home Population Criteria and Enrollment	
Population Criteria (Indicate if State will be using 2 or more chronic conditions, 1 chronic condition and at risk for another or 1 serious and persistent mental illness. Specify the targeted chronic conditions) <i>Other Chronic Conditions Covered</i> (For other chronic conditions that go beyond what is written in Statute, states will need to provide justification as to why these conditions would need or benefit from health home services, e.g. intensive care coordination)	<input type="checkbox"/> Two chronic conditions <input type="checkbox"/> One chronic condition and the risk of developing another <input type="checkbox"/> One serious mental illness <i>from the list of conditions below:</i> <input type="checkbox"/> Mental Health Condition <input type="checkbox"/> Substance Use Disorder <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Disease <input type="checkbox"/> BMI Over 25 <input type="checkbox"/> Other chronic conditions (please list)

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<p>Geographic Area (Describe whether statewide or if targeting geographic areas(e.g. county/city/region/ or other). Specify geographic areas (e.g. names of counties/city/regions).</p>	
<p>Enrollment of Participants (Describe how the individuals will be assigned to the health home, including whether eligible individuals can opt-in to a Health Home or are auto-assigned with an option to opt-out)</p>	
<p>Assurances (Review and agree to the assurances)</p>	<ul style="list-style-type: none"> ○ The State provides assurance that eligible individuals will be given a free choice of Health Homes providers. ○ The State 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 provided assurance that it will have the systems in place so that only one 8-quarter period of enhanced FMAP for each Health Home enrollee will be claimed. Enhanced FMAP may only be claimed for the first eight quarters after the effective date of a Health Homes State Plan Amendment that makes Health Home Services available to a new population, such as people in a particular geographic area or people with a particular chronic condition. ○ The State assures that there will be no duplication of services and payment for similar services provided under other Medicaid authorities.
<p>Health Home Provider Requirements</p>	
<p>Types of Providers (Select the types of providers to be included, such as 1. Designated Providers; 2. Teams of Health Care Professionals; or 3. Health Teams. For each type, indicate provider qualifications and standards.)</p>	
<p>Supports for Health Homes Providers (Describe the methods by which the State</p>	<ol style="list-style-type: none"> 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

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<p>will support providers of Health Homes services in addressing the 11 components listed on the right and how these methods will be incorporated in the State's provider standards.)</p>	<p>substance use disorders,</p> <ol style="list-style-type: none"> 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 included 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 supports 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 a 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. <p>State Methods used to Support Providers:</p>
<p>Provider Infrastructure (Describe the infrastructure of provider arrangements for Health Homes Services.)</p>	
<p>Provider Standards (Describe the State's minimum requirements and expectations for Health Homes providers)</p>	
<p>Health Home Service Delivery System</p>	
<p>Type of Service Delivery System (Indicate whether services are provided Fee for Service, using Primary Care Case Management, using Risk-Based Managed Care, or another service delivery system)</p>	

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<p>PCCM Information (If applicable, indicate whether duplicate payments are provided to PCCM and health homes and, if so, describe the payment methodology for PCCM health homes)</p>	
<p>Risk-Based Managed Care Information (If applicable, summarize contract language regarding health home services and indicate whether health homes are paid as part of the capitation rate. If not, describe the payment methodologies for health homes in risk-based managed care.)</p>	
<p>Health Plans as a Designated Provider or part of a Team of Team of Health Care Professionals (Summarize contract language regarding health home services and indicate whether health homes are paid as part of the capitation rate. If not, describe the payment methodologies for health homes in risk-based managed care.)</p>	
<p>Other Service Delivery System. (Describe if providers will be a designated provider or part of the team of health care professionals and how payment will be delivered to these providers.)</p>	

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Payment Methodology			
Type of Payment Methodology (Indicate whether services are provided Fee for Service, using Primary Care Case Management, using Risk-Based Managed Care, or another model)	Fee for Service: <ul style="list-style-type: none"> Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided Provide description of rate-setting policies 		
Will payment methodology be tiered? If yes, provide methodology for tiering the payments, such as: severity of a person’s condition, provider capabilities, or use of incentive payments).			
Health Home Services			
Comprehensive Care Management (Provide the service definition and associated activities. Identify the primary provider types that will serve as the lead for this service).	Service Definition	Ways HIT Will Link	Provider Types Furnishing the Service This service can be provided by the following provider types. Select all that apply: <ul style="list-style-type: none"> <input type="radio"/> Behavioral Health Professionals or Specialists <input type="radio"/> Nurse Care Coordinators <input type="radio"/> Nurses <input type="radio"/> Medical Specialists <input type="radio"/> Physicians <input type="radio"/> Physicians’ Assistants <input type="radio"/> Pharmacists <input type="radio"/> Social Workers <input type="radio"/> Doctors of Chiropractic <input type="radio"/> Licensed Complementary and Alternative Medicine Practitioners <input type="radio"/> Dieticians <input type="radio"/> Nutritionists <input type="radio"/> Other (specify):
Care Coordination and Health Promotion	Service Definition	Ways HIT Will Link	Provider Types Furnishing the Service This service can be provided by the

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<p>(Provide the service definition and list associated activities. Identify the primary provider type that will serve as the lead for this service).</p>			<p>following provider types. Select all that apply:</p> <ul style="list-style-type: none"> <input type="radio"/> Behavioral Health Professionals or Specialists <input type="radio"/> Nurse Care Coordinators <input type="radio"/> Nurses <input type="radio"/> Medical Specialists <input type="radio"/> Physicians <input type="radio"/> Physicians' Assistants <input type="radio"/> Pharmacists <input type="radio"/> Social Workers <input type="radio"/> Doctors of Chiropractic <input type="radio"/> Licensed Complementary and Alternative Medicine Practitioners <input type="radio"/> Dieticians <input type="radio"/> Nutritionists <input type="radio"/> Other (specify):
<p>Comprehensive Transitional Care (Provide the service definition, including appropriate follow-up from inpatient and other facility-based settings, and list associated activities. Identify the primary provider type that will serve as the lead for this service).</p>	Service Definition	Ways HIT Will Link	Provider Types Furnishing the Service
			<p>This service can be provided by the following provider types. Select all that apply:</p> <ul style="list-style-type: none"> <input type="radio"/> Behavioral Health Professionals or Specialists <input type="radio"/> Nurse Care Coordinators <input type="radio"/> Nurses <input type="radio"/> Medical Specialists <input type="radio"/> Physicians <input type="radio"/> Physicians' Assistants <input type="radio"/> Pharmacists <input type="radio"/> Social Workers <input type="radio"/> Doctors of Chiropractic <input type="radio"/> Licensed Complementary and Alternative Medicine Practitioners <input type="radio"/> Dieticians <input type="radio"/> Nutritionists <input type="radio"/> Other (specify):
<p>Individual and Family Support Services (Provide the service definition and list associated activities. Identify the primary provider type (see</p>	Service Definition	Ways HIT Will Link	Provider Types Furnishing the Service
			<p>This service can be provided by the following provider types. Select all that apply:</p> <ul style="list-style-type: none"> <input type="radio"/> Behavioral Health Professionals or Specialists <input type="radio"/> Nurse Care Coordinators

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<p>list to the right) that will serve as the lead for this service).</p>			<ul style="list-style-type: none"> ○ Nurses ○ Medical Specialists ○ Physicians ○ Physicians' Assistants ○ Pharmacists ○ Social Workers ○ Doctors of Chiropractic ○ Licensed Complementary and Alternative Medicine Practitioners ○ Dieticians ○ Nutritionists ○ Other (specify):
<p>Referral to Community and Social Support Services (Provide the service definition and list associated activities. Identify the primary provider types (see list to the right) that will serve as the lead for this service).</p>	<p>Service Definition</p>	<p>Ways HIT Will Link</p>	<p>Provider Types Furnishing the Service</p>
	<p>#</p>		<p>This service can be provided by the following provider types. Select all that apply:</p> <ul style="list-style-type: none"> ○ Behavioral Health Professionals or Specialists ○ Nurse Care Coordinators ○ Nurses ○ Medical Specialists ○ Physicians ○ Physicians' Assistants ○ Pharmacists ○ Social Workers ○ Doctors of Chiropractic ○ Licensed Complementary and Alternative Medicine Practitioners ○ Dieticians ○ Nutritionists ○ Other (specify):
<p>Use of Health Information Technology to Link Services</p>	<p>Service Definition</p>		<p>Provider Types Furnishing the Service</p>
			<ul style="list-style-type: none"> ○ ○
<p>Health Homes Patient Flow (Describe the patient flow through the State's Health Homes system. The state must submit flow-charts of the typical process an individual would encounter)</p>			

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Medically Needy Eligibility Groups	Select ONE of the following: <ul style="list-style-type: none"> ○ All Medically Needy eligible groups receive the same benefits and services that are provided to Categorically Needy eligibility groups ○ Different benefits and services than those provided to Categorically Needy eligibility groups are provided to some or all Medically Needy eligibility groups. (if selected, see below. If all MN eligibles receive the same benefits, skip to assurances section). 	
Medically Needy: Different Benefits:	<ul style="list-style-type: none"> ○ All Medically Needy receive the same services ○ There is more than one benefit structure for Medically Needy eligibility groups <i>(Name each Medically Needy population and identify the Medically Needy eligibility groups that are included in each population. See Health Home Services and describe each Health Home Service and provide the state's definitions for Health Homes services (as listed above and the specific activities performed under each service.</i> 	
Monitoring		
Describe the State's methodology for tracking avoidable hospital readmissions to include data sources and measure specifications.	Data Sources	Measures Specifications
Describe the State's methodology for calculating cost savings that result from improved chronic care coordination and management achieved through this program, to include data sources and measures specifications.	Data Sources	Measures Specifications
Describe the State's proposal for using health information technology in providing health home 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		

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their providers.)	
Quality Measurement	<ul style="list-style-type: none"> ○ The State provides assurance that it will require 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 measurable goals for its Health Homes model and intervention and also identify quality measures related to each goal to measures its success in achieving the goals.

Evaluations:				
<ul style="list-style-type: none"> ○ The state provides assurance that it will report to CMS information submitted by Health Homes providers to inform the evaluation and Reports to Congress as described in Section 2703(b) of the Affordable care Act and as described by CMS 				
Describe how the state will collect information from health home providers for the purpose of determining the effects of this program on reducing:				
Hospital Admissions	Description	Measure Specification, including numerator and denominator	Data Source	Frequency of Data Collection
Emergency Room Visits	Description	Measure Specification, including numerator and denominator	Data Source	Frequency of Data Collection
Skilled Nursing Facility Admissions	Description	Measure Specification, including numerator and denominator	Data Source	Frequency of Data Collection
Evaluations - Describe how the state will collect information for purposes of informing the evaluations, which will ultimately determine the nature, extent and use of this program as it pertains to the following:				
Hospital Admission Rates				

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Chronic Disease Management	
Coordination of Care for Individuals with Chronic Conditions	
Assessment of Program Implementation	
Processes and Lessons Learned	
Assessment of Quality Improvements and Clinical Outcomes	
Estimates of Cost Savings (if different from the method described under monitoring)	