

## Public Notice

### Public Comment Period for State Plan Amendments IA-20-010 and IA-20-011: Chronic Condition Health Homes and Integrated Health Homes

**Posted: May 28, 2020**

Pursuant to the authority of Iowa Code Section 249A.4, the Iowa Department of Human Services (DHS) has proposed changes to the state plan under Medicaid State Plan Amendment (SPA) Attachment 3.1-H (Chronic Condition Health Homes) (IA-20-010) and Attachment 3.1-H (Integrated Health Homes) (IA-20-011)

These SPAs are intended to respond to the deficiencies identified in the Office of Inspector General (OIG) 2019 Audit of the Health Home (HH) Programs for the period of State Fiscal Year (SFY) 2013 through SFY 2016. The SPAs are also intended to add greater clarification around operationalization of the HH programs and overall quality improvement. The SPAs also intend to update the reimbursement rates for the payment tiers assigned to each of the HH programs.

#### **Summary**

The State of Iowa's Medicaid program currently operates two HH programs, the Chronic Condition Health Home (CCHH) and the Integrated Health Home (IHH). The changes to the HH SPAs listed below were developed in partnership and collaboration with the Managed Care Organizations (MCOs) and the HHs. The proposed changes in each SPA are summarized below:

#### ***Chronic Condition Health Home (CCHH SPA IA-20-010)***

- Clarifying and aligning lead entity responsibilities with the IHH SPA.
- Offer a performance measures program.
- Health Information Technology description broadened to be flexible with the changing environment of advancing interoperability.
- Updated anticipated outcomes to align with measureable goals.
- Aligned language to be consistent with the IHH SPA.
- Broadened the scope of qualifying conditions to include chronic pain and chronic obstructive pulmonary disease (COPD) as these were found to be prevalent in the HH population and tend to be high utilizers of uncoordinated services.
- Added training requirements for the health coach to ensure appropriate training to support the HH in providing HH services.
- Added requirements for a learning collaborative that aligns with the IHH SPA and includes a quality improvement focus through a learning collaborative.
- Added nurse practitioner/physician assistant as a role in the CCHH.
- CCHH standards align with the IHH as they both should be providing whole person care, yet appreciating the differences in provider types.

- Removed language around evaluation and management (E/M) procedure code as the per member per month (PMPM) will be based on the actual cost of providing the services.
- Added a requirement to add information codes to the HH claim to identify which health home service was provided that month.
- HH services have clarifying language to describe activities that would fall under each service along with who is responsible for the service. The current SPA is vague in activities and who is responsible for what. We have worked to reduce the ambiguity and provide more clear expectations.
  - Added a definition of the HH services with bullet points of activities that would fall under these HH services.
  - Describes which role is responsible for what activities.
- HH Monitoring
  - Updating based on change in who is completing the analytics.
  - Added additional language under Assessment of Program Implementation as a way of implementing additional oversight through the use of the Donabedian Model.

### ***Integrated Health Home (IHH SPA IA 20-011)***

- Changed language from Serious and Persistent Mental Illness (SPMI) to Serious Mental Illness (SMI).
- Offer a performance measures program.
- Health Information Technology description broadened to be flexible with the changing environment of advancing interoperability.
- Updated anticipated outcomes to align with measureable goals.
- Aligned language to be consistent with the CCHH SPA.
- Broadened the scope of qualifying mental health conditions to allow additional members to have access to the program if desired.
- Aligned the requirements of the Care Coordinator with Iowa Code in that they don't require licensure.
- Added requirements for a learning collaborative and aligns with the CCHH SPA and includes a quality improvement focus through a learning collaborative.
- Clarified lead entity standards by adding roles under the provider standards.
- IHH standards were changed from milestone standards to be standards any IHH must meet.
- IHH standards align with the CCHH as they both should be providing whole person care, yet appreciating the differences in provider types.
- HH payment methodologies for IHHs now have the requirement that eligibility is assessed every 12 months.
  - Changed the Intensive Care Management (ICM) contacts to align with Iowa Code.
  - Clarified the definition of the payment tiers.
  - Added a requirement to add information codes to the HH claim to identify which HH service was provided that month.
  - Added language to address duplication of services with Community-Based Case Manager (CBCM) and CCHH.
- HH services have clarifying language to describe activities that would fall under each service along with who is responsible for the service. The current SPA is vague in

activities and who is responsible for what. We have worked to reduce the ambiguity and provide more clear expectations.

- Added a definition of the HH services with bullet points of activities that would fall under these HH services.
- Describes which role is responsible for what activities.
- HH Monitoring
  - Updating based on change in who is completing the analytics.
  - Added additional language under Assessment of Program Implementation as a way of implementing additional oversight through the use of the Donabedian Model.

### **Fiscal Impact**

There is no fiscal impact related to the changes proposed in the HH SPAs.

The changes in the PMPM amounts are budget neutral. The addition of two chronic conditions for CCHH eligibility and clarification of qualifying mental health diagnoses for IHH eligibility are expected to have minimal impact on overall enrollment. It is assumed that many of the individuals with these qualifying conditions are already receiving HH services due to experiencing co-morbidities.

### **Public Review and Comments**

A copy of each SPA (IA-20-010 CCHH and IA-20-011 IHH) and this public notice are posted on the DHS website at: <https://dhs.iowa.gov/public-notices/health-homes>.

To reach all stakeholders, non-electronic copies will be made available for review at the DHS Field Offices.

Written comments concerning this notice or the proposed amendments may be addressed to: Health Home Program, Iowa Department of Human Services, Iowa Medicaid Enterprise, 611 5th Avenue, Des Moines, Iowa 50309 or may be emailed to: [Healthhomes@dhs.state.ia.us](mailto:Healthhomes@dhs.state.ia.us). Please indicate SPA IA-20-010 and/or SPA IA-20-011 in the subject line of the email.

All comments must be received by: June 29, 2020 at 4:30 PM.

Submitted by:  
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