



Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Medicaid and CHIP Program (MACPro)

1945A Health Home Intro Reviewable Unit PRA Document

Version 1.0

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1. 1945A Health Home Intro Reviewable Unit Screenshots

1.1 Banner

Records / Submission Packages - Your State

TN - Submission Package - TN2022MS03440 - (TN-22-0510-test) - Health Homes

Summary Reviewable Units News **Related Actions**

1945A Health Home Intro

MEDICAID | Medicaid State Plan | Health Homes | TN2022MS03440 | TN-22-0510-test | May 10 Test

[Spell Check Instructions](#) | [Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started In Progress Complete

Package Header

Package ID	TN2022MS03440	SPA ID	TN-22-0510-test
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

[VIEW ALL RESPONSES](#)

Figure 1: Banner

1.2 Program Authority and Executive Summary

Program Authority

[Collapse](#)

The state elects to implement the Health Home state plan option under Section 1945A of the Social Security Act.

Name of 1945A Health Home Program:

test

Executive Summary

[Collapse](#)

Provide an executive summary of this Health Home program including the goals and objectives of the program, the population, providers, services and service delivery model used *

Character count: 0/4000

Figure 2: Program Authority and Executive Summary

1.3 General Assurances

General Assurances

Collapse

- ☒ The state provides assurance that eligible individuals will be given a free choice of Health Home providers.
- ☒ The states provides assurance that it will not prevent individuals who are dually eligible for Medicare and Medicaid from receiving Health Home services.
- ☒ The state provides assurance that it will not limit the choice of a child with medically complex conditions in selecting a health home provider that meets the qualification standards established under the child's health home.
- ☒ The state provides assurance that it will not reduce or otherwise modify the entitlement of children with medically complex conditions to EPSDT (as defined in section 1905(r)) or the informing, providing, arranging, and reporting requirements of the state under 1902(a)(43).
- ☒ The state provides assurance that hospitals participating under the state plan or a waiver of such plan will be instructed to establish procedures for, in the case of a child with medically complex conditions who is enrolled in a health home and seeks treatment in the emergency department of such a hospital, notifying the health home of the treatment of such a child.
- ☒ The state provides assurance that it will have the systems in place so that only one 2 quarter period of 15% enhanced FMAP for each health home enrollee will be claimed. After the first two quarters, expenditures will be claimed at the regular matching rate.
- ☒ The state provides assurance that there will be no duplication of services and payment for similar services provided under other Medicaid authorities.

Figure 3: General Assurances

1.4 Additional Information (optional) and Validation & Navigation

Additional Information (optional)

Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

☒ Yes
 ☐ No

Note: If validation fails, errors will appear in red above.

Navigate to Reviewable Unit

-- Select Reviewable Unit --

Not Started

In Progress

Complete

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.

EXIT

SAVE REVIEWABLE UNIT

GO TO SELECTED REVIEWABLE UNIT

Figure 4: Additional Information (optional) and Validation & Navigation

1.5 1945A Health Home Intro (entire Reviewable Unit)

News

Tasks (19)

Records

Reports

Actions

appian

Records / Submission Packages - Your State

TN - Submission Package - TN2022MS03440 - (TN-22-0510-test) - Health Homes

Summary

Reviewable Units

News

Related Actions

1945A Health Home Intro

MEDICAID | Medicaid State Plan | Health Homes | TN2022MS03440 | TN-22-0510-test | May 10 Test

Spell Check Instructions

Request System Help

CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

Package Header

Package ID

TN2022MS03440

SPA ID

TN-22-0510-test

Submission Type

Official

Initial Submission Date

N/A

Approval Date

N/A

Effective Date

N/A

Superseded SPA ID

N/A

VIEW ALL RESPONSES

Program Authority

Collapse

The state elects to implement the Health Home state plan option under Section 1945A of the Social Security Act.

Name of 1945A Health Home Program:

May 10 Test

Executive Summary

Collapse

Provide an executive summary of this Health Home program including the goals and objectives of the program, the population, providers, services and service delivery model used *

Character count: 0/4000

General Assurances

Collapse

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 ☒ The state provides assurance that there will be no duplication of services and payment for similar services provided under other Medicaid authorities.

Additional Information (optional)

Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

☐ Yes
 ☒ No

Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit

-- Select Reviewable Unit --

Not Started

In Progress

Complete

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.

EXIT

SAVE REVIEWABLE UNIT

GO TO SELECTED REVIEWABLE UNIT

Figure 5: 1945A Health Home Intro (entire Reviewable Unit)

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
PRA	Paperwork Reduction Act of 1995