



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

Medicaid and CHIP Program (MACPro)

1945A Health Home Providers Reviewable Unit PRA Document

**Version 1.0
6/24/2022**

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1. 1945A Health Home Providers Reviewable Unit Screenshots

1.1 Banner

1945A Health Home Providers

MEDICAID | Medicaid State Plan | Health Homes | TN2022MS0488O | TN-22-1120

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CMS-10434 OMB 0938-1188

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Package Header

Package ID	TN2022MS0488O	SPA ID	TN-22-1120
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Figure 1: Banner

1.2 Type of Health Home Providers, Designated Providers, Screenshot 1

Types of Health Home Providers

Collapse

☒ Designated Providers

Indicate the Health Home Designated Providers the state includes in its program and the provider qualifications and standards:

☒ Physicians, including pediatricians or a pediatric specialty or subspecialty providers

Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Children's hospitals

Describe the Provider Qualifications and Standards *

Character count: 0/4000

Figure 2: Type of Health Home Providers, Designated Providers, Screenshot 1

1.3 Type of Health Home Providers, Designated Providers, Screenshot 2

☒ Clinical practice or clinical group practices

Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Prepaid inpatient health plans or prepaid ambulatory health plans (as defined by the Secretary)

Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Rural clinics

Describe the Provider Qualifications and Standards *

Character count: 0/4000

Figure 3: Type of Health Home Providers, Designated Providers, Screenshot 2

1.4 Type of Health Home Providers, Designated Providers, Screenshot 3

☒ Community Health Centers

Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Community Mental Health Centers

Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Home Health Agencies

Describe the Provider Qualifications and Standards *

Character count: 0/4000

Figure 4: Type of Health Home Providers, Designated Providers, Screenshot 3

1.5 Type of Health Home Providers, Designated Providers, Screenshot 4

☒ Other entities or providers determined by the state and approved by the Secretary to be qualified to be a health home for children with medically complex conditions on the basis of documentation evidencing that the entity has the systems, expertise, and infrastructure in place to provide health home services. Such term may include providers who are employed by, or affiliated with, a children's hospital.

Provider Type	Describe the Provider Qualifications and Standards
No items available	

A value is required

+ Add provider types

Figure 5: Type of Health Home Providers, Designated Providers, Screenshot 4

1.6 Type of Health Home Providers, Teams of Health Care Professionals, Screenshot 1

☒ Teams of Health Care Professionals

Indicate the composition of the Health Home Teams of Health Care Professionals the state includes in its program. For each type of provider indicate the required qualifications and standards:

☒ Physicians

Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Pediatricians or pediatric specialty or subspecialty providers

Describe the Provider Qualifications and Standards *

Character count: 0/4000

Figure 6: Types of Health Home Providers, Teams of Health Care Professionals, Screenshot 1

1.7 Type of Health Home Providers, Teams of Health Care Professionals, Screenshot 2

☒ Nurse Care Coordinators

Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Dietitians

Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Nutritionists

Describe the Provider Qualifications and Standards *

Figure 7: Types of Health Home Providers, Teams of Health Care Professionals, Screenshot 2

1.8 Type of Health Home Providers, Teams of Health Care Professionals, Screenshot 3

☒ Social Workers

Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Behavioral Health Professionals

Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Physical therapists

Describe the Provider Qualifications and Standards *

Character count: 0/4000

Figure 8: Types of Health Home Providers, Teams of Health Care Professionals, Screenshot 3

1.9 Type of Health Home Providers, Teams of Health Care Professionals, Screenshot 4

☒ Occupational therapists

Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Speech pathologists

Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Nurses

Describe the Provider Qualifications and Standards *

Character count: 0/4000

Figure 9: Types of Health Home Providers, Teams of Health Care Professionals, Screenshot 4

1.10 Type of Health Home Providers, Teams of Health Care Professionals, Screenshot 5

☒ Individuals with experience in medical supportive technologies

Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Professionals determined to be appropriate by the State and approved by the Secretary

Provider Type	Describe the Provider Qualifications and Standards
	<div style="border: 1px solid #ccc; height: 100px; margin-top: 5px;"></div>

[+ Add provider types](#)

Figure 10: Types of Health Home Providers, Teams of Health Care Professionals, Screenshot 5

1.11 Type of Health Home Providers, Teams of Health Care Professionals, Screenshot 6

☒ Community health workers, translators, and other individuals with culturally-appropriate expertise

Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Other entity or individual who is designated to coordinate such a team

Entity Type	Describe the Provider Qualifications and Standards
	<div style="border: 1px solid #ccc; height: 100px; margin-top: 5px;"></div>

[+ Add provider types](#)

Figure 11: Types of Health Home Providers, Teams of Health Care Professionals, Screenshot 6

1.12 Type of Health Home Providers, Teams of Health Care Professionals, Screenshot 7

Indicate the environment in which Health Home Teams of Health Care Professionals operate in the state (check all that apply):

☒ Freestanding

Please explain *

Character count: 0/4000

☒ Virtual

Please explain *

Character count: 0/4000

Figure 12: Types of Health Home Providers, Teams of Health Care Professionals, Screenshot 7

1.13 Type of Health Home Providers, Teams of Health Care Professionals, Screenshot 8

☒ Based at a:

- ☒ Children's Hospital
- ☒ Hospital
- ☒ Community Health Center
- ☒ Community Mental Health Center
- ☒ Rural Clinic
- ☒ Clinical Practice or Clinical Group Practice
- ☒ Academic Health Center
- ☒ Any entity determined to be appropriate by the State and approved by the Secretary;

Type	Describe the Qualifications and Standards:

+ Add provider types

Figure 13: Types of Health Home Providers, Teams of Health Care Professionals, Screenshot 8

1.14 Type of Health Home Providers, Teams of Health Care Professionals, Screenshot 9

☒ The state assures that the environments selected above comply with all applicable federal and/or state standards and qualifications.

☒ Health Teams

Indicate the composition of the Health Home Health Team providers the state includes in its program, pursuant to Section 3502 of the Affordable Care Act, and provider qualifications and standards:

☒ Medical Specialists

Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Nurses

Describe the Provider Qualifications and Standards *

Character count: 0/4000

Figure 14: Types of Health Home Providers, Teams of Health Care Professionals, Screenshot 9

1.15 Type of Health Home Providers, Teams of Health Care Professionals, Screenshot 10

☒ Pharmacists

Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Nutritionists

Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Dietitians

Describe the Provider Qualifications and Standards *

Character count: 0/4000

Figure 15: Types of Health Home Providers, Teams of Health Care Professionals, Screenshot 10

1.16 Type of Health Home Providers, Teams of Health Care Professionals, Screenshot 11

☒ Social Workers

Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Behavioral Health Specialists

Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Doctors of Chiropractic

Describe the Provider Qualifications and Standards *

Character count: 0/4000

Figure 16: Types of Health Home Providers, Teams of Health Care Professionals, Screenshot 11

1.17 Type of Health Home Providers, Teams of Health Care Professionals, Screenshot 12

☒ Licensed Complementary and Alternative Medicine Practitioners

Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Physicians' Assistants

Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ The state provides assurance that it will align the quality measure reporting requirements within section 3502 of the Affordable Care Act and section 1945 of the Social Security Act

Figure 17: Types of Health Home Providers, Teams of Health Care Professionals, Screenshot 12

1.18 Provider Infrastructure

Provider Infrastructure	
Collapse	
Describe the infrastructure of provider arrangements for Health Home Services *	

Figure 18: Provider Infrastructure

1.19 Support for Health Home Providers

Supports for Health Home Providers	
Collapse	
Describe the process used to educate providers on the availability of health home services for children with medically complex conditions, including the process by which such providers can refer children to a health home provider for the purposes of establishing a health home. *	
Describe the methods by which the state will support providers of Health Home services in addressing the following components:	
<ol style="list-style-type: none"> 1. Provide quality-driven, cost-effective, culturally appropriate, and person- and family-centered Health Home 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; 12. Coordinate prompt care for children with medically complex conditions, including access to pediatric emergency services at all times; 13. Develop an individualized comprehensive pediatric family-centered care plan for children with medically complex conditions that accommodates patient preferences; 14. Work in a culturally and linguistically appropriate manner with the family of a child with medically complex conditions to develop and incorporate into such child's care plan, in a manner consistent with the needs of the child and the choices of the child's family, ongoing home care, community based pediatric primary care, pediatric inpatient care, social support services, and local hospital pediatric emergency care; 15. Coordinate access to subspecialized pediatric services and programs for children with medically complex conditions, including the most intensive diagnostic, treatment, and critical care levels as medically necessary; and palliative services if the State provides such services under the state plan (or a waiver of such plan); 16. Coordinate care for children with medically complex conditions with out-of-state providers furnishing care to such children to the maximum extent practicable for the families of such children and where medically necessary, in accordance with guidance issued under subsection (e)(1) and section 431.52 of title 42, Code of Federal Regulations; 17. Collect and report information under section 1945A subsection (g)(1). 	
Description *	

Figure 19: Support for Health Home Providers

1.20 Other Health Home Provider Standards

Other Health Home Provider Standards

Collapse

The state's requirements and expectations for Health Home providers are as follows: *

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Maximum file size : 10MB; Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx.

Documents	Remove
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Figure 20: Other Health Home Provider Standards

1.21 Additional Information and Validation & Navigation

Additional Information (optional)

Character count: 0/4000

Validation & Navigation

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☐ Yes ☒ No

Navigate to Reviewable Unit

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Figure 21: Additional Information and Validation & Navigation

1.22 1945A Health Home Providers (entire Reviewable Unit)

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TN - Submission Package - TN2022MS0488O - (TN-22-1120) - Health Homes



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1945A Health Home Providers

MEDICAID | Medicaid State Plan | Health Homes | TN2022MS0488O | TN-22-1120

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CMS-10434 OMB 0938-1188

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In Progress

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Package Header

Package ID	TN2022MS0488O	SPA ID	TN-22-1120
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

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Types of Health Home Providers

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☒ Designated Providers

Indicate the Health Home Designated Providers the state includes in its program and the provider qualifications and standards:

- ☐ Physicians, including pediatricians or a pediatric specialty or subspecialty providers
- ☐ Children's hospitals
- ☐ Clinical practice or clinical group practices
- ☐ Prepaid inpatient health plans or prepaid ambulatory health plans (as defined by the Secretary)
- ☐ Rural clinics
- ☐ Community Health Centers
- ☐ Community Mental Health Centers
- ☐ Home Health Agencies
- ☐ Other entities or providers determined by the state and approved by the Secretary to be qualified to be a health home for children with medically complex conditions on the basis of documentation evidencing that the entity has the systems, expertise, and infrastructure in place to provide health home services. Such term may include providers who are employed by, or affiliated with, a children's hospital.

☒ Teams of Health Care Professionals

Indicate the composition of the Health Home Teams of Health Care Professionals the state includes in its program. For each type of provider indicate the required qualifications and standards:

- ☐ Physicians
- ☐ Pediatricians or pediatric specialty or subspecialty providers
- ☐ Nurse Care Coordinators
- ☐ Dietitians
- ☐ Nutritionists
- ☐ Social Workers
- ☐ Behavioral Health Professionals
- ☐ Physical therapists
- ☐ Occupational therapists
- ☐ Speech pathologists
- ☐ Nurses
- ☐ Individuals with experience in medical supportive technologies
- ☐ Professionals determined to be appropriate by the State and approved by the Secretary
- ☐ Community health workers, translators, and other individuals with culturally-appropriate expertise
- ☐ Other entity or individual who is designated to coordinate such a team

Indicate the environment in which Health Home Teams of Health Care Professionals operate in the state (check all that apply):

- ☐ Freestanding
- ☐ Virtual

☒ Based at a:

- ☐ Children's Hospital
- ☐ Hospital
- ☐ Community Health Center
- ☐ Community Mental Health Center
- ☐ Rural Clinic
- ☐ Clinical Practice or Clinical Group Practice
- ☐ Academic Health Center
- ☐ Any entity determined to be appropriate by the State and approved by the Secretary:

- ☐ The state assures that the environments selected above comply with all applicable federal and/or state standards and qualifications.

☒ Health Teams

Indicate the composition of the Health Home Health Team providers the state includes in its program, pursuant to Section 3502 of the Affordable Care Act, and provider qualifications and standards:

- ☐ Medical Specialists
- ☐ Nurses
- ☐ Pharmacists
- ☐ Nutritionists
- ☐ Dieticians
- ☐ Social Workers
- ☐ Behavioral Health Specialists
- ☐ Doctors of Chiropractic
- ☐ Licensed Complementary and Alternative Medicine Practitioners
- ☐ Physicians' Assistants

- ☐ The state provides assurance that it will align the quality measure reporting requirements within section 3502 of the Affordable Care Act and section 1945 of the Social Security Act

Provider Infrastructure

[Collapse](#)

Describe the infrastructure of provider arrangements for Health Home Services *

Supports for Health Home Providers

[Collapse](#)

Describe the process used to educate providers on the availability of health home services for children with medically complex conditions, including the process by which such providers can refer children to a health home provider for the purposes of establishing a health home.*

Describe the methods by which the state will support providers of Health Home services in addressing the following components:

1. Provide quality-driven, cost-effective, culturally appropriate, and person- and family-centered Health Home 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;
12. Coordinate prompt care for children with medically complex conditions, including access to pediatric emergency services at all times;
13. Develop an individualized comprehensive pediatric family-centered care plan for children with medically complex conditions that accommodates patient preferences;
14. Work in a culturally and linguistically appropriate manner with the family of a child with medically complex conditions to develop and incorporate into such child's care plan, in a manner consistent with the needs of the child and the choices of the child's family, ongoing home care, community based pediatric primary care, pediatric inpatient care, social support services, and local hospital pediatric emergency care;
15. Coordinate access to subspecialized pediatric services and programs for children with medically complex conditions, including the most intensive diagnostic, treatment, and critical care levels as medically necessary; and palliative services if the State provides such services under the state plan (or a waiver of such plan);
16. Coordinate care for children with medically complex conditions with out-of-state providers furnishing care to such children to the maximum extent practicable for the families of such children and where medically necessary, in accordance with guidance issued under subsection (e)(1) and section 431.52 of title 42, Code of Federal Regulations;
17. Collect and report information under section 1945A subsection (g)(1).

Description *

Other Health Home Provider Standards

[Collapse](#)

The state's requirements and expectations for Health Home providers are as follows: *

Please upload your documents below

Maximum file size : 10MB; Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx.

Documents	Remove
No items available	
+ Add Documents	

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 22: 1945A Health Home Providers (entire Reviewable Unit)

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
PRA	Paperwork Reduction Act of 1995