



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

Medicaid and CHIP Program (MACPro)

1945A Health Home Population and Enrollment Criteria Reviewable Unit PRA Document

Version 1.0

6/24/2022

Document Number: CMS-CL-PRA-1945AHHPopEnroll-MACPro-20220624-V1.0

Contract Number: HHSM-500-2016-00066I

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1. 1945A Health Home Population and Enrollment Criteria Reviewable Unit Screenshots

1.1 Banner

1945A Health Home Population and Enrollment Criteria

MEDICAID | Medicaid State Plan | Health Homes | TN2022MS05070 | TN-22-0621-ms | Testing123

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

CMS-10434 OMB 0938-1188

Not Started | In Progress | Complete

Package Header

Package ID	TN2022MS05070	SPA ID	TN-22-0621-ms
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

[View Implementation Guide](#)

Figure 1: Banner

1.2 Categories of Individuals and Populations Provided Health Home Services

Categories of Individuals and Populations Provided Health Home Services

[Collapse](#)

The state will make Health Home services available to the following categories of Medicaid participants

- ☐ Categorically Needy (Mandatory and Options for Coverage) Eligibility Groups
- ☒ Medically Needy Eligibility Groups
 - Mandatory Medically Needy
 - ☒ Medically Needy Pregnant Women
 - ☒ Medically Needy Children under Age 18
 - Optional Medically Needy (select the groups included in the population)
 - Families and Adults**
 - ☒ Medically Needy Children Age 18 through 20
 - ☒ Medically Needy Parents and Other Caretaker Relatives
 - Aged, Blind and Disabled**
 - ☒ Medically Needy Aged, Blind or Disabled
 - ☒ Medically Needy Blind or Disabled Individuals Eligible in 1973

Figure 2: Categories of Individuals and Populations Provided Health Home Services

1.3 Population Criteria

Population Criteria

Collapse

The state elects to offer Health Home services to a child with medically complex conditions who is:
Under 21 years of age
Is eligible for medical assistance under the State plan (or under a waiver of such plan); AND

- Has at least one or more chronic conditions that cumulatively affects three or more organ systems and severely reduces cognitive or physical functioning (such as the ability to eat, drink, or breathe independently) and that also requires the use of medication, durable medical equipment, therapy, surgery, or other treatments; OR
- One life-limiting illness or rare pediatric disease (as defined in section 529(a)(3) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360ff(a)(3))).

Chronic conditions included

- ☒ Cerebral Palsy
- ☒ Cystic fibrosis
- ☒ HIV/AIDS
- ☒ Blood diseases, such as anemia or sickle cell disease
- ☒ Muscular dystrophy
- ☒ Spina bifida
- ☒ Epilepsy
- ☒ Severe autism spectrum disorder
- ☒ Serious emotional disturbance or serious mental health illness
- ☒ Other (specify):

Name	Description
Test Condition	Test Condition Description

+ Add other specification

☒ The state attests that they will use the statutory definition of "chronic condition" referenced in 1945A(i)(1)(2) when identifying chronic conditions in their process described below.

Please indicate the process the state will use for identifying chronic conditions that are not listed in section 1945A(i)(2) but that meet the statutory definitions of a "chronic condition" because they are serious, long-term physical, mental, or developmental disabilities or diseases.*

Test description of process

27/4000

Figure 3: Population Criteria

1.4 Enrollment of Participants - Path 1

Enrollment of Participants

Collapse

Participation in a Health Home is voluntary. The state may not require a child with medically complex conditions to enroll in a health home.

- ☒ The state assures that the individual will only be enrolled in one Health Home program at a time.
- ☒ The state assures that health home providers will maintain documentation indicating that the individual has given consent to participate in the health home program and that the written consent will be maintained in the health record.

Indicate the method the state will use to enroll eligible Medicaid individuals into a Health Home: *

☒ Opt-in to Health Home provider

☐ Referral and assignment to Health Home provider with opt-out

☐ Other (describe)

Describe the process used: *

Character count: 0/4000

A value is required

Figure 4: Enrollment of Participants - Path 1

1.5 Enrollment of Participants - Path 2

Enrollment of Participants

Collapse

Participation in a Health Home is voluntary. The state may not require a child with medically complex conditions to enroll in a health home.

- ☒ The state assures that the individual will only be enrolled in one Health Home program at a time.
- ☒ The state assures that health home providers will maintain documentation indicating that the individual has given consent to participate in the health home program and that the written consent will be maintained in the health record.

Indicate the method the state will use to enroll eligible Medicaid individuals into a Health Home: *

☐ Opt-In to Health Home provider
☒ Referral and assignment to Health Home provider with opt-out
☐ Other (describe)

Describe the process used: *

Character count: 0/4000

A value is required

☒ The state provides assurance that it will clearly communicate the individual's right to accept or decline enrollment into the Health Home or to change Health Home providers at any time and agrees to submit to CMS a copy of any letter or communication used to inform the individual of the Health Home benefit and their rights to choose or change Health Home providers or to elect not to receive the benefit.

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](#)

A document is required

Figure 5: Enrollment of Participants - Path 2

1.6 Enrollment of Participants - Path 3

Enrollment of Participants

Collapse

Participation in a Health Home is voluntary. The state may not require a child with medically complex conditions to enroll in a health home.

- ☒ The state assures that the individual will only be enrolled in one Health Home program at a time.
- ☒ The state assures that health home providers will maintain documentation indicating that the individual has given consent to participate in the health home program and that the written consent will be maintained in the health record.

Indicate the method the state will use to enroll eligible Medicaid individuals into a Health Home: *

☐ Opt-In to Health Home provider
☐ Referral and assignment to Health Home provider with opt-out
☒ Other (describe)

Name: *

Character count: 0/4000

A value is required

Describe the process used to educate families with children eligible to receive health home services of the availability of such services including the participation of family-to-family entities or other public or private organizations or entities who provide outreach and information on the availability of health care items and services to families of individuals eligible to receive Medicaid under the State plan or waiver of such plan: *

Character count: 0/4000

A value is required

Figure 6: Enrollment of Participants - Path 3

1.7 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

Navigate to Reviewable Unit

-- Select Reviewable Unit --

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

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 7: Additional Information (optional) and Validation & Navigation

News

Tasks (17)

Records

Reports

Actions

Records

Submission Packages - Your State

TN - Submission Package - TN2022MS05070 - (TN-22-0621-ms) - Eligibility, Health Homes

Summary

Reviewable Units

News

Related Actions

1945A Health Home Population and Enrollment Criteria

MEHCAD | Medicaid State Plan | Eligibility, Health Homes | TN2022MS05070 | TN-22-0621-ms | 1945A.TeachHQ2

Spell Check Instructions

Request System Help

CMS 1945A CMS 0938-1188

Not Started

In Progress

Complete

Package Header

Package ID: TN2022MS05070

SPA ID: TN-22-0621-ms

Submission Type: Official

Initial Submission: N/A

Approved Date: N/A

Effective Date: N/A

Superseded SPA ID: N/A

View Implementation Guide

VIEW ALL RESPONSES

Categories of Individuals and Populations Provided Health Home Services

The state will make Health Home services available to the following categories of Medicaid participants

☒ Categorically needy (Mandatory and Options for Coverage) Eligibility Groups

☒ Medically Needy Eligibility Groups

Mandatorily Medically Needy

☒ Medically Needy Pregnant Women

☒ Medically Needy Children under Age 18

Optional Medically Needy (select the groups included in the population)

Families and Adults

☒ Medically Needy Children Age 18 through 20

☒ Medically Needy Parents and Other Caretaker Relatives

☒ Aged, Blind and Disabled

☒ Medically Needy Aged, Blind or Disabled

☒ Medically Needy Blind or Disabled Individuals Eligible in 1973

Collapse

Population Criteria

The state elects to offer Health Home services to a child with medically complex conditions who is:

Under 21 years of age

Eligible for medical assistance under the State plan (or under a waiver of such plan) AND

☒ Has at least one or more chronic conditions that cumulatively affects three or more organ systems and severely reduces cognitive or physical functioning (such as the ability to eat, breathe, swallow independently) and that also requires the use of medication, durable medical equipment, therapy, surgery or other treatments OR

☒ One life-limiting illness or rare pediatric disease (as defined in section 326(a)(3) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360ff(a)(3)).

Chronic conditions included

☒ Cerebral Palsy

☒ Cystic Fibrosis

☒ HIV/AIDS

☒ Blood disorders, such as anemia or sickle cell disease

☒ Muscular dystrophy

☒ Spina bifida

☒ Epilepsy

☒ Severe autism spectrum disorder

☒ Serious emotional disturbance or serious mental health illness

☒ Other (specify)

Name

Description

+ Add other specification

☒ The state attests that it will use the statutory definition of "chronic condition" referenced in TN42401(32) when identifying chronic conditions in their proofs described below.

Please indicate the process the state will use for identifying chronic conditions that are not listed in section TN42401(32) but that meet the statutory definitions of a "chronic condition" because they are serious, long-term physical, mental, or developmental disabilities or disorders.

A value is required

Enrollment of Participants

Participation in a Health Home is voluntary. The state may not require a child with medically complex conditions to enroll in a health home.

☒ The state assures that the individual will only be enrolled in one Health Home program at a time.

☒ The state assures that health home providers will maintain documentation indicating that the individual has given consent to participate in the health home program and that the written consent will be maintained in the health record.

Indicate the method the state will use to enroll eligible Medicaid individuals into a Health Home *

☒ Opt-In to Health Home provider

☐ Referral and assignment to Health Home provider with opt-out

☐ Other (describe)

Describe the process used.*

Character count: 94000

A value is required

Additional Information (optional)

Character count: 94000

Validation & Navigation

Would you like to validate the reviewable unit data?

☒ Yes

☐ No

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

Not Started

In Progress

Complete

Navigation to Reviewable Unit

Next Reviewable Unit -

EXIT

SAVE REVIEWABLE UNIT

GO TO SELECTED REVIEWABLE UNIT

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6/24/2022

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
PRA	Paperwork Reduction Act of 1995