



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

Medicaid and CHIP Program (MACPro)

1945A Health Home Program Termination – Phase-Out Plan Reviewable Unit PRA Document

Version 1.0

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1. 1945A Health Home Program Termination – Phase-Out Plan Reviewable Unit Screenshots

1.1 Banner

1945A Health Home Program Termination - Phase-Out Plan

MEDICAID | Medicaid State Plan | Health Homes | TN2022MS05290

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

CMS-10434 OMB 0938-1188

Not Started In Progress Complete

Package Header

Package ID	TN2022MS05290	SPA ID	N/A
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Superseded SPA ID	N/A		

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Figure 1: Banner

1.2 Provide a description of the phase-out or transition plan for the Health Home Program that is being terminated – Path 1

Provide a description of the phase-out or transition plan for the Health Homes Program that is being terminated

Describe the reason for termination *

Describe the overall approach the state will use to terminate the program: *

Indicate method of termination *

☒ The state will terminate all participants from the Health Home Program on the same date.

☐ The state will phase-out the termination of participation in the Health Home Program.

Termination effective date *

mm/dd/yyyy

Describe the process the state will use to transition all participants and how referrals and fair hearings notice (if applicable) will be made to other health care providers. *

Figure 2: Provide a description of the phase-out or transition plan for the Health Home Program that is being terminated – Path 1

1.3 Provide a description of the phase-out or transition plan for the Health Home Program that is being terminated – Path 2

Provide a description of the phase-out or transition plan for the Health Homes Program that is being terminated

Describe the reason for termination *

Describe the overall approach the state will use to terminate the program: *

Indicate method of termination *

☐ The state will terminate all participants from the Health Home Program on the same date.

☒ The state will phase-out the termination of participation in the Health Home Program.

Begin phase-out date *

mm/dd/yyyy

Complete phase-out date *

mm/dd/yyyy


Upload the state's phase-out plan and the strategy for communicating the phase-out to participants and providers, including dates of communication

Saved Documents

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

<input type="checkbox"/>	Name	Date Created	↑
No items available			

A document is required

UPLOAD  Drop file here

DELETE DOCUMENT(S) SAVE DOCUMENT(S)

Figure 3: Provide a description of the phase-out or transition plan for the Health Home Program that is being terminated – Path 2

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

Navigate to Reviewable Unit

-- Select Reviewable Unit --

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

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 Program Termination – Phase-Out Plan (entire Reviewable Unit)

1945A Health Home Program Termination - Phase-Out Plan

MEDICAID | Medicaid State Plan | Health Homes | TN2022M505290

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

CMS-10434-OMB 0938-1188

Not Started
In Progress
Complete

Package Header

Package ID	TN2022M505290	SPA ID	N/A
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Superseded SPA ID	N/A		

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Provide a description of the phase-out or transition plan for the Health Homes Program that is being terminated

Describe the reason for termination *

Describe the overall approach the state will use to terminate the program: *

Indicate method of termination *

☐ The state will terminate all participants from the Health Home Program on the same date.

☒ The state will phase-out the termination of participation in the Health Home Program.

Begin phase-out date *

Complete phase-out date *

Upload the state's phase-out plan and the strategy for communicating the phase-out to participants and providers, including dates of communication

Saved Documents

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

Name	Date Created
No items available	

A document is required

Describe the process the state will use to transition all participants and how referrals and fair hearings notice (if applicable) will be made to other health care providers. *

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

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 submission 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 30 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 21244-1895.

Figure 5: 1945A Health Home Program Termination – Phase-Out Plan (entire Reviewable Unit)

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
PRA	Paperwork Reduction Act of 1995