Table of Contents

State/Territory Name: **NEW JERSEY**

State Plan Amendment (SPA) #: **16-0002**

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form/Summary Form (with 179-like data)
3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
New York Regional Office
26 Federal Plaza, Room 37-100
New York, NY 10278

DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

DMCHO: JM

May 12, 2016

Meghan Davey
Director
Department of Human Services
Division of Medical Assistance and Health Services
P.O. Box 712
Trenton, NJ 08625-0712

RE: NJ SPA #16-0002

Dear Director Davey:

The Centers for Medicare & Medicaid Services (CMS), New York Regional Office, has completed its review of New Jersey State Plan Amendment (SPA) Transmittal Number 16-0002. This SPA implements Health Homes as authorized under Section 2703 of the Patient Protection and Affordable Care Act. Children with SED (Serious Emotional Disturbance) will qualify for health home services whereas SED will be defined to include serious emotional disturbance, co-occurring developmental disability and mental illness, co-occurring mental health and substance abuse, or DD (Developmental Disability) eligible (per NJ Statute 10:196) with symptomology of SED. The SPA was submitted to add Behavioral Health Home Services to children (under the age of 21) in Atlantic, Cape May and Monmouth counties to the previously approved counties, Mercer and Bergen, by enhancing the current care management teams within the Care Management Organizations.

This SPA is approved May 12, 2016, with an effective date of January 1, 2016. Enclosed is a copy of the approved pages for incorporation into the New Jersey State plan.

In accordance with the statutory provisions at Section 1945(c)(1) of the Social Security Act, for payments made to health home providers under this amendment, during the first eight fiscal quarters that the SPA is in effect, January 1, 2016 through December 31, 2017, the federal medical assistance percentage (FMAP) rate applicable to such payments shall be equal to 90 percent. The FMAP rate for payments made to health home providers will return to the state's published FMAP rate on January 1, 2018. The Form CMS-64 has a designated category of service Line 43 for States to report health home services expenditures for enrollees with chronic conditions.

Please share with your staff my appreciation for their time and effort throughout this process. If you have any questions regarding this State Plan Amendment, please contact John Montalto at John.Montalto@cms.hhs.gov or (212) 616-2326.

Sincerely,

Michael J. Melendez
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Health Home State Plan Amendment

OMB Control Number: 0938-1148
Expiration date: 10/31/2014

Transmittal Number: NJ-16-0002 Supersedes Transmittal Number: NJ-14-0015 Proposed Effective Date: Jan 1, 2016 Approval Date:
Attachment 3.1-H Page Number:

Submission Summary

Transmittal Number:
Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

Supersedes Transmittal Number:
Please enter the Supersedes Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

The State elects to implement the Health Homes State Plan option under Section 1945 of the Social Security Act.

Name of Health Homes Program:

State Information

State/Territory name:
New Jersey
Medicaid agency:

Authorized Submitter and Key Contacts

The authorized submitter contact for this submission package.

Name:

Title:

Telephone number:

Email:

The primary contact for this submission package.

Name:

Title:

Telephone number:

Email:

The secondary contact for this submission package.

Name:

Title:

Telephone number:

Email:

The tertiary contact for this submission package.

Name:

Title:

Telephone number:

Email:

Proposed Effective Date

(mm/dd/yyyy)

Executive Summary

Summary description including goals and objectives:

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year		$

Second Year $

Federal Statute/Regulation Citation

Governor's Office Review

No comment.

Comments received.
Describe:

No response within 45 days.

Other.
Describe:

Transmittal Number: NJ-16-0002 **Supersedes Transmittal Number: NJ-14-0015** **Proposed Effective Date: Jan 1, 2016** **Approval Date:**

Transmittal Number: NJ-16-0002 Supersedes Transmittal Number: NJ-14-0015 Proposed Effective Date: Jan 1, 2016 Approval Date:
Attachment 3.1-H Page Number:

Submission - Public Notice

Indicate whether public notice was solicited with respect to this submission.

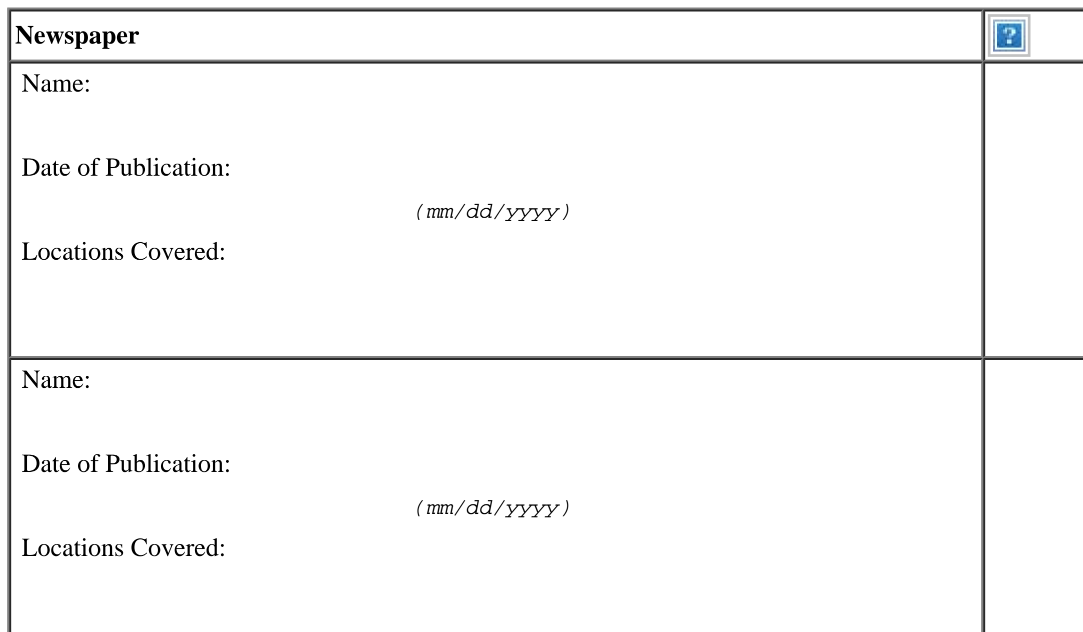
Public notice was not required and comment was not solicited

Public notice was not required, but comment was solicited

Public notice was required, and comment was solicited

Indicate how public notice was solicited:

Newspaper Announcement



Newspaper	?
Name: Date of Publication: *(mm/dd/yyyy)* Locations Covered:	
Name: Date of Publication: *(mm/dd/yyyy)* Locations Covered:	

Name: Date of Publication: (mm/dd/yyyy) Locations Covered:	
Name: Date of Publication: (mm/dd/yyyy) Locations Covered:	
Name: Date of Publication: (mm/dd/yyyy) Locations Covered:	

Publication in State's administrative record, in accordance with the administrative procedures requirements.

Date of Publication:

(mm/dd/yyyy)

Email to Electronic Mailing List or Similar Mechanism.

Date of Email or other electronic notification:

(mm/dd/yyyy)

Description:

Website Notice

Select the type of website:

Website of the State Medicaid Agency or Responsible Agency

Date of Posting:

(mm/dd/yyyy)

Website URL:

Website for State Regulations

Date of Posting:

(mm/dd/yyyy)

Website URL:

Other

Public Hearing or Meeting

Other method

Indicate the key issues raised during the public notice period:(This information is optional)

Access

Summarize Comments

Summarize Response

Quality

Summarize Comments

Summarize Response

Cost

Summarize Comments

Summarize Response

Payment methodology

Summarize Comments

Summarize Response

Eligibility

Summarize Comments

Summarize Response

Benefits

Summarize Comments

Summarize Response

Service Delivery

Summarize Comments

Summarize Response

Other Issue

Transmittal Number: NJ-16-0002 Supersedes Transmittal Number: NJ-14-0015 Proposed Effective Date: Jan 1, 2016 Approval Date:

Transmittal Number: NJ-16-0002 Supersedes Transmittal Number: NJ-14-0015 Proposed Effective Date: Jan 1, 2016 Approval Date:
Attachment 3.1-H Page Number:

Submission - Tribal Input

One or more Indian health programs or Urban Indian Organizations furnish health care services in this State.

This State Plan Amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations.

The State has solicited advice from Tribal governments prior to submission of this State Plan Amendment.

Complete the following information regarding any tribal consultation conducted with respect to this submission:

Tribal consultation was conducted in the following manner:

Indian Tribes

Indian Health Programs

Urban Indian Organization

Indicate the key issues raised in Indian consultative activities:

Access

Summarize Comments

Summarize Response

Quality

Summarize Comments

Summarize Response

Cost

Summarize Comments

Summarize Response

Payment methodology

Summarize Comments

Summarize Response

Eligibility

Summarize Comments

Summarize Response

Benefits
Summarize Comments

Summarize Response

Service delivery
Summarize Comments

Summarize Response

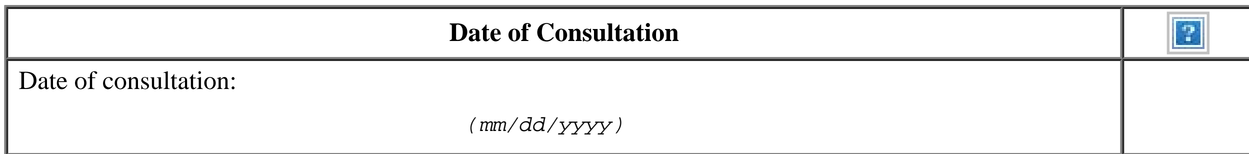
Other Issue

Transmittal Number: NJ-16-0002 Supersedes Transmittal Number: NJ-14-0015 Proposed Effective Date: Jan 1, 2016 Approval Date:

Transmittal Number: NJ-16-0002 Supersedes Transmittal Number: NJ-14-0015 Proposed Effective Date: Jan 1, 2016 Approval Date:
Attachment 3.1-H Page Number:

Submission - SAMHSA Consultation

The State provides assurance that it has consulted and coordinated with the Substance Abuse and Mental Health Services Administration (SAMHSA) in addressing issues regarding the prevention and treatment of mental illness and substance abuse among eligible individuals with chronic conditions.



Date of Consultation	
Date of consultation: (mm/dd/yyyy)	

Transmittal Number: NJ-16-0002 Supersedes Transmittal Number: NJ-14-0015 Proposed Effective Date: Jan 1, 2016 Approval Date:

Transmittal Number: NJ-16-0002 Supersedes Transmittal Number: NJ-14-0015 Proposed Effective Date: Jan 1, 2016 Approval Date:
Attachment 3.1-H Page Number:

Health Homes Population Criteria and Enrollment

Population Criteria

The State elects to offer Health Homes services to individuals with:

Two or more chronic conditions
Specify the conditions included:

Mental Health Condition

Substance Abuse Disorder

Asthma

Diabetes

Heart Disease

BMI over 25

Other Chronic Conditions	

One chronic condition and the risk of developing another

Specify the conditions included:

Mental Health Condition

Substance Abuse Disorder

Asthma

Diabetes

Heart Disease

BMI over 25

Other Chronic Conditions	

Specify the criteria for at risk of developing another chronic condition:

One or more serious and persistent mental health condition

Specify the criteria for a serious and persistent mental health condition:

Geographic Limitations

Health Homes services will be available statewide

Describe statewide geographical phase in/expansion. This should include dates and corresponding geographical areas that bring the program statewide.

If no, specify the geographic limitations:

By county

Specify which counties:

By region

Specify which regions and the make-up of each region:

By city/municipality

Specify which cities/municipalities:

Other geographic area

Describe the area(s):

Enrollment of Participants

Participation in a Health Homes is voluntary. Indicate the method the State will use to enroll eligible Medicaid individuals into a Health Home:

Opt-In to Health Homes provider

Describe the process used:

Automatic Assignment with Opt-Out of Health Homes provider

Describe the process used:

The State provides assurance that it will clearly communicate the opt-out option to all individuals assigned to a Health Home under an opt-out process and submit to CMS a copy of any letter or other communication used to inform such individuals of their right to choose.

Other

Describe:

The State provides assurance that eligible individuals will be given a free choice of Health Homes providers.

The State provides assurance that it will not prevent individuals who are dually eligible for Medicare and Medicaid from receiving Health Homes services.

The State provides assurance that hospitals participating under the State Plan or a waiver of such plan will be instructed to establish procedures for referring eligible individuals with chronic conditions who seek or need treatment in a hospital emergency department to designated Health Homes providers.

The State provides assurance that it will have the systems in place so that only one 8-quarter period of enhanced FMAP for each Health Homes enrollee will be claimed. Enhanced FMAP may only be claimed for the first eight quarters after the effective date

of a Health Homes State Plan Amendment that makes Health Home Services available to a new population, such as people in a particular geographic area or people with a particular chronic condition.

The State assures that there will be no duplication of services and payment for similar services provided under other Medicaid authorities.

Transmittal Number: NJ-16-0002 Supersedes Transmittal Number: NJ-14-0015 Proposed Effective Date: Jan 1, 2016 Approval Date:

Transmittal Number: NJ-16-0002 Supersedes Transmittal Number: NJ-14-0015 Proposed Effective Date: Jan 1, 2016 Approval Date:
Attachment 3.1-H Page Number:

Health Homes Providers

Types of Health Homes Providers

Designated Providers

Indicate the Health Homes Designated Providers the State includes in its program and the provider qualifications and standards:

Physicians

Describe the Provider Qualifications and Standards:

Clinical Practices or Clinical Group Practices

Describe the Provider Qualifications and Standards:

Rural Health Clinics

Describe the Provider Qualifications and Standards:

Community Health Centers

Describe the Provider Qualifications and Standards:

Community Mental Health Centers

Describe the Provider Qualifications and Standards:

Home Health Agencies

Describe the Provider Qualifications and Standards:

Other providers that have been determined by the State and approved by the Secretary to be qualified as a health home provider:

Case Management Agencies

Describe the Provider Qualifications and Standards:

Community/Behavioral Health Agencies

Describe the Provider Qualifications and Standards:

Federally Qualified Health Centers (FQHC)

Describe the Provider Qualifications and Standards:

Other (Specify)

Teams of Health Care Professionals

Indicate the composition of the Health Homes 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:

Nurse Care Coordinators

Describe the Provider Qualifications and Standards:

Nutritionists

Describe the Provider Qualifications and Standards:

Social Workers

Describe the Provider Qualifications and Standards:

Behavioral Health Professionals

Describe the Provider Qualifications and Standards:

Other (Specify)

Health Teams

Indicate the composition of the Health Homes 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:

Nurses

Describe the Provider Qualifications and Standards:

Pharmacists

Describe the Provider Qualifications and Standards:

Nutritionists

Describe the Provider Qualifications and Standards:

Dieticians

Describe the Provider Qualifications and Standards:

Social Workers
Describe the Provider Qualifications and Standards:

Behavioral Health Specialists
Describe the Provider Qualifications and Standards:

Doctors of Chiropractic
Describe the Provider Qualifications and Standards:

Licensed Complementary and Alternative Medicine Practitioners
Describe the Provider Qualifications and Standards:

Physicians' Assistants
Describe the Provider Qualifications and Standards:

Supports for Health Homes Providers
Describe the methods by which the State will support providers of Health Homes services in addressing the following components:

1. **Provide quality-driven, cost-effective, culturally appropriate, and person- and family-centered Health Homes 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.**

Description:

Provider Infrastructure
Describe the infrastructure of provider arrangements for Health Homes Services.

Provider Standards
The State's minimum requirements and expectations for Health Homes providers are as follows:

Transmittal Number: NJ-16-0002 Supersedes Transmittal Number: NJ-14-0015 Proposed Effective Date: Jan 1, 2016 Approval Date:

Transmittal Number: NJ-16-0002 Supersedes Transmittal Number: NJ-14-0015 Proposed Effective Date: Jan 1, 2016 Approval Date:
Attachment 3.1-H Page Number:

Health Homes Service Delivery Systems

Identify the service delivery system(s) that will be used for individuals receiving Health Homes services:

Fee for Service

PCCM

PCCMs will not be a designated provider or part of a team of health care professionals. The State provides assurance that it will not duplicate payment between its Health Homes payments and PCCM payments.

The PCCMs will be a designated provider or part of a team of health care professionals.

The PCCM/Health Homes providers will be paid based on the following payment methodology outlined in the payment methods section:

Fee for Service

Alternative Model of Payment (describe in Payment Methodology section)

Other

Description:

Requirements for the PCCM participating in a Health Homes as a designated provider or part of a team of health care professionals will be different from those of a regular PCCM.

If yes, describe how requirements will be different:

Risk Based Managed Care

The Health Plans will not be a Designated Provider or part of a Team of Health Care Professionals. Indicate how duplication of payment for care coordination in the Health Plans' current capitation rate will be affected:

The current capitation rate will be reduced.

The State will impose additional contract requirements on the plans for Health Homes enrollees.

Provide a summary of the contract language for the additional requirements:

Other

Describe:

The Health Plans will be a Designated Provider or part of a Team of Health Care Professionals.

Provide a summary of the contract language that you intend to impose on the Health Plans in order to deliver the Health Homes services.

The State provides assurance that any contract requirements specified in this section will be included in any new or the next contract amendment submitted to CMS for review.

The State intends to include the Health Homes payments in the Health Plan capitation rate.

Yes

The State provides an assurance that at least annually, it will submit to the regional office as part of their capitated rate Actuarial certification a separate Health Homes section which outlines the following:

- **Any program changes based on the inclusion of Health Homes services in the health plan benefits**
- **Estimates of, or actual (base) costs to provide Health Homes services (including detailed a description of the data used for the cost estimates)**
- **Assumptions on the expected utilization of Health Homes services and number of eligible beneficiaries (including detailed description of the data used for utilization estimates)**
- **Any risk adjustments made by plan that may be different than overall risk adjustments**
- **How the final capitation amount is determined in either a percent of the total capitation or an actual PMPM**

The State provides assurance that it will design a reporting system/mechanism to monitor the use of Health Homes services by the plan ensuring appropriate documentation of use of services.

The State provides assurance that it will complete an annual assessment to determine if the payments delivered were sufficient to cover the costs to deliver the Health Homes services and provide for adjustments in the rates to compensate for any differences found.

No

Indicate which payment methodology the State will use to pay its plans:

Fee for Service

Alternative Model of Payment (describe in Payment Methodology section)

Other

Description:

Other Service Delivery System:

Describe if the providers in this other delivery system will be a designated provider or part of the team of health care professionals and how payment will be delivered to these providers:

The State provides assurance that any contract requirements specified in this section will be included in any new or the next contract amendment submitted to CMS for review.

Transmittal Number: NJ-16-0002 **Supersedes Transmittal Number: NJ-14-0015** **Proposed Effective Date: Jan 1, 2016** **Approval Date:**

Transmittal Number: NJ-16-0002 Supersedes Transmittal Number: NJ-14-0015 Proposed Effective Date: Jan 1, 2016 Approval Date:
Attachment 3.1-H Page Number:

Health Homes Payment Methodologies

The State's Health Homes payment methodology will contain the following features:

Fee for Service

Fee for Service Rates based on:

Severity of each individual's chronic conditions

Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided:

Capabilities of the team of health care professionals, designated provider, or health team.

Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided:

Other: Describe below.

Provide a comprehensive description of the rate-setting policies the State will use to establish Health Homes provider reimbursement fee-for-service rates. Explain how the methodology is consistent with the goals of efficiency, economy and quality of care. Within your description, please explain: the reimbursable unit(s) of service, the cost assumptions and other relevant factors used to determine the payment amounts, the minimum level of activities that the State agency requires for providers to receive payment per the defined unit, and the State's standards and process required for service documentation.

Per Member, Per Month Rates

Provide a comprehensive description of the rate-setting policies the State will use to establish Health Homes provider reimbursement fee for service or PMPM rates. Explain how the methodology is consistent with the goals of efficiency, economy and quality of care. Within your description, please explain: the reimbursable unit(s) of service, the cost assumptions and other relevant factors used to determine the payment amounts, the minimum level of activities that the State agency requires for providers to receive payment per the defined unit, and the State's standards and process required for service documentation.

Incentive payment reimbursement

Provide a comprehensive description of incentive payment policies that the State will use to reimburse in addition to the unit base rates. Explain how the methodology is consistent with the goals of efficiency, economy and quality of care. Within your description, please explain: the incentives that will be reimbursed through the methodology, how the

supplemental incentive payments are tied to the base rate activities, the criteria used to determine a provider's eligibility to receive the payment, the methodology used to determine the incentive payment amounts, and the frequency and timing through which the Medicaid agency will distribute the payments to providers.

PCCM Managed Care (description included in Service Delivery section)

Risk Based Managed Care (description included in Service Delivery section)

Alternative models of payment, other than Fee for Service or PM/PM payments (describe below)

Tiered Rates based on:

Severity of each individual's chronic conditions

Capabilities of the team of health care professionals, designated provider, or health team.

Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided:

Rate only reimbursement

Provide a comprehensive description of the policies the State will use to establish Health Homes alternative models of payment. Explain how the methodology is consistent with the goals of efficiency, economy and quality of care. Within your description, please explain the nature of the payment, the activities and associated costs or other relevant factors used to determine the payment amount, any limiting criteria used to determine if a provider is eligible to receive the payment, and the frequency and timing through which the Medicaid agency will distribute the payments to providers.

Explain how the State will ensure non-duplication of payment for similar services that are offered through another method, such as 1915(c) waivers or targeted case management.

The State provides assurance that all governmental and private providers are reimbursed according to the same rate schedule

The State provides assurance that it shall reimburse Health Homes providers directly, except when there are employment or contractual arrangements.

Transmittal Number: NJ-16-0002 Supersedes Transmittal Number: NJ-14-0015 Proposed Effective Date: Jan 1, 2016 Approval Date:

Transmittal Number: NJ-16-0002 Supersedes Transmittal Number: NJ-14-0015 Proposed Effective Date: Jan 1, 2016 Approval Date:
Attachment 3.1-H Page Number:

Submission - Categories of Individuals and Populations Provided Health Homes Services

The State will make Health Homes services available to the following categories of Medicaid participants:

Categorically Needy eligibility groups

Health Homes Services (1 of 2)

Category of Individuals

CN individuals

Service Definitions

Provide the State's definitions of the following Health Homes services and the specific activities performed under each service:

Comprehensive Care Management

Definition:

Describe how health information technology will be used to link this service in a comprehensive approach across the care continuum:

Scope of benefit/service

The benefit/service can only be provided by certain provider types.

Behavioral Health Professionals or Specialists

Description

Nurse Care Coordinators

Description

Nurses

Description

Medical Specialists

Description

Physicians

Description

Physicians' Assistants

Description

Pharmacists

Description

Social Workers

Description

Doctors of Chiropractic

Description

Licensed Complementary and Alternative Medicine Practitioners
Description

Dieticians
Description

Nutritionists
Description

Other (specify):
Name

Description

Care Coordination

Definition:

Describe how health information technology will be used to link this service in a comprehensive approach across the care continuum:

Scope of benefit/service

The benefit/service can only be provided by certain provider types.
Behavioral Health Professionals or Specialists
Description

Nurse Care Coordinators
Description

Nurses
Description

Medical Specialists
Description

Physicians
Description

Physicians' Assistants
Description

Pharmacists
Description

Social Workers
Description

Doctors of Chiropractic
Description

Licensed Complementary and Alternative Medicine Practitioners
Description

Dieticians
Description

Nutritionists
Description

Other (specify):
Name

Description

Health Promotion

Definition:

Describe how health information technology will be used to link this service in a comprehensive approach across the care continuum:

Scope of benefit/service

The benefit/service can only be provided by certain provider types.

Behavioral Health Professionals or Specialists

Description

Nurse Care Coordinators

Description

Nurses

Description

Medical Specialists

Description

Physicians

Description

Physicians' Assistants

Description

Pharmacists

Description

Social Workers

Description

Doctors of Chiropractic

Description

Licensed Complementary and Alternative Medicine Practitioners

Description

Dieticians

Description

Nutritionists

Description

Other (specify):

Name

Description

Health Homes Services (2 of 2)

Category of Individuals

CN individuals

Service Definitions

Provide the State's definitions of the following Health Homes services and the specific activities performed under each service:

Comprehensive transitional care from inpatient to other settings, including appropriate follow-up

Definition:

Describe how health information technology will be used to link this service in a comprehensive approach across the care continuum:

Scope of benefit/service

The benefit/service can only be provided by certain provider types.

Behavioral Health Professionals or Specialists

Description

Nurse Care Coordinators

Description

Nurses

Description

Medical Specialists

Description

Physicians
Description

Physicians' Assistants
Description

Pharmacists
Description

Social Workers
Description

Doctors of Chiropractic
Description

Licensed Complementary and Alternative Medicine Practitioners
Description

Dieticians
Description

Nutritionists
Description

Other (specify):
Name

Description

Individual and family support, which includes authorized representatives

Definition:

Describe how health information technology will be used to link this service in a comprehensive approach across the care continuum:

Scope of benefit/service

The benefit/service can only be provided by certain provider types.

Behavioral Health Professionals or Specialists

Description

Nurse Care Coordinators

Description

Nurses

Description

Medical Specialists

Description

Physicians

Description

Physicians' Assistants

Description

Pharmacists

Description

Social Workers

Description

Doctors of Chiropractic

Description

Licensed Complementary and Alternative Medicine Practitioners

Description

Dieticians

Description

Nutritionists

Description

Other (specify):

Name

Description

Referral to community and social support services, if relevant

Definition:

Describe how health information technology will be used to link this service in a comprehensive approach across the care continuum.

Scope of benefit/service

The benefit/service can only be provided by certain provider types.

Behavioral Health Professionals or Specialists

Description

Nurse Care Coordinators

Description

Nurses

Description

Medical Specialists

Description

Physicians

Description

Physicians' Assistants

Description

Pharmacists

Description

Social Workers

Description

Doctors of Chiropractic
Description

Licensed Complementary and Alternative Medicine Practitioners
Description

Dieticians
Description

Nutritionists
Description

Other (specify):
Name

Description

Health Homes Patient Flow

Describe the patient flow through the State's Health Homes system. The State must submit to CMS flow-charts of the typical process a Health Homes individual would encounter:

Medically Needy eligibility groups

All Medically Needy eligibility groups receive the same benefits and services that are provided to Categorically Needy eligibility groups.

Different benefits and services than those provided to Categorically Needy eligibility groups are provided to some or all Medically Needy eligibility groups.

All Medically Needy receive the same services.

There is more than one benefit structure for Medically Needy eligibility groups.

Transmittal Number: NJ-16-0002 **Supersedes Transmittal Number: NJ-14-0015** **Proposed Effective Date: Jan 1, 2016** **Approval Date:**

Transmittal Number: NJ-16-0002 Supersedes Transmittal Number: NJ-14-0015 Proposed Effective Date: Jan 1, 2016 Approval Date:
Attachment 3.1-H Page Number:

Health Homes Monitoring, Quality Measurement and Evaluation

Monitoring

Describe the State's methodology for tracking avoidable hospital readmissions, including data sources and measurement specifications:

Describe the State's methodology for calculating cost savings that result from improved coordination of care and chronic disease management achieved through the Health Homes program, including data sources and measurement specifications.

Describe how the State will use health information technology in providing Health Homes services and to improve service delivery and coordination across the care continuum (including the use of wireless patient technology to improve coordination and management of care and patient adherence to recommendations made by their provider).

Quality Measurement

The State provides assurance that it will require that all Health Homes providers report to the State on all applicable quality measures as a condition of receiving payment from the State.

The State provides assurance that it will identify measureable goals for its Health Homes model and intervention and also identify quality measures related to each goal to measure its success in achieving the goals.

States utilizing a health team provider arrangement must describe how they will align the quality measure reporting requirements within section 3502 of the Affordable Care Act and section 1945(g) of the Social Security Act. Describe how the State will do this:

Evaluations

The State provides assurance that it will report to CMS information submitted by Health Homes providers to inform the evaluation and Reports to Congress as described in Section 2703(b) of the Affordable Care Act and as described by CMS.

Describe how the State will collect information from Health Homes providers for purposes of determining the effect of the program on reducing the following:

Hospital Admissions

Measure:

Measure Specification, including a description of the numerator and denominator.

Data Sources:

Frequency of Data Collection:

Monthly

Quarterly

Annually

Continuously

Other

Emergency Room Visits

Measure:

Measure Specification, including a description of the numerator and denominator.

Data Sources:

Frequency of Data Collection:

Monthly

Quarterly

Annually

Continuously

Other

Skilled Nursing Facility Admissions

Measure:

Measure Specification, including a description of the numerator and denominator.

Data Sources:

Frequency of Data Collection:

Monthly

Quarterly

Annually

Continuously

Other

Describe how the State will collect information for purpose of informing the evaluations, which will ultimately determine the nature, extent and use of the program, as it pertains to the following:

Hospital Admission Rates

Chronic Disease Management

Coordination of Care for Individuals with Chronic Conditions

Assessment of Program Implementation

Processes and Lessons Learned

Assessment of Quality Improvements and Clinical Outcomes

Estimates of Cost Savings

The State will use the same method as that described in the Monitoring section.

If no, describe how cost-savings will be estimated.

Transmittal Number: NJ-16-0002 Supersedes Transmittal Number: NJ-14-0015 Proposed Effective Date: Jan 1, 2016 Approval Date:

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 80 per response, 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.