



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

Medicaid and CHIP Program (MACPro)

HH2 - Population and Enrollment PRA document

Version 1.0

08/10/2017

Document Number: 168-QSSI-MACPro-PRA-HH2-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

Table of Contents

- 1. HH2 – Population and Enrollment Screenshots..... 1**
- 1.1 “Categories of Individuals and Populations Provided Health Homes Services”
Section 1
- 1.2 “Population Criteria” Section 1
- 1.3 “Population Criteria” Section – Path 1 2
- 1.4 “Population Criteria” Section – Path 2 2
- 1.5 “Population Criteria” Section – Path 3 2
- 1.6 “Enrollment of Participants” Section – Path 1 3
- 1.7 “Enrollment of Participants” Section – Path 2 3
- 1.8 “Enrollment of Participants” Section – Path 3 3

List of Figures

- Figure 1: Categories of Individuals and Populations Provided Health Homes Services .. 1
- Figure 2: Population Criteria 1
- Figure 3: Population Criteria - 1 2
- Figure 4: Population Criteria - 2 2
- Figure 5: Population Criteria - 3 2
- Figure 6: Enrollment of Participants - 1 3
- Figure 7: Enrollment of Participants - 2 3
- Figure 8: Enrollment of Participants - 3 3

1. HH2 – Population and Enrollment Screenshots

1.1 “Categories of Individuals and Populations Provided Health Homes Services” Section

Health Homes Population and Enrollment Criteria

MEDICAID | Medicaid State Plan | Health Homes | CA2017MS0007D | Health Homes Program

[Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started
In Progress
Complete

Package Header

Package ID CA2017MS0007D	SPA ID N/A
Submission Type Draft	Initial Submission Date N/A
Approval 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Superseded SPA ID N/A	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 Homes Services

+/-

The state will make Health Homes 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 1: Categories of Individuals and Populations Provided Health Homes Services

1.2 “Population Criteria” Section

Population Criteria

+/-

The state elects to offer Health Homes services to individuals with

- Two or more chronic conditions
- One chronic condition and the risk of developing another
- One serious and persistent mental health condition

Figure 2: Population Criteria

1.3 “Population Criteria” Section – Path 1

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 Use Disorder
- Asthma
- Diabetes
- Heart Disease
- BMI over 25
- Other (specify)

Name	Description

+ Add other specification

Figure 3: Population Criteria - 1

1.4 “Population Criteria” Section – Path 2

One chronic condition and the risk of developing another

Specify the conditions included

- Mental Health Condition
- Substance Use Disorder
- Asthma
- Diabetes
- Heart Disease
- BMI over 25
- Other (specify)

Name	Description

+ Add other specification

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

Figure 4: Population Criteria - 2

1.5 “Population Criteria” Section – Path 3

One serious and persistent mental health condition

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

Character count: 0/4000

Figure 5: Population Criteria - 3

1.6 “Enrollment of Participants” Section – Path 1

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
 Referral and assignment to Health Homes provider with opt-out
 Other (describe)

Describe the process used *

Character count: 0/4000

Figure 6: Enrollment of Participants - 1

1.7 “Enrollment of Participants” Section – Path 2

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
 Referral and assignment to Health Homes provider with opt-out
 Other (describe)

Describe the process used *

Character count: 0/4000

The state provides assurance that it will clearly communicate the individual's right to opt out of the Health Homes benefit or to change Health Homes providers at any time and agrees to submit to CMS a copy of any letter or communication used to inform the individuals of the Health Homes benefit and their rights to choose or change Health Homes providers or to elect not to receive the benefit

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xls; xlsx; pptx

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

A document is required

Figure 7: Enrollment of Participants - 2

1.8 “Enrollment of Participants” Section – Path 3

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
 Referral and assignment to Health Homes provider with opt-out
 Other (describe)

Name *

Description *

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: 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 for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours 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.

EXIT

SAVE REVIEWABLE UNIT

GO TO SELECTED REVIEWABLE UNIT

Figure 8: Enrollment of Participants - 3