

All fields are mandatory unless specifically marked as optional.

Free Form Text Box Free form QWERTY

text Blue italics are used for QSSI instructions to developers, especially to denote dependencies

Outline system within RUs:

- A.
 - 1.
 - a.
 - i.
 - (1)
 - (a)

When a number or letter from the outline is included with an option list symbol ☐ or ☐ , place the symbol before the number or letter, regardless of the order used in the SDF.

Small Text Box - 50 characters

Medium Text Box – 255 characters

Large Text Box – 4000 characters

Formatted Text Box Prescribed format (e.g. SSN = nnn-nn-nnnn or phone is nnn-nnn-nnnn, or date is mm/dd/yyyy)

Numeric Numbers that can be added up. You can further refine these as currency, percentage, integer (no decimal point), or real (decimal point)

☐ Option list – single selection (Pick one from the list. Could be a list of checkboxes)

☐ Option list – multiple selection (Can pick more than one from the list. Could be a list of checkboxes)

☐ An option that is not mandatory - it is totally optional.

☐ Y/N Boolean – yes/no



"Dynamic addition" - to indicate that the user may request additional text boxes

Table



An option which is pre-selected by MACPro.



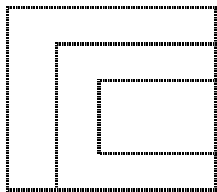
An option that had been previously chosen by the user on another screen



A requirement for which there is no choice, but the user must indicate affirmatively that the choice is made. This must be checked to pass validation. We refer to this as an assurance.



Borders may be used to clarify that a family of items is grouped together. Sometimes families may exist within other families. In this case, borders of different types are used.



There is no specific rule regarding which outlines to use for what level.

Text

Red italics are used for instructions to developers, especially to denote dependencies

Text

Text in black color will be displayed on UI screen.



Indicates something that was completed on another screen and is being inserted here



This is used to indicate the capability to upload supporting documentation



Percentage



Tab color of Reviewable Units



Tab color of tabs which are NOT Reviewable Units

Text

Text filled in with gray color is used to mention the requirements for future release and will not be implemented in the current release.

Marking of changes from previous versions:

Additional language: text is in blue and the sentence/paragraph is highlighted in green
or is denoted with a green vertical line in the left margin.

Deletion of language:

~~If a whole section is deleted, it is all struck and highlighted in yellow.~~

If some words from a sentence or paragraph are deleted, the words are struck and the sentence is highlighted in green.

The previous version may be already in MACPro (like the Submission Form), or it may be in a legacy system.

If the entire RU is new it is not highlighted at all, as there is nothing previous to which it can be compared.

For Guidance or For Implementation Guide or For Review Criteria section at the bottom of the SDF - always in blue with a heavy border: This is only for information purposes to the business owner and should not be entered in the screen.

Change Log

R2.1 Changes to 120612 Final Baseline Version of Health Homes Template				
Date	Requested By	Tab	Description of Change	Comment
		H6	The Frequency of Data Submission options under Hospital Admissions/Readmissions	
6/2/2105	Meeting with Mary Pat,	H6	Moved questions at the top of H7 to the top of H6 and merged the cost-savings	
6/2/2105	Meeting with Mary Pat,	H6	Change title Quality Measurement to Quality Measurement and Evaluation	
6/2/2105	Correction	H6	Changed State to state in various locations.	
6/2/2105	Meeting with Mary Pat,	H6	Changed wording of assurance about reporting to CMS	
6/2/2105	Meeting with Mary Pat,	H6	Removed entire description below assurance about reporting to CMS, as this is	
6/2/2105	Meeting with Mary Pat,	H6	Moved assurance "...align the quality measure reporting requirements within section	
6/11/2015	Email from Mary Pat 6/11/15	All	Template is Baselined	
9/3/2015	Reviewable Units Meeting	H6	Removed estimates of numbers of individuals and cost savings for first year.	
10/16/2019	Dev Team Backlog	H6	Revised SDF to new outline format used for eligibility SDFs.	
7/27/2019	CMS	H6	Revised SDF to incorporate language from the draft ACE Kids Health Home State	
8/11/2021	JAD with Sara Rhoades	H6	Add content for 1945A Program	
8/24/2021	Sara Rhodes	H6	1945A content approved	
1/31/2022	Dev Team/Sara Rhodes	H1	Reverted all content to the "older" MACPro format for consistency with existing HH RUs; added "1945A" to RU title for the new 1945A HHP content. Created separate tabs for Health Homes and 1945A Health Home content.	

Change Log

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Display in accordance with the rules for RU selection under Health Homes described in I2-Medicaid State Plan.

1945A Monitoring, Quality Measurement and Evaluation

Display the following if "1945A Health Home Program" is selected on I2:

Monitoring

Describe the state's methodology for calculating cost saving (and report cost savings annually in Quality Measure Report). Include savings that result from improved coordination of care and chronic disease management achieved through the Health Home Program, including data sources and measurement specifications, as well as any savings associated with dual eligibles, and if Medicare data was available to the state to utilize in arriving at its cost-savings estimates:

large text box

Describe the state's methodology for tracking reductions in inpatient days and reductions in the total cost of care resulting from improved care coordination and management.

large text box

Describe how the state will use health information technology in providing Health Home 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).

large text box

Describe the state's methodology for tracking prompt and timely access to medically necessary care for children with medically complex conditions from out-of-state providers.

large text box

Quality Measurement and Evaluation

- ☐ The state provides assurance that all Health Home 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 measurable goals for its Health Home model and intervention and also identify quality measures related to each goal to measure its success in achieving the goals.
- ☐ The state provides assurance that it will report to CMS information to include applicable mandatory Core Set measures submitted by Health Home providers in accordance with all requirements in 42 CFR §§ 437.10 and 437.15 no later than state reporting on the 2024 Core Sets, which must be submitted and certified by December 31, 2024 to inform evaluations. In subsequent years, states must report annually, by December 31st, on all measures on the applicable mandatory Core Set measures that are identified by the Secretary.
- ☐ The state provides assurance that it will track avoidable hospital readmissions and report annually in the Quality Measures report.
- ☐ The state provides assurance that health home providers will report the name, National Provider Identification number, address, and specific health care services provided to children with medically complex conditions who have selected such a provider as a condition of payment.
- ☐ The state provides assurance that providers will report information on all applicable measures for determining the quality of health home services, including child health quality measures and measures for centers of excellence for children with complex needs developed under this title, title XXI, and section 1139A as a condition of payment.
- ☐ The state provides assurance that it will provide a comprehensive report to include the information as per subsection 1945A(g)(2)(A) to the Secretary (and upon request to the Medicaid and CHIP Payment Access Commission) in a manner determined by the Secretary to be reasonable and minimally burdensome.
- ☐ The state provides assurance that it will submit to the Secretary, and make publicly available on the appropriate state website, a report on how the state is implementing guidance issued under subsection (e)(1), including any best practices adopted by the State no later than 90 days after the state plan amendment is approved.

Additional Information (optional)

large text box

[Link to location of HH QM reports](#)

