ARC 0838C

HUMAN SERVICES DEPARTMENT[441]

Adopted and Filed Emergency After Notice

Pursuant to the authority of Iowa Code section 249A.4, the Department of Human Services amends Chapter 77, "Conditions of Participation for Providers of Medical and Remedial Care," Chapter 78, "Amount, Duration and Scope of Medical and Remedial Services," and Chapter 79, "Other Policies Relating to Providers of Medical and Remedial Care," Iowa Administrative Code.

These amendments implement the integrated health home (IHH) for members with a serious mental illness (SMI) or a serious emotional disturbance (SED), as defined in the state plan. This is phase 2 of a planned implementation meeting federal guidelines for this program. These amendments add the information required to define eligibility, modify the payment matrix to ensure accuracy, and ensure that health home providers collaborate with case managers or social workers for individuals with chronic conditions. These amendments ensure that individuals with SMI or SED will have all care coordinated within their integrated health home provider and that children with SED are served by integrated health home providers trained in a system of care model.

These amendments will improve the health of the Medicaid members with SMI or SED, with a focus on integrating mental, behavioral, and physical health; improving transitions of care; and lowering avoidable emergency room visits and hospital readmissions. In addition, these amendments will increase reimbursement to Medicaid providers that enhance their services to meet Department standards. Finally, the Department will be better able to serve these populations while achieving short-term budget savings with overall long-term budget neutrality.

Notice of Intended Action on these amendments was published as **ARC 0667C** in the Iowa Administrative Bulletin on April 3, 2013. An Amended Notice of Intended Action was published as **ARC 0748C** in the Iowa Administrative Bulletin on May 15, 2013. The Amended Notice of Intended Action was the result of a request for oral presentation received by the Department from an association of 25 or more persons.

The Department received 39 comments regarding these amendments through e-mail, facsimile, and public hearings. Comments from citizens centered on seven primary concerns about how these amendments could impact individuals or service providers. Those concerns and Department responses related to those concerns are as follows:

Concern #1: Magellan will cut costs, and this vulnerable population will be unsafe.

Department response: Integrated health homes will be required to achieve performance and outcome standards that result in individuals' experiencing recovery and living safe, healthy, successful lives in their homes and communities. Training, guidance, and coaching will be provided to ensure that the integrated health home staff have the skills and expertise to achieve these requirements. Iowa Medicaid is committed to keeping individuals safe.

Concern #2: I will lose my current targeted case manager.

Department response: After a transition period, individuals assigned to an integrated health home will not be permitted to access the Medicaid service "targeted case management." They will instead receive all of their care coordination through the integrated health home. Individuals will not lose their waiver services when the individuals are served by an integrated health home. This includes habilitation services. The integrated health home will be responsible for coordinating those waiver services.

Concern #3: The case loads for integrated health homes will be too high to support this vulnerable population.

Department response: Staffing ratios of an integrated health home will vary depending on the needs of the individual. However, for individuals with the greatest needs, including individuals now receiving targeted case management and case management through habilitation, the staffing ratios will be similar to the staffing ratios that the individuals have experienced in the past.

Concern #4: Integrated health home resources will not have the right experience or level of education to support this population.

Department response: An integrated health home is composed of a team of health care professionals. Access to care coordinators, nurse care managers, peer support specialists/family support specialists, and medical doctors and doctors of osteopathy will improve efficiencies. Case managers in the integrated health home will have similar job requirements as targeted case managers have today.

Concern #5: Will the new amendments allow members to choose either an integrated health home or targeted case management, and how is the transition expected to occur?

Department response: After a six-month transition period, all care coordination will be the responsibility of the integrated health home. While individuals will continue to receive all needed care coordination, this will occur through the integrated health home and not through the specific Medicaid service called "targeted case management."

Concern #6: Who will support members who lose Medicaid eligibility for short spans if the members no longer have a targeted case manager?

Department response: The integrated health home is responsible, just as a targeted case manager would be, for assisting a member in obtaining and maintaining Medicaid eligibility.

Concern #7: Can you clarify how these changes will impact members who receive both habilitation services as well as services through another HCBS waiver program?

Department response: Individuals who receive both habilitation and services through another HCBS waiver (e.g., intellectual disabilities waiver, physical disabilities waiver, or brain injury waiver, etc.) will not be eligible for the integrated health home and will continue to receive targeted case management services. Effective July 1, 2013, these individuals will receive services through the HCBS waiver, and not through Magellan targeted case management or through habilitation targeted case management. The exception to this is individuals who receive services through the children's mental health waiver. In counties where the integrated health homes are operating, case coordination will be provided through the integrated health homes.

The Department also received supporting comments in either verbal or written format from 18 individuals primarily from Johnson, Linn and Polk Counties. Some of those supporting statements were recorded as follows:

Supporting comment #1 from clients in the integrated health home (IHH) pilot: Helps cope with crisis. Great peer support, guidance and understanding. IHH helped save her life. Mental health and physical health go together, cannot be separated. Feels like living life and that people care. Helped to find apartment. Has pet that helps. Has freedom now.

Supporting comment #2: Targeted case management (TCM) is a great benefit. As case managers move to IHH will be an even greater benefit. Will allow for more collaboration with nurses and peer support. Spoke of a personal connection with family member who used IHH. Resulted in overall improvement of physical health. Day-to-day collaboration was key.

Supporting comment #3: The Office of Consumer Affairs supports the IHH amendments. Research has shown mentally ill people die 25 years earlier than average. This organization works with mentally ill people helping find them resources and support. The commenter was a peer support specialist herself in prior years. IHH is a gift. She credits IHH with getting her job, being out in the community and having overall good mental health. Amendments will provide change to the system and improve services.

Supporting comment #4: The concept of health homes is a key and field-tested approach within the Affordable Care Act for effective, efficient coordination of health care.

There are no changes to these amendments as the result of comments received by the Department. These amendments are identical to those published under Notice of Intended Action.

The Council on Human Services adopted these amendments on June 26, 2013.

Pursuant to Iowa Code section 17A.5(2)"b"(2), the Department finds that the normal effective date of these amendments, 35 days after publication, should be waived and the amendments made effective July 1, 2013. The normal effective date can be waived because the amendments confer a benefit on the public. Members are not required to participate. Enrollment with an integrated health home is completely voluntary, and the member may opt out at any time. An enrolled member will receive the benefit of enhanced attention to coordination of care.

These amendments do not provide for waivers in specified situations because health home services are optional and confer a benefit on eligible individuals who elect to receive them. Waivers of particular provisions may be requested under the Department's general rule on exceptions at 441—1.8(17A,217).

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code section 249A.4.

These amendments became effective July 1, 2013.

The following amendments are adopted.

ITEM 1. Amend subrule 77.47(1) as follows:

77.47(1) *Qualifications.* A designated provider of health home services must be a Medicaid-enrolled entity or provider that is determined through the provider enrollment process to have the systems and infrastructure in place to provide health home services.

a. and *b.* No change.

c. Collaboration with case managers. Health homes providing services to members eligible pursuant to 441—subparagraph 78.53(2)*"a"*(1) or (2) must collaborate, at least quarterly, with targeted case managers, other case managers, or DHS service workers for each member receiving case management services. Strategies to prevent duplication of coordination efforts by the health home and case managers or service workers must be developed by the health home and documented upon request. Documentation may include but is not limited to records of joint staffing meetings where a member's medical needs, current activities, and waiver services needs are reviewed and appropriately updated.

d. Provision of integrated health home services. Health homes providing services to members eligible pursuant to 441—subparagraph 78.53(2)*"a"*(3) or (4) must be integrated health homes that:

(1) Consist of a team of health care professionals trained in providing health home services to members with a serious mental illness (SMI) and to members with a serious emotional disturbance (SED);

(2) Have a direct agreement with the Iowa Medicaid managed behavioral health organization to provide health home services for members with SMI or SED;

(3) Coordinate all community and social support services needs for members enrolled in the health home; and

(4) Follow a system of care model in providing health home services to members with SED, including collaboration with the child welfare, public health, juvenile justice, and education systems.

ITEM 2. Amend subrule 78.53(2) as follows:

78.53(2) *Members eligible for health home services.*

a. Subject to the authority of the Secretary of the United States Department of Health and Human Services pursuant to 42 U.S.C. §1396w-4(h)(1)(B) to establish higher levels for the number or severity of chronic or mental health conditions for purposes of determining eligibility for receipt of health home services, payment shall be made only for health home services provided to a Medicaid member who:

(1) ~~has~~ Has at least two chronic conditions ~~or~~;

(2) ~~has~~ Has one chronic condition and is at risk of having a second chronic condition~~.~~;

(3) Has a serious mental illness; or

(4) Has a serious emotional disturbance.

b. For purposes of this rule, the term "chronic condition" means:

~~*a.*~~ (1) A mental health disorder.

~~*b.*~~ (2) A substance use disorder.

~~*c.*~~ (3) Asthma.

~~*d.*~~ (4) Diabetes.

~~*e.*~~ (5) Heart disease.

~~*f.*~~ (6) Being overweight, as evidenced by:

~~(1)~~ 1. Having a body mass index (BMI) over 25 for an adult, or

~~(2)~~ 2. Weighing over the 85th percentile for the pediatric population.

~~*g.*~~ (7) Hypertension.

c. For purposes of this rule, the term "serious mental illness" means:

(1) A psychotic disorder;
(2) Schizophrenia;
(3) Schizoaffective disorder;
(4) Major depression;
(5) Bipolar disorder;
(6) Delusional disorder; or
(7) Obsessive-compulsive disorder.

d. For purposes of this rule, the term "serious emotional disturbance" means a diagnosable mental, behavioral, or emotional disorder (not including substance use disorders, learning disorders, or intellectual disorders) that is of sufficient duration to meet diagnostic criteria specified in the most current Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association and that results in a functional impairment. For this purpose, the term "functional impairment" means episodic, recurrent, or continuous difficulties that substantially interfere with or limit a person from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills and that substantially interfere with or limit the person's role or functioning in family, school, or community activities, not including difficulties resulting from temporary and expected responses to stressful events in a person's environment.

ITEM 3. Amend subrule **79.1(2)**, provider category "Health home services provider," as follows:

Provider category	Basis of reimbursement	Upper limit
Health home services provider	Fee schedule based on the member's qualifying health condition(s). ~~number of member's chronic conditions (not including conditions for which member is only at risk). Submission of the per-member per-month (PMPM) claim from the provider confirms that health home services are being provided.~~	Monthly fee schedule amount.

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EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/24/13.