

**Senate File 2284 - Introduced**

SENATE FILE 2284  
BY COMMITTEE ON HUMAN  
RESOURCES

(SUCCESSOR TO SF 2092)

**A BILL FOR**

1 An Act relating to the provision of health home services  
2 under Medicaid managed care, and including effective date  
3 provisions.

4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. PROVISION OF HEALTH HOME SERVICES UNDER MEDICAID  
2 MANAGED CARE. The department of human services shall amend  
3 Medicaid managed care contracts and adopt rules pursuant to  
4 chapter 17A to require all of the following:

5 1. That health home services be provided in accordance  
6 with the state plan amendments approved pursuant to section  
7 2703 of the federal Patient Protection and Affordable Care  
8 Act for health home services for Medicaid members with  
9 chronic conditions or serious and persistent mental health  
10 conditions, including the requirement that comprehensive care  
11 coordination services be provided by care coordinators who are  
12 part of the health home's team of health care professionals or  
13 designated providers to meet provider standards and provider  
14 infrastructure requirements, and to deliver health home  
15 services to qualified members. Comprehensive care coordination  
16 for Medicaid members receiving health home services shall not  
17 be provided in a manner other than through the use of health  
18 home provider types as specified in the applicable state plan  
19 amendment, and shall not be provided by the managed care  
20 organization through internal resources or other contracted  
21 providers.

22 2. That if a Medicaid member is receiving health home  
23 services, and based on the member's array of services  
24 would potentially have more than one case manager or care  
25 coordinator, the member shall be provided the opportunity to  
26 select the member's own case manager or care coordinator.  
27 Additionally, such Medicaid member shall be allowed to change  
28 the health home provider from whom the member receives health  
29 home services.

30 Sec. 2. HEALTH HOME EVALUATION — ADMINISTRATIVE RULES  
31 REQUIRED. The department of human services shall continue to  
32 administer the health homes state plan option for Medicaid  
33 members as specified in state plan amendments IA-16-012 and  
34 IA-16-013, and as administered on or before June 30, 2017.  
35 The department shall evaluate the health home program for

1 quality assurance purposes, and shall report the results  
2 of the evaluation to the governor and the general assembly  
3 by October 1, 2018. The department shall make any future  
4 changes to the health home program only through the rulemaking  
5 process pursuant to chapter 17A, and such changes shall not be  
6 implemented until such rules are effective.

7 Sec. 3. EFFECTIVE DATE. This Act, being deemed of immediate  
8 importance, takes effect upon enactment.

9

EXPLANATION

10 The inclusion of this explanation does not constitute agreement with  
11 the explanation's substance by the members of the general assembly.

12 This bill requires the department of human services (DHS) to  
13 amend Medicaid managed care contracts and adopt administrative  
14 rules to require the following:

15 1. That health home services be provided in accordance  
16 with the state plan amendments, including the requirement  
17 that comprehensive care coordination services be provided  
18 by care coordinators who are part of the health home's team  
19 of health care professionals or designated providers to  
20 meet provider standards and deliver health home services to  
21 qualified members. Comprehensive care coordination shall not  
22 be provided in a manner other than through the use of the  
23 health home provider types as specified in the applicable state  
24 plan amendment, and shall not be provided by the managed care  
25 organization through internal resources or other contracted  
26 providers.

27 2. That if a Medicaid member is receiving health home  
28 services, and based on the member's array of services  
29 would potentially have more than one case manager or care  
30 coordinator, the member shall be given the opportunity to  
31 select the member's own case manager or care coordinator.  
32 Additionally, such Medicaid member shall be allowed to change  
33 the health home provider from whom the member receives health  
34 home services.

35 The bill also requires DHS to continue to administer the

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1 health home state plan option as administered on or before June  
2 30, 2017. DHS is required to evaluate the health home program  
3 and submit a report of the results of the evaluation to the  
4 governor and the general assembly by October 1, 2018. DHS is  
5 required to make any future changes to the health home program  
6 only through the rulemaking process and such changes shall not  
7 be implemented until such rules are effective.

8 The bill takes effect upon enactment.