

Public Comment to Health Policy Oversight Committee  
Monday, December 17, 2018

My name is Karen Walters Crammond. I have worked in the mental health and disability service system for over 40 years from various perspectives, including the state, county, region, MCO, and providers. I participated on the Health Home Workgroup as a subject matter expert.

The Health Home State Plan Amendments (SPAs) appear to be similar, in part, because CMS prescribes a template for the SPA, including the names of the six core services. The specific definitions of the target populations, the six core services, and the types of providers are significantly different between the two. That was by design. Integrated Health Homes replaced Targeted Case Management, and that level of member interaction and care coordination needs to be preserved.

There is a great deal of overlap in the six core services in the SPAs, and there should be no preconceived notion that all will be provided in equal amounts. For example, if an IHH is doing a good job of keeping members out of the hospital and emergency rooms, the need to provide transitional services would be minimal. Moving to separate CPT codes for the six services will unnecessarily increase the administrative burden on health homes. It will also take the IHH service out of a value-based purchasing arrangement, when that is the direction that the healthcare industry is moving. Why take a step backwards?

I appreciate the Department's recognition that further study of health homes is needed. I encourage the Department to conduct the further analysis of compliance with the SPAs and of quality measures before moving ahead with either of these changes. The review of member records to determine compliance with the SPAs included less than 1% of members enrolled in health homes. I also encourage that those further studies look at Chronic Condition Health Homes and Integrated Health Homes as the separate programs that they were designed to be.

Thank you!