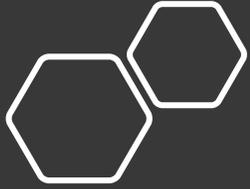




Health Homes & CHWs

September 2022





What is the goal of the Health Home Program?

- Coordinate the care of Medicaid Recipients who have high cost and high needs.
- Reduce the Cost of care for these recipients.
- Improve the health outcomes of these recipients.

Main criteria for Health Home Eligibility

- Any Medicaid recipient who has
 - **Two or more chronic conditions OR**
 - **One chronic and at risk for another (Defined separately):**
 - **Chronic conditions:** Mental illness, substance abuse, asthma, COPD, diabetes, heart disease, hypertension, obesity, musculoskeletal, and neck and back disorders.
 - **At risk conditions:** Pre-diabetes, tobacco use, cancer, hypercholesterolemia, depression, and use of multiple medications (6 or more classes of drugs).
- **One severe mental illness or emotional disturbance.**

CHW Services

- CHW services are a preventive health service to prevent disease, disability, and other health conditions or their progression for individuals with a chronic condition or at risk for a chronic condition who are unable to self-manage the condition or for individuals with a documented barrier that is affecting the individual's health.
- Barriers must be based on a risk assessment or prior health care experiences with the individual. The following are examples of barriers affecting an individual's health that could result in CHW services being necessary:
 - Geographic distance from health services results in inability to attend medical appointment or pick-up prescriptions;
 - Lack of phone results in the individual going to the emergency department instead of scheduling a medical appointment; or
 - Cultural/language communication barriers results in the individual not following a medical professional's recommendation.

Referrals to CHW Services

- CHW services must be ordered by a physician, physician assistant, nurse practitioners, certified nurse midwife, or dentist.
- The service must be ordered or referred by the recipient's primary care provider or health home if applicable.
- A dentist can also order services for individuals that participate in the primary care provider or health home programs



Care Plan

Services must be delivered according to a care plan. The care plan must be written by the ordering provider, or a qualified healthcare professional supervised by the ordering provider.

This care plan must be specific to the CHW scope of work

The care plan must be finalized prior to CHW services being rendered.

The ordering provider must specify the condition that the service is being ordered for and the duration of the service.



Care Plan

The plan must meet the following requirements:

- The plan must be relevant to the condition;
- Include a list of other healthcare professionals providing treatment for the condition or barrier;
- Contain written objectives which specifically address the recipient's condition or barrier affecting their health;
- List the specific services required for meeting the written objectives; and
- Include the frequency and duration of CHW services (not to exceed the provider's order) to be provided to meet the care plans objectives.

Covered Services



Health System Navigation & Resource Coordination- helping find providers, arrange transportation, and locating community resources



Health Promotion- education aimed at making positive contributions to health status (e.g., smoking cessation)



Health Education-teach or promote methods and measures that have been proven effective in avoiding illness and/or lessening its effects



What are the Six Core Services?

The Six Core Services for the Health Home Program include:

- Comprehensive Care Management
- Care Coordination
- Health Promotion
- Comprehensive Transitional Care
- Recipient and Family Support Services
- Referrals to Community and Social Support Services



Health Home Integration

- Health Home providers and CHWs will have to work closely together to provide resources and care to recipients. This includes communication regarding services performed for billing purposes.
- South Dakota Medicaid's goal is for CHWs and Health Homes to complement each other and work together for the benefit of the recipient. A CHW can serve as a member of the Health Home Care Team (HHCT).
- If Medicaid is billed for CHW services and the Health Home is claiming a core service for a quarter, it is important that the services are separate and distinct.
- Providers should consider two factors when determining whether a service is duplicative:
 1. Service Type
 2. Diagnosis/Condition

Duplicative Billing

Health Home Core Service	Duplicative CHW Service
<ul style="list-style-type: none">• Comprehensive Care Management• Care coordination• Comprehensive transitional care• Individual and family support• Referrals to community and social support services	<ul style="list-style-type: none">• Health system navigation and resource coordination <p>*Exception on next slide</p>
<ul style="list-style-type: none">• Health promotion	<ul style="list-style-type: none">• Health promotion and coaching
<ul style="list-style-type: none">• Health promotion	<ul style="list-style-type: none">• Health education

Diagnosis/Condition Exception

Health Home Core Service	Duplicative CHW Service
<ul style="list-style-type: none"> Comprehensive Care Management Care coordination Comprehensive transitional care Individual and family support Referrals to community and social support services 	<ul style="list-style-type: none"> Health system navigation and resource coordination <p>*see exception</p>
<ul style="list-style-type: none"> Health promotion 	<ul style="list-style-type: none"> Health promotion and coaching
<ul style="list-style-type: none"> Health promotion 	<ul style="list-style-type: none"> Health education

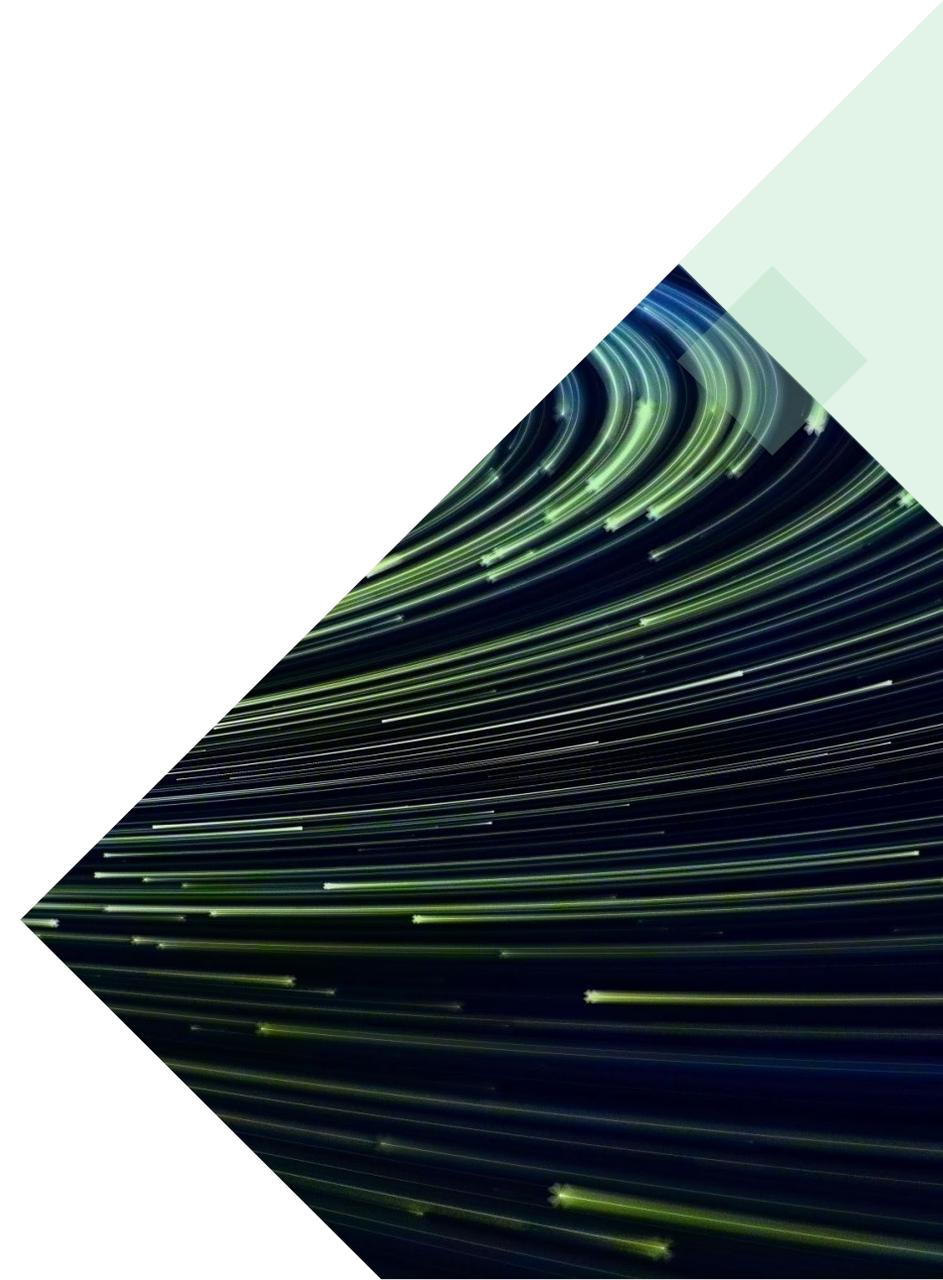
- If the service types are considered duplicative in the table on the previous slide, the CHW services and Health Home core services are not considered duplicative if the following requirements are met:

- The services provided are for separate and distinct diagnoses/conditions; and
- The services are provided on different dates of service.

- For example, a CHW may do health promotion and coaching with a recipient regarding a diabetes diagnosis on June 1 and a Health Home may do health promotion with the same recipient on June 15 for a hypertension diagnosis.

Documentation Requirements

- Type of service performed including whether it was an individual or group service;
- **A summary of services provided including the objectives in the care plan the service is related to;**
- Recipient receiving services;
- Number of group members if a group service was provided;
- Date of the service;
- Location of service delivery including delivery method;
- Time the service begins and ends;
- Name of the individual providing the service; and
- CHW signature;





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