



# Implementing Section 2703 Health Homes for Children and Youth with Special Health Care Needs: *What Inquiring Minds Need to Know*

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# National Center for Health Reform Implementation



- Provides TA and consultation to AMCHP members on health reform and the ACA, with a focus on MCH populations
- Monitors and tracks ACA developments at the national level to ensure focus on MCH populations and state Title V programs
- Develops MCH focused work on the ACA
- Works to raise visibility of Title V as a key stakeholder, resource, and expert in health reform

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# National Center for Health Reform Implementation - Overall Focus Areas

- Expand access to preventive and primary health care
- Advance quality maternal and child health programs
- Promote service delivery integration between public and private systems
- Improve health care quality and health outcomes



# Catalyst Center



- **Funded by** the Division of Services for Children with Special Health Needs, Maternal and Child Health Bureau (MCHB)
- **A project of** the Health & Disability Working Group at the Boston University School of Public Health
- **The National Center dedicated to the MCHB outcome measure:** “...all children and youth with special health care needs have access to adequate health insurance coverage and financing.”

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# Catalyst Center - Activities

- Provide technical assistance on health care financing policy and practice
- Create resources
- Conduct policy research to identify and evaluate financing innovations
- Connect those interested in working together to address complex financing issues

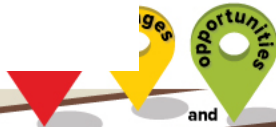
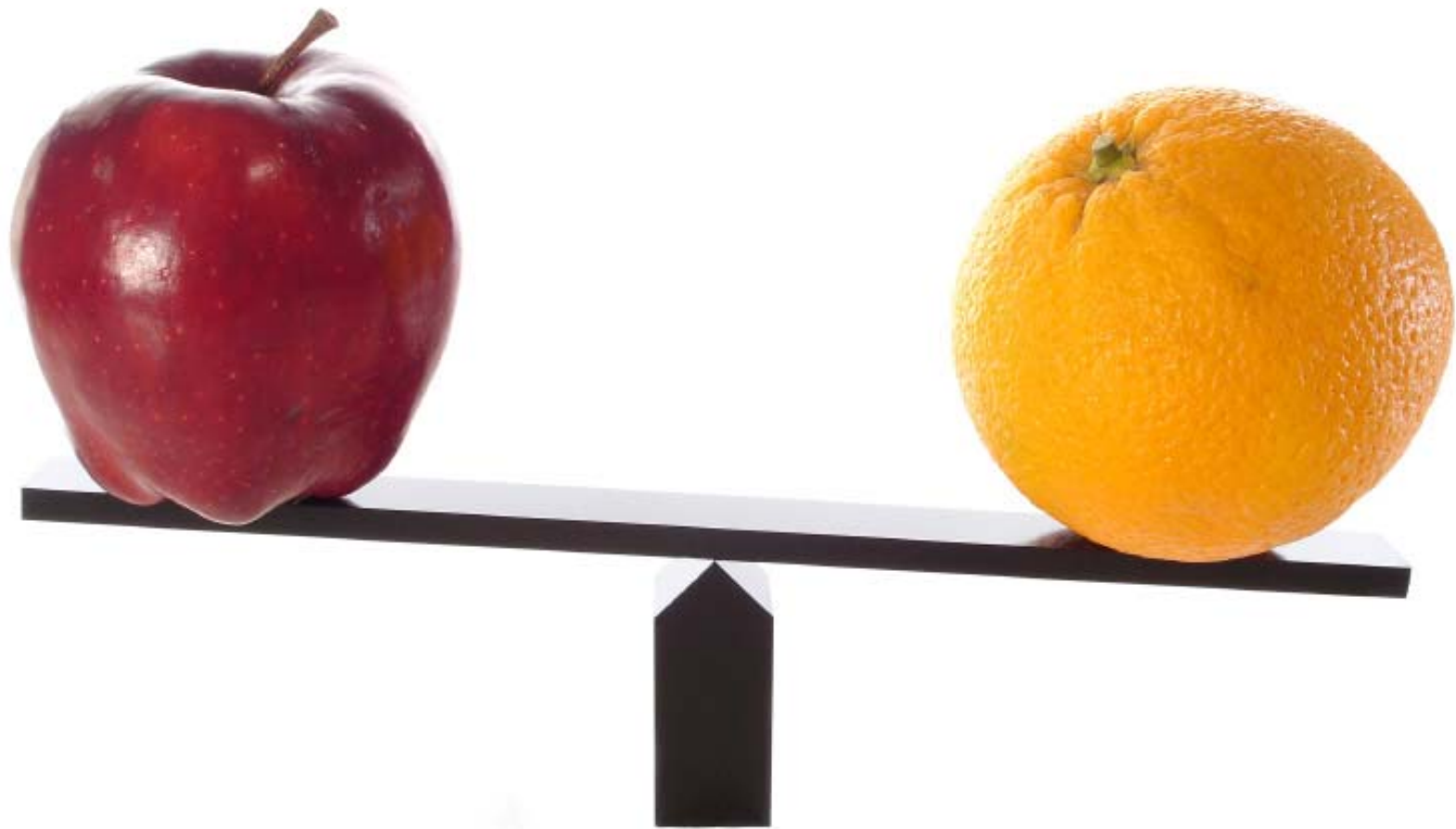


# Catalyst Center - Goals

- Cover more kids
- Close benefit gaps
- Pay for additional services
- Build the capacity



# Medical Home vs. Health Home



# Medicaid Health Homes

- Section 2703 of the Affordable Care Act (ACA)
- Optional provision
- Effective since January 1, 2011
- Waiver of comparability 1902(a)(10)(B)
- Waiver of state-wideness 1902(a)(1)
- Implementation requires a Medicaid State Plan Amendment (SPA)





# Medicaid Health Homes: Eligibility

Medicaid enrollees with:

- two or more chronic conditions
- one condition and the risk of developing another
- or at least one serious and persistent mental health condition



# Medicaid Health Homes: Chronic Conditions

By statute, they include:

- Mental health condition
- Substance abuse disorder
- Asthma
- Diabetes
- Heart disease
- Being overweight (BMI of > 25)

*A state may add other chronic conditions to its SPA, subject to review and approval by CMS.*



# Medicaid Health Homes: Services

- Comprehensive Care Management
- Care coordination
- Health promotion
- Comprehensive transitional care from inpatient to other settings
- Individual and family support
- Referral to community and social support services



# Section 2703 of the ACA

Medicaid Health Homes

Kids with special health care needs

Opportunity



# Opportunity: Close Benefit Gaps

CSHCN with public insurance

- 66% do not receive coordinated care in a medical home
- 40.1% cannot easily access community-based services
- 8.8% of families had 1 or more unmet needs for support services

National Survey of Children with Special Health Care Needs. NS-CSHCN 2009/10. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved [1/14/14] from [www.childhealthdata.org](http://www.childhealthdata.org).



# Opportunity: Pay for Additional Services

- 90% FMAP for 6 core health home services and supports
- First 8 fiscal quarters (2 yrs) SPA is in effect
- Okay to implement in increments, for example:
  - Start with one geographic area, and expand to another, (“clock resets”)
  - Create new SPA to serve other diagnoses



# Opportunity: Improve Health

Health promotion activities:

- Patient education
- Patient engagement
- Adherence to EPSDT
- Promotion of healthy lifestyles
  - Nutritional counseling
  - Increased physical activity
  - Smoking cessation
  - Substance abuse prevention
- Other services based on individual need



# Health Home Survey

13 states with approved 2703 SPAs

(AL, IA, ID, MD, ME, MO, NC, NY, OH, OR, RI, WA, WI)

- Other chronic conditions
- Provider infrastructure
- Sustainability
- Lessons Learned





# Challenges

Chronic Conditions

More common among adults

How to include kids?

Infrastructure choice

Enough pediatric docs?

It is a challenge



# Challenges: Selecting Chronic Conditions

By statute, 2703 SPAs must include:

- Mental health condition
- Substance abuse disorder
- Asthma
- Diabetes
- Heart disease
- Being overweight (BMI of > 25)

*A state may add other chronic conditions to its SPA, subject to review and approval by CMS.*



# Chronic Conditions: What we learned

- Conditions skewed towards adults
- Frustration that eligibility was based on diagnosis rather than age
- To include CYSHCN
  - Defined serious and persistent mental illness (SPMI) as serious emotional disturbance (SED)
  - ID'd congenital anomalies, genetic disorders, and developmental disabilities (including ASDs) as other chronic conditions



# Discussion:

Other chronic conditions to include CYSHCN?



# Infrastructures to include CYSHCN

- Existing PCMH pilot + Community Care Teams
- Medicaid + mental health MCO
- Primary Care Case Management (PCCM)
- Patient Care Networks
- Managed care plans; hospitals; clinics; PCCM, PCMH, FQHCs + TCM programs
- Community behavioral health system
- Comprehensive Evaluation Diagnosis Assessment Referral Re-evaluation (CEDARR)
- 1915 (i) waiver for kids with SED



# Discussion:

What are the existing provider infrastructures in your state that might serve as a building block for a Section 2703 Health Home SPA and include CYSHCN?



# Sustainability

- Majority of states expected savings to be cost-neutral → continue at regular FMAP
- Some states working to develop a multipayer approach
- Moving health home functions into a 1115 research & demonstration waiver
- Maintain as transformation of state's Medicaid system into managed care



# Lessons Learned

- Build in mechanism for transitioning individuals with TCM to Health Home
- Auto-assignment with opt out for kids avoided consent issues
- Administrative burden was a deterrent; some PCMHs opted out of full Health Home certification
- Make a significant investment in educating partners
- Involve stakeholders
- MCOs are your friends (they have data)
- Don't reinvent the wheel – build on existing infrastructure
- Think broadly about how to include kid-specific conditions
- Serving categorically and medically needy individuals





# Questions?



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# Change

Health Home Services  
Physical and mental health  
Are integrated



# Resources

- [Health Home Information Resource Center](#)
- CMS Health Home Team @ [healthhomes@cms.hhs.gov](mailto:healthhomes@cms.hhs.gov)
- Webinar: [Children and the Medicaid Health Home State Plan Option](#)
- [Developing and Implementing the Section 2703 Health Home State Option: State Strategies to Address Key Issues](#)
- [Health Homes: Rhode Island's Development of a Pediatric Health Home Model](#)



# Contact US

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