Health Home Coalition Slides from 1/5/25

Adults – General Population

Not Definitionally Connected Health Home Infrastructure

Current Health Home Infrastructure

Additions for Future Health Home Infrastructure

Potential pathway for coordinated care management if added to existing health home infrastructure

Lowest Acuity

- Medicaid Managed Care – No Additional Supports
- Social Care Networks - Navigation to Existing Resources
- Primary Care Management (PCMH, AHEAD, and other forms of PCP CM)

Transition to/from Lowest Acuity and Medium Acuity

Medium Acuity

- Medicaid Managed Care - telephonic CM/CC
- Community Health Worker Benefit (chronic condition, pregnant/postpartum, CJI)
- Social Care Networks - Enhanced Care Management
- Primary Care Management (PCMH, AHEAD, and other forms of PCP CM)

Transition to/from Medium Acuity and Highest Acuity

Highest Acuity

- Health Home Serving Adults
- Health Home Plus (HIV/SMI)
- HIV Special Needs Plan (SNP, CORE/HCBS)
- Safe Options Support Teams (SOS)

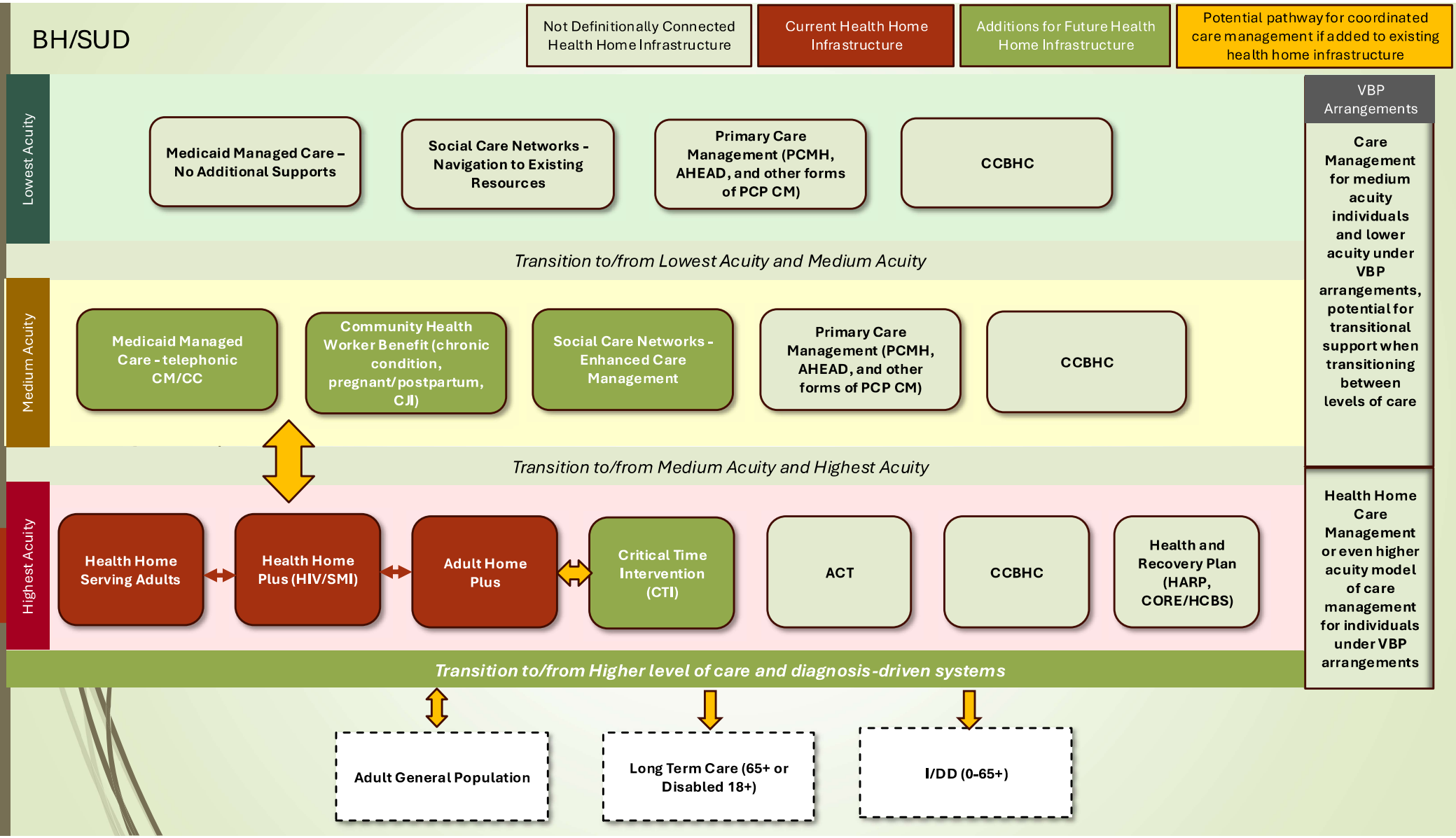
Transition to/from Higher level of care and diagnosis-driven systems

- BH/SUD
- Long Term Care (65+ or Disabled 18+)
- I/DD (0-65+)

VBP Arrangements

Care Management for medium acuity individuals and lower acuity under VBP arrangements, potential for transitional support when transitioning between levels of care

Health Home Care Management or even higher acuity model of care management for individuals under VBP arrangements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CCBHC
Transition to/from Medium Acuity and Highest Acuity
Highest Acuity
Health Home Serving Adults
Health Home Plus (HIV/SMI)
Adult Home Plus
Critical Time Intervention (CTI)
ACT
CCBHC
Health and Recovery Plan (HARP, CORE/HCBS)
Transition to/from Higher level of care and diagnosis-driven systems
Adult General Population
Long Term Care (65+ or Disabled 18+)
I/DD (0-65+)
VBP Arrangements
Care Management for medium acuity individuals and lower acuity under VBP arrangements, potential for transitional support when transitioning between levels of care
Health Home Care Management or even higher acuity model of care management for individuals under VBP arrangements

Opportunities for Quality Metric Collection

Children Only | CCO

Quality Metric Category	Measure Name	Health Home	PCMH	SCN	MCO	CCBHC
Behavioral Health	Adherence to Antipsychotic Medications for People with Schizophrenia	X			X	
	Adult Major Depressive Disorder: Suicide Risk Assessment		X			X
	Anti-depressant Medication Management	X	X		X	
	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment		X			X
	Depression Remission		X			X
	Follow-up after hospitalization for Mental Illness – within 7 days and 30 days	X			X	
	Follow-Up Care for Children Prescribed ADHD Medication	X	X		X	
	Screening for Depression and Follow-Up Plan		X			X
	Initiation and Engagement of Alcohol & Other Drug Dependence Treatment	X			X	
Care Coordination	Closed loop referral rate	X	X	X		
	Employment	X			X	
	Screening for Social Drivers of Health	X		X	X	X
Care for Chronic Conditions	Appropriate Treatment for Children with Upper Respiratory Infection	X	X		X	
	Comprehensive Diabetes Care: Hemoglobin A1c test	X			X	
	Controlling High Blood Pressure	X	X		X	X
	HIV/AIDS Comprehensive Care	X			X	
	Medication Management for People with Asthma	X			X	
	Persistence of Beta- Blocker Treatment after a Heart Attack	X			X	
	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease		X		X	
Experience of Care	Member satisfaction			X	X	
Preventive Care	Adolescent Well-Care Visits	X			X	
	Annual Dental Visit	X			X	
	Appropriate Testing for Children with Pharyngitis	X	X		X	
	BMI Assessment	X	X		X	
	Breast Cancer Screening		X		X	
	Cervical Cancer Screening		X		X	
	Childhood Immunization Status	X	X		X	
	Chlamydia Screening	X	X		X	
	Colorectal Cancer Screening	X	X		X	
	Fall: Screening for Future Fall Risk	X	X			
	Immunizations for Adolescents	X			X	
	Lead Screening in Children	X			X	
	Tobacco Use: Screening and Cessation Intervention		X			X
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	X	X		X	X
	Well-Child Visits in the 3rd, 4th, 5th & 6th Year	X			X	
	Well-Child Visits in the First 15 Months of Life	X			X	
Utilization	Inpatient Utilization	X			X	
	Mental Health Utilization	X			X	
	Plan All-Cause Readmission	X			X	

Opportunities for Quality Metric Collection Coordination in Future State

	HH	PCMH	SCN	MCO	CCBHC
Behavioral health	5	6	4	5	4
Care coordination	3	2	1	1	0
Care for chronic conditions	6	3	1	7	0
Experience of care	0	0	1	1	0
Preventive care	13	10	0	14	1
Utilization	3	0	0	3	0
Total	30	21	7	31	5

- Health Homes are one of the most comprehensive resources for measures collection and outcome tracking for populations in the Medicaid program
- Health Home measure collection is also unique in that it captures a whole-person assessment captured in the community, which could be leveraged to understand how different measures influence each other to support holistic health improvement

- Health Homes can also serve as an important vehicle for quality metric collection coordination to ensure complete, accurate, and timely quality metric reporting to support Medicaid initiatives