

From: [Young, Mayme](#)
To: [Meller, Debbie](#)
Subject: here you go -- all cleaned up RE: 3rd CMS document for the website - entitle it "CMS responses to Questions 2/3/2011"
Date: Tuesday, July 26, 2011 2:12:23 PM

From: Kirchner, Nancy (CMS/CMCS)
Sent: Thursday, February 03, 2011 5:48 PM
To: [Parks, Joe](#)
Subject: FW: questions related to Missouri's section 2703 proposed SPA

Hello Joe,

Thank you very much for your interest in health homes and the excellent questions that you posed to us. We have responded to a number of your questions below and would like to have a discussion with your team about the quality measure related questions. Would you send me some dates and times that would work for you and I will set up an appointment and call in line.

Thanks,
Nancy

Nancy Kirchner
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
Division of Community and Institutional Services

From: Parks, Joe
Sent: Wednesday, February 02, 2011 6:55 PM
To: Harris, Melissa L. (CMS/CMSO); Kirchner, Nancy (CMS/CMCS)
Subject: RE: questions related to Missouri's section 2703 proposed SPA

Dear Ms Harris and Kirchner,

I am the lead staff person for Missouri Medicaid in developing the SPA proposal we will make pursuant to section 2703. We hope to have an initial draft for discussion shortly after February 15. We currently have several questions/issues on which we would greatly appreciate any informal feedback that you could provide.

- 1) We [[Missouri](#)] will be proposing that developmental disabilities (DD), under which we would include mental retardation, autism, and pervasive developmental disability, as an additional chronic condition which in common with another chronic condition would confer individual eligibility for healthcare home services. Persons with developmental disability are particularly high utilizer's of medical care in our Medicaid program. A substantial portion of them are quite medically fragile and see a very large number providers. We believe that they would particularly benefit from care coordination and care management. Please provide any feedback regarding whether CMS would potentially view this as an appropriate additional chronic condition.

We (CMS) agree that this would likely be acceptable, but would need to review when the SPA is submitted and we can review the detail.

- 2) We [Missouri] will be proposing that chronic pain as an additional chronic condition which in common with another chronic condition could confer individual eligibility for healthcare home services. Persons with chronic pain are also particularly high utilizer's in our Medicaid program and frequently have multiple ER visits in a greater than average number of medication prescribers. Please provide any feedback regarding whether CMS would potentially view this as an appropriate additional chronic condition.

We (CMS) agree that this would be considered as a chronic condition, but would need to review when the SPA is submitted and we can review the detail.

- 3) On the SPA template screenshot for each of the six healthcare home services and assets to enter in "Ways HIT will link" . It is the intention that we provide information about how HIT will link between individual healthcare providers or that we provide information about how HIT will link providers with the state Medicaid program, or both?

We (CMS) think that any use of HIT to facilitate provision and tracking of the specific service may be addressed in this section, which may include the types of linkages that you mention.

- 4) On the SPA template screenshot section on monitoring we are asked to enter "measure specifications" . In our experience it is frequently necessary to change measure specifications during implementation of a new project. We expect this to be particularly true with is radically different approach to care as the healthcare home initiative. Will we be expected to resubmit and obtain new approval for our SPA every time we believe it advantageous to change a measure specification?
- 5) In spite of an extensive search we been unable to identify any published validated experience of care or quality-of-life measures directly related to "Individual and Family Support" or "Referral to Community and Social Support Services". Could you please advise us regarding any published, validated experience and quality of life measures for these two service categories. If you're also unable to identify any that have developed and published then please provide us with the recommendations of this staff developed the requirement.
- 6) Missouri would prefer to define obesity as BMI > 30 as a chronic condition cannot use the lower BMI > 25. Is there a possibility of it being acceptable?

This is fine, as the Statute allows a State to set stricter criteria for a chronic condition.

- 7) We {Missouri} would prefer to operationalize the definition of "serious and persistent mental health condition " as being congruent with our more detailed SAMHSA block grant definition of serious mental illness(SMI) in the case of adults and serious emotional distress (SED) in the case of children and adolescents. Will states have this degree of discretion in how they operationalize precisely what is meant by serious and persistent mental health condition? Or will they more detailed operationalize definition be provided by CMS?

We (CMS) think this approach is acceptable at this time, but further guidance may come later through the rulemaking process.

We greatly appreciate any explicit guidance or broad discussion of the individual issues I've

raised above that you can provide at this time.

Sincerely Joe Parks