

ACE Kids Federal Guidance Overview

Dec. 12, 2022



CHILDREN'S
HOSPITAL
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Medicaid 1945A Health Homes for Children with Medically Complex Conditions

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Background on Health Homes

- A comprehensive system of care coordination for Medicaid beneficiaries with chronic conditions.
- Services provided include care management, care coordination and patient and family support services.
- Health home providers coordinate all primary, specialty, acute, including home and community-based services to treat the “**whole-person**”.

1945A Health Homes

- The Accountability Act of 2019 (P. L. 116-16) authorized states to cover an optional health home state plan benefit for Medicaid-eligible children with medically complex conditions and enacted section 1945A of the Social Security Act (Act).
- Under section 1945A, beginning October 1, 2022, states have the option to cover health home services for Medicaid-eligible children with medically complex conditions as defined in section 1945A(i) of the Act.
- A State Medicaid Director letter regarding the 1945A health home benefit was released on August 1, 2022 and can be found at <https://www.medicaid.gov/federal-policy-guidance/downloads/smd22004.pdf>

Goals of 1945A Health Home Program

- Coordinate prompt care for children with medically complex conditions, including access to pediatric emergency services at all times.
- Develop an individualized comprehensive pediatric family-centered care plan for children with medically complex conditions that accommodates patient preferences.

Goals of 1945A Health Home (Cont.)

- Work in a culturally and linguistically appropriate manner with the family of a child with medically complex conditions to develop and incorporate into such child's care plan, in a manner consistent with the needs of the child and the choices of the child's family;
- Coordinate access to:
 - Sub-specialized pediatric services and programs for children with medically complex conditions, including the most intensive diagnostic, treatment, and critical care levels as medically necessary; and
 - Palliative services if the state provides Medicaid coverage for such services.

Goals of 1945A Health Home (Cont.)

- Coordinate care for children with medically complex conditions to out-of-state providers furnishing care to the maximum extent practicable for the families of such children and where medically necessary, in accordance with guidance issued under subsection (e)(1) and section 431.52 of title 42, Code of Federal Regulations.

Eligibility Criteria

Under section 1945A(i)(1) of the Act, a “child with medically complex conditions” must be under 21 years of age and eligible for medical assistance under the state plan (or under a waiver of the state plan, which CMS interprets to include eligibility under a section 1115 demonstration).

Eligibility Criteria

Under section 1945A(i)(1)(A)(ii), a “child with medically complex conditions” must have at least:

- One or more chronic conditions that cumulatively affect three or more organ systems and severely reduces cognitive or physical functioning (such as the ability to eat, drink, or breathe independently) and that also requires the use of medication, durable medical equipment, therapy, surgery, or other treatments; or
- One life-limiting illness or rare pediatric disease (as defined in section 529(a)(3) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360ff(a)(3))).

Chronic Conditions

A “chronic condition” is defined in section 1945A(i)(2) as “a serious, long-term physical, mental, or developmental disability or disease,” including the following:

- Cerebral palsy;
- Cystic fibrosis;
- HIV/AIDS;
- Blood diseases, such as anemia or sickle cell disease;
- Muscular dystrophy;
- Spina bifida;
- Epilepsy;
- Severe autism spectrum disorder; and/or
- Serious emotional disturbance or serious mental health illness.

Process of Identifying Additional Chronic Conditions

- States should demonstrate to CMS's satisfaction, through documentation in their proposed SPAs, that they will establish a process for identifying chronic conditions that are not listed in section 1945A(i)(2) but that meet the statutory definition of a "chronic condition," because they are serious, long-term physical, mental, or developmental disabilities or diseases.
- This process should ensure that the state would cover health home services for children who are eligible for these services on the basis of having one or more chronic conditions that are not listed in section 1945A(i)(2) but that meet the statutory definition of a "chronic condition."

1945A Health Home Services

- Comprehensive care management;
- Care coordination, health promotion, and the provision of access to the full range of pediatric specialty and subspecialty medical services, including services from out-of-state providers, as medically necessary;
- Comprehensive transitional care, including appropriate follow-up, from inpatient to other settings;
- Patient and family support (including authorized representatives);
- Referrals to community and social support services, if relevant; and
- Use of health information technology to link services, as feasible and appropriate.

Enhanced Federal Match (FMAP)

- There is an increased federal matching percentage for the health home services during the first two fiscal year quarters from the effective date of the state plan amendment (SPA).
- The FMAP applicable to such payments shall be increased by 15 percentage points, but in no case may exceed 90 percent.
- The match does not apply to other Medicaid services a beneficiary may receive and states may not claim enhanced match for duplicative services.
- Additional periods of enhanced FMAP would be allowed only for new individuals served through a geographic expansion of an existing health home program.

Quality Reporting

- States will need to gain access to the new Medicaid Data Collection Tool Quality Measures Reporting (MDCT QMR) system in order to complete quality reporting.
- Instructions on how to access can be requested via email at MDCT_Help@cms.hhs.gov
- Template for comprehensive report.
- Further guidance regarding quality reporting requirements will be provided by CMS.

1945A Health Home Planning Grants

- Beginning October 1, 2022, the Secretary may award planning grants to states for purposes of developing a SPA under this section. A 1945A planning grant awarded to a state shall remain available until expended.
- A state awarded a planning grant shall contribute an amount equal to the state percentage determined under section 1905(b)(without regard to section 5001 of Public Law 111–5) for each fiscal year for which the grant is awarded.
- The total amount of payments made to states under this paragraph shall not exceed \$5,000,000.

Additional Information

1945A of the Act

https://www.ssa.gov/OP_Home/ssact/title19/1945A.htm

Best Practices CIB

<https://www.medicaid.gov/federal-policguidance/downloads/cib102021.pdf>

State Medicaid Directors Letter

<https://www.medicaid.gov/federal-policy-guidance/downloads/smd22004.pdf>

Medicaid.gov

<http://www.medicaid.gov/State-Resource Center/Medicaid-State-Technical-Assistance/Health-Homes-Technical-Assistance/Health-Home-Information-Resource-Center.html>

Questions
