2017 Alabama Newborn Screening Conference

ALABAMA Newborn Screening PROGRAM

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Health Homes – Providing Care to our Recipients

Carolyn Miller, LICSW, PIP
Alabama Medicaid Agency

Agenda

1. History of Health Homes
2. Care Coordination Services
3. Quality Initiatives Developed

Federal Requirements of Health Homes

- Section 2703 of the Affordable Care Act provided opportunity for Medicaid to develop health home services for beneficiaries with chronic conditions
- A health home is a Medicaid State Plan Option to integrate and coordinate primary, acute, behavioral health and long term services across the lifespan

Federal Requirements of Health Homes

- Services include:
  - Comprehensive care management
  - Care Coordination
  - Health Promotion
  - Comprehensive transitional care / follow-up
  - Patient and family support
  - Referral to community and social support services

Federal Requirements

- Eligibility for Health Home Services
  - Two or more chronic conditions
  - One chronic condition and at risk for a second
  - A serious and persistent mental health condition

Chronic Conditions

Federal Requirements

- Chronic Conditions:
  - Mental Health
  - Substance abuse disorder
  - Asthma
  - Diabetes
  - Heart disease,
  - Obesity
  - States may request additional diagnoses

Health Homes in Alabama

- State Plan Amendment approved July 1, 2012
- Statewide April 1, 2015

Health Homes in Alabama

- Diagnoses:
  - Mental Health (Including ADHD)
  - Substance Use Disorder
  - Asthma
  - Diabetes
  - Heart Disease
  - Obesity

Health Homes in Alabama

- HIV
- Cancer
- Cardiovascular Disease
- COPD
- Sickle Cell Anemia
- Transplants

Strengths of Health Homes

- Driven to implement initiatives through data analysis
- Statewide collaboration of Networks but regionally unique
- Dedicated and committed staff
- One of the largest Health Home programs nationally

Health Home Program Services and Benefits

Service Type	Care Coordination	Transitional Care	Behavioral Health	Pharmacy
Provided by	BSNs Licensed Social Workers	BSNs Licensed Social Workers	RNs	Pharmacists
Services to Include	• Assessments to determine strengths and needs • Referral for needed resources such as transportation, financial, medical supplies • Providing education and support in managing their care	• Assist patients transitioning from one level of care to another • Partnering with medical facilities to develop discharge plans • Medication reconciliation • Education and support services in managing chronic conditions	• Linking recipient to behavioral health services • Integrating medical and behavioral health services	• Medication reconciliation • Education to recipients regarding medication management

Health Home Program Benefits for Providers

Embed care coordinators in the PMP's office	Integration of medical and behavioral health • Behavioral Health Nurses link recipients to needed care	Network with regional providers	Shared learning and technical assistance • Compare practice patterns for efficiencies and cost savings measures	Additional time • Care coordinators free-up PMP office resources

Coordination of Care with Sister Agencies

Health Home Programs have traditionally collaborated with multiple community agencies including:

Quality Initiatives

- **Regionally Based**
- **Data and Provider Driven**
- **Providing Access to Care, Improved Outcomes, and Quality of Life**

Quality Initiatives

- **Initiatives Include:**
  - **Psychiatric Follow Up**
  - **EPSDT Visits**
  - **Asthma Education**
  - **Nutrition Education**
  - **Sickle Cell – Evaluate Needs and ED Utilization / Transition to Adult Care**
  - **Diabetes – Barriers to Care**

Referral Process

Health Home Programs receive referrals from community agencies in addition to making referrals for resources

- **Referrals should be made to the Probationary RCO operating the Health Home *(see Medicaid's* website*)***

Referral Process

Information Required for Referral

- **Address**
- **Date of Birth**
- **Diagnosis**
- **Family Contact Information (if applicable)**
- **Medicaid ID Number**
- **Phone Number**
- **Reason for Referral**

Contact Information: Probationary RCOs Contracted for the Health Home Program

Community Agencies may contact the Probationary RCOs in any region for referrals or more information.

- **More contacts can be found on Medicaid's website**

Region	Probationary RCOs	Contact Name	Phone #
A	Alabama Community Care – Region A	Dana Garrard	(256) 924-7762
	My Care Alabama	Stacy Copeland	(855) 494-6335
B	Alabama Care Plan	Michael Battle	(205) 558-7645
C	Alabama Community Care – Region C	Lashaunda Lark-Darien	(205)553-4661
D	Care Network of Alabama	Jan Carlock	(334) 528-5867
E	Gulf Coast Regional Care Organization	Sylvia Brown	(251) 476-5656

Success Stories

Additional Information: www.medicaid.alabama.gov

Questions??

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Alabama Department of Public Health

(334) 206-5618

alphtn@adph.state.al.us

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