



535B HEALTH HOMES FOR INDIVIDUALS WITH PRE-DIABETES, DIABETES, OBESITY, AT RISK FOR ANXIETY AND/OR DEPRESSION

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BACKGROUND

Health Homes are a comprehensive system of care coordination authorized for high need, high-cost members with chronic physical conditions or serious mental illness. The Health Home model is person-centered, primary care-based, behavioral health integrated, and case-managed by an interdisciplinary team. Health Homes providers will coordinate all primary, acute, behavioral health and long-term services and supports to treat the “whole person” across his/her lifespan.

All requirements in [Chapter 535, Health Homes](#) and [Policy 535.2, Health Homes For Individuals with Pre-Diabetes, Diabetes, Obesity, at risk for Anxiety and/or Depression](#) apply to Health Homes providers for this Health Homes project.

West Virginia is implementing Health Homes for various eligible populations in specific geographic regions. The Health Home for Medicaid members with pre-diabetes, diabetes, obesity, and at risk for anxiety and/or depression began on April 01, 2017 for members receiving medical or behavioral services with an approved Health Home provider in the 14 pilot counties of: Boone, Cabell, Fayette, Kanawha, Lincoln, Logan, Mason, McDowell, Mercer, Mingo, Putnam, Raleigh, Wayne, or Wyoming. West Virginia Medicaid members residing outside of these counties will still qualify for enrollment with a Health Home provider as long as the provider’s location is within these counties.

POLICY

535B.1 MEMBER ELIGIBILITY

This program is available to West Virginia Medicaid members having a diagnosis of pre-diabetes, diabetes, or obesity and at risk of anxiety and/or depression who receive services in the 14 pilot counties. Obesity is based on claims data with a body mass index of 25 or higher. The qualifying diagnoses for pre-diabetes, diabetes, and obesity are listed in [Appendix 535.2A Qualifying Diagnosis for Pre-Diabetes, Diabetes, and Obesity](#).

535B.2 DOCUMENTATION REQUIREMENTS

An initial and periodic assessment and information review of each enrollee will include, as appropriate, but not be limited to, the following:

- Centers for Disease Control and Prevention (CDC) Hepatitis Risk Assessment available online at <https://www.cdc.gov/hepatitis/riskassessment/index.htm>
- Completion of the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Screening, Brief Intervention, and Referral to Treatment (SBIRT) Assessment
- Evaluation of Suicide Risk
- Patient Health Questionnaire/Clinical Depression Screening (PHQ-9)
- Completion of the World Health Organization’s (WHO) Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) Functional Screening
- Medication reconciliation
- Specific laboratory results as appropriate for each individual enrollee

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- Relevant Biometrics which may include, but are not limited to:
 - Hemoglobin A1c testing
 - Body mass index evaluation
 - Lipids testing
 - Urine protein testing
 - Treatment History

535B.3 PRIOR AUTHORIZATION

Prior Authorization is required for all covered Health Home services. Prior Authorization is requested through the Utilization Management Contractor (UMC).

535B.4 REIMBURSEMENT

Reimbursement will be regularly reviewed. Providers cannot bill for both targeted case management and Health Home services for the same member at the same time. See [Chapter 523, Targeted Case Management](#).

535B.5 LEVELS OF SERVICES

The West Virginia Health Homes for Individuals with Pre-Diabetes, Diabetes, Obesity, at Risk for Anxiety and/or Depression Program is a single-level service system, comprised of a Standard Health Home Service payment.

535B.5.1 Level I Health Home Standard Service

Procedure Code: S0281
Service Limit: One (1) per calendar month
Description: Medical home program, comprehensive care coordination and planning, maintenance of plan - Standard Level I

The basic Level I Health Home standard service code is intended to cover the provision of all of the Health Home services as determined to be appropriate to meet the member's needs. At the time of enrollment, the Health Home provider requests prior authorization of the Level I service for each enrollee through the UMC contractor.

There must be a minimum of one (1) contact between the Health Home provider and the enrollee per month. Contact must be a two-way contact such as face to face or by telephone. The provider must not consider mail, electronic mail (email), text, or other media use as contact with the Health Home enrollee.

GLOSSARY

Definitions in [Chapter 200, Definitions and Acronyms](#) apply to all West Virginia Medicaid services, including those covered by this chapter.



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REFERENCES

West Virginia State Plan references Health Homes State Plan Amendment [16-0008](#).

CHANGE LOG

REPLACE	TITLE	EFFECTIVE DATE
New Policy	Health Homes for Individuals with Pre-Diabetes, Diabetes, Obesity at Risk for Anxiety and/or Depression.	April 1, 2017