

## Resources for Serving Dually Eligible Individuals through Medicaid Health Homes

Dear State Colleague:

The [Medicaid Health Home State Plan Option](#) allows states to design health homes to provide comprehensive care coordination for Medicaid beneficiaries with chronic conditions, many of whom are also dually eligible for Medicare.

Several states are implementing health home programs while simultaneously seeking to better integrate care for their dually eligible beneficiaries through platforms such as Medicare-Medicaid Plans (MMPs) and Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs) or Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs) aligned with Medicaid managed long-term services and supports programs. These states and their partnering health plans may have questions about implementing care management or making benefit determinations for their enrollees who receive care through health homes. Following are resources to assist states and health plans that use a managed care model to provide health home services:

- [Managed Care Plans as the Health Home Lead Entity: The Kansas Model](#) (CMS/November 2014) This webinar focuses on Kansas' use of managed care plans as the health home lead entity and its health home provider education activities. [Slides](#)
- [Developing Health Homes to Effectively Serve Medicare-Medicaid Enrollees](#) (ICRC/September 2013) This brief outlines the challenges facing states when including Medicare-Medicaid enrollees in health homes. The brief also details considerations for states to develop programs that will best meet the needs of this population.
- [Leveraging Health Plans in Medicaid Health Home Programs](#) (CMS/April 2012) This webinar examines options for operating health homes in a capitated managed care environment. [Slides](#)
- [Health Home Considerations for a Medicaid Managed Care Delivery System: Avoiding Duplication of Services and Payments](#) (CMS/February 2012) This brief outlines options for health home approaches that complement, but do not replicate services and reimbursement within existing managed care delivery arrangements.
- [Implementing Health Homes in a Risk-Based Medicaid Managed-Care Delivery System](#) (Center for Health Care Strategies/June 2011) This brief explores how states might advance their health-home strategy in whole or in part through their existing Medicaid risk-based managed-care.

The Integrated Care Resource Center (ICRC) helps states to learn about best practices for delivering coordinated health care to individuals dually eligible for Medicare and Medicaid. Our [website](#) and [e-alerts](#) help states to design and implement programs that better serve beneficiaries, improve quality, and reduce costs.

We hope this e-alert is helpful to our state health home colleagues. Please watch for additional ICRC e-alerts on various topics of interest. For questions about implementing health home services in a managed care environment, please email ICRC at [ICRC@chcs.org](mailto:ICRC@chcs.org). States can also request technical assistance for issues related to integrating care for their dually eligible populations.

### ABOUT THE INTEGRATED CARE RESOURCE CENTER

The *Integrated Care Resource Center* is a national initiative of the Centers for Medicare & Medicaid Services to help states improve the quality and cost-effectiveness of care for individuals dually eligible for Medicare and Medicaid. The state technical assistance activities are coordinated by Mathematica Policy Research and the Center for Health Care Strategies. For more information, visit <http://www.integratedcareresourcecenter.com>.