STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

Integrated Health Home
Learning Activities and Topics 2024

The Health Home Learning Collaborative is tasked with the development of learning topics and activities. Every Health Home webinar is held the 3rd Monday of every month from 2pm – 3pm with two face-to-face Learning Collaboratives (spring/fall).

Date	Topic
January 22*	***HCBS Waiver Process*** Objectives: Health Homes provide or take responsibility for appropriately arranging care with other qualified professionals for all the member's health care needs. This includes care for all stages of life, acute care, chronic care, preventive services, long-term care, and end of life care. This includes understanding of the HCBS waivers offered by the State of Iowa. Health Homes will learn information related to HCBS waivers including application, qualifications, and services offered. Health home will understand changes made to the Children's Mental Health Waiver implemented October, 2023. ***(Reference: Care Coordination)***
Webinar link:	https://telligen.zoom.us/meeting/register/tZAqd--qqj8iGtw-4lx9wQcuHE2sQR-CPDyi
February 19	***Trauma Informed Care*** Objectives: Trauma informed care is a clinical therapeutic approach that considers the impact that trauma and traumatic events may have on a person's health, symptomology, and treatment process. It is rooted in understanding the impacts of life events or circumstances and how they may inform a member's recovery and treatment. This training will include an overview of how to apply trauma-informed practices in the health home setting, and support members with identifying and accessing trauma-informed mental health care.. ***(Reference: Health Promotion)***
Webinar link:	https://telligen.zoom.us/meeting/register/tZIldOCtpzkpHtRoAwW5Ii79TbqDb6YI93Vy

March 18	***Motivational Interviewing*** Objectives: Motivational interviewing is an evidence-based practice that can be used to guide members towards identifying and achieving goals, creating a capacity for change, and building motivation by engaging in active listening, providing support, and prioritizing a nonjudgmental approach. This presentation will cover motivational interviewing techniques and when they may be most useful, how to develop a therapeutic partnership with members, and how motivational interviewing can support a member's goals and priorities.
Webinar link:	https://telligen.zoom.us/meeting/register/tZwuduCprTMrE9cgGpBpP1ViO_5OfG5T1mqU
April 23	**Spring Face-to-Face Learning Collaborative:** ***Peer Support*** Objectives: Peer Support or Family Peer Support Specialist, may assist with the following individual and Family support services: providing assistance to members in accessing needed self-help and peer/family peer support services, advocacy for members and families, family support services for members and their families, assisting members to identify and develop social support networks, support medication adherence efforts, identifying community resources that will help members and their families reduce barriers to their highest level of health and success, linkage and support for community resources, insurance assistance, waiver services, connection to peer advocacy groups, family support networks, wellness centers, NAMI and family psycho educational programs, assisting members in meeting their goals. During this presentation, the presenter will discuss ways in which Health Homes can incorporate the peer support and family peer support roles into their practices. ***Roles, Responsibilities and Support*** Health homes are comprised of qualified individuals who collaborate amongst themselves, external providers, and other members of an individual's team to best serve members. Each role provides a needed support to members and includes designated responsibilities to carry out health home requirements. This presentation will review the roles and responsibilities of health home team members and the intended impact of their support. Health homes will hear from each role to share their day-to-day duties and how they collaborate with other roles and providers. Health homes will hear from health home leadership on how they encourage teamwork amongst their staff and how they

	are able to prioritize member needs while support their staff with managing their own mental health and wellbeing. ***Chart Review Workbook*** Objectives: Iowa Medicaid Health Home Program conducts at least annual quality reviews of Health Home Providers to assist providers with being compliant with laws, rules, requirements, and expectations. Data collected annually is shared with providers to discuss strengths and areas of improvement. This training will review the current chart review workbook and discuss any updates to specific measures along with how providers can use this document as a tool for quality improvement. ***Motivational Interviewing:*** Objectives: Motivational interviewing is an evidence-based practice that can be used to guide members towards identifying and achieving goals, creating a capacity for change, and building motivation by engaging in active listening, providing support, and prioritizing a nonjudgmental approach. Previous trainings provided to health homes have covered the main techniques of motivational interviewing. This activity allows for practical application of motivational interviewing, observing peers exercising techniques, and real-time utilization and feedback of motivational interviewing approaches. Providers will have the opportunity to move from understanding to implementation of motivational interviewing. ***(Reference: Individual and Family Support, Comprehensive Care Management, Care Coordination, Health Promotion, Comprehensive Transitional Care, Referral to Community and Social Support Services*** Link to the April agenda will be provided closer to meeting date

May 20	***Annual InterRAI Training*** Objectives: Annual training on the interRAI assessment tool for the Children's Mental Health Waiver ***(Reference: Comprehensive Care Management)***
Webinar link:	https://telligen.zoom.us/meeting/register/tZUlcuiurzIjG9MzOr9QKAAIMI74Z1EVMXRy
June 17	***Comprehensive Assessment Process – CASH/LOCUS/CALOCUS*** Objectives: For each enrolled member, Health Homes complete a comprehensive assessment at least every 12 months or more frequently as needed that includes a review of physical and behavioral health components, medication reconciliation, functional limitations, and appropriate screenings. Assessment also includes current and historical information and assesses the member's readiness for self-management. In this webinar, Health Homes will review the components of the Comprehensive Assessment and Social History and its integration with the plan of care. Health Homes will discuss ways they describe and explain the assessment process to their members. ***(Reference: Comprehensive Care Management)***
Webinar link:	https://telligen.zoom.us/meeting/register/tZ0tcuCgrjgrHdFLdJO281sCKH_GTNg68onG
July 15	***Risk Stratification*** Objectives: Health Homes monitor member gaps in care and predicted risks based on medical and behavioral claims data. Through coordinated and integrated care, Health Homes conduct interventions as indicated based on the member's level of risk. During this presentation, Health Homes will review the background and purpose of risk stratification including the role of electronic health records in identifying level or category of risk. Health Homes are encouraged to share how they use risk stratification in their practices. ***(Reference: Comprehensive Care Management)***
Webinar link:	https://telligen.zoom.us/meeting/register/tZAldOuvqzotEtP63I8HycVg1al0zqZPaMFY

August 19	***Person Centered Planning*** Objectives: Health Homes provide care coordination and case management services to Habilitation and Children's Mental Health waiver populations. A person-centered service plan (PCSP) is created through a person-centered planning process, directed by the member or member's guardian, to identify the member's strengths, capabilities, preferences, needs, and desired outcomes. During this webinar, Health Homes will review the components of the person-centered process and person-centered service plan. ***(Reference: Comprehensive Care Management)***
Webinar link:	https://telligen.zoom.us/meeting/register/tZYkc-qpqTojH9VcPwF7rMZurHxVsV-h_u2R
September 24	**Fall Learning Collaborative Face-to-Face:** ***Updates and Change*** Objectives: This training will be centered on any current and program-wide health home updates. MCOs and HHS will share and expand upon any changes that impact all providers, and will encourage questions and communication amongst participants. ***Resources Training (Adults and Pediatric)*** Objectives: Health Homes provide resource referrals or coordinate access to recovery or social health services available in the community which includes understanding eligibility for various healthcare programs, disability benefits, and identifying housing programs. This presentation will discuss available resources for the adult and pediatric population to reduce barriers to assist members in achieving their highest level of function with independence. It will include waiver and non-waiver, community-based, local, state, and federal, and medical services. It will share how to access these services, tools for locating services and supports, and facilitate discussion between providers on frequently utilized resources. ***Breakout Session: HAB for Pediatric Population*** Objectives: The Medicaid State Plan Home-and Community-Based Services Habilitation program historically was reserved for people 16 years and older, but currently there is no age requirement for who can access this program. This

	means that people previously reserved for pediatric services may access the Habilitation program if eligibility requirements are met. This training will explore how Habilitation may benefit pediatric populations and how health homes can support members and their teams with accessing all services appropriate and available to them. ***Breakout Session: Dual Coverage*** Objectives: Health homes assist with coordinating social health services available in the community including various healthcare programs and disability benefits. This can include dual coverage under Medicaid and Medicare for qualifying individuals. The State Health Insurance Program Assistance Program (SHIP) provides assistance to Medicare eligible individuals and supports them with exploring coverage options and available services (https://www.shiphelp.org/about-us). This training will share resources on how best to support members with dual coverage including accessing services, confirming coverage, exploring plan types. ***Breakout Session: Variances, Exceptions to Policy*** Objectives: Health homes may file a variance or exception to policy on behalf of a member if there are circumstances that warrant additional review of their reason to access to supports and services that may otherwise not be appropriate for them. This training will discuss the process of filing a variance or exception to policy, and the types of situations that may warrant those actions. ***Breakout Session: Health Information Technology - pending feedback from HHS on next steps including possible funds for IHHs and implementation of survey results*** Objectives: Health homes use health information technology (HIT) to link services, identify risk, track data, and document service delivery. HITs may have the capacity to facilitate communication among team members and between the health team and individual and family caregivers, and is a useful tool for providers to utilize. This training will reiterate the importance of a functional HIT or electronic health record system. Providers will hear from health homes that have renovated their EHR systems and how they use functions within their systems to enhance member care.

	(Reference: Referral to Community and Social Support Services, Comprehensive Transitional Care, Comprehensive Care Management)
Link to the September agenda will be provided closer to meeting date	
October 21	***Legal Representatives*** Objectives: Members enrolled in health homes may have interdisciplinary teams that include guardians, power of attorneys, payees, and other authorized representatives. Health homes collaborate with member and their team to facilitate care coordination, referrals, and to promote their health management of chronic conditions. This training will cover frequently seen authorized representatives and their potential role in member's care through the lens of a health home's service delivery. It will share how to remain member-focused while including authorized representatives. ***(Reference: Individual and Family Support, Comprehensive Transitional Care)***
Webinar link:	https://telligen.zoom.us/meeting/register/tZcocOutqTgtEtztsDRzS8kOxFwcV0uT4fgJ
November 18	***Person Centered Thinking Training*** Objectives: Person centered thinking is a hands-on learning and skill development training. The curriculum includes exploring skills that are geared toward building our internal capacity to help individuals take positive control in their lives, and support efforts to improve person-centered practices. The following person-centered tools will be reviewed: • MAPS (Making Action Plans) • PATH (Planning Alternative Tomorrow with Hope) • PFP (Personal Future's Planning) • WRAP (Wellness Recovery Action Plan) • 4+1 Questions • Relationship Maps • Routines and Rituals • Good Day / Bad Day • Learning Log • CASH • LOCUS/CALOCUS • interRAI-ChYMH ***(Reference: Comprehensive Care Management)***
Webinar link:	https://telligen.zoom.us/meeting/register/tZIuf-ygqjkpHN0gFKdcFyOV9ro7-WRGsIFS

December 16	***TBD*** Objectives: To be determined after reviewing HHS's training to ensure accurate objectives. ***(Reference: Referral to Community and Social Support Services)***
Webinar link:	https://telligen.zoom.us/meeting/register/tZMlcu6hrDkiGtTPQq91a4r0-trQuMkR45P6

*Date adjusted to the 4th Monday of the month to accommodate the observed holiday.

Topics and Schedule are Subject to Change