

# SOUTH DAKOTA HEALTH HOME APPLICATION

**Please complete one application for each Health Home Clinic.**

**1. GENERAL HEALTH HOME INFORMATION:**

Name of individual completing the application? [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Telephone number: [Click here to enter text.](#)

Name of applicant organization (or parent if applying for more than one site):  
[Click here to enter text.](#)

Federal tax identification number (of parent): [Click here to enter text.](#)

If parent organization exists, list name of person responsible for oversight of all practice sites:  
[Click here to enter text.](#)

Email: [Click here to enter text.](#)

Telephone number: [Click here to enter text.](#)

**1A. NAME & PRIMARY CONTACT INFORMATION FOR PRACTICE SITE APPLYING FOR DESIGNATION:**

Name of Practice Site: [Click here to enter text.](#)

Address of Practice Site: [Click here to enter text.](#)

Federal Tax Id # of Practice Site: [Click here to enter text.](#)

Name of Person responsible for HH at practice site: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Phone: [Click here to enter text.](#)

# SOUTH DAKOTA HEALTH HOME APPLICATION

## 1B. DESIGNATED PROVIDERS AT THE PRACTICE SITE LISTED ABOVE

Name/Credentials of Designated Provider	Provider NPI	Billing NPI
1. i.e. Jane Doe, MD	123456789	987654321
2. i.e. Jane Doe, MSW		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

**1B1. if any of the designated providers listed above serve a satellite location where the Health Home team specific to this application could provide Health Home Services; please list the designated provider and the satellite location(s) with address below.**

1. Jane Doe, Gettysburg 100 E Main, Onida, 342 W Washington St
2. [Click here to enter text.](#)
3. [Click here to enter text.](#)
4. [Click here to enter text.](#)
5. [Click here to enter text.](#)
6. [Click here to enter text.](#)
7. [Click here to enter text.](#)
8. [Click here to enter text.](#)
9. [Click here to enter text.](#)
10. [Click here to enter text.](#)

## 2. HEALTH HOME INFRASTRUCTURE

List the roles, internal and external, that comprise the health home team at this practice site. (I.e. health care coach/coordinator, RN, pharmacist, dietician)

- [Click here to enter text.](#)
- [Click here to enter text.](#)
- [Click here to enter text.](#)
- [Click here to enter text.](#)
- [Click here to enter text.](#)
- [Click here to enter text.](#)
- [Click here to enter text.](#)
- [Click here to enter text.](#)

# SOUTH DAKOTA HEALTH HOME APPLICATION

## 3. HEALTH HOME CORE SERVICES INFORMATION

Please respond to the following questions.

- 3A. Describe how your health home team will provide Comprehensive Care Management within your Health Home. Comprehensive Care Management requires the development of an individual care plan for each recipient, describe who is responsible and who else will be involved?

[Click here to enter text.](#)

- 3B. Describe how your health home team will provide Care Coordination within your Health Home. Describe how the individual care plan will be implemented. Who is responsible and who else will be involved?

[Click here to enter text.](#)

- 3C. Describe how your health home team will provide Health Promotion within your Health Home. Who is responsible and who else will be involved?

[Click here to enter text.](#)

- 3D. Describe how your health home team will provide Comprehensive Transitional Care within your Health Home. Who is responsible and who else will be involved?

[Click here to enter text.](#)

- 3E. Describe how your health home team will provide Recipient and Family Support Services within your Health Home. Who is responsible and who else will be involved?

[Click here to enter text.](#)

- 3F. Describe how your health home team will provide Referrals to Community and Social Support Services within your Health Home. Who is responsible and who else will be involved?

[Click here to enter text.](#)

# SOUTH DAKOTA HEALTH HOME APPLICATION

## HEALTH HOME LINKAGES

- 4A. Describe how your health home team will decrease emergency room utilization by recipients.

[Click here to enter text.](#)

- 4B. Describe how your health home team will ensure the Health Home receives prompt (within 24 hours of admission/discharge) notification of emergency room and inpatient facility admissions/discharges.

[Click here to enter text.](#)

- 4C. Describe how your health home team be involved in any transition affecting your Health Home recipients (i.e. Hospital to Home, Nursing Facility to Home, Hospital to Nursing Facility).

[Click here to enter text.](#)

- 4D. Describe how your health home team will integrate services not available within your practice site. Primary Care practice sites should speak specifically to integration with behavioral health and behavioral health practice sites should speak specifically to integration with primary care.

[Click here to enter text.](#)

## 5. HEALTH INFORMATION TECHNOLOGY

- 5A. Describe the practice site's current health information technology (HIT) capability. (Check all that apply)

- Health Home provider has structured information systems, policies, procedures and practices to create, document, execute and update a plan of care for every recipient.
- Health Home provider has a systematic process to follow-up on tests, treatments, services, and referrals, which are incorporated into the recipients, plan of care.
- Health Home provider has a health record system which allows the recipients health information and plan of care to be accessible to the health home team

## SOUTH DAKOTA HEALTH HOME APPLICATION

and which allows for population management and identification of gaps in care including preventive services.

- Health Home provider can submit outcome measures electronically as defined in the data layout.

### 6. **ATTESTATION**

**Attachment 1 must be completed and signed by each designated provider listed in 1B. The original must be submitted with the application.**

### 7. **APPLICATION SUBMISSION**

After completing the application electronically, print it out and submit it with signed Attestation Forms for each designated provider to Health Homes, 700 Governors Dr, Pierre, SD 57501.

Questions about the application can be addressed to Kathi Mueller at [Kathi.Mueller@state.sd.us](mailto:Kathi.Mueller@state.sd.us) or calling (605) 773-3495.