### Purpose of Sub-Committee:
Up to $15 million in state funding will be made available to be used to fund health home infrastructure development. The funds will be used to develop enhanced systems to support Health Home operations including assignments, workflow, and transmission of data. Funding will be disbursed based on a formula established. The sub-committee is charged with developing this formula.

The following infrastructure components were identified and agreed upon by the committee:

- Staff (start-up; recruiting cost, salary + benefits, transportation costs)
- IT/Technology Initial (start-up)
- IT/Technology (first year)
Considerations in developing formula should include the following: 1) start-up funding (i.e. HEAL); 2) Care Management Grant for downstream providers (or those providers not eligible for Care Management Grant); 3) What is the start-up window for which reimbursements are applied (i.e. 6 months, 12 months, 18 or 24).

Criteria to include in developing formula should include the following: 1) Demographics; 2) the differences of Health Homes doing care management and those who contract those services; 3) the number of health homes involved; and 3) is this a start-up or an operational grant or both.

The committee agreed on the following plan to develop the formula:

- Will complete a 6-month look back for Health Home start-up expenses and a 12 month look back based on initial assignment of members from DOH. Identify proportion of cost through grant fund / ratio of match.
- Base allocation to address purchase of health home network application and one-time purchase technology infrastructure.
- First year operating expense for software licensure (i.e. PPPM).
- First year (12 month) expense of implementation/operational staff expense including new staff hired and allocated to Health Home and in-kind allocation of staff to Health Home project (staff and fringe benefit).
- Add on for health home directly operating care management program (perhaps a first year amount per number of enrolled members).
- Add for health home operating through downstream providers to help them find some funding to operate at the downstream level. This will also be in the 12 month start-up window.
- Identify the differences between city, urban and rural areas.

Side Note: Julie Smith will send to Laura Eannace information related to vehicle purchases for health home use and what the allowable cost is for that.