



Health Homes for Patients with Complex Needs (HHP)

Stakeholder Advisory Committee Meeting

2-25-16

Background

- ACA Section 2703
 - Created the new optional health homes Medicaid benefit for intensive care coordination for people with chronic conditions
 - 90% federal funding for first eight quarters, 50% thereafter
- AB 361 – enacted in 2013
 - Requires inclusion of a specific target populations of frequent utilizers and with specific requirements for those experiencing homelessness
 - Requires that DHCS implement only if no additional State General Funds will be used

Target Population

- The Health Homes Program (HHP) is intended to be an intensive set of services for a small subset of members who require coordination at the highest levels.
- The highest-risk top three to five percent of the Medi-Cal population will be eligible.

HHP Services

- The HHP include six core services, delivered through the Managed Care system:
 - Comprehensive care management
 - Care coordination
 - Health promotion
 - Comprehensive transitional care
 - Individual and family support
 - Referral to community and social support services
- HHP includes the use of health information technology and exchanges, as feasible and appropriate.

Care Team

The HHP will be structured as a health home network with members functioning as a team to provide care coordination. This network includes the MCP, one or more Community Based Care Management Entities (CB-CMEs), and linkages to community and social support services.

DHCS will require the team members below to participate on all multi-disciplinary care teams.

- HHP Director, Dedicated Care Manager, and Clinical Consultant
- Community Health Workers in appropriate roles
- For HHP Members Experiencing Homelessness: Housing Navigator
- Additional team members, such as a pharmacist or nutritionist, may be included on the multi-disciplinary care team in order to meet the HHP member's individual care coordination needs.

A Few Guidelines

- Per federal requirements, in a county that is selected to implement HHP, all Managed Care Plans within that county must implement at the same time.
- The SPA timeline for the eight quarters of 90 percent federal match is for the specific HHP populations and counties in each SPA. Each SPA starts a new eight quarters upon its start date.
- No funding for direct medical or social services.

What's new?

- DHCS released an RFI in October to Managed Care Plans and Cal MediConnect Plans (MCPs) to gauge their interest and capability to implement the HHP.
 - The great majority of MCPs requested to implement January 2017.
- Concept Paper (CP) 3.0 (Draft-final) released on December 11 has new information including:
 - County roll-out schedule
 - Eligibility criteria

Concept Paper 3.0 – County Roll-Out Schedule

CP 3.0 includes new information in a number of areas. Some key areas where we heard feedback include:

- Implementation counties were selected based on information provided in the MCP Request For Information (RFI) responses.
- County roll-out schedule – feedback we heard:
 - Plans need sufficient time to build an effective HHP,
 - We should start where MCPs have both experience with these types of programs **and** current capacity to build the HHP.
 - Many areas are interested and can implement soon after the initial counties.
 - Should not expect that we can serve all eligible members on the same implementation start date – find a way to spread out the start-up.

Concept Paper 3.0 – Eligibility Criteria

CP 3.0 includes new information in a number of areas. Some key areas where we heard feedback include:

- Eligibility criteria – feedback we heard:
 - Narrow the population and focus resources where there is the greatest opportunity for improved outcomes with HHP services.
 - DHCS received a lot of feedback about which eligibility criteria will achieve the result noted above and we incorporated this into the criteria.
 - This is important because there is limited capacity and resources, but also because we have a cost neutrality requirement.
 - The CP 3.0 criteria continue the focus on the highest-risk 3-5% of Medi-Cal.

Eligibility Criteria

1. At least two of the following: Asthma, Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Traumatic Brain Injury, Chronic or Congestive Heart Failure, Coronary Artery Disease, Chronic Liver Disease, Dementia, Substance Use Disorder **OR**
 2. Hypertension and one of the following: COPD, Diabetes, Coronary Artery Disease, Chronic or Congestive Heart Failure **OR**
 3. One of the following: Major Depression Disorders, Bipolar Disorder, Psychotic Disorders (including Schizophrenia)
- The member must also have **one** of the following: 1) Risk Score of at least three, 2) at least one inpatient visit in the last year, or 3) at least three ED visits in the last year.

What's Next: Initial SPA Submission

- DHCS's official submission of the initial HHP SPA to CMS for the first group of implementation geographies is scheduled for February 2016.
- The SPA will align with the CP 3.0 final policy.
- Subsequent SPA submissions will follow according to the implementation schedule in CP 3.0.
- The SPA and Final Concept Paper will be posted on the DHCS web site after the SPA is submitted to CMS.

What's Next: Plan RFA and Technical Assistance

- DHCS will release an RFA in the latter half of February to the first group of implementing MCPs. The RFA response will be a detailed plan of how the MCP will implement the HHP.
- DHCS will work with the small group of initial implementation MCPs to provide technical assistance (TA) for the MCP RFA response and coordination with Behavioral Health systems and implementation work.
- During this TA process DHCS will be in communication with the MCPs as we develop remaining requirements, such as more detailed service requirements, outcome metrics, and rates.

Proposed County Roll-Out Schedule

Counties	Implementation Date for Members with Serious Mental Illness	Implementation Date for Other Eligible Members
<p>Group 1 Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, San Francisco, Shasta, Solano, Sonoma, Yolo</p>	January 1, 2017	July 1, 2017
<p>Group 2 Imperial, Lassen, Merced, Monterey, Orange, Riverside, San Bernardino, San Mateo, Santa Clara, Santa Cruz, Siskiyou, Ventura</p>	July 1, 2017	January 1, 2018
<p>Group 3 Alameda, Fresno, Kern, Los Angeles, Sacramento, San Diego, Tulare</p>	January 1, 2018	July 1, 2018

Health Homes Program Timeline

Dates	Activities
10/2015	Released and completed Managed Care Plan Request for Information
12/2015	Draft-final concept paper released for stakeholder comment
12/2015	One time required consult with Substance Abuse and Mental Health Services Administration (SAMHSA)
2/2016	First SPA submission to CMS
2/2016	Release Managed Care Plan Request for Application for counties implementing HHP
2/2016	Release Health Homes Program Services Provider Self Assessment (Provider RFI) for counties implementing HHP
3/2016 – ongoing	Begin to provide TA and prepare for program implementation
5/2016	Projected CMS approval of 2703 SPA
1/2017	Begin HHP services in first implementation counties

Resources

- Visit the DHCS Health Home web page <http://www.dhcs.ca.gov/services/Pages/HealthHomesProgram.aspx> for:
 - The DHCS Concept Paper 3.0
- Please contact us via the DHCS Health Home mailbox HHP@dhcs.ca.gov to:
 - Send comments/questions or to ask to be included on future HHP stakeholder communications from DHCS