



ACA Section 2703

Created the new **health home** optional Medicaid benefit:

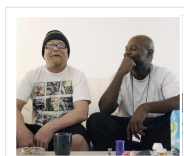
- For intensive care coordination for people with chronic conditions.
- Six care coordination services: Comprehensive care management, Care coordination, health promotion, Comprehensive transitional care, Individual and family supports, and Referral to community and social services.
- Does not fund direct medical or social services.
- 90% federal funding for first eight quarters, and 50% thereafter.

1

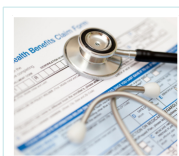


ACA's Health Home Option

Services to Address the Needs of the "Whole-Person"



COMPREHENSIVE CARE MANAGEMENT



CARE COORDINATION & HEALTH PROMOTION



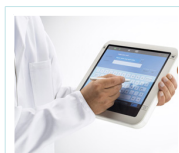
COMPREHENSIVE TRANSITIONAL CARE



INDIVIDUAL AND FAMILY SUPPORTS



REFERRAL TO COMMUNITY & SOCIAL SERVICES



HEALTH IT, DATA AND EVALUATION



OUTREACH & ENGAGEMENT

2



AB 361 – enacted in 2013

- Authorizes implementation of ACA Section (§) 2703:
 - Based on DHCS’s determination of program fiscal and operational viability.
 - Requires that DHCS implement only if no additional General Fund moneys will be used.
 - Provides flexibility in developing program elements
 - Requires DHCS complete a Health Home program evaluation within two years after implementation.
- Requires inclusion of a specific target population of frequent utilizers and those experiencing homelessness
- For the target population, the program must include providers with experience serving frequent hospital/ED users and homeless members.



AB 361, continued

Health Home = Virtual “Home” for Addressing the “**Whole Needs**” of a Beneficiary

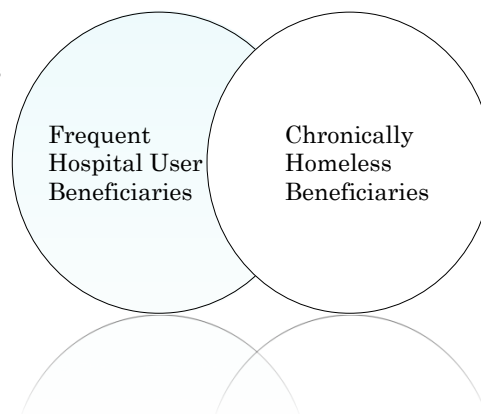
Authorizes CA to create a “Medi-Cal health home benefit.” Include among target populations beneficiaries who are—

**FREQUENT HOSPITAL
USERS**

and

**CHRONICALLY HOMELESS
PEOPLE**

Bill signed by Governor Oct 2013





DHCS Project Work

- Initiated project to evaluate and implement Health Homes as a benefit for Medi-Cal.
- Policy Development in process. Topics include:
 - DHCS policy goals
 - Eligible chronic conditions and complexity
 - Delivery model and role for providers
 - Target geography and phasing
 - Service definitions
 - Quality Standards and Evaluation
 - Timeline for implementation
- Anticipated implementation date January, 2016

5



How to Target the Right Members

- AB 361 focuses on:
 - Frequent utilizers of health services
 - Conditions that are likely to be responsive to intensive care coordination
 - Goals of reducing inpatient stays, ED visits, and negative health outcomes, and improving patient engagement.
- Regardless of the specific chronic conditions that are selected:
 - A large percentage of enrollees with SMI and SUD, or who are homeless will be included
 - Whole-person care will include coordination of behavioral health (BH) services and includes linkages to social services, such as supportive housing.

6



Geography and Phasing

- Federal rules allow CA to select specific geographies for implementation
 - Because Health Homes are an optional Medicaid entitlement benefit, CA must have adequate provider infrastructure to serve the target population in the selected geographies
 - Implementation can be staged in different geographies
- Some considerations:
 - CA could leverage previous care coordination improvements to give the Health Homes program every chance for success
 - Many initiatives in CA have enhanced primary care through practice transformation, PCMH, and Health Home-like efforts.
 - CCI counties have higher care coordination standards, including enhanced coordination with long term care and BH services
 - Provider readiness will be a key consideration

7



Delivery System

- A likely structure that leverages MCO organization:
 - DHCS will determine service definitions and other program and benefit criteria
 - DHCS will add funding for Health Home services to MCO capitation payment
 - Plans will oversee and pay Health Home providers for services
 - Per federal requirements, the beneficiary must receive services at least quarterly and participate in the coordination process.
- DHCS is assessing the care coordination MCOs currently provide
 - What would have to be added to complete the Health Homes benefit
 - There can be no duplication of care coordination services

8



Financing

- The California Endowment has offered to fund the 10% non-federal share of services costs for the first eight program quarters.
- After eight quarters, the non-federal share will be 50% of service costs and must be offset by Health Home program savings.

9



Stakeholder Engagement Process

- Visit the DHCS Health Home web page <http://www.dhcs.ca.gov/provgovpart/Pages/HealthHomes.aspx> for:
 - The DHCS Concept paper;
 - A recording of the Nov. 17 Webinar
- Please contact us via the DHCS Health Home mailbox HHP@dhcs.ca.gov to:
 - Send comments/questions or to ask to be included in future notices of stakeholder engagement opportunities.

10