California Health Homes Program: September 2020 Update

The Medi-Cal Health Homes Program (HHP) helps manage and coordinate care for Medi-Cal managed care plan (MCP) members with certain chronic health and/or mental health conditions who have high health care needs or who are experiencing chronic homelessness. The HHP is administered by 17 MCPs and a network of health care and social service providers (Community-Based Care Management Entities, or CB-CMEs) in 12 counties.

The HHP provides the following six core services for Medi-Cal beneficiaries: 1) comprehensive care management, 2) care coordination, 3) health promotion, 4) comprehensive transitional care, 5) individual and family support services, and 6) referral to community and social supports. Providing access to these services is even more important today in the context of the COVID-19 Public Health Emergency and the potential secondary health impacts resulting from delays and disruptions in care and increased stress.

HHP Enrollment

The HHP was launched in phases, starting with San Francisco County on July 1, 2018, and most recently Orange County on January 1, 2020. As of July 1, 2020, all counties and phases of the HHP have been successfully implemented. As of March 2020, a total of 27,258 members have enrolled across all HHP counties. Figure 1 provides HHP enrollment data by county.

Figure 1. Health Homes Program Enrollment Data - March 1, 2020

Group	County	Number of Enrollees (by County)	Total Enrollees
Group 1	San Francisco	546	546
Group 2	Riverside	5,090	9,387
	San Bernardino	4,297	
Group 3	Alameda	367	17,015
	Imperial	74	
	Kern	2,488	
	Los Angeles	9,943	
	Sacramento	1,495	
	San Diego	1,472	
	Santa Clara	650	
	Tulare	526	
Group 4	Orange County	310	310
All Groups	All Counties		27,258

HHP Members Experiencing Homelessness
It is well known that individuals experiencing homelessness are some of the most vulnerable populations in Medi-Cal. DHCS continues to work closely with MCPs and industry experts such as the Corporation for Supportive Housing (CSH) to provide learning opportunities and the sharing of best-practices among the plans. HHP MCPs are expected to conduct outreach and engage with members who are homeless and enroll them into the Program.

Although engagement takes time and relies on building trust and rapport, HHP MCPs continue with their efforts in outreaching and enrolling the chronically homeless and those at-risk of homelessness. Recent data shows that approximately 1,400 or 6.5% of enrollees in the HHP are homeless. In looking at combined enrollment of members who are either at-risk of homelessness or homeless, data shows that roughly 1,800 or 8.7%*[1] of enrollees in the HHP are either chronically homeless or are experiencing housing insecurity and are at-risk of becoming homeless. A multi-system approach is needed to address the needs of individuals who find themselves homeless. Many of the counties where HHP is offered, local Whole Person Care (WPC) Pilots are also offering similar services to this group. HHP continues to provide a significant opportunity to assist such enrollees in finding housing support and housing opportunities to positively impact their health and well-being.

The Importance of Continued Enrollment in the HHP
Continuing to enroll new members and maintaining connections with existing HHP members is even more important now as California continues to feel the impact of the COVID-19 Public Health Emergency. HHP services can help members:

- Manage their chronic health conditions and connect to medical supports;
- Prevent and mitigate the impacts that can result from delays and disruptions in access to care;
- Cope with the impacts of increased social isolation; and
- Connect to social services, as needed.

To support continued enrollment in the HHP, the Department of Health Care Services (DHCS) issued an All Plan Letter that permits flexibility for HHP services and other

[1] DHCS collects quarterly reporting data from the MCPs. The data on homeless enrollees is reported in two ways, as enrollees who were ever homeless (6.5% as of Quarter 1 2020), as well as a combination of those who were homeless or at-risk of homelessness (8.7% as of Quarter 1 2020). DHCS also assumes a lag of one reporting cycle for the homeless and at-risk of homelessness data.

health care services to be conducted in a manner that prioritizes the safety of both providers and members. MCPs and their contracted CB-CMEs are permitted and encouraged to implement telephonic and video call assessments to substitute for face-to-face assessments, in compliance with Medi-Cal's telehealth policy. DHCS has suspended the in-person visit requirements until the COVID-19 emergency declaration is rescinded.

HHP and the California Advancing and Innovating Medi-Cal (CalAIM) Initiative
In 2019, DHCS began planning for CalAIM — a multi-year initiative to achieve broad delivery system, program, and payment reform across the Medi-Cal program. Under CalAIM, DHCS plans to replace the HHP program (and the Whole Person Care pilot program) with a new statewide Medi-Cal managed care benefit called Enhanced Care Management (ECM) that will build on the positive outcomes from those programs. HHP members would be automatically eligible to receive ECM benefits, which would be similar to the services they receive through the HHP.

Due to the substantial disruption that the COVID-19 public health emergency has caused for the state's economy and health care system, CalAIM implementation is being delayed. In the meantime, the critical role that the HHP plays in supporting members with chronic conditions will continue and ongoing HHP outreach and enrollment will serve as a key vehicle for identifying the target populations for ECM. Visit the DHCS CalAIM website for additional information and updates regarding the CalAIM implementation timeline.