

Health Homes Program



CALIFORNIA'S HEALTH HOMES PROGRAM: IMPLEMENTATION UPDATE

September 26, 2018

TOPICS COVERED

- Health Homes Program Overview
- Implementation Update
- Intersection of Health Homes Program & Whole Person Care Pilot
- Learning Collaborative for Plans
- Outreach and Education Activities
- Resources and Information

HEALTH HOMES PROGRAM OVERVIEW

- The Medi-Cal Health Homes Program (HHP) is a new program that offers extra services to certain Medi-Cal members with complex medical needs and chronic conditions
- Members are given a **care team** – including a **care coordinator** – that coordinates their physical and behavioral health care services and connects them to community services and housing, as needed



HEALTH HOMES PROGRAM OVERVIEW



- Members stay enrolled in their Medi-Cal Managed Care plan (MCP) and continue to see the same doctors, but now they have an extra layer of support
- Members receive these services at no cost as part of their Medi-Cal benefits
- Community-Based Care Management Entities (CB-CMEs) are primarily responsible for delivering HHP services

CB-CME AND MCP ROLES

Community-Based Care Management Entities (CB-CMEs)

- CB-CMEs are the single community-based entity with responsibility, in coordination with the MCP, for ensuring that HHP members receive HHP services
- In most cases, the CB-CME is the member's MCP-assigned primary care provider (PCP) such as a community clinic or practice that serves a high volume of HHP-eligible members



CB-CME AND MCP ROLES

Community-Based Care Management Entities (CB-CMEs)

- If the CB-CME is not the member's MCP-assigned PCP, the MCP and the CB-CME will work together to coordinate and collaborate with the PCP on care management for the member, including sharing relevant information



ELIGIBILITY AND ENROLLMENT

1) The member has certain chronic condition(s) which are determined by specified ICD 10 codes. The member can check at least one of the boxes below:

- At least two of the following: chronic obstructive pulmonary disease, diabetes, traumatic brain injury, chronic or congestive heart failure, coronary artery disease, chronic liver disease, chronic kidney disease, dementia, or substance use disorders

- Hypertension (high blood pressure) and one of the following: chronic obstructive pulmonary disease, diabetes, coronary artery disease, or chronic or congestive heart failure

- One of the following: major depression disorders, bipolar disorder, or psychotic disorders (including schizophrenia)

- Asthma

ELIGIBILITY AND ENROLLMENT

2) The member meets at least one acuity/complexity criteria.

Member can check at least one box below:

- Has three or more of the HHP-eligible chronic conditions

- Has stayed in the hospital in the last year

- Has visited the emergency department three or more times in the last year

- Has chronic homelessness

ELIGIBILITY AND ENROLLMENT

Three ways for members to join:



1. The MCP or CB-CME will attempt to contact their eligible members to discuss the program, including through mail, calls, and/or in-person outreach
2. Providers can refer members by submitting a referral to the MCP
3. Members can ask their MCP if they can join the program

ELIGIBILITY AND ENROLLMENT

Other Criteria:

- Members must consent to be enrolled in the HHP
- A person must be a member of an MCP to join the HHP
- Fee-for-Service (FFS) members who meet the HHP eligibility criteria may enroll in an MCP to receive HHP services



HHP SIX CORE SERVICES

1. Comprehensive
Care Management



2. Care
Coordination



6. Referrals to
Community and
Social Services



Health Homes
Core Services

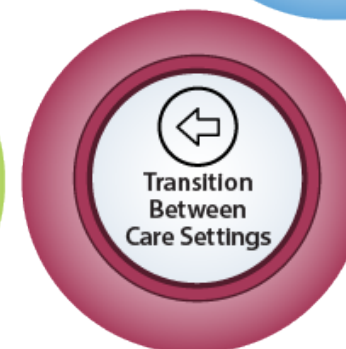


3. Health
Promotion

5. Member and
Family Supports



4. Comprehensive
Transitional Care



INFORMATION SHARING AND REPORTING

Information Sharing Across Entities

- For care management activities to be successful, the entire HHP care team must be able to share and access information about a member's services and care
- MCPs are responsible for establishing and maintaining data-sharing agreements with HHP partners
- Providers are encouraged to use technology to ensure timely, accurate, and secure sharing of information

Reporting

- MCPs are required to report data on enrollment utilization, costs, and quality of care across the HHP care team



PAYMENT INFORMATION

- HHP payments are made directly from DHCS to the MCPs through capitation rates (a set amount per member, per month)
- MCPs negotiate individual contracts and payment terms with CB-CMEs and other providers to ensure the delivery of HHP services such as care coordination or housing navigation
- The MCP and the CB-CME or other providers will determine payment terms. Payment terms may be a per member, per month rate or a FFS payment, and may vary by provider

HHP IS PHASED IN BY COUNTY

Groups	County	Implementation Date for Members with Eligible Chronic Physical Conditions and SUD	Implementation Date for Members with SMI
Group 1	San Francisco	July 1, 2018	January 1, 2019
Group 2	Riverside San Bernardino	January 1, 2019	July 1, 2019

HHP IS PHASED IN BY COUNTY

Groups	County (column 1)	County (column 2)	Implementation Date for Members with Eligible Chronic Physical Conditions and SUD	Implementation Date for Members with SMI
Group 3	Alameda Fresno Kern Los Angeles Sacramento San Diego Tulare Del Norte Humboldt Imperial Lake Lassen Marin	Mendocino Merced Monterey Napa Orange San Mateo Santa Clara Santa Cruz Shasta Siskiyou Solano Sonoma Yolo	July 1, 2019	January 1, 2020

IMPLEMENTATION UPDATE

- Phase I launched in San Francisco on July 1st
- Regular technical assistance is being provided to MCPs
- Monitoring and data reporting is occurring
- UCLA HHP evaluation design is underway
- Policy guidance has been issued:
 - Program Guide
 - Continuity of Care All Plan Letter (18-008)
 - HHP Requirements All Plan Letter (18-012)
 - MOU Requirements All Plan Letter (18-015)
 - HHP - Whole Person Care Policy (Appendix K)

INTERSECTION OF HHP AND WPC

Medi-Cal beneficiaries who are eligible to receive services from both the Whole Person Care (WPC) pilot and the HHP can be enrolled in either program or both, based on beneficiary choice.

- If a beneficiary is eligible for both programs, they may choose which program's care coordination services they want to receive
 - If the beneficiary wants to receive care coordination services from WPC, they cannot receive the same care coordination services from HHP
- The beneficiary can receive both HHP care coordination services and WPC services, as long as they are not duplicative or similar to HHP care coordination services
 - Example: Beneficiary use of WPC sobering center

Harbage developed the [HHP-WPC Crosswalk Tool](#) to help WPC pilots compare its services to HHP services

INTERSECTION OF HHP AND WPC

The beneficiary may not receive duplicative care coordination services from both HHP and WPC

- If the beneficiary is receiving care coordination services through the HHP, it is the responsibility of the WPC Pilot to ensure that they do not receive duplicative care coordination services from WPC
- The WPC Pilot may not claim WPC reimbursement for care coordination services that are duplicative of HHP care coordination services that are provided during the same month

See DHCS Joint Medi-Cal Managed Care Health Plan and Whole Person Care Guidance - June 2018

LEARNING COLLABORATIVE

- Harbage Consulting is facilitating the Learning Collaborative on behalf of DHCS
- **Goal:** Provide opportunities for MCPs to share lessons learned/best practices
- ~6 sessions will be held between Fall 2018 and Spring 2019
- Topics will include:
 - Lessons Learned (multiple sessions)
 - Preparing for Implementation
 - Intersection with Whole Person Care Pilot
 - Serious Mental Illness Population Model Development
 - Intersection with Drug Medi-Cal

OUTREACH AND EDUCATION

- Harbage Consulting works with DHCS to develop appropriate and targeted messaging and materials for:
 - Plans, CB-CMEs, providers, community-based organizations, and beneficiaries
- Materials include:
 - [HHP Fact Sheet](#)
 - [Member Toolkit](#)
 - [Provider Guide](#)
 - CB-CME Trainings
 - Lessons Learned

RESOURCES AND INFORMATION

DHCS Health Homes Website – bit.ly/HealthHomes

- Program Information
- Outreach and Education Materials

Questions? Comments?

Email hhp@dhcs.ca.gov