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CA - Submission Package - CA2019MS00050 - (CA-19-0002) - Health Homes

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CMS-10434 OMB 0938-1188

Package Information

<p>Package ID CA2019MS00050</p> <p>Program Name California Health Homes Program Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED)</p> <p>SPA ID CA-19-0002</p> <p>Version Number 3</p> <p>Submitted By Angeli Sus Lee</p> <p>Package Disposition </p> <p>Priority Code P2</p>	<p>Submission Type Official</p> <p>State CA</p> <p>Region San Francisco, CA</p> <p>Package Status Approved</p> <p>Submission Date 5/15/2019</p> <p>Approval Date 6/6/2019 7:45 AM EDT</p>
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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5 - 300 (5W)
San Francisco, CA 94103-6706



Division of Medicaid and Children's Health Operations

June 06, 2019

Jennifer Kent
Director
California Department of Health Care Services
1501 Capitol Avenue
P.O. Box 997413, MS 0000
Sacramento, CA 95814-7413

Re: Approval of State Plan Amendment CA-19-0002 California Health Homes Program Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED)

Dear Jennifer Kent:

On May 15, 2019, the Centers for Medicare and Medicaid Services (CMS) received California State Plan Amendment (SPA) CA-19-0002 for California Health Homes Program Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED) to amend the Behavioral Health Home Program (HHP) as authorized under Section 2703 of the Patient Protection and Affordable Care Act (Section 1945 of the Social Security Act) by expanding the HHP into the Group 2 counties of Riverside and San Bernardino.

Individuals eligible to receive health home services must have: One serious and persistent mental health condition serious mental illness (SMI) or serious emotional disturbance (SED), which is further defined as major depression disorders, bipolar disorders, and psychotic disorders (including schizophrenia). This SPA delegates designated providers, as described in Section 1945(h)(6) of the Social Security Act, as the health home provider.

This SPA also extends eligibility for this health homes program to the mandatory medically needy populations of pregnant women and children under 18 years of age and to all the optional medically needy populations, namely: children over 18 through 20, parents and caretaker relatives; aged, blind and disabled populations; and blind and disabled populations eligible in 1973.

We approve California State Plan Amendment (SPA) CA-19-0002 on June 06, 2019 with an effective date(s) of July 01, 2019.

Please incorporate the amended language into your state plan.

In accordance with the statutory provisions at Section 1945(c)(1) of the Social Security Act, for payments made to health home providers under this amendment, during the first eight fiscal quarters that the SPA is in effect July 1, 2019 through June 30, 2021 for Riverside and San Bernardino Counties, the federal medical assistance percentage (FMAP) rate applicable to such payments shall be equal to 90 percent. The FMAP rate for payments made to Riverside or San Bernardino County-based health home providers will return to the state's published FMAP on July 1, 2021. The Form CMS-64 has a designated category of service Line 43 for states to report health home services expenditures for enrollees with chronic conditions.

CMS' approval of SPA 19-0002 does not affect the 1115 state demonstration waiver amendment to waive freedom of choice, which allows the state to provide Health Home Program services through the Medi-Cal managed care delivery system. The effective date of the 1115 state demonstration waiver amendment remains July 1, 2018.

CMS approved the Health Home Program claiming methodology on November 9, 2018 so the state may claim the portion of the managed care payments at the enhanced matching rate.

CMS understands with the approval of this SPA -- along with the previously-approved companion Section 1115 demonstration amendment -- DHCS plans to develop prospective risk-based rates for the health home services provided under the managed care plans. CMS expects that the state will develop the overall capitation rates, including the Health Home Program-related rates, on a timely basis, which will provide CMS an opportunity to review the rates prior to the rating period.

This SPA approval is based on the state's agreement to collect and report information required for the evaluation of the health home model. CMS encourages DHCS to report on the CMS recommended core set of quality measures.

For payments made to Health Homes providers for Health Homes participants who newly qualify based on the Health Homes program's increased geographical coverage under this amendment, a medical assistance percentage (FMAP) rate of 90% applies to such payments for the period 7/1/2019 to 6/30/2021.

The FMAP rate for payments made to health homes providers will return to the state's published FMAP rate at the end of the enhanced match period. The Form CMS-64 has a designated category of service Line 43 for states to report health homes services expenditures for enrollees with chronic conditions.

Name	Date Created	
No items available		

If you have any questions regarding this amendment, please contact Cheryl Young at 4157443598 or cheryl.young@cms.hhs.gov.

Sincerely,
 Richard C. Allen
 Director, Western Regional
 Operations Group
 San Francisco Regional Office
 Centers for Medicaid and CHIP
 Services
 Division of Medicaid and
 Children's Health Operations

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | CA2019MS00050 | CA-19-0002 | California Health Homes Program Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED)

Package Header

Package ID	CA2019MS00050	SPA ID	CA-19-0002
Submission Type	Official	Initial Submission Date	5/15/2019
Approval Date	6/6/2019	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name:	California	Medicaid Agency Name:	California Department of Health Care Services
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Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | CA2019MS00050 | CA-19-0002 | California Health Homes Program Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED)

Package Header

Package ID CA2019MS00050	SPA ID CA-19-0002
Submission Type Official	Initial Submission Date 5/15/2019
Approval Date 6/6/2019	Effective Date N/A
Superseded SPA ID N/A	

SPA ID and Effective Date

SPA ID CA-19-0002

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Intro	7/1/2019	CA-18-0020
Health Homes Geographic Limitations	7/1/2019	CA-18-0020
Health Homes Population and Enrollment Criteria	7/1/2019	CA-18-0020

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | CA2019MS00050 | CA-19-0002 | California Health Homes Program Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED)

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Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives The California Department of Health Care Services' (DHCS) first Health Homes Program (HHP) State Plan Amendment (SPA) was for the Group 1 County of San Francisco and the population criterion of SMI or SED. Additional counties for Group 2 of Riverside and San Bernardino are being added in this SPA 19-0002 for the same population criterion of Serious Mental Illness or Serious Emotional Disturbance. The HHP will utilize the Medi-Cal Managed Care (MCMC) infrastructure. Managed Care Plans (MCPs) will be responsible for the overall administration of the HHP. The HHP will be structured as a HHP network including MCP, one or more Community Based Care Management Entities (CB-CMEs), linkages to Medi-Cal Specialty Mental Health Plans, Community and Social Support Services. The HHP benefit authorized herein, will operate in conjunction with, and is subject to the terms of, the State's approved Section 1115 Demonstration, including any approved waiver of freedom-of-choice that enables the state to limit the HHP benefit to the MCMC Delivery System. The goals for HHP are: improve care coordination, integrate palliative care, strengthen community linkages and team-based care, improve the health outcomes of HHP members, and wrap increased care coordination around existing care as close to the member's usual point of care delivery as possible in the community. DHCS Objectives include: ensure sufficient provider infrastructure and capacity to implement HHP as an entitlement benefit, ensure HHP providers appropriately serve members experiencing homelessness, and increase integration of physical & behavioral health services. Group 1 County of San Francisco implemented the SMI or SED population criterion on January 1, 2019. Group 2 counties of Riverside and San Bernardino will implement SMI or SED population criterion on July 1, 2019.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$588816
Second	2020	\$22921438

Federal Statute / Regulation Citation

Section 2703 of the Patient Protection and Affordable Care Act

Note: The estimated federal budget impact only includes the 2 counties of Riverside and San Bernardino and not the previously approved county of San Francisco.

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
SPA 19-0002 Federal Budget Impact Supplement	5/23/2019 1:43 PM EDT	

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | CA2019MS0005O | CA-19-0002 | California Health Homes Program Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED)

Package Header

Package ID	CA2019MS0005O	SPA ID	CA-19-0002
Submission Type	Official	Initial Submission Date	5/15/2019
Approval Date	6/6/2019	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe The Governor's Office does not wish to review the SPA.

Submission - Public Comment

MEDICAID | Medicaid State Plan | Health Homes | CA2019MS00050 | CA-19-0002 | California Health Homes Program Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED)

Package Header

Package ID	CA2019MS00050	SPA ID	CA-19-0002
Submission Type	Official	Initial Submission Date	5/15/2019
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Superseded SPA ID	N/A		

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Indicate how public comment was solicited:

- Newspaper Announcement
- Publication in state's administrative record, in accordance with the administrative procedures requirements
- Email to Electronic Mailing List or Similar Mechanism
- Website Notice

Select the type of website

- Website of the State Medicaid Agency or Responsible Agency

Date of Posting: Apr 8, 2019

Website URL: https://www.dhcs.ca.gov/formsandpubs/laws/Documents/SPA_19-0001_19-0002PN.pdf

- Website for State Regulations
- Other

- Public Hearing or Meeting
- Other method

Upload copies of public notices and other documents used

Name	Date Created	
SPAs 19-0001 and 19-0002 Public Notice	5/14/2019 7:10 PM EDT	

Upload with this application a written summary of public comments received (optional)

Name	Date Created	
No items available		

Indicate the key issues raised during the public comment period (optional)

- Access
- Quality
- Cost
- Payment methodology

- Eligibility
- Benefits
- Service delivery
- Other issue

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Health Homes | CA2019MS00050 | CA-19-0002 | California Health Homes Program Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED)

Package Header

Package ID	CA2019MS00050	SPA ID	CA-19-0002
Submission Type	Official	Initial Submission Date	5/15/2019
Approval Date	6/6/2019	Effective Date	N/A
Superseded SPA ID	N/A		

Name of Health Homes Program:

California Health Homes Program Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED)

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
- No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

- All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
1/23/2019	Tribal Notice - On 1/23/19, the tribal notice was sent to Indian Health Programs and Urban Indian Organizations. The state did not receive any tribal comments.

- All Urban Indian Organizations

Date of solicitation/consultation:	Method of solicitation/consultation:
1/23/2019	Tribal Notice - On 1/23/19, the tribal notice was sent to Indian Health Programs and Urban Indian Organizations. The state did not receive any tribal comments.

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
SPA 19-0001 and 19-0002 Tribal Notice	4/23/2019 2:00 PM EDT	

Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Submission - Other Comment

MEDICAID | Medicaid State Plan | Health Homes | CA2019MS00050 | CA-19-0002 | California Health Homes Program Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED)

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Superseded SPA ID N/A	

SAMHSA Consultation

Name of Health Homes Program

California Health Homes Program Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED)

The State provides assurance that it has consulted and coordinated with the Substance Abuse and Mental Health Services Administration (SAMHSA) in addressing issues regarding the prevention and treatment of mental illness and substance abuse among eligible individuals with chronic conditions.

Date of consultation
6/13/2018

Health Homes Intro

MEDICAID | Medicaid State Plan | Health Homes | CA2019MS00050 | CA-19-0002 | California Health Homes Program Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED)

Package Header

Package ID	CA2019MS00050	SPA ID	CA-19-0002
Submission Type	Official	Initial Submission Date	5/15/2019
Approval Date	6/6/2019	Effective Date	7/1/2019
Superseded SPA ID	CA-18-0020		
	System-Derived		

Program Authority

1945 of the Social Security Act

The state elects to implement the Health Homes state plan option under Section 1945 of the Social Security Act.

Name of Health Homes Program

California Health Homes Program Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED)

Executive Summary

Provide an executive summary of this Health Homes program including the goals and objectives of the program, the population, providers, services and service delivery model used

The California Department of Health Care Services' (DHCS) first Health Homes Program (HHP) State Plan Amendment (SPA) was for the Group 1 County of San Francisco and the population criterion of SMI or SED. Additional counties for Group 2 of Riverside and San Bernardino are being added in this SPA 19-0002 for the same population criterion of Serious Mental Illness or Serious Emotional Disturbance. The HHP will utilize the Medi-Cal Managed Care (MCMC) infrastructure. Managed Care Plans (MCPs) will be responsible for the overall administration of the HHP. The HHP will be structured as a HHP network including MCP, one or more Community Based Care Management Entities (CB-CMEs), linkages to Medi-Cal Specialty Mental Health Plans, Community and Social Support Services. The HHP benefit authorized herein, will operate in conjunction with, and is subject to the terms of, the State's approved Section 1115 Demonstration, including any approved waiver of freedom-of-choice that enables the state to limit the HHP benefit to the MCMC Delivery System. The goals for HHP are: improve care coordination, integrate palliative care, strengthen community linkages and team-based care, improve the health outcomes of HHP members, and wrap increased care coordination around existing care as close to the member's usual point of care delivery as possible in the community. DHCS Objectives include: ensure sufficient provider infrastructure and capacity to implement HHP as an entitlement benefit, ensure HHP providers appropriately serve members experiencing homelessness, and increase integration of physical & behavioral health services. Group 1 County of San Francisco implemented the SMI or SED population criterion on January 1, 2019. Group 2 counties of Riverside and San Bernardino will implement SMI or SED population criterion on July 1, 2019.

General Assurances

- The state provides assurance that eligible individuals will be given a free choice of Health Homes providers.
- The states provides assurance that it will not prevent individuals who are dually eligible for Medicare and Medicaid from receiving Health Homes services.
- The state provides assurance that hospitals participating under the state plan or a waiver of such plan will be instructed to establish procedures for referring eligible individuals with chronic conditions who seek or need treatment in a hospital emergency department to designated Health Homes providers.
- The state provides assurance that FMAP for Health Homes services shall be 90% for the first eight fiscal quarters from the effective date of the SPA. After the first eight quarters, expenditures will be claimed at the regular matching rate.
- The state provides assurance that it will have the systems in place so that only one 8-quarter period of enhanced FMAP for each health homes enrollee will be claimed.
- The state provides assurance that there will be no duplication of services and payment for similar services provided under other Medicaid authorities.

Health Homes Geographic Limitations

MEDICAID | Medicaid State Plan | Health Homes | CA2019MS00050 | CA-19-0002 | California Health Homes Program Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED)

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	System-Derived		

- Health Homes services will be available statewide
- Health Homes services will be limited to the following geographic areas
- Health Homes services will be provided in a geographic phased-in approach

Specify the geographic limitations of the program

- By county
- By region
- By city/municipality
- Other geographic area

Describe the area(s): By County:
 San Francisco 1/1/2019
 Riverside 7/1/2019
 San Bernardino 7/1/2019

Health Homes Population and Enrollment Criteria

MEDICAID | Medicaid State Plan | Health Homes | CA2019MS00050 | CA-19-0002 | California Health Homes Program Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED)

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Categories of Individuals and Populations Provided Health Homes Services

The state will make Health Homes services available to the following categories of Medicaid participants

- Categorically Needy (Mandatory and Options for Coverage) Eligibility Groups
- Medically Needy Eligibility Groups
 - Mandatory Medically Needy
 - Medically Needy Pregnant Women
 - Medically Needy Children under Age 18
 - Optional Medically Needy (select the groups included in the population)
 - Families and Adults**
 - Medically Needy Children Age 18 through 20
 - Medically Needy Parents and Other Caretaker Relatives
 - Aged, Blind and Disabled**
 - Medically Needy Aged, Blind or Disabled
 - Medically Needy Blind or Disabled Individuals Eligible in 1973

Health Homes Population and Enrollment Criteria

MEDICAID | Medicaid State Plan | Health Homes | CA2019MS00050 | CA-19-0002 | California Health Homes Program Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED)

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	System-Derived		

Population Criteria

The state elects to offer Health Homes services to individuals with:

- Two or more chronic conditions
- One chronic condition and the risk of developing another
- One serious and persistent mental health condition

Specify the criteria for a serious and persistent mental health condition:

To be eligible for HHP, a member must be full-scope and have no share of cost (SOC) and meet the following eligibility criteria: serious mental illness (SMI) or serious emotional disturbance (SED), which is further defined as major depression disorders, bipolar disorders, and psychotic disorders [including schizophrenia].

Health Homes Population and Enrollment Criteria

MEDICAID | Medicaid State Plan | Health Homes | CA2019MS00050 | CA-19-0002 | California Health Homes Program Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED)

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Enrollment of Participants

Participation in a Health Homes is voluntary. Indicate the method the state will use to enroll eligible Medicaid individuals into a Health Home:

- Opt-In to Health Homes provider
- Referral and assignment to Health Homes provider with opt-out
- Other (describe)

Describe the process used:

MCPs will notify their members via a notice, no later than the start of HHP in the county, that HHP is enhanced care coordination for members with SMI or SED, is voluntary, members can choose a different CB-CME, and they can opt-out at any time. DHCS/MCPs will develop the Targeted Engagement List (TEL) based upon eligibility and utilization data multiple times each year. MCPs will use the TEL to conduct a progressive process (including letters, phone calls, in-person visits, texts, and emails) to engage the members. Members are advised that the HHP is voluntary, and that they can opt-out at any time. MCPs will inform members of their assigned CB-CME and the option to choose a different CB-CME. If the member's assigned primary care physician is affiliated with a CB-CME, the member will be assigned to that CB-CME, unless the member chooses another CB-CME. The MCP and/or CB-CME will secure consent from the member to participate in HHP and to authorize release of information in accordance with legal requirements. The MCP/CB-CME will maintain records of these consents. DHCS is providing significant resources for provider awareness and engagement to facilitate participation in the program. Providers will have the ability to refer potentially eligible members to their MCPs to evaluate their eligibility for HHP. DHCS will use administrative data to identify and notify potentially eligible FFS members regarding the HHP. This notice will be provided no later than sixty days from the start of HHP in the county, and will inform these members that HHP is enhanced care coordination for members with chronic conditions, is voluntary, that they have the option to enroll in managed care for all of their services, including HHP services, have the opportunity to choose a different CB-CME, and HHP members can opt-out at any time. Providers can refer potentially eligible FFS members to the program for eligibility determination.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 7/17/2019 5:25 PM EDT