Records / Submission Packages

CA - Submission Package - CA2019MS0007O - (CA-19-0037) - Health Homes

Summary

Reviewable Units

Approval Letter News Related Actions

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

October 31, 2019

Richard Figueroa **Acting Director** California Department of Health Care Services 1501 Capitol Avenue Sacramento, CA 95814

Re: Approval of State Plan Amendment CA-19-0037 California Health Homes Program Chronic Physical Health Conditions/Substance Use Disorder (SUD)

Dear Richard Figueroa:

On September 30, 2019, the Centers for Medicare and Medicaid Services (CMS) received California State Plan Amendment (SPA) CA-19-0037 for California Health Homes Program Chronic Physical Health Conditions/Substance Use Disorder (SUD) to add the Group 4 County of Orange County to the California Health Homes Program for Chronic Physical Health Conditions/Substance Use Disorder (SUD)..

We approve California State Plan Amendment (SPA) CA-19-0037 on October 31, 2019 with an effective date(s) of January 01, 2020.

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 January 1, 2020 through December 31, 2021 for Orange County, the federal medical assistance percentage (FMAP) rate applicable to such payments shall be equal to 90 percent. The FMAP rate for payments made to the Group 4 County of Orange County-based health home providers will return to the state's published FMAP on January 1, 2022.

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 19-0037 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

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 1/1/2020 to 12/31/2021.

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 ite	ms available

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

Sincerely,

Richard C. Allen

Director, Western Regional Operations Group

Division of Medicaid and Children's Health Operations

Records / Submission Packages

CA - Submission Package - CA2019MS0007O - (CA-19-0037) -**Health Homes**

Summary Reviewable Units Approval Letter News Related Actions

CMS-10434 OMB 0938-1188

Package Information

Package ID CA2019MS0007O

Program Name California Health Homes

Program Chronic Physical Health Conditions/Substance

Use Disorder (SUD)

SPA ID CA-19-0037

Version Number 1

Submitted By Angeli Sus Lee

Package Disposition



Submission Type Official

State CA

Region San Francisco, CA

Package Status Approved Submission Date 9/30/2019

Approval Date 10/31/2019 11:51 AM EDT

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | CA2019MS00070 | CA-19-0037 | California Health Homes Program Chronic Physical Health Conditions/Substance Use Disorder (SUD)

Package Header

Package ID CA2019MS0007O

Submission Type Official

Approval Date 10/31/2019

Superseded SPA ID N/A

SPA ID CA-19-0037

Initial Submission Date 9/30/2019

Effective Date N/A

State Information

State/Territory Name: California Medicaid Agency Name: California Department of

Health Care Services

Submission Component

State Plan Amendment

Medicaid

O CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | CA2019MS00070 | CA-19-0037 | California Health Homes Program Chronic Physical Health Conditions/Substance Use Disorder (SUD)

Package Header

Package ID CA2019MS0007O

Initial Submission Date 9/30/2019

Submission Type Official **Approval Date** 10/31/2019

Effective Date N/A

SPA ID CA-19-0037

Superseded SPA ID N/A

SPA ID and Effective Date

SPA ID CA-19-0037

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Intro	1/1/2020	CA-19-0001
Health Homes Geographic Limitations	1/1/2020	CA-19-0001

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | CA2019MS00070 | CA-19-0037 | California Health Homes Program Chronic Physical Health Conditions/Substance Use Disorder (SUD)

Package Header

Package ID CA2019MS0007O

SPA ID CA-19-0037

Submission Type Official

Initial Submission Date 9/30/2019

Approval Date 10/31/2019

Effective Date N/A

Superseded SPA ID N/A

Executive Summary

Summary Description Including The California Department of Health Care Services' (DHCS) first Health Homes Program (HHP) State Plan Goals and Objectives Amendment (SPA) was for the Group 1 County of San Francisco and the population criterion of Chronic Physical Conditions/Substance Use Disorders (SUD). Additional counties for Group 2 of Riverside and San Bernardino were added in SPA 18-0019 for the same population criterion of Chronic Physical Conditions/SUD. Additional counties for Group 3 of Alameda, Kern, Los Angeles, Imperial, Sacramento, San Diego, Santa Clara, and Tulare were added in SPA 19-0001 for the same population criterion of Chronic Physical Conditions/SUD. The additional county of Orange for Group 4 is being added in this SPA 19-0037. 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 population criterion of Chronic Physical Conditions/Substance Use Disorders (SUD) on July 1, 2018. Group 2 counties of Riverside and San Bernardino implemented January 1, 2019. Group 3 counties of Alameda, Kern, Los Angeles, Imperial, Sacramento, San Diego, Santa Clara, and Tulare implemented July 1, 2019. Group 4 County of Orange will implement January 1, 2020.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	\$3776851
Second	2021	\$10402354

Federal Statute / Regulation Citation

Section 2703 of the PPACA-The estimated federal budget impact only includes one new county of Orange and not the previously approved counties.

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
	No items available	

MEDICAID Medicaid State Plan Health Homes CA2019M500070 CA-19-0037 California Health Homes Program Chronic Physical Health Conditions/Substance Use Disorder (SUD) Package Header Package ID CA2019M500070 SPA ID CA-19-0037 Submission Type Official Initial Submission Date 9/30/2019 Approval Date 10/31/2019 Effective Date N/A Superseded SPA ID N/A Governor's Office Review No comment Describe The Governor's Office of wish to review the SPA. Other	ard State I fair I fint Vic	· v		r age c
Package Header Package ID CA2019MS00070 CA-19-0037 California Health Homes Program Chronic Physical Health onditions/Substance Use Disorder (SUD) Package Header Package ID CA2019MS00070 SPA ID CA-19-0037 Submission Type Official Initial Submission Date 9/30/2019 Approval Date 10/31/2019 Effective Date N/A Superseded SPA ID N/A Sovernor's Office Review No comment Describe The Governor's Office do wish to review the SPA. No response within 45 days	uhmission - Summary			
Package Header Package ID CA2019MS0007O SPA ID CA-19-0037 Submission Type Official Initial Submission Date 9/30/2019 Approval Date 10/31/2019 Effective Date N/A Superseded SPA ID N/A Siovernor's Office Review No comment Describe The Governor's Office do wish to review the SPA. No response within 45 days	_		0037 California Health Homes Program Chr	ronic Physical Health
Package ID CA2019MS0007O SPA ID CA-19-0037 Submission Type Official Initial Submission Date 9/30/2019 Approval Date 10/31/2019 Effective Date N/A Superseded SPA ID N/A Siovernor's Office Review No comment Describe Wish to review the SPA. No response within 45 days			, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
Submission Type Official Initial Submission Date 9/30/2019 Approval Date 10/31/2019 Effective Date N/A Superseded SPA ID N/A Siovernor's Office Review No comment Describe The Governor's Office do wish to review the SPA. No response within 45 days	ackage Header			
Approval Date 10/31/2019 Superseded SPA ID N/A OVERNOR'S Office Review No comment Comments received No response within 45 days Describe wish to review the SPA.	Package ID	CA2019MS0007O	SPA ID	CA-19-0037
Superseded SPA ID N/A OVERNOR'S Office Review No comment Comments received No response within 45 days Describe wish to review the SPA.	Submission Type	Official	Initial Submission Date	9/30/2019
Overnor's Office Review No comment Comments received No response within 45 days Describe wish to review the SPA.	Approval Date	10/31/2019	Effective Date	N/A
No comment Comments received No response within 45 days The Governor's Office do wish to review the SPA.	Superseded SPA ID	N/A		
Comments received wish to review the SPA. No response within 45 days	overnor's Office Revi	ew		
Comments received No response within 45 days	No comment		Describe	
	Comments received			wish to review the SPA.
Other Other	No response within 45 days			
	Other			

Su	bmission - Medicaid State Plar	1	
	AID Medicaid State Plan Health Homes CA2019MS0007O CA-19-Cions/Substance Use Disorder (SUD)	0037 Ca	alifornia Health Homes Program Chronic Physical Health
CMS-1	0434 OMB 0938-1188		
The s	ubmission includes the following:		
	dministration		
□ EI	igibility		
✓ Be	enefits and Payments		
	lacksquare Health Homes Program		
		exis	not use "Create New Health Homes Program" to amend an sting Health Homes program. Instead, use "Amend existing lth Homes program," below.
		0	Create new Health Homes program
			Amend existing Health Homes program
			Terminate existing Health Homes program
	alth Homes SPA - Reviewable Units	Ca	lifornia Health Homes Program Chronic Physical Health Con
-	Reviewable Unit Name	In clu de d in An ot he r Su b mi ssi on Pa ck ag e	Source Type
✓	Health Homes Intro		APPROVED
✓	Health Homes Geographic Limitations		APPROVED
	Health Homes Population and Enrollment Criteria		APPROVED
	Health Homes Providers		APPROVED
	Health Homes Service Delivery Systems		APPROVED
	Health Homes Payment Methodologies		APPROVED

Health Homes Services	APPROVED	
Health Homes Monitoring, Quality Measurement and Evaluation	APPROVED	
		1 - 8 of 8

Submission - Public Comment

MEDICAID | Medicaid State Plan | Health Homes | CA2019MS00070 | CA-19-0037 | California Health Homes Program Chronic Physical Health Conditions/Substance Use Disorder (SUD)

Package Header

Package ID CA2019MS0007O

Submission Type Official

Approval Date 10/31/2019

Superseded SPA ID N/A

SPA ID CA-19-0037

Initial Submission Date 9/30/2019

Effective Date N/A

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

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

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Health Homes | CA2019MS00070 | CA-19-0037 | California Health Homes Program Chronic Physical Health Conditions/Substance Use Disorder (SUD)

Package Header

Package ID CA2019MS0007O

Submission Type Official

Approval Date 10/31/2019

Superseded SPA ID N/A

SPA ID CA-19-0037

Initial Submission Date 9/30/2019

Effective Date N/A

Name of Health Homes Program:

California Health Homes Program Chronic Physical Health Conditions/Substance Use Disorder (SUD)

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

Yes O 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.

SPA.

✓ 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

Yes

O No

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:
7/26/2019	On 7/26/19, the tribal notice was sent to Indian Health Programs (IHP) and Urban Indian Health (UIH)Organizations. No comments were received.
	On 8/29/19, a tribal webinar was held with IHP and UIH Organizations on the SPA.

✓ All Urban Indian Organizations

Date of solicitation/consultation:	Method of solicitation/consultation:
7/26/2019	On 7/26/19, the tribal notice was sent to Indian Health Programs (IHP) and Urban Indian Health (UIH)Organizations. No comments were received.
	On 8/29/19, a tribal webinar was held with IHP and UIH Organizations on the SPA.

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

Name	Date Created	
SPA 19-0013 and SPA 19-0037 Tribal Notice	8/16/2019 6:16 PM EDT	PDI
dicate 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 | CA2019MS00070 | CA-19-0037 | California Health Homes Program Chronic Physical Health Conditions/Substance Use Disorder (SUD)

Package Header

Package ID CA2019MS0007O

Submission Type Official

Approval Date 10/31/2019

Superseded SPA ID N/A

SPA ID CA-19-0037 Initial Submission Date 9/30/2019 Effective Date N/A

SAMHSA Consultation

Name of Health Homes Program

California Health Homes Program Chronic Physical Health Conditions/Substance Use Disorder (SUD)

 $\ensuremath{\checkmark}$ 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	consu	ltation	

6/13/2018

Health Homes Intro

MEDICAID | Medicaid State Plan | Health Homes | CA2019MS00070 | CA-19-0037 | California Health Homes Program Chronic Physical Health Conditions/Substance Use Disorder (SUD)

Package Header

Package ID CA2019MS0007O

SPA ID CA-19-0037

Submission Type Official

Initial Submission Date 9/30/2019

Approval Date 10/31/2019

Effective Date 1/1/2020

Superseded SPA ID CA-19-0001

User-Entered

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 Chronic Physical Health Conditions/Substance Use Disorder (SUD)

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 Chronic Physical Conditions/Substance Use Disorders (SUD). Additional counties for Group 2 of Riverside and San Bernardino were added in SPA 18-0019 for the same population criterion of Chronic Physical Conditions/SUD. Additional counties for Group 3 of Alameda, Kern, Los Angeles, Imperial, Sacramento, San Diego, Santa Clara, and Tulare were added in SPA 19-0001 for the same population criterion of Chronic Physical Conditions/SUD. The additional county of Orange for Group 4 is being added in this SPA 19-0037. 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 population criterion of Chronic Physical Conditions/Substance Use Disorders (SUD) on July 1, 2018. Group 2 counties of Riverside and San Bernardino implemented January 1, 2019. Group 3 counties of Alameda, Kern, Los Angeles, Imperial, Sacramento, San Diego, Santa Clara, and Tulare implemented July 1, 2019. Group 4 County of Orange will implement January 1, 2020.

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 | CA2019MS00070 | CA-19-0037 | California Health Homes Program Chronic Physical Health Conditions/Substance Use Disorder (SUD)

Package Header

Package ID CA2019MS0007O

Submission Type Official

Approval Date 10/31/2019

Superseded SPA ID CA-19-0001

User-Entered

O Health Homes services will be available statewide

• Health Homes services will be limited to the following geographic

O Health Homes services will be provided in a geographic phased-in approach

Specify the geographic limitations of the program

Initial Submission Date 9/30/2019

Effective Date 1/1/2020

O By county

O By region

O By city/municipality

Other geographic area

Describe the area(s): San Francisco 7/1/18

SPA ID CA-19-0037

Riverside 1/1/19 San Bernardino 1/1/19 Alameda 7/1/19 Kern 7/1/19 Los Angeles 7/1/19 Imperial 7/1/19 Sacramento 7/1/19 San Diego 7/1/19 Santa Clara 7/1/19 Tulare 7/1/19

Orange 1/1/20

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 10/31/2019 1:30 PM EDT