

[Records](#) / [Submission Packages - Your State](#)

# CA - Submission Package - CA2021MS00040 - (CA-21-0043) - Health Homes

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Approval Letter](#) [RAI](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	CA2021MS00040	<b>Submission Type</b>	Official
<b>Program Name</b>	California Health Homes Program Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED)	<b>State</b>	CA
<b>SPA ID</b>	CA-21-0043	<b>Region</b>	San Francisco, CA
<b>Version Number</b>	2	<b>Package Status</b>	Approved
<b>Submitted By</b>	Angeli Sus Lee	<b>Submission Date</b>	6/30/2021
<b>Package Disposition</b>		<b>Approval Date</b>	12/20/2021 11:41 AM EST

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | CA2021MS00040 | CA-21-0043 | California Health Homes Program Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED)

### Package Header

<b>Package ID</b>	CA2021MS00040	<b>SPA ID</b>	CA-21-0043
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/30/2021
<b>Approval Date</b>	12/20/2021	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

**State/Territory Name:** California

**Medicaid Agency Name:** California Department of Health Care Services

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

### Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | CA2021MS00040 | CA-21-0043 | California Health Homes Program Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED)

#### Package Header

<b>Package ID</b> CA2021MS00040	<b>SPA ID</b> CA-21-0043
<b>Submission Type</b> Official	<b>Initial Submission Date</b> 6/30/2021
<b>Approval Date</b> 12/20/2021	<b>Effective Date</b> N/A
<b>Superseded SPA ID</b> N/A	

#### SPA ID and Effective Date

**SPA ID** CA-21-0043

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Program Termination - Phase-Out Plan	12/31/2021	21-0002

**Page Number of the Superseded Plan Section or Attachment (If Applicable):**

### Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | CA2021MS00040 | CA-21-0043 | California Health Homes Program Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED)

### Package Header

<b>Package ID</b>	CA2021MS00040	<b>SPA ID</b>	CA-21-0043
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/30/2021
<b>Approval Date</b>	12/20/2021	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** The California Department of Health Care Services (DHCS) seeks to terminate all active State Plan Amendments (SPA) associated with the Health Homes Program (HHP) for members who meet Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED) eligibility, effective December 31, 2021. DHCS implemented the HHP by way of multiple SPA's due to California's regional and phased-in approach for HHP.

- SPA 18-0020 implemented Group 1 County of San Francisco and the population criterion of SMI,
- SPA 19-0002 implemented Group 2 Counties of Riverside and San Bernardino and the population criterion of SMI,
- SPA 19-0013 implemented Group 3 Counties of Alameda, Kern, Los Angeles, Imperial, Sacramento, San Diego, Santa Clara, and Tulare and the population criterion of SMI, and
- SPA 20-0002 implemented Group 4 County of Orange and the population criterion of SMI.

Effective December 31, 2021, SPA 21-0043 terminates the HHP with SMI/SED eligibility criterion in all counties of operation (Alameda, Imperial, Kern, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Santa Clara, and Tulare). SPA 21-0043 supersedes all previous SMI/SED SPAs which are bulleted above.

As a component of DHCS' broad-based delivery system program and payment reform across the Medi-Cal program, entitled California Advancing and Innovating Medi-Cal (CalAIM), DHCS proposes the implementation of a single, comprehensive Enhanced Care Management (ECM) benefit within the Medi-Cal managed care delivery system. The termination of the HHP and all associated SPAs will occur in coordination with the implementation of the ECM benefit on January 1, 2022. The ECM benefit builds on the current HHP and transitions the program to a new statewide managed care benefit to provide a broader platform to build upon the positive outcomes from the HHP. Lessons learned from the HHP have been incorporated to ensure that the new ECM benefit meets the clinical and non-clinical needs for the highest cost/highest need beneficiaries in Medi-Cal managed care and is available as a statewide benefit. Medi-Cal managed care members who are currently enrolled in HHP, or are in the process of enrolling into HHP, will be automatically and seamlessly transitioned to the ECM benefit with no disruption in care coordination or HHP-like services.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2022	\$0
Second	2023	\$0

#### Federal Statute / Regulation Citation

Section 2703 of the Patient Protection and Affordable Care Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | CA2021MS00040 | CA-21-0043 | California Health Homes Program Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED)

### Package Header

<b>Package ID</b>	CA2021MS00040	<b>SPA ID</b>	CA-21-0043
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/30/2021
<b>Approval Date</b>	12/20/2021	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Governor's Office Review

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

**Describe** Other - Governor Office does not want to review.

## Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Health Homes | CA2021MS00040 | CA-21-0043 | California Health Homes Program Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED)

CMS-10434 OMB 0938-1188

**The submission includes the following:**

- Administration
- Eligibility
- Benefits and Payments
- Health Homes Program

**Do not use "Create New Health Homes Program" to amend an existing Health Homes program. Instead, use "Amend existing Health Homes program," below.**

- Create new Health Homes program
- Amend existing Health Homes program
- Terminate existing Health Homes program

California Health Homes Program Serious Mental Illness (SMI) or Seriou...

## Submission - Public Comment

MEDICAID | Medicaid State Plan | Health Homes | CA2021MS00040 | CA-21-0043 | California Health Homes Program Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED)

### Package Header

<b>Package ID</b>	CA2021MS00040	<b>SPA ID</b>	CA-21-0043
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/30/2021
<b>Approval Date</b>	12/20/2021	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	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

# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Health Homes | CA2021MS00040 | CA-21-0043 | California Health Homes Program Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED)

## Package Header

<b>Package ID</b>	CA2021MS00040	<b>SPA ID</b>	CA-21-0043
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/30/2021
<b>Approval Date</b>	12/20/2021	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	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:
5/25/2021	On 5/25/2021, the tribal notice was sent via email to Indian Health Programs (IHP) and Urban Indian Health (UIH) Organizations.
5/28/2021	On 5/28/2021, 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:
5/25/2021	On 5/25/2021, the tribal notice was sent via email to IHP and UIH Organizations on the SPA.
5/28/2021	On 5/28/2021, 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

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
<a href="#">SPA 21-0043 Tribal Notice Clarification</a>	6/18/2021 2:13 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 | CA2021MS00040 | CA-21-0043 | California Health Homes Program Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED)

## Package Header

<b>Package ID</b>	CA2021MS00040	<b>SPA ID</b>	CA-21-0043
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/30/2021
<b>Approval Date</b>	12/20/2021	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

## SAMHSA Consultation

### Name of Health Homes Program

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

<b>Date of consultation</b>
6/13/2018

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.

# Health Homes Program Termination - Phase-Out Plan

MEDICAID | Medicaid State Plan | Health Homes | CA2021MS00040 | CA-21-0043 | California Health Homes Program Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED)

CMS-10434 OMB 0938-1188

## Package Header

<b>Package ID</b>	CA2021MS00040	<b>SPA ID</b>	CA-21-0043
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/30/2021
<b>Approval Date</b>	12/20/2021	<b>Effective Date</b>	12/31/2021
<b>Superseded SPA ID</b>	21-0002		
	User-Entered		

## Provide a description of the phase-out or transition plan for the Health Homes Program that is being terminated

### Describe the reason for termination

DHCS is implementing Enhanced Care Management (ECM) within Medi-Cal managed care delivery system. ECM is a whole-person approach for Medi-Cal beneficiaries. ECM transitions the HHP from a geographically limited benefit to a statewide managed care benefit.

### Describe the overall approach the state will use to terminating the program

The termination of the HHP and all associated SPAs will occur in coordination with the implementation of the CalAIM ECM benefit on January 1, 2022. ECM will be implemented in HHP counties effective January 1, 2022. Managed Care Plans (MCPs) are expected to seamlessly grandfather HHP members into ECM, unless they choose to opt-out.

### Indicate method of termination

### Termination effective date

- The state will terminate all participants from the Health Homes Program on the same date
- The state will phase-out the termination of participation in the Health Homes Program

12/31/2021

### Describe the process the state will use to transition all participants and how referrals will be made to other health care providers

The HHP utilizes the Medi-Cal managed care delivery system to administer member benefits. MCPs have been responsible for the overall administration of the HHP. The HHP is structured as a provider network, which includes MCPs, one or more Community Based Care Management Entities (CB-CME) in each participating county, and linkages to Medi-Cal Specialty Mental Health Plans and Community and Social Support Services.

DHCS will require that members receiving HHP services be seamlessly transitioned and grandfathered in to continue receiving care coordination services by way of the new ECM benefit. ECM's eligibility criteria for high utilizers are broader than HHP, which will help to ensure that all members will continue to receive services previously provided under HHP. All grandfathered members will be reassessed within six months of the transition; if at the six-month reassessment, the MCP determines that the member is not ECM eligible, the MCP will be required to consider other care management options to meet the member's needs. The MCP will be required to place the member in the appropriate level of care coordination, such as Basic Care Management, Complex Care Management or another, more appropriate option. All HHP MCPs who have contracted with CB-CMEs for the provision of HHP services will be required to contract with the same providers under ECM with few allowable exceptions. All MCPs participating in the HHP will submit a Model of Care describing how the MCP plans to design, implement, and administer ECM, including member transitions from HHP to ECM. The contracting exceptions process is described in detail in the draft DHCS-MCP ECM and ILOS Contract Template: see Section 6 at <https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-MCP-ECM-and-ILOS-Contract-Template-Provisions.pdf>. All MCP Model of Care submittals will be reviewed and approved by DHCS prior to the termination of HHP and launch of CalAIM ECM.

To provide notification of the termination of HHP and the transition opportunity to ECM, DHCS will require the MCPs, at a minimum, to notify all members who are currently enrolled in HHP through a 30-day notice by way of delivery to members' last known address. DHCS will develop a notification template for MCP use. The HHP member notification will explain that the HHP benefit is no longer available as of December 31, 2021, and that member enrollment will be automatically and seamlessly transitioned to the ECM, effective January 1, 2022, with no disruption in care coordination, unless the member chooses to opt out. The notification will also include contact information for the MCP sending the notice as well as member rights information.

Additionally, to notify all MCP members more broadly of the new ECM benefit, DHCS and/or the MCP will send notification to all Medi-Cal Managed Care members to inform them of the availability of the ECM benefit, via delivery by mail to the members' last known address. DHCS will develop the notification template for MCP use. The notification for Medi-Cal Managed Care members will include an explanation that DHCS will be offering a new ECM benefit to eligible Medi-Cal members, a summary of the benefit, the eligibility requirements for the benefit, and how to obtain the benefit. Information about ECM will also be included in the member handbook/evidence of coverage. Any additional member notices developed by MCPs will be reviewed and approved by DHCS prior to use.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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 12/20/2021 2:42 PM EST

