California Health Homes Program: April 2021 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 operates in 12 counties and is administered by 17 MCPs and a network of health care and social service providers (Community-Based Care Management Entities, or CB-CMEs).

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.
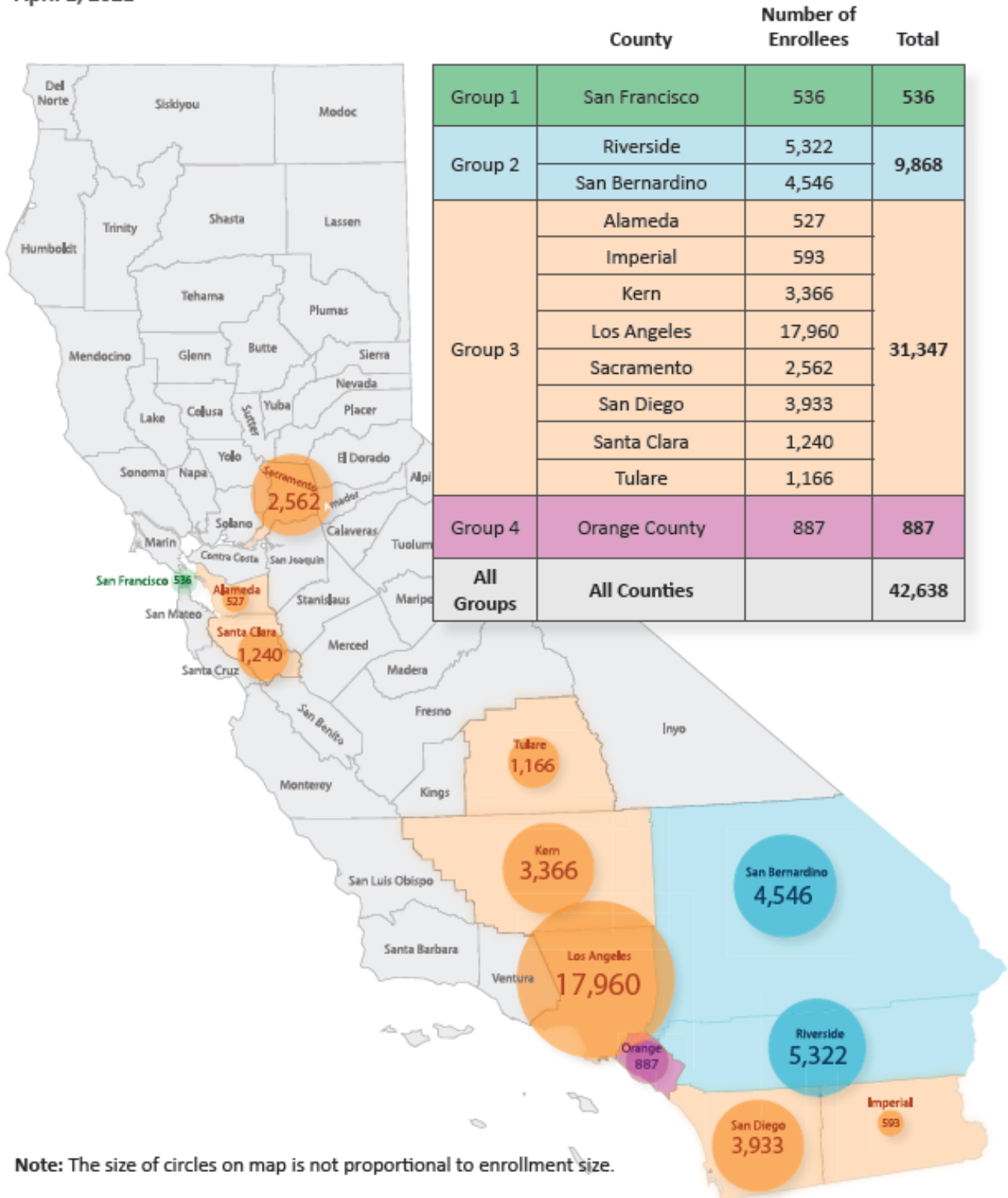
HHP Enrollment
Launched in phases, the HHP started implementation with San Francisco County on July 1, 2018, with the last phase being launched in Orange County on July 1, 2020. A total of 42,638 members have enrolled across all HHP counties as of April 1, 2021. **Figure 1** provides HHP enrollment data by county and Figure 2 shows enrollment trends in each group starting in September 2019.

HHP Interim Evaluation by UCLA

DHCS published the HHP Interim Evaluation report in Fall of 2020. The report describes the initial implementation processes and infrastructure development of the HHP program by MCPs and the subsequent enrollment patterns, demographics, and services HHP enrollees received. The report also includes health status and utilization prior to HHP enrollment and early trends in health care utilization and care outcomes. Preliminary findings indicate that MCPs had developed comprehensive plans for program implementation and enrolled over 15,000 high-need, high-use Medi-Cal beneficiaries between July 2018 and September 2019. Two future reports will assess longer-term health outcomes and utilization trends of HHP enrollees.

Figure 1. Health Homes Program Enrollment Data

April 1, 2021

	County	Number of Enrollees	Total
Group 1	San Francisco	536	536
Group 2	Riverside	5,322	9,868
	San Bernardino	4,546	
Group 3	Alameda	527	31,347
	Imperial	593	
	Kern	3,366	
	Los Angeles	17,960	
	Sacramento	2,562	
	San Diego	3,933	
	Santa Clara	1,240	
	Tulare	1,166	
Group 4	Orange County	887	887
All Groups	All Counties		42,638

Note: The size of circles on map is not proportional to enrollment size.

Figure 2. Health Homes Program Enrollment Trend Data

Group	Enrollees by Date			Trend
	8/30/2019	**3/1/2020**	**4/1/2021**	
1	500	546	536	
2	6,207	9,387	9,868	
3	2,590	17,015	31,347	
4	0	310	887	
Total	**9,297**	**27,258**	**42,638**	

The Importance of Continued Engagement & Enrollment in the HHP During the COVID-19 Public Health Emergency

On behalf of the Department of Health Care Services (DHCS), Aurrera Health Group compiled HHP Member Success Stories to highlight examples of how MCP and CB-CME care teams are supporting and improving the lives of HHP enrollees every day. Continuing to enroll new members and maintaining connections with existing HHP members is even more important now as California endures the lasting impact of the COVID-19 Public Health Emergency.

DHCS continues to support HHP members and MCPs through several modalities. To support sustained enrollment in the HHP, DHCS issued an All Plan Letter that permits flexibility for HHP services and other health care services to be provided in a manner that prioritizes the safety of both providers and members. MCPs and their contracted CB-CMEs are permitted and encouraged to conduct assessments via telephone and/or video call to substitute for face-to-face assessments, in compliance with Medi-Cal's telehealth policy.

In addition, DHCS and Aurrera Health Group have supported HHP MCPs through the Health Homes Program Learning Collaborative. Recent activities include two sessions in Fall 2020, that highlighted promising practices for engaging members experiencing homelessness (summary document) and successful strategies for conducting virtual outreach (summary document). Following these events, HHP MCPs and CB-CMEs also received the HHP Outreach Toolkit, which offers promising practices and strategies to overcome common outreach challenges, including tips on reaching specific populations, such as members of the LGBTQ+ community and members experiencing homelessness.

HHP Members Experiencing Homelessness

It is well known that individuals experiencing homelessness are some of the most vulnerable populations in Medi-Cal. Although engagement takes time and relies on building trust and rapport, HHP MCPs continue outreaching to and enrolling the chronically homeless and those at-risk of homelessness. The Program has seen a tremendous growth in the number of homeless and at-risk of homelessness members that have been reached. Recent data of members who are either at-risk of homelessness and/or homeless shows that roughly 3,635 or 9.6%*[1] of enrollees in the HHP are either chronically homeless or are experiencing housing insecurity and are at-risk of becoming homeless; this recent enrollment figure is up from around 1,800 or 8.7% from our previous reporting. 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.

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 transition the HHP to a similar but statewide Medi-Cal managed care benefit called Enhanced Care Management (ECM) that will build on the positive outcomes from the HHP and other similar programs. HHP members will be automatically enrolled in the ECM program to ensure they continue receiving these important care coordination services.

CalAIM implementation was delayed due to the substantial disruption of the COVID-19 Public Health Emergency. Between November 2019 and February 2020, DHCS conducted extensive stakeholder engagement for both CalAIM and the renewal of the federal authorities under which Medi-Cal operates (i.e., 1115 and 1915b waivers). DHCS released a revised CalAIM proposal on January 8, 2021, which is posted on the DHCS CalAIM website. DHCS held an ECM and In Lieu of Services (ILOS) Relaunch webinar on February 25, 2021. The webinar reviewed draft ECM and ILOS documents which include the DHCS-MCP ECM and ILOS Contract Template, ECM and ILOS Standard Provider Terms and Conditions, CalAIM ECM and ILOS Model of Care Template, and ECM and ILOS Coding Guidance. Additionally, the webinar focused on major

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[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 (7.4% as of Quarter 4 2020), as well as a combination of those who were homeless or at-risk of homelessness (9.6% as of Quarter 4 2020). DHCS also assumes a lag of one reporting cycle for the homeless and at-risk of homelessness data.

updates, and covered other important aspects of the ECM initiative, including timelines for implementation, the expected process for MCPs to implement ECM, and upcoming technical assistance and implementation engagement activities. CalAIM and the ECM benefit will begin on January 1, 2022.

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. For additional information and updates regarding the CalAIM implementation timeline, please visit the DHCS CalAIM website.