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State/Territory Name: California

State Plan Amendment (SPA) #: 21-0018

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Related Actions



CMS-10434 OMB 0938-1188

Package Information

Package ID CA2021MS0002O

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

SPA ID CA-21-0018

Version Number 2

Submitted By Angeli Sus Lee

Package Disposition 

Priority Code P1

Submission Type Official

State CA

Region San Francisco, CA

Package Status Approved

Submission Date 6/30/2021

Approval Date 12/20/2021 11:40 AM EST

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 17th Street, Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

December 20, 2021

Jacey Cooper
Chief Deputy Director, Health Care Programs
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Re: Approval of State Plan Amendment CA-21-0018 California Health Homes Program Chronic Physical Health Conditions/Substance Use Disorder (SUD)

Dear Ms. Cooper:

On June 30, 2021, the Centers for Medicare and Medicaid Services (CMS) received California State Plan Amendment (SPA) CA-21-0018 for the California Health Homes Program (HHP) for Individuals with Chronic Physical Health Conditions/Substance Use Disorder (SUD). The SPA terminates the HHP for individuals with Chronic Physical Health Conditions/SUD in San Francisco, Riverside, San Bernardino, Alameda, Kern, Los Angeles, Imperial, Sacramento, San Diego, Santa Clara, Tulare, and Orange Counties effective December 31, 2021. It is our understanding that a comparable benefit, Enhanced Care Management (ECM) will be provided through the managed care contracts.

We approve California State Plan Amendment (SPA) CA-21-0018 with an effective date of December 31, 2021.

If you have any questions regarding this amendment, please contact Cheryl Young at 415-744-3598 or via email at Cheryl.Young@cms.hhs.gov.

Sincerely,
James G. Scott
Director, Division of Program Operations
Center for Medicaid & CHIP Services

Health Homes Program Termination - Phase-Out Plan

MEDICAID | Medicaid State Plan | Health Homes | CA2021MS00020 | CA-21-0018 | California Health Homes Program Chronic Physical Health Conditions/Substance Use Disorder (SUD)

CMS-10434 OMB 0938-1188

Package Header

Package ID	CA2021MS00020	SPA ID	CA-21-0018
Submission Type	Official	Initial Submission Date	6/30/2021
Approval Date	12/20/2021	Effective Date	12/31/2021
Superseded SPA ID	19-0037		
	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 to ECM, unless they choose to opt-out.

Indicate method of termination

- 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

Termination effective date

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.

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