

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

SWIFT #051020174046

May 11, 2017

Claudia Schlosberg, J.D.
Senior Deputy Director/Medicaid Director
District of Columbia
Department of Health Care Finance
441 4th Street, N.W., 9th floor, South
Washington, D.C. 20001

Re: Approval of Health Home State Plan Amendment DC SPA 17-0003

Dear Ms. Schlosberg:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the District of Columbia's State Plan Amendment (SPA) Transmittal # 17-0003, My Health GPS Amendment. In the SPA's *Executive Summary*, this amendment further clarifies that the eligible population criteria for DC SPA 16-0012, My Health GPS, must have three or more chronic conditions.

We approved the District of Columbia's State Plan Amendment (SPA) Transmittal # 17-0003 on May 10, 2017 with an effective date of July 1, 2017. Enclosed is a copy of the approved SPA pages for incorporation into the District of Columbia State plan.

Please share with your staff my appreciation for their time and effort throughout this process. If you have any questions regarding this Health Home State Plan Amendment, please contact LCDR Frankeena Wright at 215-861-4754 or by email at Frankeena.Wright@cms.hhs.gov.

Sincerely,

Francis T. McCullough
Associate Regional Administrator

Enclosures

cc: Alice Weiss, DHCF
Sabrina Tillman Boyd, CMS

CMS-10434 OMB 0938-1188

Approval Notice

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Date: 05/10/2017

Head of Agency: Wayne Turnage

Title/Dept : Director

Address 1: 441 4th Street, NW

Address 2:

City : Washington

State: DC

Zip: 20001

MACPro Package ID: DC2017MH0004O

SPA ID: DC-17-0003

Subject

DC SPA 17-0003 My Health GPS Amendment

Dear Wayne Turnage

This is an informal communication that will be followed with an official communication to the State's Medicaid Director.

The Centers for Medicare and Medicaid Services (CMS) is pleased to inform you that we are recommending approval for your request for DC SPA 17-0003 My Health GPS Amendment

Reviewable Unit	Effective Date
Health Homes Intro	7/1/2017

Sincerely,

Francis McCullough

(Name)

Associate Regional Administrator

(Title)

Approval Documentation

Name	Date Created	Type
No items available		

Program Name My Health GPS

State DC

SPA ID DC-17-0003

Region Philadelphia, PA

Version Number 1

Package Status Approved

Submitted By Claire de Jong

Submission Date 5/8/2017

Package
Disposition

Approval Date 5/10/2017 2:59 PM EDT

Submission - Summary

MEDICAID - Health Homes - My Health GPS - DC - 2017

Not Started

In Progress

Complete

Package Header

Package ID DC2017MH00040

SPA ID DC-17-0003

Submission Type Official - Review 1

Initial Submission
Date 5/8/2017

Approval Date 5/10/2017

Effective Date N/A

Superseded SPA
ID DC-16-0012

State Information

State/Territory
Name District of ColumbiaMedicaid Agency
Name Department of Health Care Finance

Submission Component

 State Plan Amendment Medicaid CHIP

Submission Type

 Official Submission Package Draft Submission Package

Allow this official package to be viewable by other states?

 Yes No

Key Contacts

Name	Title	Phone Number	Email Address
Weiss, Alice	Director/HCPRA	(202)442-9107	alice.weiss@dc.gov

SPA ID and Effective Date

SPA ID DC-17-0003

Reviewable Unit	Proposed Effective Date
Health Homes Intro	7/1/2017

Executive Summary

Summary Description Including Goals and Objectives

The District of Columbia's (DC) Department of Health Care Finance (DHCF) developed DC's Health Home (HH) State Plan benefit for beneficiaries with three or more chronic conditions. The goals of DHCF's HH program for beneficiaries with three or more chronic conditions are to improve the integration of medical and behavioral health, community supports and social services; to lower rates of avoidable emergency department (ED) use; to reduce preventable hospital admissions and re-admissions; to reduce healthcare costs; to improve the experience of care, quality of life and beneficiary satisfaction; and to improve health outcomes. Under DHCF's approach, the HH will be the central point for coordinating patient-centered and population-focused care for beneficiaries with three or more chronic conditions. HH providers will be embedded in the primary care setting to effectively manage the full breadth of beneficiary needs. A beneficiary can only be enrolled and receive HH services from one HH at a time. DHCF will ensure payments to HH providers do not

duplicate payments for comparable services financed by Medicaid. HH services will be consistent with, but not limited to, those set forth under 42 CFR 440.169.

Dependency Description

Description of any dependencies between this submission package and any other submission package undergoing review

Disaster-Related Submission

This submission is related to a disaster

- Yes
- No

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2017	\$3,589,998.00
Second	2018	\$7,229,023.00

Federal Statute / Regulation Citation

42 USC 1396w-4

Governor's Office Review

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

Describe D.C. Act: 21-463

Authorized Submitter

The following information will be provided by the system once the package is submitted to CMS.

Name of Authorized Submitter Claire de Jong

Title None

Phone number 2024789293

Email address claire.dejong@dc.gov

Authorized Submitter's Signature Claire de Jong

I hereby certify that I am authorized to submit this package on behalf of the Medicaid Agency.

Submission - Public Comment

MEDICAID - Health Homes - My Health GPS - DC - 2017

Not Started

In Progress

Complete

Package Header

Package ID DC2017MH0004O

SPA ID DC-17-0003

DC 17-0003

Effective Date: July 1, 2017
CMS Approval: May 10, 2017

Submission Type Official - Review 1
Approval Date 5/10/2017
Superseded SPA ID N/A

Initial Submission Date 5/8/2017
Effective Date N/A

Name of Health Homes Program My Health GPS

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

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

Submission - Tribal Input

MEDICAID - Health Homes - My Health GPS - DC - 2017

Not Started

In Progress

Complete

Package Header

Package ID DC2017MH0004O
Submission Type Official - Review 1
Approval Date 5/10/2017
Superseded SPA ID N/A

SPA ID DC-17-0003

Initial Submission Date 5/8/2017
Effective Date N/A

Name of Health Homes Program My Health GPS

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

- Yes
- No

Submission - SAMHSA Consultation

MEDICAID - Health Homes - My Health GPS - DC - 2017

Not Started

In Progress

Complete

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Package ID DC2017MH0004O
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Name of Health Homes Program My Health GPS

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

6/9/2016

Health Homes Intro

MEDICAID - Health Homes - My Health GPS - DC - 2017

DC 17-0003

Effective Date: July 1, 2017
CMS Approval: May 10, 2017

Not Started

In Progress

Complete

Package Header

Package ID	DC2017MH0004O	SPA ID	DC-17-0003
Submission Type	Official - Review 1	Initial Submission Date	5/8/2017
Approval Date	5/10/2017	Effective Date	7/1/2017
Superseded SPA ID	DC-16-0012		

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 My Health GPS
Homes Program

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 District of Columbia's (DC) Department of Health Care Finance (DHCF) developed DC's Health Home (HH) State Plan benefit for beneficiaries with three or more chronic conditions. The goals of DHCF's HH program for beneficiaries with three or more chronic conditions are to improve the integration of medical and behavioral health, community supports and social services; to lower rates of avoidable emergency department (ED) use; to reduce preventable hospital admissions and re-admissions; to reduce healthcare costs; to improve the experience of care, quality of life and beneficiary satisfaction; and to improve health outcomes. Under DHCF's approach, the HH will be the central point for coordinating patient-centered and population-focused care for beneficiaries with three or more chronic conditions. HH providers will be embedded in the primary care setting to effectively manage the full breadth of beneficiary needs. A beneficiary can only be enrolled and receive HH services from one HH at a time. DHCF will ensure payments to HH providers do not duplicate payments for comparable services financed by Medicaid. HH services will be consistent with, but not limited to, those set forth under 42 C.F.R. 440.169.

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.

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.

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