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
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

<table>
<thead>
<tr>
<th>Reviewable Unit</th>
<th>Effective Date</th>
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<tbody>
<tr>
<td>Health Homes Intro</td>
<td>7/1/2017</td>
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</table>

Sincerely,
Francis McCullough
(Name)
Associate Regional Administrator
(Title)

Approval Documentation

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Created</th>
<th>Type</th>
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No items available
Submission - Summary
MEDICAID - Health Homes - My Health GPS - DC - 2017

Package Header

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<tr>
<td>Approval Date</td>
<td>5/10/2017</td>
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<tr>
<td>Superseded SPA ID</td>
<td>DC-16-0012</td>
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<td>SPA ID</td>
<td>DC-17-0003</td>
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<td>Effective Date</td>
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State Information

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<tbody>
<tr>
<td>Medicaid Agency Name</td>
<td>Department of Health Care Finance</td>
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Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission Type

- Official Submission Package
- Draft Submission Package

Key Contacts

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone Number</th>
<th>Email Address</th>
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<tbody>
<tr>
<td>Weiss, Alice</td>
<td>Director/HCPRA</td>
<td>(202)442-9107</td>
<td><a href="mailto:alice.weiss@dc.gov">alice.weiss@dc.gov</a></td>
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SPA ID and Effective Date

<table>
<thead>
<tr>
<th>SPA ID</th>
<th>DC-17-0003</th>
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<tbody>
<tr>
<td>Reviewable Unit</td>
<td>Health Homes Intro</td>
</tr>
<tr>
<td>Proposed Effective Date</td>
<td>7/1/2017</td>
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Executive Summary

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

<table>
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<tr>
<th>Federal Fiscal Year</th>
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<tr>
<td>First 2017</td>
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<td>Second 2018</td>
<td>$7,229,023.00</td>
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Federal Statute / Regulation Citation

42 USC 1396w-4

Governor's Office Review

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

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

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
Submission - Tribal Input
MEDICAID - Health Homes - My Health GPS - DC - 2017

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<td>Superseded SPA ID</td>
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<tr>
<td>Name of Health Homes Program</td>
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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

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☐ 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
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

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 readmissions; 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 state 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 0938-1189. 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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