



IEHP UM Subcommittee Approved Authorization Guideline			
Guideline	Health Homes Program (HHP)	Guideline #	UM_OTH 18
		Original Effective Date	5/8/19
Section	Other	Revision Date	

COVERAGE POLICY

Overview of HHP:

The IEHP Health Homes Program (HHP) is a no-cost Medi-Cal benefit that helps eligible IEHP Members with certain complex chronic health conditions who meet other specific criteria obtain needed health care and community services.

The HHP provides Members a multidisciplinary team to help coordinate and manage their care. The team consists of a Nurse Care Manager, Behavioral Health Care Manager, Care Coordinator, and Community Health Worker. These specially trained professionals collaborate with IEHP Members' Primary Care Physicians, Specialists, family support systems, and community partners to create a personalized plan of care.

Criteria:

- A. An HHP-eligible Member must meet **all** of the following criteria:
 1. Be a Medi-Cal or Medicare-Medi-Cal (MMD88) Member
 2. **Must meet at least one of the following Chronic Condition Criteria:**
 - a. **At least two of the following:** chronic obstructive pulmonary disease, diabetes, traumatic brain injury, chronic or congestive heart failure, coronary artery disease, chronic liver disease, dementia, substance use disorders; **OR**
 - b. **Hypertension and one of the following:** chronic obstructive pulmonary disease, diabetes, coronary artery disease, chronic or congestive heart failure; **OR**
 - c. **One of the following:** major depression disorders, bipolar disorder, psychotic disorders (including schizophrenia); **OR**
 - d. **Asthma**
 3. **Must meet at least one of the following Acuity Criteria:**
 - a. Has at least 3 or more of the HHP eligible chronic conditions; OR
 - b. At least one inpatient stay in the last year; OR
 - c. Three or more Emergency Department (ED) visits in the last year; OR
 - d. Chronic homelessness

COVERAGE LIMITATIONS AND EXCLUSIONS

Exclusions criteria: The following Members are not eligible to receive Health Home Program Services

- A. **Members who are enrolled in the following programs:**
 1. 1915(c) Home and Community-Based (HCBS) waiver programs:
 - a. HIV/AIDS waiver program

- b. Assisted Living Waiver (ALW)
 - c. Developmentally Disabled (DD)
 - d. In-Home Operations (IHO)
 - e. Multipurpose Senior Services Program (MSSP)
 - f. Nursing Facility Acute Hospital (NF/AH)
 - g. Pediatric Palliative Care (PPC)
2. County Targeted Case Management (TCM) (excluding Specialty Mental Health TCM through county BH)
 3. IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan) (CMC)

B. Other criteria that would determine an IEHP Member ineligible for Health Home Program services:

1. Further assessment demonstrates that an individual is well managed through self-management or through another program, or is otherwise determined to not fit the high-risk eligibility criteria.
2. An individual's condition management cannot be improved because the Member is uncooperative.
3. An individual's behavior or environment is unsafe for staff.
4. An individual is more appropriate for an alternate care management program.
5. An individual has resided at a Skilled Nursing Facility (SNF) longer than the month of admission and the following month.
6. An individual is receiving Hospice services.

ADDITIONAL INFORMATION

Notice of Action (NOA)

1. IEHP will issue a Notice of Action:
 - a. IEHP will issue a medical necessity denial if Member or Provider requests that a Member participate in HHP but is not eligible.
 - b. If a Member wishes to continue to receive services but the Provider wishes to discontinue HHP services because they feel the Member is no longer appropriate for HHP services, the Provider will notify IEHP. IEHP will review and issue a medical necessity denial.
2. IEHP does not issue an NOA if the Member declines to participate or voluntarily disenrolls.

CLINICAL/REGULATORY RESOURCE

California Department of Health Care Services, December 20, 2018. Medi-Cal Health Homes Program-Program Guide

DEFINITION OF TERMS

N/A

DISCLAIMER

IEHP Clinical Authorization Guidelines (CAG) are developed to assist in administering plan benefits, they do not constitute a description of plan benefits. The Clinical Authorization Guidelines (CAG) express IEHP's determination of whether certain services or supplies are medically necessary, experimental and investigational, or cosmetic. IEHP has reached these conclusions based upon a review of currently available clinical information (including clinical

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