

October 26, 2018

Nicole M. Cunningham
Planning, Policy & Quality Unit
Division of Medicaid & Medical Assistance
1901 N. DuPont Hwy.
P.O. Box 906
New Castle, DE 19720-0906

RE: DMMA Proposed Health Home Services Amendment Regulation [22 DE Reg. 262 (October 1, 2018)]

Dear Ms. Cunningham:

The Governor's Advisory Council for Exceptional Citizens (GACEC) has reviewed the Delaware Health and Social Services (DHSS)/Division of Medicaid and Medicare Assistance (DMMA) proposal to expand the Delaware Assertive Community Integration Support Team (ACIST) program which supports individuals who have both severe and persistent mental illness (SPMI) and intellectual and developmental disabilities (ID/DD). The ACIST program has been run as a "pilot" to provide intensive supports to 50 adults with both SPMI and ID/DD (as defined by DDDS). The proposed State Plan amendment (SPA) will allow the Division of Developmental Disabilities Services (DDDS) to leverage federal matching funds to support the ACIST program. There is an enhanced federal match for the first eight quarters of the program of 90%/10%. Council endorses the concept of the proposed amendment and would like to share the following observations.

Health home programs were authorized as a state Medicaid optional benefit under the Affordable Care Act and have been used to provide comprehensive care coordination for individuals on Medicaid with chronic conditions. All beneficiaries who are eligible for Medicaid under the state plan are eligible for the health homes program provided they meet program criteria (having both SPMI and ID/DD.) Enrollment is optional. Services that are provided under the health homes program cannot be funded by other Medicaid programs (i.e. PROMISE or Lifespan Waiver). Funding will be provided on a fee for service "Per Member Per Month" formula.

There are six primary health home services:

- 1. Comprehensive care management**
- 2. Care coordination**
- 3. Health promotion**
- 4. Comprehensive transitional care/ follow up**
- 5. Patient and family support; and**
- 6. Referral to community and social support services.**

First, it is unclear in the SPA document whether health home funding will pay for direct services under the ACIST program or only the six services listed above.

Second, it is unclear whether children are including in this program. Centers for Medicare and Medicaid Services (CMS) guidance has consistently been that states cannot exclude Medicaid populations based on age for this program, but the SPA criteria do not include serious emotional disturbance (SED) in their definition of mental health condition, which is typically how childhood mental health disorders are described. Children do not easily fit the SPMI criteria. Rhode Island developed two separate options which were acceptable to CMS. They have one program for adults with SPMI and one for children with SED. One program just for adults would probably not be considered adequate and should not be. Children with both ID/DD and SED are very much an underserved population in Delaware. Families struggle to find the combination of services that their children need and frequently find themselves in crisis. Until fairly recently, the Division of Prevention and Behavioral Health Services (DPBHS) would not accept children with dual diagnoses or any child with autism, and it is unclear whether they have developed sufficient expertise or staff to serve these children. It is vital that families with children with SED and ID/DD have access to these services. Council requests that language be added to make it clear that children with SED are one of the populations with chronic conditions included in this SPA.

Third, while the primary focus of the Health Home program is care coordination, the SPA is limited on information about how the program will coordinate with MCOs and other payment and service systems. It will be critical that every provider and funding source understands its role and who is in charge of assisting the individual and the family in accessing care according to the person-centered plan of care. Sometimes there can be too much involvement from multiple sources which may make coordination much more difficult.

Thank you for your consideration of our observations. Please contact me or Wendy Strauss at the GACEC office if you have any questions.

Sincerely,

Ann C Fisher

Ann C. Fisher
Chairperson

ACF:kpc