



Health Homes Grant 2018 Questions & Answers

Question 1: Will the grant allow for us to define and focus on a very specific target population?

KHS Response: The HHP adheres to the DHCS requirements for eligible members for enrollment of the program.

Question 2: Our proposal might target a specific population. If we do this we may have to exclude some members. Will this be allowed?

KHS Response: KHS will provide all eligible members and the program cannot exclude members.

Question 3: Since our model is to offer services at the patient's place of residence, the homeless by definition will be hard to reach and deliver services to. How can we address this?

KHS Response: The homeless population does present challenges however we would want your proposal to include an outreach and delivery of services plan for this specific population.

Question 4: Will it suffice to train staff on general terms of palliative care and to offer referral services to community agencies? Or do we have to provide the services ourselves?

KHS Response: KHS will provide the initial, annual training for staff in the Health Homes Clinical Care Program and Guidelines that covers palliative care. However, Palliative services are a benefit through KHS with community agencies and the HHP staff would send in a referral for these services. HHP sites would not have to provide those services other than initiating the conversation and subsequent referrals.

Question 5: Is there a cap to awards?

KHS Response: The total grant amount can cover direct service expenses up to \$2,000,000.00 over 8 quarters.

Question 6: Our organization is a for-profit entity. Do we need to obtain a non-profit designation to participate in the grant?

KHS Response: Non-profit status is not a requirement. The Provider must be currently contracted with KHS and in good standing.

Question 7: The grant describes payment for "visits at the CB-CME" site. Since we will be a remote PCP will the patient's home qualify as a site?

KHS Response: CB-CME is the community based care management entity. KHS follows Medi-Cal guidelines and most clinical visits will occur in a clinic based setting, as a face to face visit.

Question 8: Is there a stated time-frame for having the CB-CME fully functional? Obviously, there is going to need to be time to hire staff, train staff and procure space. Is there a target date KHS is looking for?

KHS Response: KHS is anticipating the grantee to be operational 4th Quarter, 2018.

Question 9: It indicates that the goal is to have 950 members per home in year two (2). Is there any indication on build up expectations or patient flow? Are these patients seen on average of once per week, once per month or is it not certain?

KHS Response: KHS understand there will be a ramp up period during the first few quarters of the program start date. The expectation is by the end of the 4th quarter we anticipate the program can see 460 members. The HHP Pro-Forma indicates an estimated 1.5 encounters per quarter.