



# Whole Person Care (WPC) Pilot Program

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May 16, 2016



# Presentation Overview

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# WPC Program Overview

## Program Duration

- 5-year program authorized under the Medi-Cal 2020 waiver

## Goal

- To test locally-based initiatives that will coordinate physical health, behavioral health, and social services for beneficiaries who are high users of multiple health care systems and have poor outcomes

## Funding

- Up to \$1.5 billion in federal funds available to match local public funds over 5 years
- Up to \$300 million annually is available
- Based on semi-annual reporting of activities/interventions
- Non-federal share provided via Intergovernmental Transfers (IGT)



# Goals and Strategies

## Increase:

- Integration among county agencies, health plans, providers, and other entities within the participating county or counties that serve high-risk, high-utilizing beneficiaries
- Coordination and appropriate access to care for the most vulnerable Medi-Cal beneficiaries
- Access to housing and supportive services

## Reduce:

- Inappropriate emergency department and inpatient utilization



# Goals and Strategies

## Develop:

- An infrastructure that will ensure local collaboration among the entities participating in the WPC pilots over the long term

## Improve:

- Health outcomes for the WPC population
- Data collection and sharing among local entities

## Achieve:

- Targeted quality and administrative improvement benchmarks



# Lead Entities

## Lead Entities:

- County
- A city and county
- A health or hospital authority
- A designated public hospital
- A district/municipal public hospital
- A federally recognized tribe
- A tribal health program under a Public Law 93-638 contract with the federal Indian Health Services
- A consortium of any of the above entities

## Lead Entity Responsibilities:

- Submits Letter of Intent and application
- Serves as the contact point for DHCS
- Coordinates WPC pilot
- Collaborates with participating entities



# Participating Entities

## Participating Entities must include at least:

- One (1) Medi-Cal managed care health plan
- One (1) health services agency/department
- One (1) specialty mental health agency/department
- One (1) public agency/department
- Two (2) community partners

## Participating Entity Responsibilities:

- Collaborates with the lead entity to design and implement the WPC pilot
- Provides letters of participation
- Contributes to data sharing/reporting



# Lead and Participating Entities

- Lead entities indicate in the application who the participating entities will be.
  - DHCS encourages a collaborative approach.
- Only one Medi-Cal managed care plan is required to participate, but DHCS encourages including multiple plans.
  - Medi-Cal managed care plan participation must include the plan's entire network (i.e., where delegation of risk has occurred to an entity in the plan's network).
  - Specific exclusions and exceptions may be considered on a case-by-case basis.
- Lead entities cannot also be one of the two required community partners.



# Target Populations

WPC pilots identify high-risk, high-utilizing Medi-Cal beneficiaries in their geographic area.

- Work with participating entities to determine the best target population(s) and areas of need.

Target population(s) may include, but are not limited to, individuals:

- with repeated incidents of avoidable emergency use, hospital admissions, or nursing facility placement;
- with two or more chronic conditions;
- with mental health and/or substance use disorders;
- who are currently experiencing homelessness; and/or
- who are at risk of homelessness, including individuals who will experience homelessness upon release from institutions (e.g., hospital, skilled nursing facility, rehabilitation facility, jail/prison, etc.).



# Letters of Intent

- DHCS released instructions for a Letter of Intent (LOI) in March 2016.
- The purpose of the LOI was to gauge the level of interest, obtain preliminary program design, and provide an opportunity for entities to submit questions
  - Submission of an LOI was voluntary and will not preclude lead entities from applying when the WPC application is released.
- 29 LOIs were received from 28 counties.



# Letters of Intent

	Lead Entity	Geographic Area
1	Alameda County Health Care Services Agency	Alameda County, with concentration in the “880 corridor” stretching from Oakland to Hayward
2	Arrowhead Regional Medical Center	San Bernardino County
3	Calaveras County Health and Human Services Agency	Calaveras County
4	California Rural Indian Health Board (CRIHB)	Statewide
5	Contra Costa Health Services	Contra Costa County (Urban areas)
6	County of Imperial Public Health Department	Imperial County (geographic area TBD)
7	County of San Mateo Health System	San Mateo County
8	Humboldt County Department of Health and Human Services	Humboldt County
9	Kern Medical Center	Kern County (Individuals residing within a 15 mile radius of KMC and/or their assigned medical home)
10	Kings County Department of Public Health	Kings County
11	Los Angeles County	Los Angeles County in all 8 county service planning areas
12	Mathiesen Memorial Health Clinic	Calaveras, Tuolumne, and Mariposa Counties
13	Mendocino County Health & Human Services Agency	Mendocino County
14	Monterey County Health Department	Monterey County
15	Orange County Health Care Agency	Orange County with focus on areas of high Medi-Cal enrollment and high utilization of county resources (primarily Santa Ana, Garden Grove, and Anaheim)



# Letters of Intent

	Lead Entity	Geographic Area
16	Placer County Health and Human Services	Placer County
17	Riverside University Health System Department of Population Health	Riverside County
18	San Benito County Health and Human Services Agency	San Benito County
19	San Diego County Health and Human Services Agency	San Diego County
20	San Francisco Department of Public Health	City of San Francisco
21	San Joaquin County Health Care Services Agency	San Joaquin County – (initial targets Stockton and Lathrop areas with entire county by demo end)
22	Santa Clara Valley Health and Hospital System	Santa Clara County
23	Shasta County Health and Human Services Agency	Shasta County
24	Solano County Health and Social Services	Solano County
25	Southern Indian Health Council	San Diego County (rural southeast)
26	Tulare County Health and Human Services Agency	Tulare County
27	Ventura County Health Care Agency	Ventura County
28	WellSpace Health	Sacramento
29	Yolo County Health and Human Services Agency	Yolo County

- The list of the lead entities that voluntarily submitted LOIs can also be found at the following link:

<http://www.dhcs.ca.gov/services/Documents/WPCLOISubmissions.pdf>.



# Activities/Services

Generally, WPC pilot payments may support activities that:

- **Build infrastructure** to integrate services among local entities that serve the target population.
- **Provide services not otherwise covered or directly reimbursed by Medi-Cal** to improve care for the target population, such as housing components.\*
- **Implement strategies** to improve integration, reduce unnecessary utilization of health care services, and improve health outcomes.

\*Federal WPC payments are not available for services provided to non-Medi-Cal beneficiaries.



# Activities/Services Examples

- Care coordination
- Recuperative care/medical respite
- Sobering centers
- Transportation
- Field-based care, such as case managers, therapists, or nurses delivering services on the street or in the home
- New IT infrastructure



# Activities/Services: Housing Supports & Services

## WPC pilots for Housing Supports/Services:

- May target individuals who are experiencing, or are at risk of, homelessness who have a demonstrated medical need for housing or supportive services.
- Must have participating entities that include local housing authorities, local continuum of care program, and community-based organizations serving homeless individuals.



# Activities/Services: Housing Supports & Services

Federal Medicaid funds may not be used to cover the cost of:

- Room and board
- Monthly rental or mortgage expense
- Food
- Regular utility charges
- Household appliances or items that are intended for purely diversional/recreational purposes

However, state or local government and community entity contributions that are not used to match WPC pilot federal financial participation (FFP) may be allocated to fund support for long-term housing, including rental housing subsidies.



# Activities/Services: Housing Supports & Services

## Eligible Housing Supports & Services include:

- Individual Housing Transition Services: housing transition services to assist beneficiaries with obtaining housing, such as individual outreach and assessments.
- Individual Housing & Tenancy Sustaining Services: services to support individuals in maintaining tenancy once housing is secured, such as tenant and landlord education and tenant coaching.
- Additional transition services, such as searching for housing, communicating with landlords, and coordinating moves.



# Activities/Services: Housing Supports & Services

## Additional transition services:

- Transportation
- Environmental accommodations for accessibility
- Housing transition services beyond case management services that do not constitute room and board, such as:
  - Security deposits
  - Utility set-up fees
  - First month coverage of utilities
  - One-time cleaning prior to occupancy, etc.



# Activities/Services: Flexible Housing Pool

## The flexible housing pool:

- May include funding created from savings generated by reductions in health, behavioral, and acute care costs, which result from WPC pilot housing-related strategies.
- Can be used to fund additional supports and services that are not available for (FFP), such as rental subsidies, home setup, deposits, and utilities.



# STC Attachments

- There are three Special Terms and Conditions (STC) protocols related to Whole Person Care:
  - Attachment GG – Reporting and Evaluation
  - Attachment HH – WPC Pilot Requirements and Application Process
  - Attachment MM – WPC Pilot Requirements and Metrics
- Attachment MM describes the universal and variant metrics that WPC pilots are required to report on.



# Universal Metrics

All WPC are required to report on the same set of universal metrics.

- These include four (4) health outcomes measures and three (3) administrative measures.
- **Health Outcomes Measures:**
  - 1. Ambulatory Care
  - 2. Inpatient Utilization
  - 3. Follow-up After Mental Health Illness Hospitalization
  - 4. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
- **Administrative Measures:**
  - 1. Comprehensive Care Plan
  - 2. Care Coordination, Case Management, and Referral Infrastructure
  - 3. Data and Information Sharing Infrastructure



# Variant Metrics

Variant metrics are specific to the WPC target population(s), strategies, and interventions.

- Each WPC Pilot must report on a minimum of four (4) variant metrics, including:
  - 1. One administrative metric in addition to the Universal care coordination and data sharing metrics
  - 2. One standard health outcomes metrics (e.g., HEDIS) applicable to the WPC Pilot population across all five program years for each target population
  - 3. WPC Pilots utilizing the PHQ-9 shall report the Depression Remission at Twelve Months (NQF 0710) metric; all other Pilots shall report one alternative health outcomes metric.
  - 4. WPC Pilots including a severely mentally ill (SMI) target population must report on the Adult Major Depression Disorder (MDD): Suicide Risk Assessment (NQF 0104) WPC Pilots; all other Pilots shall report one alternative health outcomes metric.
- WPC Pilots implementing a housing component must report a metric specific to the housing intervention.



# Implementation Activities To Date

## Completed

- Issued frequently asked questions (FAQs); continually updated as clarifications must be made
- Conducted FAQ webinar
- Released Letter of Intent to gauge level of interest; collected responses
- Released draft application and selection criteria
- Public comment on draft application and selection criteria
- Submitted selection criteria to CMS for approval

## Next Steps

- Finalize Attachment MM (metrics protocol) with CMS
- Issue all three protocols (Attachment GG, Attachment HH, and Attachment MM) as final
- Submit valuation outline prior to releasing application
- Release final application and selection criteria
- Conduct application webinar
- Review applications which are due July 1
- Convene a Learning Collaborative



# WPC Application Elements

The WPC application must provide information on:

- The target population of the WPC pilot
- Services, interventions, and strategies that will be used for each target population
- How data sharing will occur between the participating entities
- The performance measures the WPC pilot will use to track progress
- The plan for collecting, reporting, and analyzing data
- How monitoring of the participating entities' performance will occur



# WPC Application Elements

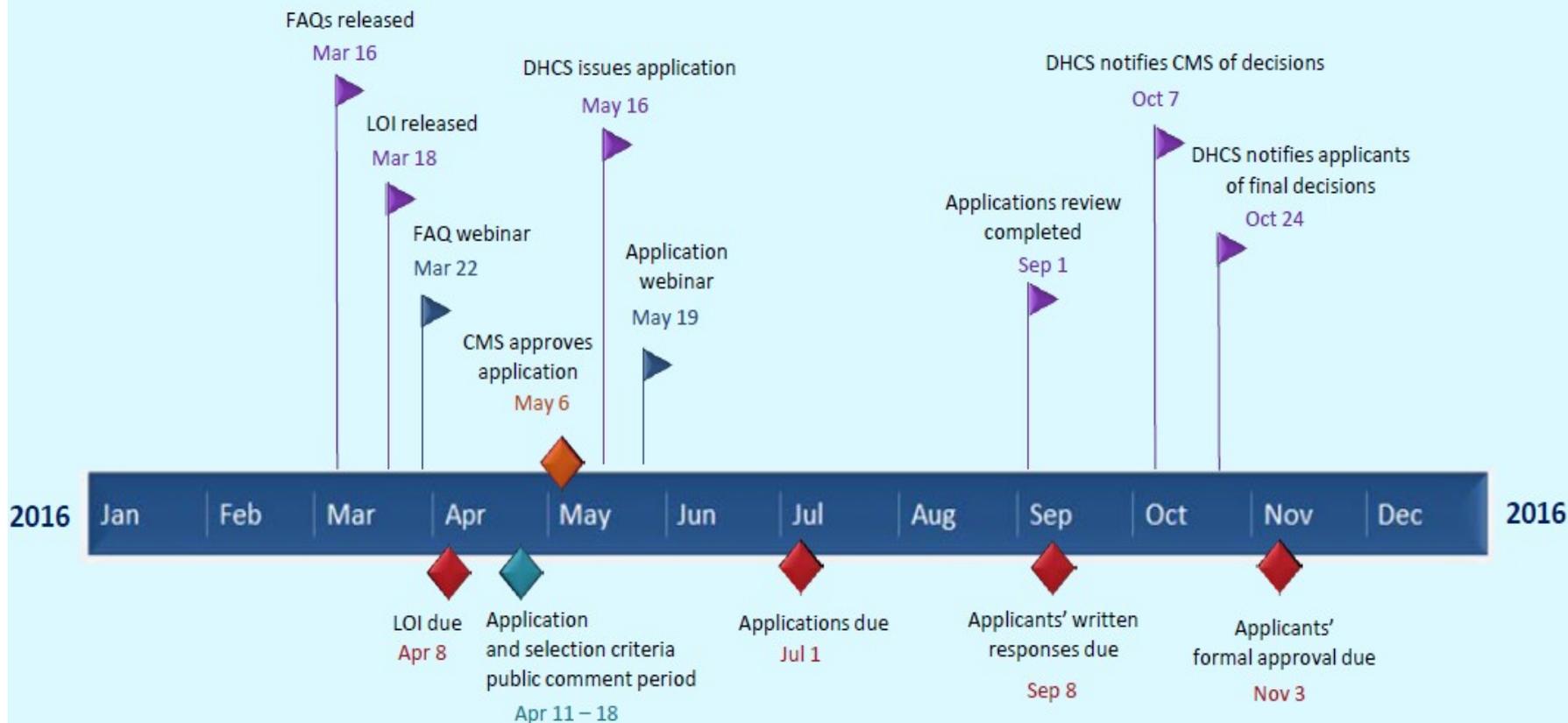
## (cont'd)

The WPC application must provide information on:

- The universal and variant metrics that the WPC pilots will report on
- The WPC pilot financing structure, including the funding flow to the lead entity and participating entities
- The total requested funding amount to operate the WPC pilot
- An attestation for the WPC pilot lead entity to participate in learning collaboratives to share best practices among pilot entities



# Application Timeline





# Resources

Visit our webpage:

- <http://www.dhcs.ca.gov/services/Pages/WholePersonCarePilots.aspx>

Submit questions/sign up for the listserv:

- [115WholePersonCare@dhcs.ca.gov](mailto:115WholePersonCare@dhcs.ca.gov)



# Questions and Discussion

