



Department of Health Care Services



**Tribal and Designee Medi-Cal Advisory Process Webinar
on Proposed Changes to the Medi-Cal Program
May 31, 2016**

Purpose

- The Department of Health Care Services (DHCS) is hosting this webinar regarding proposed changes to the Medi-Cal Program. This webinar will provide information and allow for feedback on State Plan Amendments (SPA) and Waiver Renewals/Amendments proposed for submission to Centers for Medicare and Medicaid Services (CMS).
- Background: Executive Orders recognize the unique relationship of Tribes with the federal government and emphasize the importance of States to work with Tribes on matters that may impact Indian health.
- This webinar is one way for DHCS to provide information about the Medi-Cal program and get feedback verbally and writing.

Agenda

Topic	Presenter
Welcome/Overview	Andrea Zubiata, Indian Health Program (IHP)Coordinator
Medicaid Waiver Overview	Andrea Zubiata, IHP Coordinator
Waiver Scheduled for Submission	by June 30, 2016
Whole Person Care (WPC) Pilot Program	Bob Baxter, Whole Person Care Section Department of Health Care Services
Feedback/Closing	All



Waiver Overview



What Are Medicaid Waivers?

- “Waive” specified provisions of Medicaid Law (Title XIX of the Social Security Act).
- Allow flexibility and encourage innovation in administering the Medicaid program to meet the health care needs of each State’s populations.
- Provide medical coverage to individuals and/or services that may not otherwise be eligible or allowed under regular Medicaid rules.
- Approved for specified periods of time and often may be renewed upon expiration.



Whole Person Care (WPC) Pilot Program

Bob Baxter, Manager
Whole Person Care Section
Department of Health Care Services
Primary, Rural and Indian Health Division
Webinar

May 31, 2016

Background

DHCS is currently operating a five-year Medicaid Section 1115 Demonstration Waiver (Medi-Cal 2020) through which much of the Medi-Cal program now operates. The waiver operates from 2016 through 2020. The WPC Pilot program is a part of the Medi-Cal 2020 Demonstration Waiver. The WPC Pilots provide up to \$1.5 Billion over five years for local entities to design pilot programs to coordinate of health, behavioral health, and social services, as applicable, in a patient-centered manner with the goals of improved beneficiary health and well-being through more efficient and effective use of resources.



Background

The WPC pilots currently allow a county, a city and county, a health or hospital authority, or a consortium of any of the above entities serving a county or region consisting of more than one county, or a health authority, to apply (as a WPC Pilot “Lead Entity”) to DHCS to have their pilot application and funding request approved. Pilots must provide a source of non-federal share (50% of the program funding) to support the project. More information about WPC is available at:

<http://www.dhcs.ca.gov/provgovpart/Pages/medi-cal-2020-waiver.aspx>



Impact

IMPACT TO TRIBAL HEALTH PROGRAMS

The proposed amendment will allow Federally Recognized Tribes and Tribal Health Programs operated under a Public Law 93-638 Contract with IHS to act in a Lead Entity role in the design, application, and operation of a WPC Pilot, which will benefit the Medi-Cal population that these entities serve by allowing the pilot to be specifically designed to serve this population.

IMPACT TO FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)

Tribal health programs operating under a Public Law 93-638 contract with the IHS that participate in Medi-Cal as a FQHC will be eligible to participate as noted in the paragraph above.

IMPACT TO INDIAN MEDI-CAL BENEFICIARIES

The proposed amendment will allow Federally Recognized Tribes and Tribal health programs operating under a Public Law 93-638 contract with the IHS to act in a Lead Entity role in the design, application, and operation of a WPC Pilot, which will benefit the Indian Medi-Cal beneficiaries that these entities serve by allowing the pilot to be specifically designed to serve this population.



Presentation Overview

1. WPC Program Overview
2. Key Elements of the WPC Pilots
 - Goals and Strategies
 - Lead and Participating Entities
 - Target Populations
 - Activities/Services
3. Letters of Intent
4. STC Attachments
5. 6 Application Elements and Timeline
6. Questions/Open Discussion



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)



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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.



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.



Implementation Activities To Date

Completed

- Issued frequently asked questions (FAQs); continually updated as clarifications must be made
- Conducted FAQ webinar
- Released Letter of Intent and collected responses
- Public comment on draft application and selection criteria
- Submitted selection criteria to CMS for approval
- Released the final application and selection criteria on May 16th
- Held application webinar on May 19th
- Issued all three protocols (Attachment GG, Attachment HH, and Attachment MM) as final on May 19th

Next Steps

- Review applications which are due July 1
- Convene a Learning Collaborative
- September 1st DHCS Complete application review and sends written questions to applicants
- October 24th DHCS makes final decisions and notified applicants
- November 3rd WPC Lead Entities proved formal acceptance to DHCS.



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



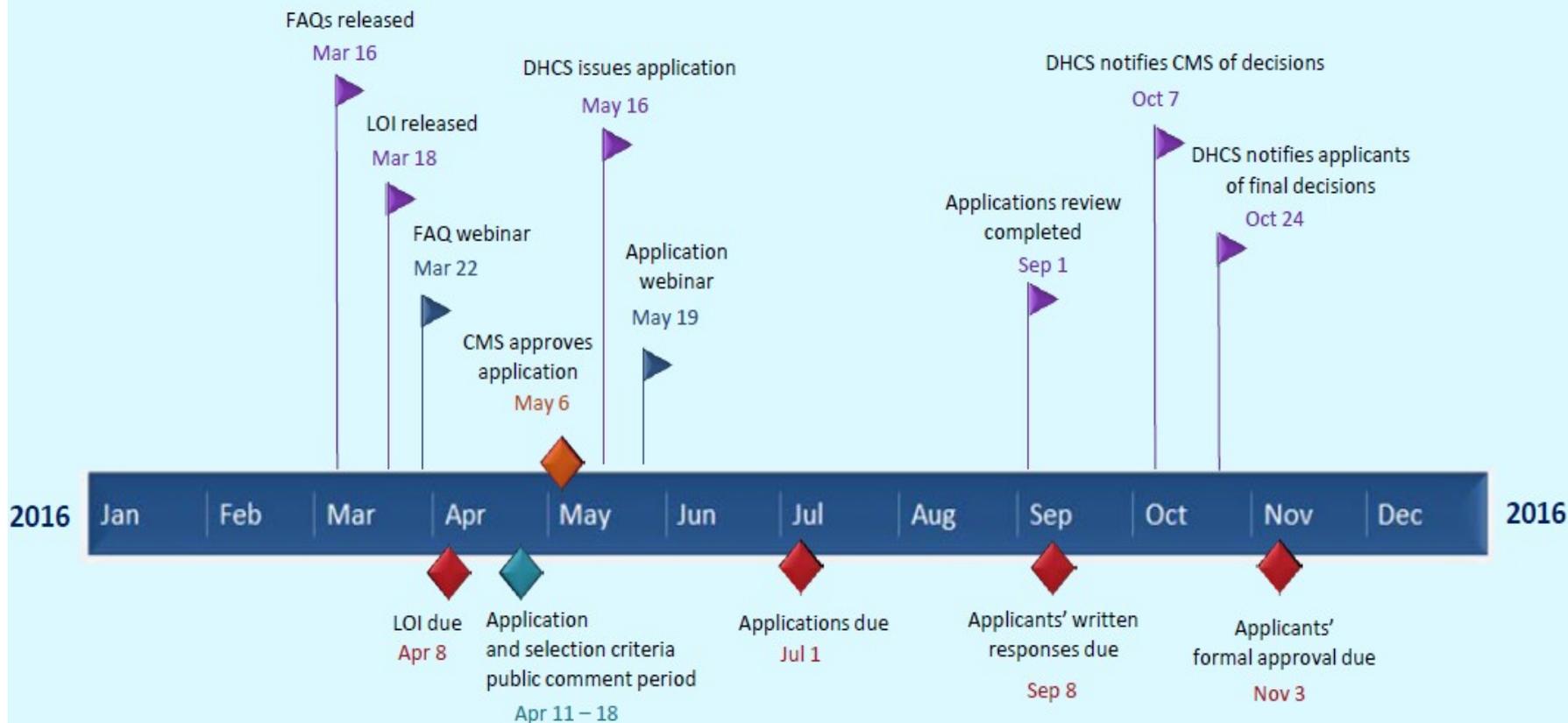
WPC Application Elements (cont'd)

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



Contact Information

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Feedback



Thank You!

