Providing Access and Transforming Health (PATH) Supports

All-Comer Webinar

January 28, 2022

Topics Covered

» Technical Assistance Initiative

» Collaborative Planning and Implementation Initiative

» Capacity and Infrastructure Transition, Expansion and Development (CITED) Initiative

Reminder: What is "Providing Access and Transforming Health" (PATH)?

California has received targeted expenditure authority as part of its section 1115 demonstration renewal for the "Providing Access and Transforming Health" (PATH) program to take the State's system transformation to the next phase, refocusing its uses to achieve the CalAIM vision. DHCS received authorization for $1.44 billion total computable funding to support for PATH to maintain, build, and scale the capacity necessary to ensure successful implementation of CalAIM.

PATH Program:
ECM and Community Supports

ECM / Community Supports PATH Initiative Name	High-Level Description
WPC Services and Transition to Managed Care Mitigation Initiative	*Time limited support to sustain existing WPC pilot services that have converted to Community Supports and that MCPs have committed to cover, through the transition (no later than January 2024). Application process and funding anticipated to begin in Q1 2022.*
Technical Assistance Initiative	Technical assistance to providers, community-based organizations, county agencies, public hospitals, tribes, and others. Application process and funding anticipated to begin in Q3 2022
Collaborative Planning and Implementation Initiative	Support for collaborative planning and implementation efforts among MCPs, providers, community-based organizations, county agencies, public hospitals, tribes, and others to promote readiness for ECM and Community Supports. Application process and funding anticipated to begin in Q3 2022
Capacity and Infrastructure Transition, Expansion and Development (CITED) Initiative	Enabling the transition, expansion, and development of capacity and infrastructure for providers, community-based organizations, county agencies, public hospitals, tribes, and others to provide ECM and Community Supports. Application process and funding anticipated to begin in Q3 2022

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Focus for today

Technical Assistance Initiative
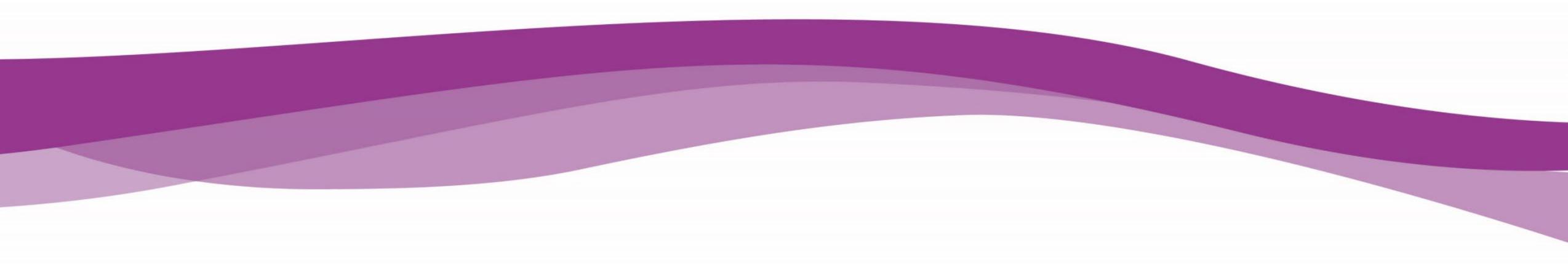
Initiative Overview

Funding available for the provision of technical assistance (TA) for qualified applicants that intend to provide ECM and/or Community Supports

» Qualified applicants may register for hands-on technical assistance support from vendors and access off-the-shelf TA resources in pre-defined TA domains.

» Technical assistance resources may include, for example:

  » Hands-on trainings for ECM / Community Supports providers regarding billing and reporting requirements, contracting with health plans, and other areas that may be tailored to the needs of the organization and the communities they operate in

  » Guidance for data sharing processes between ECM / Community Supports providers and health plans

  » Accelerated learning sessions or computer-based learning modules for CBOs

  » Strategic planning consultations for entities implementing ECM / Community Supports

  » Customized project-specific support provided by vendors registered with the TA Marketplace

» TA resources will be provided through a virtual TA "Marketplace," which will serve as a one-stop-shop environment where qualified applicants can access TA resources. The marketplace will be designed, launched and managed by a Third-Party Administrator (TPA).

  » The TPA will contract with other vendors to provide TA services to eligible applicants as part of the marketplace

Eligibility Criteria

Qualified applicants include entities that are contracted with or intend to contract with Medi-Cal MCPs to provide ECM / Community Support Services, including:

» County, city, and local government agencies

» Public hospitals and providers

» Community-based providers

» Community-based organizations

» Other ECM and Community Supports Providers

» Medi-Cal Tribal and Designees of Indian Health Programs

» Other entities approved by DHCS

Managed Care Plans (MCPs) are not eligible to receive TA Marketplace resources

Role of the TPA

DHCS will engage a Third-Party Administrator (TPA) to launch and administer the TA Marketplace. DHCS will set the criteria to be met to be eligible for funding and will oversee the TPA and ensure they are meeting contractual obligations. The TPA will serve the following roles and responsibilities for this initiative:

- ❑ Contracting with DHCS to administer the TA marketplace

- ❑ Designing and implementing a TA Marketplace website

- ❑ Developing a standardized electronic application form

- ❑ Promoting the Marketplace

- ❑ Building or procuring "off-the-shelf" TA resources to support eligible entities with the transition to CalAIM and implementation of ECM

- ❑ Registering and facilitating payment to vendors that provide technical assistance

- ❑ Share best practices gleaned from the administration of the TA Marketplace

- ❑ Reviewing application information from applicants seeking TA opportunities and sharing them with DHCS

Role of the TPA (cont'd)

DHCS will engage a Third-Party Administrator (TPA) to launch and administer the TA Marketplace. DHCS will set the criteria to be met to be eligible for funding and will oversee the TPA and ensure they are meeting contractual obligations. The TPA will serve the following roles and responsibilities for this initiative:

❑ Serving as the Fiscal Intermediary for payments to applicants that wish to access funding

❑ Reviewing contracts between applicants and Marketplace vendors for hands-on project specific support

❑ Tracking and reporting funding

❑ Maintaining public-facing documentation

Application Process

Application Process:

» Eligible applicants seeking technical assistance will fill out a standardized electronic application form and submit it to the TPA for review for each request

» The application form will collect information on applicant type, contact information, information about the TA request and other funding sources the entity is accessing, and attestation information regarding other funding received that may overlap, and commitment to contract with MCP(s) to deliver ECM and/or Community Supports

Application Review Process:

» The TPA will review TA requests on a rolling basis and support entities in accessing the right types of TA services/vendors providing those services on the marketplace

» The TPA will also ensure non-duplication with other TA initiatives (e.g., through review of relevant IPP MCP Needs Assessment and Gap Filling Plans and other PATH funded initiatives)

Application Process (cont'd)

Approach to TA and Funding Distribution:

» The applicant seeking technical assistance will either access one of the "off the shelf" resources available on the marketplace, or identify an appropriate vendor that is registered with the marketplace and can provide specialty TA services to the applicant

» The applicant seeking technical assistance and the selected marketplace vendor will develop a scope of work that describes the project and corresponding deliverables

» The TPA will pay the vendor upon completion of the deliverables articulated in the SOW

» For "off the shelf" resources, the TPA will pay the vendor directly based on an agreed rate / fee schedule

Technical Assistance Domains

Preliminary priority TA domains will be determined by DHCS with input from stakeholders and the TPA, and may include:

» Contracting between MCPs and providers;

» Collecting, documenting and exchanging data between MCPs and providers;

» Billing for ECM/Community Supports services;

» Building provider capacity and developing care plans to support ECM/Community Supports service delivery;

» Designing new workflows/service delivery models to support ECM/Community Supports service delivery;

» Supporting applicants in applying for regional CalAIM collaborative planning and implementation efforts;

» Organizational strategic planning to support CalAIM;

» Promoting health equity through the delivery of ECM/Community Supports;

» Engaging with communities to support the implementation of ECM/Community Supports;

» Aiding entities in understanding and navigating CalAIM program requirements; and,

» Supporting applicant compliance with monitoring, oversight and program integrity requirements.

Initiative Oversight

The TPA will track and report funding on a routine basis to DHCS. The TPA will:

» **Monitor payment amounts** by region to help ensure that there is a fair distribution of technical assistance resources

» **Review MCP Incentive Payment Program Needs Assessments and Gap Filling Plans** and other PATH funding documents as available.

» **Identify gaps in regions or applicant types** that might not be applying for or receiving TA and outreach to those regions/applicants.

» **Publicly document which organizations are receiving TA services** and the types of services they are receiving.

» **Troubleshoot issues as they arise** and elevate problems to DHCS needed.

» **Register any complaints and grievances** and report them to DHCS in a timely manner; DHCS will establish a process to register grievances directly from applicants if they concern the TPA.

» **Share** information on the utilization of different TA resources, by domain and by entity.

Tentative Initiative Timing

Registration will open in Q3 2022, and the marketplace will accept rolling applications from Q3 2022 – Q4 2024

PATH Initiative	2022				2023				2024				2025				2026			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Technical Assistance			■	■	■	■	■	■	■	■	■	■								

■ = Service / Funding Available

Collaborative Planning and Implementation Initiative
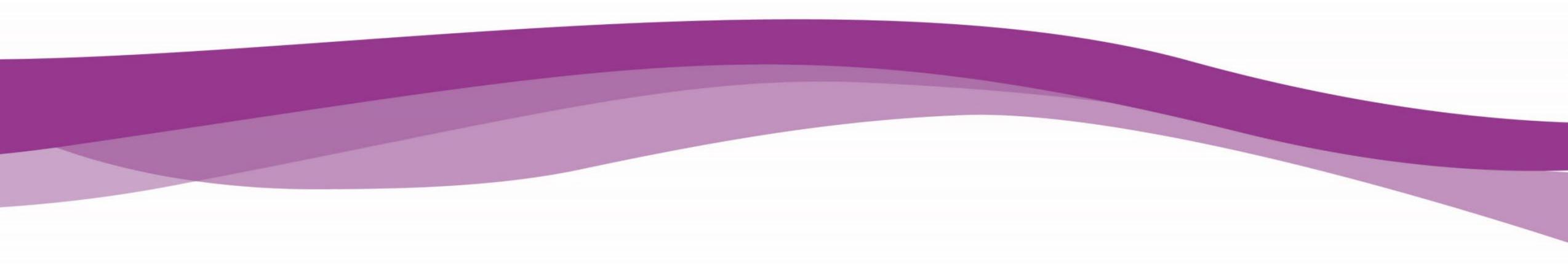
Initiative Overview

Community stakeholders will work with the PATH TPA to establish collaborative planning and implementation efforts that support CalAIM launch

» PATH TPA will work with stakeholders in the region, including: MCPs, counties, providers, CBOs and others to convene and facilitate county or regional collaborative planning efforts

» Local collaborative planning groups will work together to identify, discuss, and resolve topical implementation issues and identify how PATH and other CalAIM funding initiatives – including IPP – may be used to address gaps identified in MCP Needs Assessments and Gap Filling Plans while avoiding duplication

» Entities **will not** be required to participate in collaborative planning efforts in order to apply for PATH Capacity and Infrastructure Transition Expansion and Development (CITED) funding

» Collaborative planning efforts may build off existing collaborative efforts from the WPC Pilot Program or other existing collaborative initiatives, to the extent helpful

Eligibility Criteria

Participants: MCPs, county, city, and local government agencies, providers, CBOs, public hospitals, and Medi-Cal Tribal and Designees of Indian Health Programs, ECM and Community Supports providers, and others as approved by DHCS will be encouraged to participate in local collaborative planning groups

» TPA will work with key stakeholders in each region to identify and invite entities to participate in local collaborative planning efforts:

  » MCPs are expected to participate in collaborative planning groups and support the TPA's efforts to develop robust local collaboratives by identifying providers that participated in development of IPP Needs Assessments and Gap Filling Plans as well as contracted ECM / Community Support providers that may benefit from participation.

  » MCPs can help satisfy specified IPP payment measures by participating in the PATH collaborative planning and implementation initiative

  » **Collaborative planning groups can go forward if an MCP does not participate.**

» Entities that are contracted with MCPs to provide ECM / Community Support services will be invited by TPA to participate

» Other entities that intend to contract with MCPs to provide ECM / Community Support services may register to participate

» All entities that apply for CITED funding will be invited **but are not required** to participate

MCPs Will be Encouraged to Support Local Collaborative Planning Efforts

MCPs will be encouraged to support PATH collaborative planning efforts in the counties they serve. MCP participation is not required and will not impact whether a collaborative planning group is launched.

» MCPs will work with the TPA to identify entities that participated in development of IPP Needs Assessment and gap filling plans as well as contracted ECM / Community Support providers, and the TPA will invite these entities to join the collaborative planning effort.

» Once collaborative planning groups are established, participants will help identify critical issues that need to be addressed through the collaborative planning process, based on experience to date.

» **Intersection with IPP:** Several mandatory IPP Performance Measures are directly tied to an MCP's collaboration with local providers and other participants, as well as other MCPs to support implementation of CalAIM:

  » Payment measure 2.1.7 requires MCPs to report "how the MCP successfully collaborated with all MCPs in the county to enhance and develop needed ECM/Community Supports (ILOS) infrastructure"

  » Similarly, IPP payment measures 2.1.6, 2.2.6, and 2.2.7 require collaboration with participants that can be engaged through the collaborative planning process

» Participating in the PATH collaborative planning and implementation initiative will help MCPs earn credit for IPP measures tied to collaboration with providers.

» MCPs are not required to participate in PATH collaborative planning efforts.

Role of the TPA

DHCS will engage a Third-Party Administrator (TPA) to launch and administer the TA Marketplace. DHCS will set the criteria to be met to be eligible for funding and will oversee the TPA and ensure they are meeting contractual obligations. The TPA will serve the following roles and responsibilities for this initiative:

- ❑ Working with stakeholders to identify and invite entities to participate in local collaborative planning groups

- ❑ Facilitating or identifying a vendor(s) to facilitate regional collaborative implementation support groups

- ❑ Developing a standardized registration form for collaborative planning and implementation initiative

- ❑ Reviewing and approving registration for collaborative planning

- ❑ Driving content development for collaborative planning groups / convenings

- ❑ Maintaining public facing documentation

- ❑ Troubleshooting issues as they arise

- ❑ Reporting on best practices and use of collaborative planning funds, including for CMS-required progress reports

Role of the TPA (cont'd)

DHCS will engage a Third-Party Administrator (TPA) to launch and administer the TA Marketplace. DHCS will set the criteria to be met to be eligible for funding and will oversee the TPA and ensure they are meeting contractual obligations. The TPA will serve the following roles and responsibilities for this initiative:

- ❑ Reporting on CITED funding requests and disbursements, including for CMS-required progress reports
- ❑ Serving as the fiscal intermediary for payments
- ❑ Monitoring progress against collaborative planning and implementation goals
- ❑ Working with participants to understand and provide guidance on how PATH and other CalAIM funding opportunities may be used to support implementation of CalAIM

Registration Process

Registration Process

» Entities that are not initially identified and invited to participate in a local collaborative planning group will still be able to register for participation on an ongoing basis via the PATH TPA beginning in Q3 2022

» Entities interested in participating in collaborative planning will complete a simple, standardized registration form that indicates their interest and intent to join a collaborative in the community they operate in. Entities could participate in more than one regional collaborative if they operate in multiple regions.

» CBOs and other under-resourced entities will be supported by the TPA throughout the registration process

Approach to Funding Distribution:

» Funding will be used to convene and facilitate collaborative planning groups

» The TPA may use funding to hire facilitators they identify or identified by collaborative planning participants if needed

» Individual participants will not receive direct funding from the TPA

Sample Collaborative Planning and Implementation Activities

The needs of local providers/stakeholders will shape collaborative planning and implementation activities by county or region. Potential activities, may include:

Category	Potential Activities
Identifying ECM / Community Support needs and gaps within the community	» Participants may take stock of current ECM / Community Support services provided in the county / region and the TPA will work with them to identify pressing needs and gaps » Participants may work with MCPs to review Incentive Payment Program (IPP) Needs Assessment and Gap Filling Plans » TPA may work with participants to understand how PATH and other CalAIM funding may be used to address needs and gaps within the county / region
Identifying and resolving topical implementation issues	» TPA / facilitators may host regular convenings for entities to identify, discuss, and resolve local implementation issues that arise as CalAIM is rolled out across a county / region » TPA / facilitator may work with participants to identify opportunities to use PATH and other CalAIM funding sources to address CalAIM implementation issues

Sample Collaborative Planning and Implementation Activities (cont'd)

The needs of local providers/stakeholders will shape collaborative planning and implementation activities by county or region. Potential activities, may include:

Category	Potential Activities
Monitoring how PATH funds are used to address implementation issues and disseminating best practices	» TPA will proactively monitor how entities are using PATH funds to address implementation issues and will regularly report on uses of funds to local collaborative planning groups » The TPA will be expected to disseminate best practices that address implementation issues both within and across collaborative planning groups

Initiative Oversight

» Information on participants in regional collaboratives will be made publicly available by the TPA

» TPA must submit an annual progress report to DHCS to meet CMS requirements that may include documentation on topics such as:

  » Participation in collaborative planning groups

  » Successes and challenges experienced by participants in the collaborative planning initiative

  » Lessons learned and best practices identified by MCPs and other entities from participation in the collaborative planning group

  » Results from a participant survey assessing satisfaction with collaborative planning facilitators and recommendations for future topics and convenings

Tentative Initiative Timing

Entities will be proactively invited to participate in local / regional collaboratives or will be able to register via the TPA beginning in Q3 2022

PATH Initiative	2022				2023				2024				2025				2026			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Collaborative Planning and Implementation			■	■	■	■	■	■	■	■	■	■	■	■						

■ = Service / Funding Available

Capacity and Infrastructure Transition, Expansion, and Development (CITED) Initiative
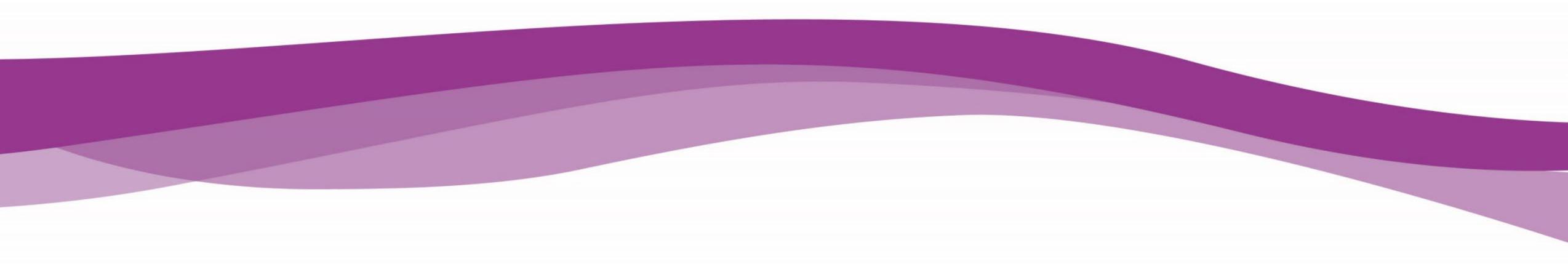
Initiative Overview

Funding to enable the transition, expansion and development of ECM and Community Supports capacity and infrastructure

Qualified applicants who wish to receive CITED funding must submit an application to the PATH TPA indicating how they intend to use CITED funding

» Qualified Applicants will be required to coordinate applications with local MCPs that they contract with or intend to contract with to provide ECM / Community Support services

» CITED funding recipients will be invited to participate in regional Collaborative Planning and Implementation groups

» Applications and funding requests should consider needs identified in the MCP's Gap Assessment and Gap Filling Plan, needs identified in the Collaborative Planning initiative, and other needs they may have, and include strategies to avoid duplication and displacement of other funding sources (e.g., CalAIM IPP)

Eligibility Criteria

» **Qualified applicants may include, but are not limited to:**

  » County, city, and local government agencies

  » Public hospitals

  » Providers (ECM and Community Supports provider, or those that intend to contract as an ECM / Community Supports providers including those serving as a provider of housing services)

  » CBOs

  » Medi-Cal Tribal and Designees of Indian Health Programs

  » Others, as approved by DHCS

» Former WPC Lead Entities may use this funding to transition infrastructure developed under WPC Pilots to support ECM, Community Supports, and other managed care contracted CalAIM services

» Qualified applicants must be actively contracted with an MCP for the provision of ECM / Community Supports, or have a signed attestation that they intend to contract with one or more MCPs to provide ECM / Community Supports in a timely manner.

» **MCPs are not eligible to receive CITED funding**

Role of the TPA

DHCS intends to hire a TPA to administer and facilitate the initiative in order to enable the transition, expansion, and development of capacity and infrastructure necessary to support ECM and Community Support services.

- ❑ Completing first review of applications and funding requests
- ❑ Scoring applications according to criteria developed by DHCS
- ❑ Recommending applications for approval to DHCS*
- ❑ Serving as the fiscal intermediary
- ❑ Troubleshooting issues as they arise
- ❑ Maintaining public facing documentation
- ❑ Reporting on best practices, and other topics required by CMS
- ❑ Reporting on approved applications and funding disbursements
- ❑ Preventing and monitoring for duplication of funding

*Note: The TPA will initially score applications and will recommend applications for approval to DCHS, however, DHCS will ultimately determine which applications will receive funding

Application Process

Application Process: Qualified applicants who wish to receive CITED funding must submit an application with a specific funding request indicating how they intend to use PATH CITED funds

» Applications will collect information regarding the qualified applicant's experience to date providing ECM / Community Supports (or equivalent services prior to the start of CalAIM) as well as the qualified applicant's intended uses of CITED funds

» Qualified applicants must clearly state their need, what they intends to do to meet that need, and the funding request that would allow them to do that

» Applications will also describe how requested funding will align with local MCP IPP Needs Assessments and Gap Filling Plans

» Funding requests should be coordinated with local MCPs and include strategies to avoid duplication and displacement of other funding sources (e.g., IPP)

Application Process (cont'd)

Application Review Process: Applications will be reviewed and approved during pre-specified periods established by DHCS. During these periods, the PATH TPA will collect, review, and score applications according to criteria developed by DHCS and will make a recommendation to DHCS regarding applications that should be approved. DHCS will ultimately determine which applications are approved. Criteria for evaluation may include:

» How CITED funds will be used and strength of justification

» How the applicant intends to coordinate with MCPs to ensure alignment and avoid duplication of funds

» Potential breadth of impact

» Whether the applicant serves a population that has been historically under-represented or under-served

Approach to TA and Funding Distribution: The TPA will distribute funding to qualified applicants, following receipt, review and approval of funding requests by DHCS

Sample CITED Funding Activities

Category	Sample Activities
Increasing Provider Workforce	» Assessment of current organizational capabilities, infrastructure and systems, and capacity to deliver ECM / Community Supports » Identification of critical gaps and needs to be addressed for seamless provision of services to enrollees to ensure successful ECM / Community Supports participation » Initial hiring, recruiting, onboarding and training staff that will have a direct role in the execution of ECM / Community Supports responsibilities Increasing capacity to deliver new services/programs above and beyond current capabilities (e.g., offering a new Community Supports not previously offered under WPC)
Developing Necessary Infrastructure / Systems	» Supporting the implementation of a closed-loop referral system » Purchasing enhanced billing systems/services » Enhancing existing systems to support core monitoring/data reporting needs » Transitioning former WPC Pilot infrastructure for integration into ECM / Community Supports and other managed care contracted services

Sample CITED Funding Activities (cont'd)

Category	Sample Activities
Supporting Delivery of ECM / Community Supports	» Modifying existing physical infrastructure of ECM / Community Supports provider sites that are essential for an organization's capacity to deliver ECM / Community Supports (e.g., replacing infrastructure that refrigerates fresh food)
Evaluating and Monitoring ECM / Community Supports	» Staff time devoted to data collection to establish the evaluation and oversight of ECM / Community Supports

Initiative Oversight

» Recipients will provide reports to DHCS documenting progress operationalizing CITED funding received and other milestones/metrics as required by DHCS or CMS (frequency to be determined at a later date by DHCS)

» CITED funds cannot be used to support capacity and infrastructure that are duplicative of IPP or other PATH capacity and infrastructure funding initiatives.

  » All funding recipients will be required to sign an attestation that they will assess and take steps to prevent duplication of funding

Tentative Initiative Timing

First application period for CITED funding to open in Q3 2022

PATH Initiative	2022				2023				2024				2025				2026			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Capacity and Infrastructure Transition, Expansion, and Development			██	██	██	██	██	██	██	██	██	██	██	██						

██ = Service / Funding Available

Appendix
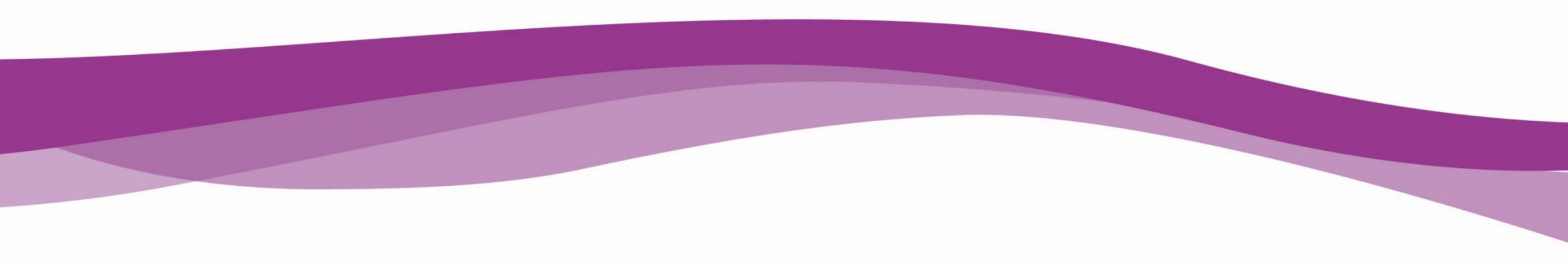
Overview of PATH Programs

PATH is comprised of two aligned programs.

PATH Program	High-Level Description
Justice-Involved Capacity Building	Funding to maintain and build pre-release and post-release services to support implementation of the full suite of statewide CalAIM justice-involved initiatives in 2023 (e.g., pre-release and post-release services).
Support for Implementation of ECM and Community Supports	Support for CalAIM implementation at the community level, including payments for interventions and services, and support to expand access to services that will enable the transition from Medi-Cal 2020 to CalAIM.

MCPs will be expected to participate in PATH programs but are not eligible to receive PATH funding.

PATH Program: Justice-Involved Capacity Building

Funding to maintain and build pre-release and post-release services to support implementation of the full suite of statewide CalAIM justice-involved programs in 2023

» **Resources to support collaborative planning for correctional officials and their partners to support design and launch of Medi-Cal application assistance and pre-release services. For example:**

  » Coordination, business requirements and planning with other county agency, MCP and community provider partners to support development of pre-release Medi-Cal application process and pre-release services

  » Recruiting of staff to support pre-and post-release planning and implementation

  » Design of protocols to support pre-release Medi-Cal application process, setting up pre-release services, including ECM and telehealth consults,

  » Protocols for dispensation of 30-day prescription drugs, etc.

» **Capacity and infrastructure to support justice-involved services. For example:**

  » Support updates to Medi-Cal enrollment application process and real-time updates to booking systems and processes

  » Develop capabilities for county jail, youth correctional facilities, and state prison EHR systems to securely send electronic health information and assessments to community providers

Overarching Role of the Third-Party Administrator (TPA)

> **DHCS will procure a Third-Party Administrator (TPA) to administer select ECM / Community Supports PATH initiatives.**

» The TPA will administer the following PATH initiatives:
  » Technical Assistance
  » Collaborative Planning and Implementation
  » Capacity and Infrastructure Transition, Expansion and Development (CITED)

» Ideally, having one TPA with responsibility across all three initiatives will allow DHCS to streamline and accelerate the operationalization of these critical ECM / Community Supports initiatives, create efficiencies and support oversight and alignment across them

» The TPA will not be responsible for decisions related to PATH program design but will carry out administrative functions related to initiative operations

» DHCS will oversee the TPA to ensure they are meeting contractual obligations

» The TPA will provide regular progress reports to DHCS summarizing applications for PATH funds, successes and challenges experienced by the TPA and qualified applicants, and other information as required by DHCS

Whole Person Care Services and Transition to Managed Care Mitigation Initiative
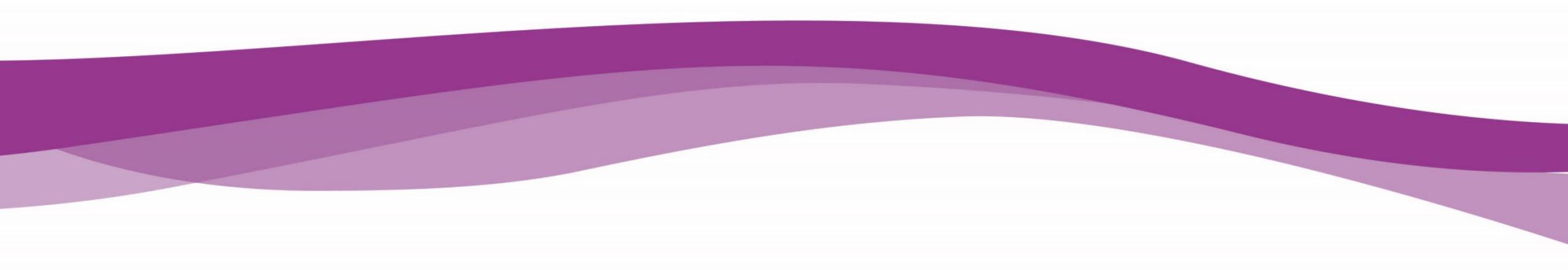
Initiative Overview

Direct funding for former WPC Pilot Lead Entities to pay for existing WPC services before they transition to managed care under CalAIM on or before January 1, 2024

» This component of PATH funding will ensure continuity of WPC services that are transitioning to CalAIM but that will not be covered on "day one", including justice-involved services in counties that offered them as part of WPC

» WPC Services and Transition to Managed Care Mitigation Initiative is only available for former WPC Lead Entities to temporarily sustain WPC Pilot services that "map to" ECM* and/or Community Supports (ILOS) until a local MCP begins to cover them (e.g., the MCP integrates the service into ECM or implements an elected Community Support); and

» There must be an explicit commitment in place from an MCP that they will cover the service on or before January 1, 2024 as part of its Model of Care (MOC)

» **Services that will not continue under CalAIM would not be eligible for this funding**

  » This funding cannot be used for administrative/infrastructure costs or incentive payments

*Note: Justice-involved in-reach services supported by WPC Pilot Programs are the only ECM services that are eligible for funding under this initiative

Eligibility Criteria

» **Eligible Applicants:** Former WPC Pilot Lead Entities

» In order to receive WPC Mitigation funding, the following conditions must be met:
  » The WPC service provided maps to services provided through either ECM* or Community Supports
  » The service meets the following criteria:
    » Will not be covered on January 1, 2022 by at least one MCP in the county, and at least one MCP in the county has committed to covering the service as part of its MOC on or before January 1, 2024
  » The member receiving the service is enrolled in an MCP that has committed to offering the service, or is in the process of enrolling in managed care and has selected an MCP that has committed to offering the corresponding service by January 1, 2024
    » Members that are not eligible for managed care, and members who are enrolled in MCPs that have not committed to covering the service in question, are not eligible to receive PATH-funded services

» The former WPC Lead Entity will only spend WPC Mitigation funding on eligible service costs. This funding cannot be used for administrative/infrastructure costs or incentive payments
  » Former WPC Lead Entities may seek PATH funding through the Capacity and Infrastructure Transition, Expansion and Development (CITED) Initiative, or from MCPs through the Incentive Payment Program (IPP) to support infrastructure and capacity

*Note: Justice-involved in-reach services supported by WPC Pilot Programs are the only ECM services that are eligible for funding under this initiative

Registration Process

Registration Process:

» Former WPC Lead Entities must fill out the DHCS standardized registration form that:

  » Documents which WPC Pilot services will require WPC Service and Transition to Managed Care Mitigation Funding, including:

    » The MCP that has committed to providing the service under CalAIM, and the date by which the service will be covered;

    » What ECM/Community Supports (ILOS) service they map to

    » Expected utilization of that service

  » Documents the Program Year 6 FFS or PMPM rate that is currently paid for the WPC Pilot service

  » Attests that WPC Service and Transition to Managed Care Mitigation funding will only be used for costs associated with delivery of eligible services, and will not duplicate funding received through any other federal, state or local program

  » If PATH funding is needed for Community Support services that were formerly billed as part of larger PMPM bundles in the WPC Pilot Program, then the former WPC Lead Entity may use the Community Supports pricing guidance rate for this service or may propose a new rate for review and approval by DHCS

Registration Review Process:

» DHCS will review registration forms and provide approval for WPC Lead Entities to submit invoices

Invoicing Methodology

Invoicing Process:

» Former WPC Lead Entities will tentatively submit semi-annual invoices to DHCS to receive reimbursement for spending on approved services for eligible individuals

» Invoices will state the number of units of each FFS service provided as well as the number of member months associated with each PMPM category.

» Former WPC Lead Entities will invoice for eligible services using rates that were approved by DHCS on WPC Services and Transition to Managed Care Mitigation registration forms

  » Incentive payments that functioned as reimbursement for service delivery under the WPC Pilot Program may also be invoiced at rates that are approved by DHCS as part of the initial registration process

» Invoices will be accompanied by utilization reports that allow DHCS to validate the utilization of services captured in semi-annual invoices

Approach to Funding Distribution:

» Invoices will be paid within 30 days once validated by DHCS (tentative)

Sample Funding Activities

Scenario 1: WPC Services and Transition to Managed Care Mitigation Funding Permitted

» **WPC Lead Entity** offers **Housing Transition Navigation Supports** services as part of its WPC offerings

» **MCP** has documented in its model of care its intent to **offer the corresponding Community Supports service starting on 7/1/2023**

» WPC Lead Entity can **access WPC Services and Transition to Managed Care Mitigation funds** and receive payment for providing that service to managed care plan Members **until 6/30/2023**

Scenario 2: WPC Services and Transition to Managed Care Mitigation Funding Not Permitted

» **WPC Lead Entity** pays for **Sobering Center services** as part of its WPC offerings

» **MCP** intends to offer several Community Supports, but is **not planning to include Sobering Centers in its offerings by 1/1/2024**

» WPC Lead Entity **can't access WPC Services and Transition to Managed Care Mitigation Funds** to pay for this service because **the MCP has not explicitly committed to providing Sobering Centers by 1/1/24**

Initiative Oversight

» Former WPC Lead Entities must submit semi-annual utilization reports that allow DHCS to validate the utilization of services captured in the submitted invoices

  » Utilization reports will include client identification numbers, demographic information (if available), FFS / PMPM service codes, dates of service, and other information as required by DHCS

  » Former WPC Lead Entities may use the same utilization report templates that were used during Performance Year 6 of the WPC Pilot Program

» Invoices and utilization reports must be validated by DHCS during the relevant period in order for former WPC Lead Entities to receive funding

» WPC Lead Entities must attest that WPC Mitigation funding will only be used for costs associated with delivery of eligible services, and will not duplicate funding received through any other federal, state or local program

» Additional details regarding program oversight and reporting requirements will be described in guidance documents

Tentative Initiative Timing

Timing for Funding Disbursement: WPC Lead Entities may submit registration forms and invoices starting in Q1 2022 and may receive funding through Q4 2023

PATH Initiative	2021		2022				2023				2024				2025				2026			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
WPC Services and Transition to Managed Care Mitigation			■	■	■	■	■	■	■	■												

■ = Service / Funding Available