



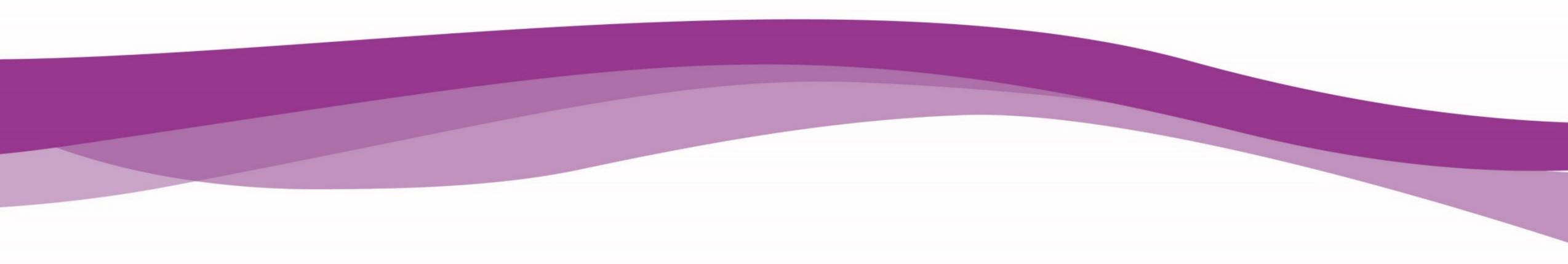
PATH and IPP Program Overview

PATH All Comer Webinar

Agenda for Today

- **Overview of PATH Program**
- **Overview of Incentive Payment Program (IPP)**
- **CalAIM Funding Program Alignment**

Overview of Providing Access and Transforming Health (PATH Program)



What is PATH?

- California's 1115 waiver demonstration renewal and amendment requests funds for the "Providing Access and Transforming Health" (PATH) Program.
- DHCS is seeking \$1.85 billion in federal support to maintain, build, and scale the capacity necessary to ensure successful implementation of CalAIM.
- PATH funds will be available to many types of entities (e.g., WPC Lead Entities, Counties, CBOs, Providers, Tribes). MCPs are not eligible to receive PATH funds.

Overview of PATH Programs

PATH is comprised of two aligned programs.

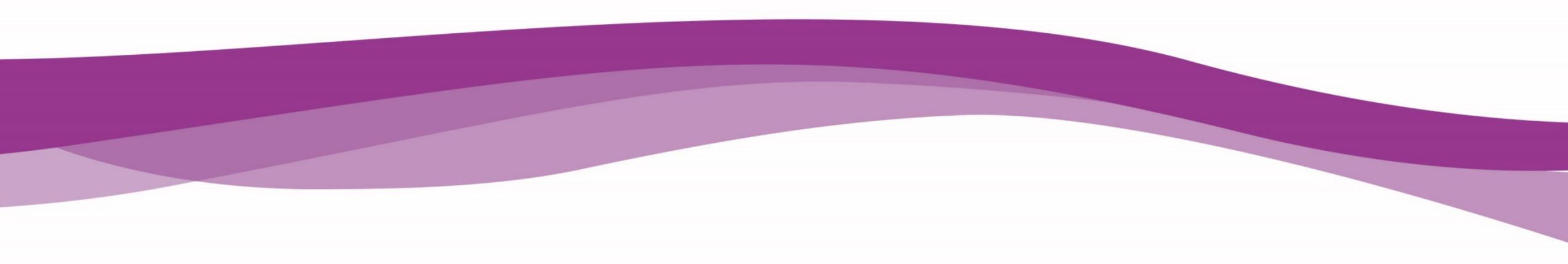
PATH Program	High-Level Description
Justice-Involved Capacity Building	Funding to maintain and build pre-release and post-release services to support implementation of the full suite of statewide CalAIM justice-involved initiatives in 2023 (e.g., pre-release and post-release services).
Support for Implementation of ECM and Community Supports (ILOS)	Support for CalAIM implementation at the community level, 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 for infrastructure, capacity or services.

PATH Program Design for ECM/Community Supports Initiatives

ECM/Community Supports PATH Initiative	High-Level Description
WPC Services and Transition to Managed Care Mitigation Initiative	<ul style="list-style-type: none"> • Direct funding for former WPC Pilot Lead Entities to pay for existing WPC services before they transition to CalAIM on or before January 1, 2024. • Services and infrastructure that will not continue under CalAIM would not be eligible for this funding. MCPs must have provided explicit commitment to “picking up” the service
Technical Assistance Initiative	<ul style="list-style-type: none"> • Registration-based TA program for all counties, providers, CBOs and others in defined domains
Collaborative Planning and Implementation Initiative	<ul style="list-style-type: none"> • Support for collaborative planning efforts involving MCPs, counties, CBOs, providers, tribes, and others.
Capacity and Infrastructure Transition, Expansion and Development Initiative (CITED)	<ul style="list-style-type: none"> • Funding available to all counties, providers, CBOs, tribes, and others to build and expand capacity and infrastructure necessary to support ECM and Community Supports

Overview of Incentive Payment Program (IPP)

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CalAIM Incentive Payment Program (IPP) Overview

CalAIM's Enhanced Care Management (ECM) and Community Supports (ILOS) programs will launch in January 2022, requiring significant investments in care management capabilities, Community Supports infrastructure, information technology (IT) and data exchange, and workforce capacity at both the Medi-Cal managed care plan (MCP) and provider levels.

- » Incentive payments will be a critical component of CalAIM to promote MCP and provider participation in, and capacity building for, ECM and Community Supports.
- » The 2021-22 California State Budget allocated:
 - » \$300 million for plan incentives from January to June 2022;
 - » \$600 million from July 2022 to June 2023, and;
 - » \$600 million from July 2023 to June 2024.

IPP Year 1 Priorities

DHCS focused initial PY 1 (i.e., CY 2022) funding priority areas on capacity building, infrastructure, Community Supports take-up, and quality.

Delivery System Infrastructure

Fund core MCP, ECM and Community Supports provider HIT and data exchange infrastructure required for ECM and Community Supports

ECM Provider Capacity Building

Fund ECM workforce, training, TA, workflow development, operational requirements and oversight

Community Supports Provider Capacity Building & MCP Take-Up

Fund Community Supports training, TA, workflow development, operational requirements, take-up and oversight

Quality

Fund reporting of baseline data collection to inform quality outcome measures to be collected in future program years

Physical and behavioral health integration between and among providers and MCPs, health equity advancement, and health disparities reduction have been integrated into all three goal areas wherever feasible.

Program Year 1 Reporting

DHCS expects MCPs to work closely with all applicable local partners in drafting and developing their Gap-Filling Plan and Needs Assessment to meet and achieve the program measures. In order to meet the goals of the program, DHCS anticipates participating MCPs will maximize the investment and flow of incentive funding to ECM and Community Supports providers to support capacity and infrastructure.

January 2022

MCPs submit Gap-Filling Plan and Needs Assessment

- » Measures tied to each Priority Area for PY1
- » Submission date for all MCPs is January 12

Summer 2022

DHCS to publish MCP Gap-Filling Plans and Needs Assessments

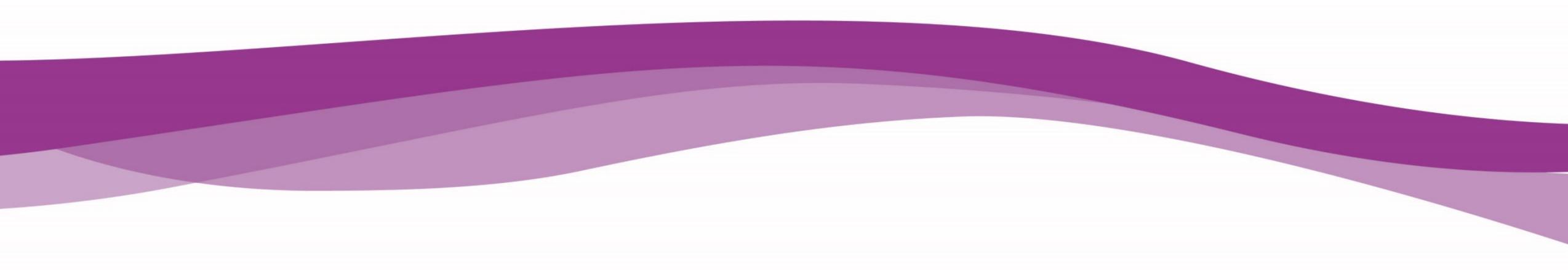
- » Ensures transparency and collaboration across State programs

September 2022

MCPs submit Gap Assessment Progress Report

- » Measures tied to each Priority Area for PY1
- » MCPs to show progress against Gap-Filling Plans

Alignment Between IPP and PATH



Eligibility Criteria and Funding Uses



PATH

IPP

Eligibility Criteria

- Counties, former WPC Lead Entities, providers (including contracted ECM and Community Supports providers), Community-Based Organizations, Tribes, others
- **MCPs are not permitted to receive PATH funding for infrastructure, capacity or services**

- **MCPs** that elect to participate in the IPP and meet requirements to qualify for the incentive payments
- DHCS anticipates MCPs will maximize the investment and flow of incentive funding to **ECM and Community Support providers** to support capacity and infrastructure

Funds Flow & Uses

Funding will flow directly from DHCS or a contracted Third-Party Administrator to eligible entities.
Sample uses include:

- Sustaining existing WPC services until they are covered by MCPs
- Hiring and training staff that will have a direct role in ECM and Community Supports responsibilities
- Providing technical assistance to support billing processes and contracting with MCPs
- Implementing collaborative planning groups to identify and resolve implementation challenges

Funds will flow directly from **DHCS to MCPs** upon meeting set milestones.
Sample uses include:

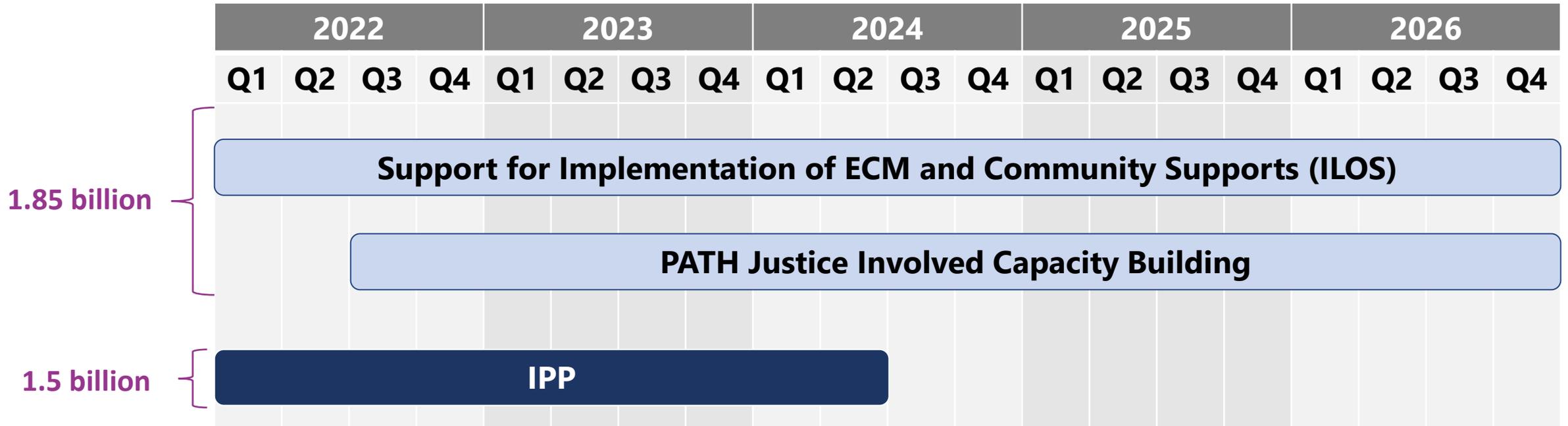
- Purchasing or upgrading IT systems for ECM and Community Supports
- Expanding reach of Community Supports offered by developing new MOUs and partnerships with providers to expand MCP network capacity.
- Developing program compliance and oversight capabilities to ensure populations of focus within a county can be effectively served

Program Alignment

PATH and IPP funding will complement and not duplicate one another. To ensure funds are utilized as intended, DHCS is ensuring transparency, collaboration, and reporting as foundational elements to both programs.

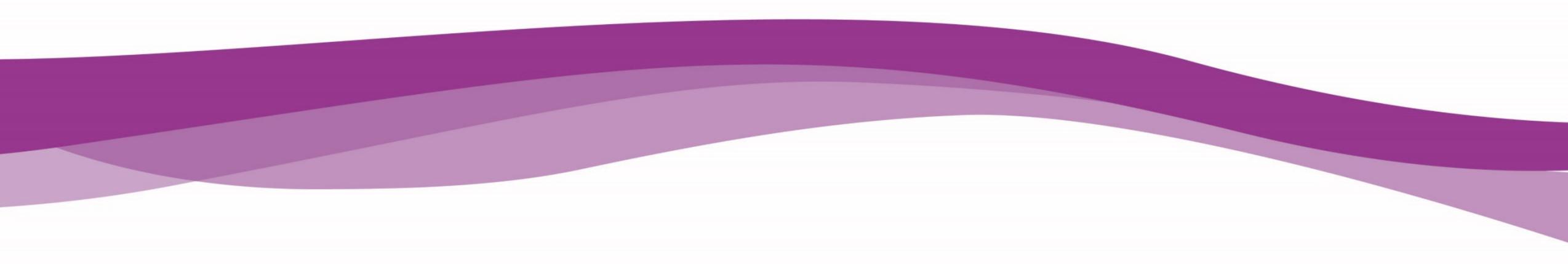
- ✓ **Transparency.** MCP IPP Needs Assessments and Gap-Filling Plans will be publicly posted in the Summer of 2022 to ensure transparency across MCPs. DHCS or its third-party administrator (TPA) will also make information on PATH funding awards publicly available and require applicants to attest that funding requests are aligned with local MCP Needs Assessments and Gap-Filling Plans and are not duplicative with other funding opportunities.
- ✓ **Collaboration.** PATH will facilitate collaborative planning efforts across eligible entities and PATH funding will be aligned with needs articulated in MCP Needs assessments and Gap-Filling Plans; MCPs will also be expected to collaborate with providers, CBOs, and others in developing Needs Assessments and Gap-Filling Plans, as well as monitoring potential duplication with PATH funding requests.
- ✓ **Reporting.** DHCS or its TPA will review PATH funding application requests against MCPs' IPP Needs Assessments and Gap-Filling Plans to ensure that PATH funding requests complement and do not duplicate IPP funding.

Tentative: Program Funding & Timeline



Provisional timeline, PATH program is not yet approved by CMS

Q&A

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