

Whole Person Care (WPC) Services and Transition to Managed Care Mitigation Initiative Registration Form

Introduction

California has received federal authority for the “Providing Access and Transforming Health” (PATH) program as part of its section 1115 demonstration renewal. PATH provides resources to scale whole person approaches to care statewide with a clear equity lens, ensuring a strong foundation for integrated, comprehensive care, and a smooth transition from the Whole Person Care (WPC) Pilot Program that retains investments made by the state, local partners, and the federal government. PATH provides services to members during the transition to CalAIM as well as tools and resources to county and community-based providers including public hospitals, county, city and other government agencies, and community-based organizations (CBOs), Medi-Cal Tribal and Designees of Indian Health Programs and others to ensure successful implementation of CalAIM.

PATH is comprised of two aligned programs: Justice-Involved Capacity Building; and Support for the Implementation of ECM and Community Supports. The “Support for the Implementation of ECM and Community Supports program” contains four integrated initiatives focused on providing services for members (relating to both Community Supports and justice-involved services) that are transitioning from the Medi-Cal 2020 demonstration to CalAIM, and supporting community-based provider and CBO infrastructure and capacity building. The remainder of this document is focused on one key initiative under the ECM/Community Supports program called, the “Whole Person Care (WPC) Pilot Services and Transition to Managed Care Mitigation Initiative,” described further below.

The WPC Services and Transition to Managed Care Mitigation Initiative provides reimbursement for former WPC Lead Entities to continue 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. Medi-Cal managed care plans (MCPs) must provide a firm commitment in the form of a Model of Care (MOC) Update that documents that the MCP will begin to cover the service on or before January 1, 2024. MCPs may add and update their Community Support selections every six months upon notice and submission of an updated MOC to DHCS, and discontinue offering a Community Support(s) annually with notice to DHCS. Additional information regarding MOCs and the process for updating MOC may be found on the [DHCS website](#).

Instructions

Thank you for your interest in participating in the PATH WPC Services and Transition to Managed Care Mitigation Initiative. **In order to receive funding, former WPC Lead Entities must complete and sign this registration form. If the former WPC Lead Entity does not submit this form, they will not be able to invoice for and receive WPC Services and Transition to Managed Care Mitigation Initiative funding.**

Please complete the form and return it to 1115path@dhcs.ca.gov no later than **Friday, March 18, 2022**. In order for this form to be considered complete, all components must be filled out (unless otherwise noted) and the form must be signed by the primary point of contact.

Forms will be reviewed by DHCS for completeness and accuracy and former WPC Lead Entities will be notified of their approval or denial within 30 days of submission. If there are any concerns or questions regarding information in the registration form, DHCS will reach out to former WPC Lead Entities to discuss and provide technical assistance where necessary. Once approved, former WPC Lead Entities will submit invoices to DHCS to receive reimbursement through this initiative for spending on approved services for eligible members. Additional information on the invoicing processes, timing and frequency will be released by DHCS at a later date.

Section 1: Former WPC Lead Entity Information

The purpose of this section is for the former WPC Lead Entity to provide contact information about the former WPC Lead Entity applying for WPC Mitigation funds.

Former WPC Pilot Name and Service Area

DHCS will only accept registration forms from former WPC Lead Entities. The former WPC Lead Entity will be the single point of contact for DHCS and is responsible for utilizing, coordinating and monitoring the WPC Mitigation funding.

Former WPC Lead Entity Name	
Service Area (county/city/region)	

Former WPC Pilot Lead Entity Contact Person

Former WPC Lead Entity Name	
Contact Person Name	
Contact Person Title	
Telephone	
Email Address	
Mailing Address	

Section 2: WPC Services to be Funded by PATH

Conditions for Receipt of PATH Funding

The purpose of this section is for the former WPC Lead Entity to provide information on the WPC services requested to be funded by the PATH WPC Services and Transition to Managed Care Mitigation Initiative.

This funding is **only** available for former WPC Lead Entities who are contracted or in the process of contracting with the MCP to temporarily sustain WPC Pilot services that align with Justice-Involved In-Reach or Community Supports until a local MCP begins to cover them (e.g., the MCP integrates the service into Justice-Involved In-Reach or implements an elected Community Support).

In order to receive this funding, all of the following conditions must be met:

- The WPC service provided aligns with services provided through either Justice-Involved In-Reach or Community Supports.
- The service meet all of the following criteria:
 - The service 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 on or before January 1, 2024 (**note:** Former WPC Lead Entities may only use PATH funding for those members attributed to the MCP¹ that is not covering the service beginning on January 1, 2022, but has committed to covering it before January 1, 2024). Services will only be funded until they are covered by an MCP.²
 - There is an explicit commitment in place from an MCP that they will cover the service on or before January 1, 2024 as part of its MOC.
 - The member receiving the services is enrolled in an MCP that intends to offer the service, or the member is in the process of enrolling in Medi-Cal managed care, and has selected an MCP that has committed to offering the corresponding service by January 1, 2024.
 - The former WPC Lead Entity will only claim PATH funding on service costs. The former WPC Lead Entity will not receive funding for administrative/infrastructure costs or incentive payments, except to the extent it is in connection with the provision of the service or as may be permitted as described in Section d.ii. below.³
 - Former WPC Lead Entities and others may seek other PATH funding through the Capacity and Infrastructure Transition, Expansion and Development (CITED) Initiative, or from MCPs through the Incentive Payment Program (IPP) when that funding becomes available in 2022 to support infrastructure.

Services that do not align with Justice-Involved In-Reach and/or any WPC Pilot Services that will not continue as Community Supports under CalAIM are not be eligible for this funding.

Narrative of Services to be Funded by PATH

In this section, former WPC Lead Entities must include a narrative description of each WPC Pilot service for which they are seeking funding. **Submissions may not exceed 500 words per service requested.**

Former WPC Lead Entities' submissions must include:

- a. Name of WPC service and Community Support it aligns with.

¹ Individuals enrolled in fee-for-service (FFS) may receive PATH-funded services if they are eligible for managed care and will be enrolled in an MCP that has committed to covering the service in question prior to January 1, 2024.

² In situations where there is a delay in the MCP coverage of a WPC service that maps to Justice-Involved In-Reach or Community Supports services that are contracted to start on January 1, 2022, the MCP will pay the Lead Entity retroactively for those services.

³ DHCS will work with former WPC Lead Entities that currently use incentive payments to cover WPC services to ensure these services can be billed as FFS/PMPM services going forward.

- b. Justification for WPC Mitigation funding and detail on when the service will be transitioning to Justice-Involved In-Reach / Community Supports, specifically if a service is not covered by an MCP on January 1, 2022, but an MCP has committed to covering the service before January 1, 2024, then the former WPC Lead Entity should describe which MCP will be providing the service, and when they will begin providing the service.
- c. Expected utilization of the service in terms of number of projected units billed bi-annually.
- d. Approved FFS and/or per member per month (PMPM) service rate that was used to bill for the service during the WPC Pilot Program, with explicit mention of whether the service is billed under FFS or PMPM. Please include the cross-walk category for the FFS or PMPM.
 - i. If only a part of a PMPM bundle needs to be funded through PATH, describe which components will be funded and propose and justify a new PMPM rate that will sufficiently cover the components of the service that need to receive PATH funding. Former WPC Lead Entities are strongly encouraged to use corresponding rates from the [non-binding Community Supports Pricing Guidance](#). If the former WPC Lead Entity does not use the WPC pricing guidance to propose a new service rate, please provide a justification for why it was not used.
 - ii. For WPC Lead Entities that currently use incentive payments to cover WPC services, please describe how these are currently billed. Please propose and justify an appropriate FFS or PMPM rate that may be used to bill for these services under this program.
- e. Duration that the service needs to be covered using PATH funds (Reminder: all WPC Services and Transition to Managed Care Mitigation Initiative funding must end on or before December 31, 2023). PATH funding will only be available to cover services until the day that the services are covered by an MCP, or the day that an MCP aligns their service definition with the DHCS service definition.)

Non-Duplication of Payments

Describe the relationship between WPC Services and Transition to Managed Care Mitigation Initiative funding and other funding streams broadly, and how payments will not duplicate funds received through other programs/initiatives (e.g., the Incentive Payment Program). **Submissions may not exceed 300 words.**

Section 3: Attestations and Certification

As an authorized representative of the former WPC Lead Entity, the WPC Lead Entity, attests as follows and agrees to the following conditions:

- The funding received through the WPC Services and Transition to Managed Care Mitigation Initiative will not duplicate funds received through other programs/initiatives (e.g., the Incentive Payment Program).

- Funding received for the WPC Services and Transition to Managed Care Mitigation Initiative will only be claimed for services that will not immediately transition to Justice-Involved In-Reach / Community Supports on January 1, 2022 and that a MCP has committed to cover on or before December 31, 2023. Former WPC Lead Entities will not claim WPC Mitigation funds for services that are not transitioning to CalAIM or to provide new services that are not currently offered by the WPC Pilot.
- WPC Services and Transition to Managed Care Mitigation Initiative funding may only support the delivery of services. Funding received will not be available for administrative or infrastructure expenses that are not tied to the provision of the service.
- The former WPC Lead Entity must timely report, submit, and certify completed invoices and data regarding utilization of PATH-funded WPC services to DHCS in a format specified by DHCS.
- The former WPC Lead Entity must submit and certify utilization reports on WPC Services and Transition to Managed Care funding in a manner and on a timeframe specified by DHCS.
- The former WPC Lead Entity will respond to general inquiries from DHCS pertaining to the WPC Services and Transition to Managed Care Initiative within one business day after acknowledging receipt, and provide requested information within five business days, unless an alternate timeline is approved or determined necessary by DHCS.
- The former WPC Lead Entity understands DHCS may suspend or terminate WPC Services and Transition to Managed Care funding if corrective action has been imposed and persistent poor performance continues. Should funding be terminated, DHCS shall provide notice to the WPC Lead Entity and request a close-out plan due to the state within 30 calendar days, unless significant harm to members is occurring, in which case DHCS may request a close-out plan within 10 business days.

As the authorized representative of the former WPC Lead Entity, I attest that all information provided in this registration form is true and accurate to the best of my Knowledge.

Signature of Former WPC Lead Entity
Program Director or Representative

Date