



Medi-Cal 2020 Waiver - Whole Person Care Pilot

Frequently Asked Questions and Answers

March 16, 2016

This document is a compilation of frequently asked questions (FAQs) and responses regarding the Medi-Cal 2020 Whole Person Care (WPC) pilots. This document will continue to be updated over time.

A. Overview, Timeline, and Contact Information

1. What are the Whole Person Care (WPC) pilots?

Answer: The WPC pilots are a 5-year program authorized under California's Medi-Cal 2020 waiver to test locally-based initiatives that will coordinate physical health, behavioral health, and social services for vulnerable Medi-Cal beneficiaries who are high users of multiple health care systems and continue to have poor outcomes. Through collaborative leadership and systematic coordination among public and private entities, WPC pilots will identify target populations, share data between systems, coordinate care in real time, and evaluate individual and population health progress. Up to \$1.5 billion in federal funds is available over five years to match local public funds for the WPC pilots.

2. What are the key deadlines for launching the WPC Pilots?

Answer: The anticipated timeline is as follows:

Deliverable/Activity	Date
1. DHCS Releases Frequently Asked Questions document	March 16, 2016
2. DHCS releases Letter of Interest (LOI) instructions	March 18, 2016
3. WPC FAQ webinar	March 22, 2016
4. (LOI due to DHCS	April 8, 2016
5. DHCS releases WPC pilot Request for Applications (RFA) and selection criteria for public comment	April 11, 2016
6. Public comments on WPC pilot application and selection criteria due to DHCS	April 15, 2016
7. DHCS releases WPC pilot RFA, timeline, and selection criteria	May 16, 2016
8. DHCS conducts webinar for potential applicants/interested entities	May 19, 2016

9. WPC pilot applications due to DHCS	July 1, 2016 (or 45 days after application release)
10. DHCS completes WPC application review; sends written questions to applicants	September 1, 2016
11. Applicants' written responses due to DHCS	September 8, 2016
12. DHCS makes final decisions and notifies applicants of WPC pilot selection	October 8, 2016

Updated information about the timeline and WPC application will be posted on the WPC webpage at <http://www.dhcs.ca.gov/services/Pages/WholePersonCarePilots.aspx> and released through the Medi-Cal 2020 waiver and the WPC stakeholder listserv, which will be active soon. DHCS recommends checking the WPC website weekly for updates. To join the WPC listserv, send an e-mail to 1115wholepersoncare@dhcs.ca.gov. If you participate in the upcoming WPC FAQ webinar, you will automatically be added to the WPC listserv.

3. Does DHCS have a specific email address for WPC questions and comments?

Answer: Yes – 1115wholepersoncare@dhcs.ca.gov.

4. Does DHCS have a specific stakeholder listserv for WPC?

Answer: Yes – send an email to 1115wholepersoncare@dhcs.ca.gov to be added. If you participate in the upcoming WPC FAQ webinar, you will automatically be added to the listserv.

B. Lead and Participating Entities

1. What types of organizations can serve as the Lead Entity for a WPC Pilot?

Answer: The “lead entity” for a WPC pilot must either be a county, a city and county, a health or hospital authority, a designated public hospital, or a district/municipal public hospital, or a consortium of any of the above entities.

2. What types of organizations should participate in the WPC pilots?

Answer: WPC participating entities must include a minimum of one Medi-Cal managed care health plan (MCP) operating in the geographic area of the WPC pilot to work in partnership with the lead entity when implementing the pilot specific to Medi-Cal

managed care beneficiaries. Participating entities must also include both the health services and specialty mental health agencies or department, and at least one other public agency or departments, which may include, but are not limited to, county alcohol and substance use disorder programs, human services agencies, public health departments, criminal justice/probation entities, and housing authorities (regardless of how many of these fall under the same agency head within a county).

WPC pilots must also include at least two other key community partners that have significant experience serving the target population within the participating county or counties geographic area, such as physician groups, clinics, hospitals, and community-based organizations.

If a lead entity cannot reach agreement with a required participant, it may request an exception to the requirement to have agreements in place with all required participants.

3. Who decides which entities will participate in the WPC pilot?

Answer: Each lead entity will need to indicate who the participating entities will be for the WPC pilot. The first opportunity to provide preliminary information on this will be through the non-binding Letter of Intent. WPC pilot applicants must include letters of participation agreement from WPC participating entities as part of their application (STC 117(b)(xvi)).

DHCS will review and approve the WPC applications and confirm the selection of participating entities. We strongly encourage lead entities to engage in a collaborative process at the local level to identify participating entities based on the needs of the target population.

4. In a WPC pilot county, are all Medi-Cal managed care plans required to participate in the pilot?

Answer: While only one managed care plan is required to participate in each pilot county, DHCS encourages applicants to include multiple participating plans.

5. In a county with managed care plans that directly contract with DHCS and then subcontract with other plans, will the subcontracted plans also be encouraged to participate in WPC?

Answer: WPC pilot proposals are required to include at least one Medi-Cal managed care plan and are encouraged to include additional plans. 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). However, specific exclusions may be considered on a case-by-case basis.

6. Can an organization be a lead entity for more than one WPC pilot?

Answer: Nothing precludes organizations from being a lead entity on more than one WPC pilot, as long as the applicant meets all requirements for each pilot application. However, it is unlikely that DHCS would approve multiple pilots for the same geographic area. DHCS is more interested in applications with a higher degree of complexity from one entity than multiple applications from the same entity and asks that entities in the same geographic area work to submit a single application.

7. Which entities are required to participate in the development of the WPC application?

Answer: The lead entity is responsible for submitting the WPC application, including obtaining letters of participation agreements from participating entities, and should collaborate with participating entities as part of this process.

C. Target Population

1. How will the target population for the WPC pilot be defined and assigned?

Answer: The waiver Special Terms and Condition¹ (STC) 111 describes the target populations for the WPC as follows:

WPC pilots shall identify high-risk, high-utilizing Medi-Cal beneficiaries in the geographic area that they serve and assess their unmet need. WPC pilots must define their target populations and interventions to provide integrated services to high users of multiple systems. The target population shall be identified through a collaborative data approach to identify common patients who frequently access urgent and emergent services, often times across multiple systems. *Participants will opt into the program and may be enrolled on a rolling basis.*

Target populations may include, but are not limited to, individuals:

- A. With repeated incidents of avoidable emergency use, hospital admissions, or nursing facility placement;
- B. With two or more chronic conditions;
- C. With mental health and/or substance use disorders;
- D. Who are currently experiencing homelessness; and/or

¹ <http://www.dhcs.ca.gov/provgovpart/Pages/medi-cal-2020-waiver.aspx>

- E. Individuals who are at risk of homelessness, including individuals who will experience homelessness upon release from institutions (hospital, subacute care facility, skilled nursing facility, rehabilitation facility, Institution for Mental Disease (IMD), county jail, state prisons, or other).

Individuals who are not Medi-Cal beneficiaries may participate in approved WPC pilots, but funding in support of services provided to such individuals is not eligible for federal financial participation. These individuals shall only be included in the pilot at the discretion of the WPC pilot and as approved during the application process. The non-Federal funds expended providing services to individuals who are not Medi-Cal beneficiaries may exceed the funding limits described in STCs 125 and 126.

2. Can individuals eligible for Medicaid and Medicare (dual eligibles) be included in the WPC Pilot target population?

Answer: WPC pilot target populations may include dually eligible beneficiaries. For counties where the Coordinated Care Initiative (CCI) is in place and a beneficiary is eligible for both programs, the WPC pilot would be expected to coordinate with the model already in place.

D. Services

1. The STCs state that: “Individuals who are not Medi-Cal beneficiaries may participate in approved WPC pilots, but funding in support of services provided to such individuals is not eligible for federal Financial Participation.” How will this requirement be applied in the context of WPC pilots?

Answer: WPC pilot payments for infrastructure and other non-service deliverables may benefit individuals who are not Medi-Cal beneficiaries. Generally, WPC pilot payments may support activities, such as 1) building infrastructure to integrate services among local entities that serve the target population; 2) providing services not otherwise covered or directly reimbursed by Medi-Cal to improve care for the target population, such as housing components; and 3) implementing strategies to improve integration, reduce unnecessary utilization of health care services, and improve health outcomes. Thus, federal WPC payments are not available for items in category 2 for patients who are not Medi-Cal beneficiaries.

2. How can WPC pilots support Medi-Cal beneficiaries’ housing needs?

Answer: WPC pilots may target individuals who are experiencing, or are at risk of, homelessness who have a demonstrated a medical need for housing or supportive

services. In the event that this population is included in the WPC pilot proposal, participating entities would include local housing authorities, local Continuum of Care (CoC) programs, and community based organizations serving homeless individuals.

Federal Funding for Housing Supports

The types of housing services that may be offered as part of the pilot that are eligible for federal financial participation (FFP) may include the services described below, which are quoted from the June 26, 2015 CMCS Informational Bulletin, *“Coverage of Housing-Related Activities and Services for Individuals with Disabilities.”*² Housing-related services described in the Informational Bulletin include:

- a. Individual Housing Transition Services: Housing transition services are meant to assist beneficiaries with obtaining housing and include:
 - i. Conducting a tenant screening and housing assessment that identifies the participant’s preferences and barriers related to successful tenancy.
 - ii. Developing an individualized housing support plan based upon the housing assessment that addresses identified barriers, includes short- and long-term measurable goals for each issue, establishes the participant’s approach to meeting the goal, and identifies when other providers or services, both reimbursed and not reimbursed by Medicaid, may be required to meet the goal.
 - iii. Assisting with the housing application and/or search process, including identifying and securing available resources to assist with subsidizing rent (such as Section 8 or Section 202, etc.).
 - iv. Identifying and securing resources to cover expenses, such as security deposit, moving costs, furnishings, adaptive aids, environmental modifications, moving costs, and other one-time expenses.
 - v. Ensuring that the living environment is safe and ready for move-in.
 - vi. Assisting in arranging for and supporting the details of the move.
 - vii. Developing a housing support crisis plan that includes prevention and early intervention services when housing is jeopardized.

- b. Individual Housing & Tenancy Sustaining Services: This service is made available to support individuals in maintaining tenancy once housing is secured. The availability of ongoing housing-related services, in addition to

² CMCS Informational Bulletin. June 26, 2015. <https://www.medicaid.gov/federal-policy-guidance/downloads/CIB-06-26-2015.pdf>

other long-term services and supports, promotes housing success, fosters community integration and inclusion, and develops natural support networks. These tenancy support services are:

- i. Providing early identification and intervention for behaviors that may jeopardize housing, such as late rental payment and other lease violations.
- ii. Educating and training on the role, rights, and responsibilities of the tenant and landlord.
- iii. Coaching on developing and maintaining key relationships with landlords/property managers, with a goal of fostering successful tenancy.
- iv. Assisting in resolving disputes with landlords and/or neighbors to reduce risk of eviction or other adverse action.
- v. Advocating and linking individuals to community resources to prevent eviction when housing is or may potentially become jeopardized.
- vi. Assisting with the housing recertification process.
- vii. Coordinating with the tenant to review, update, and modify their housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers.
- viii. Continuing training in being a good tenant and lease compliance, including ongoing support with activities related to household management.

c. Additional examples of transition services: The bulletin includes these additional examples of services that can be covered:

- i. Assessing the participant's housing needs and presenting options
- ii. Assisting in securing housing, including the completion of housing applications and securing required documentation (e.g., Social Security card, birth certificate, prior rental history)
- iii. Searching for housing
- iv. Communicating with landlords
- v. Coordinating the move
- vi. Establishing procedures and contacts to retain housing
- vii. Identifying, coordinating, and securing non-emergency, non-medical transportation to assist members mobility to ensure reasonable accommodations and access to housing options prior to transition and on move in day.

- viii. Identifying, coordinating, and securing environmental modifications to install necessary accommodations for accessibility.
- ix. Identifying, coordinating, and securing services necessary to enable a person to establish a basic household that do not constitute room and board, such as: security deposits required to obtain a lease on an apartment or home; set-up fees for utilities or service access, including telephone, electricity, heating, and water; essential household furnishings and moving expenses required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed/bath linens; first month's rent; and services necessary for the individual's health and safety, such as pest eradication and one-time cleaning prior to occupancy.

These services may also include outreach to people experiencing homelessness where they live to form trusting relationships with service providers.

In addition, federal funding may be used for housing-related collaborative activities between public agencies and the private sector that assist WPC entities in identifying and securing housing for the target population.

It is important to note that federal Medicaid funds may **not** be used to cover the cost of room and board, monthly rental or mortgage expense, food, regular utility charges, and/or household appliances or items that are intended for purely diversional/recreational purposes. State or local government and community entity contributions are separate from federal matching funds, and may be allocated to fund support for long-term housing, including rental housing subsidies.

Financial structures for Housing

The county-wide Flexible Housing Pool is one suggested way to structure funding to pay for housing services and supports.

WPC pilots may utilize a county-wide Flexible Housing Pool to structure funding to pay for housing services and supports. The Flexible Housing Pool may include WPC pilot payments for housing-related deliverables for which federal financial participation is available. In addition, the Flexible Housing Pool may include funds that will be used for long-term housing costs, including rental subsidies that are not eligible for federal matching funds through the WPC pilots. WPC pilot entities may provide or collect contributions to the Flexible Housing Pool from partner agencies or from community entities, subject to the applicable provisions of Section 1903(w) of the Social Security Act and 42 C.F.R. Part 433, subpart B.

WPC pilot entities should track funding through the Flexible Housing Pool to demonstrate that federal financial participation funds are not applied for services for which federal financial participation is prohibited. The Flexible Housing Pool may incorporate a financing component that makes funds available to the WPC pilot based on a portion of the reduced utilization of health care services associated with the operation of the WPC pilot housing-related services.

E. Funding

- 1. How much funding can one WPC pilot receive? If the total proposed funding in all WPC applications exceeds the total allocated program funding, how will DHCS decide what to approve/fund?**

Answer: DHCS is developing application selection criteria, which will be released for public comment and later shared with CMS for approval. The selection criteria will be released along with the formal WPC application in May 2016.

A single WPC pilot may not receive more than 30 percent of the total statewide funding available in a given year, unless additional funds are available after all initial awards are made and the WPC pilot receives approval through an application process. In the event that an approved WPC pilot application is approved for less than 90 percent of its requested funding, DHCS will allow the lead entity to withdraw its application.

- 2. How will the WPC pilot funding flow?**

Answer: As part of the WPC application submission, lead entities will need to include a total requested annual dollar amount that specifies budgeted payments for each element for which funding is proposed, including: infrastructure, baseline data

collection, interventions, and outcomes, such that a specific dollar amount is linked in each year to specific deliverables, e.g., performance of specific activities, interventions, supports and services, and/or outcomes. Lead entities will also be required to outline how they plan to distribute funds among the participating entities.

WPC participating entities will provide the nonfederal share through an intergovernmental transfer (IGT) to the state. The IGT funds are then matched by the federal government and the combined amount is made available to the lead entity that is then responsible for determining how those funds are utilized in the context of the WPC pilot.

For more information on WPC financing, review STC number 126. The application will provide a more detailed description and format for this information.

F. Other

- 1. Is there an opportunity to submit comments on the STCs, or have they already been finalized and approved?**

Answer: The Medi-Cal 2020 waiver has been approved by the Centers for Medicare & Medicaid Services, and the STCs are final. The selection criteria and Request for Applications (RFA) will be released for public comment prior to finalization.

- 2. What data and information sharing requirements should the WPC lead entity follow?**

Answer: Applicable state and federal laws regarding data sharing apply, but may vary depending on the target population.

- 3. How do Distinct Part Skilled Nursing Facilities (DP-SNFs) fit into the 2020 demonstration waiver program?**

Answer: A DP-SNF may serve as a participating entity in a WPC pilot. To the extent DP-SNF services are already covered under Medi-Cal, they are not eligible for support through the WPC pilot. In general, pilots should work to include all providers of care to a beneficiary in the beneficiary's care team and care planning.

4. **As a program to assist with establishing infrastructure, to what extent can a WPC pilot be used to fund the implementation of Coordinated Entry for Local Continuums of Care (CoC)? We anticipate staffing, technology, and infrastructure costs, tying together multiple community providers, medical providers, and county departments as well as trying to identify solutions to share data between health exchange and Homeless Management Information Systems. Building out a sophisticated system that allow for maximum coordination of care is the goal. How can WPC be utilized toward this end?**

Answer: While WPC pilots are not specifically designed to provide supporting infrastructure of implementation of the CoC, several provisions of the STCs allow pilot entities to perform these activities. Pilot entities may apply for WPC funds to coordinate existing resources available to provide housing and services to people in the WPC pilot target population experiencing homelessness, and to enhance data sharing between partner agencies. Additionally, housing-related activities available through WPC pilots may include assessing the housing needs of the target population. These services and activities may be included in WPC pilots to the extent they do not duplicate services and activities for which federal funding is available through other sources.

For example, to the extent that WPC funds are not duplicating any federal funding for the creation, strengthening, or implementation of coordinated entry and assessment or data matching systems, pilot entities may use WPC funds to fund many of the specific activities of a coordinated assessment and entry system in support of the WPC pilot target population. In addition, WPC pilot activities may include matching Homeless Management Information Systems with health plan data to identify a health plan's homeless members to coordinate housing, CoC, and health partners and partner resources, and to assess the housing needs of the target population.

If proposals are put forward to leverage dollars on building coordinated entry infrastructures, the coordinated entry systems must have one consolidated assessment tool that measures housing and health care, behavioral health and LTSS needs across the entities included in the pilot. In addition, the coordinated entry must weigh the member's vulnerability, ensuring members with the highest utilization, who obtain high-cost services from multiple systems with the highest care needs, are having their services coordinated and accessing available housing first.

5. **How are the WPC pilots and the Affordable Care Act Section 2703 Health Homes Program (HHP) similar and different?**

Answer: Please see the comparison table in the Appendix for a detailed description of the similarities and differences between the two programs. Note that the HHP program has not yet received federal approval and is subject to change.

Both programs will serve beneficiaries with complex, chronic conditions who are frequent users of health services, but specific eligibility requirements for each program may differ. The WPC pilots will have the flexibility to establish their own eligibility criteria within the guidelines of the waiver STCs, whereas DHCS has defined the beneficiary eligibility criteria³ for HHP across the state. Thus, a beneficiary enrolled in a WPC pilot may also be in a HHP, or a beneficiary might be eligible for one program and not the other. Nothing prohibits a beneficiary from being in both programs. Finally, the HHP is an entitlement, such that any beneficiary who meets the eligibility criteria must be offered services, while WPC pilot eligibility is at the discretion of the county.

In general, the WPC pilots are focused on infrastructure development and cross-system coordination, whereas the HHP is a new Medi-Cal benefit that will pay for specific care coordination services for beneficiaries. WPC pilots cannot be used to fund services that are otherwise payable by Medi-Cal. However, if a HHP is not operating in a county, or serving specific WPC-eligible members who are not eligible for HHP, the WPC pilot could provide Health Home-like services.

For example, for HHP members experiencing homelessness, a “Housing Navigator” is a required member of the HHP care team. Their role is to:

- Form and foster relationships with and communication between team members, housing providers, and member advocates
- Connect and assist the HHP member to get recuperative care or bridge housing gaps
- Connect and assist the HHP member to identify available permanent housing
- Coordinate with HHP members in the most easily accessible setting, within MCP guidelines (e.g., could be a mobile unit that engages members on the street).

WPC pilots have the option to provide housing interventions and supports beyond what is required in the HHP. See FAQ Section “Services.”

6. How should a WPC application address the relationship between the WPC pilot and a concurrent Affordable Care Act (ACA) Section 2703 Health Homes Program that is operating in the county?

Answer: If a Health Homes Program is scheduled to operate in a county that is also applying for the WPC pilot, the WPC application should describe the interaction of the Health Home and WPC pilot programs, demonstrating at a minimum how the programs

3

[http://www.dhcs.ca.gov/services/Documents/Health%20Homes%20for%20Patients%20with%20Complex%20Needs%20California%20Concept%20Paper%20Version%203.0%20\(Draft-Final\)%2012-14-15.pdf](http://www.dhcs.ca.gov/services/Documents/Health%20Homes%20for%20Patients%20with%20Complex%20Needs%20California%20Concept%20Paper%20Version%203.0%20(Draft-Final)%2012-14-15.pdf)

complement each other and are not duplicative.

APPENDIX

Crosswalk of California Health Care Integration Programs

[PLACEHOLDER FOR TABLE]