



Whole Person Care Pilot Program: Key Elements & Timeline

California Department of Health Care Services
March 22, 2016



Introductions and Overview

Key Elements of the WPC Pilots

Additional Resources

Letters of Intent

Expected Timeline

Questions and Discussion



Introductions

- Meet the WPC team:
 - Sarah Brooks
 - Brian Hansen
 - Bob Baxter
 - Nathan Nau
 - Bambi Cisneros
 - Oksana Meyer
 - Lindsay Jones
 - Karli Holkko
 - Rebecca Schupp
 - Joseph Billingsley



WPC Overview

- 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.
 - 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 available to match local public funds



Goals & 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 and develop an infrastructure that will ensure local collaboration among the entities participating in the WPC pilots over the long term.
- Increase coordination and appropriate access to care for the most vulnerable Medi-Cal beneficiaries.
- Reduce inappropriate emergency department and inpatient utilization.
- Improve data collection and sharing among local entities.
- Achieve targeted quality and administrative improvement benchmarks.
- Increase access to housing and supportive services.
- Improve health outcomes for the WPC population.



Lead and Participating Entities

Lead Entity

- Coordinates WPC pilot, collaborates with participating entities, submits Letter of Intent and application, and is the contact point for DHCS.

Possible Lead Entities:

- County
- City and county
- Health or hospital authority
- Designated public hospital or district/municipal public hospital
- Consortium of any of the above entities

Participating Entity

- Collaborates with the lead entity to design and implement the WPC pilot, provides letters of participation, and contributes to data sharing/reporting.

Must include at least:

- 1 Medi-Cal managed care health plan
- 1 Health services agency/department
- 1 Specialty mental health agency/department
- 1 Public agency/department
- 2 Community partners



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.



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.).



Target Populations

- Individuals not enrolled in Medi-Cal may participate in approved pilots, but federal funding is not available for them.
 - Pilot payments for infrastructure and other non-service deliverables may benefit individuals who are not Medi-Cal beneficiaries.
- May include dual-eligible beneficiaries, but must coordinate with the Coordinated Care Initiative where applicable.



Activities/Services

- Generally, WPC pilot payments may support activities that:
 - 1) Build infrastructure to integrate services among local entities that serve the target population.
 - 2) Provide services not otherwise covered or directly reimbursed by Medi-Cal to improve care for the target population, such as housing components.*
 - 3) 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.



Housing Supports & Services

- WPC pilots may target individuals who are experiencing, or are at risk of, homelessness who have a demonstrated medical need for housing or supportive services.
- Participating entities include local housing authorities, local Continuum of Care program, and community-based organizations serving homeless individuals.
- Eligible 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.



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.
- The flexible housing pool can be used to fund additional supports and services that are not available for federal financial participation (FFP), such as rental subsidies, home setup, deposits, and utilities.



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, and/or 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 FFP may be allocated to fund support for long-term housing, including rental housing subsidies.



WPC Funding

- Up to \$300 million annually in federal funding is available.
- DHCS is developing the WPC pilot application and selection criteria.
 - The WPC lead entity will request its annual funding amount in the application.
 - No single WPC pilot will be awarded more than 30% of total available funding unless additional funds are available after all initial awards are made.
 - If the WPC lead entity receives less than 90% of its funding request, it may withdraw the application.
- Semi-annual reporting of activities/interventions.
- Non-federal share provided via IGT, matched with federal Medicaid funding.
- WPC program years (PY) are based on calendar year (e.g., PY 1 is January 1, 2016 – December 31, 2016).



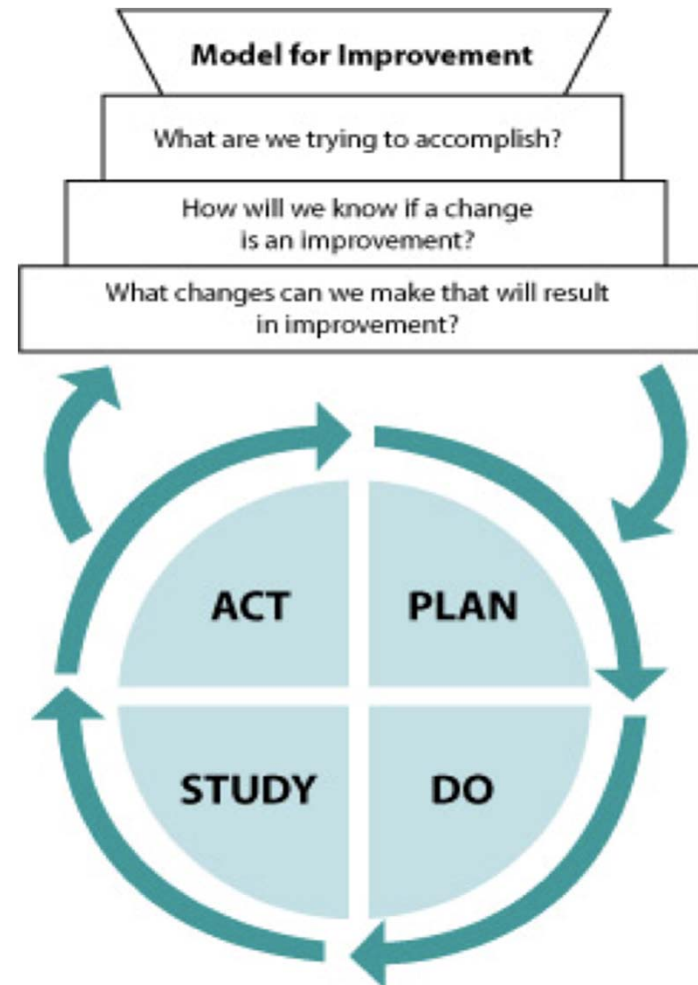
Whole Person Care vs. Health Home Program

- In general, the WPC pilots are more focused on infrastructure development and cross-system coordination, but may also include services (see the WPC pilot FAQ for more detail).
- The Health Home Program (HHP) is a new Medi-Cal benefit that will pay for specific care-coordination services for beneficiaries.
 - Note: 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.
- Services provided through WPC pilots may not duplicate those that are otherwise reimbursable by Medi-Cal, such as the HHP.



Plan-Do-Study-Act (PDSA)

Based on the
Institute for
Healthcare
Improvement's (IHI)
Plan-Do-Study-Act
model for
improvement





PDSA Example

SMART Objective -- *By December 31, 2015, increase the mammography rate among women 50 to 74 years of age and residing in XYZ County who have Provider A as their primary care physician from 64.2% to 75.0%.*

- 'Plan'
 - Plan a change, try it, observe the results, and act on what was learned.
 - Each test of change should start small and ramp up to a larger scale as the intervention starts to make an impact.
 - Small tests of change allow organizations to quickly determine whether changes need to be made or adapted before ramping up.
- 'Do'
 - Carry out the plan - test the intervention.
 - Collect the data.
 - Begin data analysis.
 - Document observations and issues (record-keeping).



PDSA Example

- 'Study'
 - Analyze the data.
 - Summarize the results.
 - Compare results to prediction.
- 'Act'
 - In the Act stage, determine what needs to be done based on what was learned.
 - Adopt: Spread successful changes.
 - Adapt: Make modifications.
 - Abandon: Stop unsuccessful changes.



Additional Resources

- Frequently Asked Questions and Answers (March 16)
- California Program Comparison (March 16)
 - Whole Person Care Pilots
 - Health Homes Program
 - Coordinated Care Initiative
 - Public Hospital Redesign and Incentives in Medi-Cal (PRIME)
- Available at <http://www.dhcs.ca.gov/services/Pages/WholePersonCarePilots.aspx>



Next Steps: WPC Letter of Intent

- Purpose: To assess interest in WPC participation, obtain preliminary information and provide an opportunity to submit questions.
- Released March 18; **Due on April 8.**
- Submission is voluntary and non-binding.
- Entities that do not submit a LOI may still apply to participate.





Expected Timeline

March 2016

- March 16:** Frequently Asked Questions & Program Comparison released
- March 18:** Letter of Intent Instructions released

April 2016

- April 8:** Letter of Intent due
- April 11:** Draft application and selection criteria released for public comment
- April 15:** Public comments due on application and selection criteria due



Expected Timeline

May 2016

May 16: Final application and selection criteria released

May 19: Webinar for potential applicants/interested entities

July – October 2016



July 1 (or 45 days after application released): Applications due

Sept. 1: DHCS completes application review and sends written questions to applicants

Sept. 8: Applicant written responses due

Oct. 8: DHCS makes final decisions and notifies applicants



Questions and Discussion

Submit questions:

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Visit our website:

[http://www.dhcs.ca.gov/services/Pages/
WholePersonCarePilots.aspx](http://www.dhcs.ca.gov/services/Pages/WholePersonCarePilots.aspx)