



Whole Person Care Pilot Program

California Department of Health Care Services
May 19, 2016



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Whole Person Care Pilots Overview

Whole Person Care (WPC) Pilots:

5-year program authorized under Medi-Cal 2020 Section 1115 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 continue to have poor health outcomes.

Activities

- Pilots will identify target populations, share data between systems, coordinate care in real time, and evaluate individual and population health progress.

Funding

- Up to \$1.5 billion in federal funds available to match local public funds.



Application Timeline



Application Timeline

- **July 1:** WPC Applications due
 - No extensions will be granted beyond this due date
- **September 1:** DHCS completes application review and sends written questions to applicants
- **September 8:** Applicant written responses due
- **October 24:** DHCS makes final decisions and notifies applicants
- **November 3:** WPC Lead Entities provide formal acceptance to DHCS



Application



Application Structure

Section 1:

Lead Entity & Participating Entity Information

Section 2:

General Information & Target Population(s)

Section 3:

Services, Interventions, Care Coordination, & Data Sharing

Section 4:

Performance Measures, Data Collection, Quality Improvement, & Ongoing Monitoring

Section 5:

Financing



Application Elements

- **Section 1: Lead Entity and Participating Entity Information**
 - Lead Entity and contact person
 - Participating entities and their role in WPC pilot
 - Letters from participating providers and other relevant stakeholders

- **Section 2: General Information and Target Population(s)**
 - Geographic area
 - Community and target population needs
 - Communications plan
 - Target population(s)



Application Elements

- **Section 3: Services, Interventions, Care Coordination, & Data**
 - Services available to beneficiaries not otherwise covered/directly reimbursed by Medi-Cal, including housing services
 - Interventions to integrate services for target population(s), including Plan-Do-Study-Act (PDSA)
 - Care coordination activities
 - Data sharing

- **Section 4: Performance Measures, Data Collection, Quality Improvement, & Ongoing Monitoring**
 - Performance measures (universal and variant)
 - Data collection, analysis and reporting activities
 - Quality improvement activities, including PDSA
 - Monitoring of participating entity performance



Application Elements

- **Section 5: Financing**

- Financing structure, including how payments will be distributed and any financing and/or saving arrangements
- Diagram of flow of funds from the lead entity to participating entities
- List of entities that will provide the non-federal share
- Relationship between the pilot funding and the provision of services
- Annual requested funding amount for each individual item (deliverable) annual and total funding request



WPC Pilot Budget Guidelines



WPC Pilot Budget Development

- There are three components to the Budget submissions:
 - Section 5 Financing Structure
 - Budget Model
 - Budget Narrative
- Budget requirements are stated in the Special Terms and Conditions (STCs), FAQ, and Application.
- Additional guidance regarding the level of detail needed is provided in the **Budget Instructions** document.
- Applicant shall use the **Budget Narrative** as an additional opportunity to describe why certain elements are included and valued in the proposal.



General Budget Requirements

Total available funding

- A WPC pilot may not receive more than 30% of the total statewide funding (\$300 million) available, unless additional funds are available after all initial awards are made and the WPC pilot receives approval through a subsequent request process.

Year 1 funding

- Based on 75% for application and 25% for baseline data.
- Applicants must submit both an approved application and timely baseline data to be eligible for payment.

Exclusions

- Budgets cannot include payment for services reimbursable through Medi-Cal.
- In addition to the exclusion for Medi-Cal funded services, WPC cannot be used to fund local responsibilities for health care or social services that are mandated by state or federal laws, or to fund services for which state or federal funding is already provided.



General Budget Requirements

- To come up with the overall 5-year WPC pilot budget request, budget requests should be based on a 60-month budget broken down into:
 - (1) 12-month period (January 1, 2016-December 31, 2016); and
 - (4) additional 12 month periods (assuming a start date of January 1, 2017)
- Application must include details regarding all components of the requested budget.
 - The annual budget should identify payment amounts for each individual item (deliverable) for which funding is proposed.
- Applicant is to provide this back-up information to show a deliverable's cost.
 - Invoice will be based on the completed deliverables.



Budget Categories

Infrastructure

- Administrative
- Delivery

Services and Interventions

- Services
- Bundled PMPM services

Reporting and Quality

- Pay for metric reporting
- Pay for metric outcome achievement



Infrastructure

Administrative

- To build the programmatic supports necessary to plan, build and run the pilot
- Examples: core program development and support, staffing, IT infrastructure, program governance, training, ongoing data collection, marketing and materials and others

Delivery

- To support the physical mechanisms needed to implement the pilot
- Applicants should keep in mind that only costs related directly to the WPC pilot may be included in this delivery infrastructure category
- Examples: advanced medical home, mobile street team infrastructure, community paramedicine team, community resource database, IT workgroup, care management tracking and reporting portal and others



Services and Interventions

Services

- New services provided in the pilot to support the whole person care provided to eligible beneficiaries
- See FAQ for additional information about allowable services
- Examples: mobile clinical visit, care coordination and others

PMPM Bundled Services

- PMPM Bundled Services, as opposed to services (above), are defined as more than one service or activity that would be delivered, and described in the WPC pilot budget request, as a set value per PMPM bundled service deliverable
- Examples: comprehensive complex care management, housing support services, outreach and engagement bundle and others



Reporting and Quality

Pay for metric reporting

- Pilots are encouraged to propose the structure that they believe provides the most incentive, both to pilot lead organization as well as to downstream providers.
- Examples: reporting number of ED visits, reporting percentage of avoided hospitalizations, individuals with follow up after hospitalization, and others

Pay for metric outcome achievement

- Examples: decrease number of ED visits by set %, increased number of avoided hospitalizations by a set %, percentage of individuals who have a follow up after hospitalization, and others.
- Pilots should include at least one pay for metric outcome achievement item in their application.



WPC Budget Webinar



Date

- June 3

Time

- 11:00 am – 12:00 pm PT

Registration

- Webinar link will be sent through the WPC listserv



Selection Criteria



Selection Criteria

- Competitive process
 - No limit on the number of WPC Pilot applications that can be received up to the Program funding limit
- DHCS will assess whether applications meet the WPC Pilot goals and requirements outlined in the Medi-Cal 2020 waiver Special Terms and Conditions and Attachments
- DHCS will evaluate applications in two phases:
 - Phase 1: Application Quality and Scope; and
 - Phase 2: Funding Decision
- A numerical score will be given for Phase 1, which will be factored into the Phase 2 funding decision.



Selection Criteria

Phase 1: Quality and Scope of Application

- Scored based on specified criteria
- Minimum qualifying score is 77 points out of a total of 105 possible points
- Must receive a pass score on all pass/fail criteria
- Applicants that achieve at least the minimum score may qualify for bonus points for including priority program elements

Phase 2: Funding Decision

- Appropriateness of funding request and quality of application financing responses
- Comparisons to similarly-sized pilots
- Assessment of available funds relative to applications received



Application Scoring

Application Section	Maximum Points
Section 1: Lead Entity & Participating Entity Information	5 Points
Section 2: General Information & Target Population(s)	25 points
Section 3: Services, Interventions, Care Coordination & Data Sharing	35 points
Section 4: Performance Measures, Data Collection & Ongoing Monitoring	30 points
Section 5: Financing	10 points
Section 6: Attestations & Certification	Pass/Fail
Total Maximum Score:	105 points



Bonus Points

Priority Elements	Criteria	Maximum Points
Participating Plans	Participation of more than 1 managed care plan	5 points
Community Partners	Participation of more than 2 community partners	5 points
Innovative Interventions	Creative interventions (e.g. workforce, health IT, transportation) and financing/use of innovative payment models	5 points
Total Maximum Bonus Points		15 points



Special Terms and Conditions (STC) Attachments



WPC Attachments

- **WPC Reporting and Evaluation (Attachment GG):** Mid-year and annual reporting requirements and evaluation process.
- **WPC Pilot Requirements and Application Process (Attachment HH):** Application submission and review process, pilot funding, termination process, and WPC Learning Collaboratives.
- **WPC Pilot Requirements and Metrics (Attachment MM):** Performance metrics (universal and variant), incorporation of Plan-Do-Study-Act (PDSA), and reporting requirements.



Universal Metrics

- All WPC Pilots are required to report on the same set of universal metrics, which include four (4) health outcomes measures and three (3) administrative measures.

Health Outcomes Measures

- Ambulatory Care
- Inpatient Utilization
- Follow-up After Mental Health Illness Hospitalization
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Administrative Measures

- Comprehensive Care Plan
- Care Coordination, Case Management, and Referral Infrastructure
- Data and Information Sharing Infrastructure



Variant Metrics

Variant metrics are specific to the WPC target population(s), strategies, and interventions.

Each WPC Pilot must report on a minimum of four (4) variant metrics:

- One **administrative metric** in addition to the universal care coordination and data sharing metrics
- One **standard health outcomes metrics** (e.g., HEDIS) applicable to the WPC Pilot population across all five program years for each target population
- One **alternative health outcomes metric**; or for WPC Pilots utilizing the PHQ-9, report on the Depression Remission at Twelve Months (NQF 0710) metric
- One **alternative health outcomes metric**; or for WPC Pilots including a severely mentally ill (SMI) target population, report on the Adult Major Depression Disorder (MDD): Suicide Risk Assessment (NQF 0104) metric

WPC Pilots implementing a housing component must report an additional metric specific to the housing intervention.



Questions & Answers



Questions and Answers

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Question: If a participating entity is a collaborative with membership of its own, does it need to submit letters of participation for all of its members?

Answer: The participating entity only needs to submit one letter of participation that includes a list of the members that are part of the collaborative.



Questions and Answers

Question: Can counties submit more than one WPC Pilot application?

Answer: Two entities in the same county or geographic area that separately qualify to be a lead entity may apply (e.g., a county and a city within the county; a county and a tribe). However, DHCS is not likely to approve two applications for the same county unless the applications are for separate target populations and there is a clear justification for not combining the two applications. A tribal entity may submit a separate application for the specific population that it serves.



Questions and Answers

Question: May counties add participating entities after the application is submitted and over the course of the pilot?

Answer: Yes.

Question: Is it possible for DHCS to increase the maximum number of days in a recuperative care center from 60 days to 90 days?

Answer: Yes, our FAQ document has been updated to reflect this change.



Questions and Answers

Question: How should pilots approach establishing the pilot goals and outcomes?

Answer: Pilot goals should be ambitious but realistic. The outcomes should reflect the interventions that are being proposed in the application.



Questions and Answers

Question: What will happen if a WPC Pilot is not achieving the goals it set out in its application?

Answer: DHCS would undertake a multi-step process for addressing pilots that are not leading to improvements. DHCS will first work with the WPC pilot to identify strategies to improve it as part of the pilot PDSA (Plan, Do, Study, Act) process. If no improvement is made, a corrective action plan will be developed.



Questions and Answers

Question: What will happen if a WPC Pilot does not achieve an outcome established in the application submission?

Answer: If pilots do not achieve an outcome established in the application, they will not receive the funding that was tied to achieving that outcome. WPC Pilots will have an opportunity to update target outcomes for the latter years of the demonstration as the Pilot progresses.



Discussion



E-mail questions to:

1115wholepersoncare@dhcs.ca.gov

Visit our website:

<http://www.dhcs.ca.gov/services/Pages/WholePersonCarePilots.aspx>