Whole Person Care Pilot Application

Application due March 1, 2017

General Instructions

Thank you for your interest in applying to participate in the Whole Person Care (WPC) pilot program, part of the state of California's Medi-Cal 2020 Section 1115 demonstration. In order to apply, the organization that will serve as the lead entity of the WPC must complete and submit this application. Prior to completing this application, it is strongly suggested that applicants carefully review the documents that govern the Medi-Cal 2020 demonstration, available on the Department of Health Care Services (DHCS) website (http://www.dhcs.ca.gov/services/Pages/WholePersonCarePilots.aspx), including:

a. Special Terms and Conditions (STC) (110-126)
b. STC Attachments GG, HH and MM
c. Frequently Asked Questions

DHCS will be posting all approved applications on the DHCS web site. Previously approved applications are available for your use as samples on the WPC website.

Complete the WPC pilot application and submit it to 1115wholepersoncare@dhcs.ca.gov no later than **5 p.m. Pacific Standard Time (PST) on March 1, 2017**.

Incomplete applications will not be considered. In order for this application to be considered complete for the purposes of submission:

a. All components of the application must be completed.
b. Page numbers must be included.
c. The application must be submitted in ADA-compliant editable MS Word format.
d. The application instructions are to be removed from your submission. Do not include the instructions printed in this document.
e. The attachments listed below must be included:
    i. Letters of participation agreements for all participating pilot entities (See Question 1.3)
    ii. Letters of support from participating providers and relevant stakeholders
    iii. (Optional) A description of any requested requirement exceptions. For example, if a lead entity cannot reach agreement with a required participating entity. (STC 117b, STC 115)
    iv. Variant Metrics

Applications will be reviewed and selected based on the process outlined in the Appendix. The application review process and timing is as follows:

Deliverable/Activity	Date
1. DHCS releases WPC pilot RFA, timeline, and selection criteria	January 13, 2017
2. DHCS conducts webinar for potential applicants/interested entities	Late January 2017
3. WPC pilot applications due to DHCS	March 1, 2017
4. DHCS completes WPC application review; sends written questions to applicants	May 1, 2017

5. Applicants' written responses due to DHCS	May 11, 2017
6. DHCS notifies CMS of WPC pilot selection decisions	June 1, 2017
7. DHCS notifies applicants of WPC pilot selection final decisions	July 2, 2017
8. Lead entities provide formal acceptance to DHCS	July 12, 2017

Section 1: WPC Lead Entity and Participating Entity Information

The purpose of this section is to provide information about the WPC pilot lead entity and the other entities that will be participating in the WPC pilot.

Lead Entity Description

DHCS will accept applications for WPC pilots from the designated lead entity, which must be a county, a city and county, a health or hospital authority, a Designated Public Hospital, District/Municipal Public Hospital, a consortium of any of the above entities serving a county or region consisting of more than one county, or a federally-recognized tribe/tribal health program. The lead entity will be the single point of contact for DHCS and is responsible for coordinating and monitoring the WPC pilot. (STC 115)

Participating Entity Description

In addition to designating a lead entity, the WPC pilot application must identify other entities that will participate in the WPC pilot**. Participating entities must include**:

a. At least 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. Plan participation must include all sub-plans of the prime MCP when full delegation of risk has occurred. See the web link below for a listing of MCPs by county: http://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx.

b. Both the health services and specialty mental health agency or department, and at least one other public agency or department, which may include 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). If housing services are provided, the public housing authority must be included.

c. At least two other WPC community partners (entities or organizations) that have significant experience serving the target population within the pilot's geographic area, including physician groups, community clinics, hospitals, and community-based organizations. Note that the lead entity may not list itself as one of the two required WPC community partners

The WPC pilot application may also identify additional entities that will participate in the pilot beyond the minimum requirements. DHCS encourages pilots to include additional participating entities in order to include as many existing providers to the target population as possible. If a lead entity cannot reach agreement with a required participating entity, it may request an exception. (STC 115)

1.1 Whole Person Care Pilot Lead Entity and Contact Person (STC 117.b.i)

Organization Name	
Type of Entity (from lead entity description above)	
Contact Person	
Contact Person Title	
Telephone	
Email Address	
Mailing Address	

1.2 Participating Entities

Identify the participating entities in the WPC pilot, describe the entities, and explain their role in the WPC pilot. In the below chart, under "Required Organizations," provide information for the entities that are required to participate. If you have additional participating entities, list them under "Optional Organizations."

Clearly demonstrate the role of each required partner throughout their application. Examples may include, but are not limited to, participation on the Steering Committee, data sharing, direct service provider, etc. Furthermore, DHCS would like to know how bi-directional data sharing will take place with the involved managed care plan(s) (MCP).

If you are applying for an exception to the participating entities requirements, explain which requirement you are unable to meet, your reason for seeking an exception, and supporting documentation of communications with the required entities for which an exception is being requested. (STC 117.b.ii)

Required Organizations	**Organization Name**	**Contact Name and Title**	**Entity Description and Role in WPC**
1. Medi-Cal managed care health plan			
2. Health Services Agency/Department			

3. Specialty Mental Health Agency/Department			
4. Public Agency/ Department			
5. Public Housing Authority (If housing services are provided, include the public housing authority)			
6. Community Partner #1			
7. Community Partner #2			
Additional Organizations (Optional)	**Organization Name**	**Contact Name and Title**	**Entity Description and Role in WPC**
8. [Insert type of entity from table above- e.g., additional Health Services Agency/Dept., Community partner, etc. Add additional lines as needed.]			
9.			
10.			
11.			
12.			

1.3 Letters of Participation and Support

As part of your application submission, attach letters from all of the participating pilot entities that indicate a commitment to participate in the WPC pilot. Attach letters of support from participating providers and other relevant stakeholders in the geographic area where the WPC pilot will operate. Attach letters as a separate document(s). (STC 117.b.xv and xvi)

Section 2: General Information and Target Population

The purpose of this section is to provide information on the WPC pilot geographic area, need for the pilot, governance structure, and target population.

WPC Target Population Description

WPC pilots must identify high-risk, high-utilizing Medi-Cal beneficiaries that reside in the geographic area they serve, and assess their unmet need. WPC pilots may focus on one target population or more than one target population. The target population(s) shall be identified through a collaborative data approach to identify common patients who frequently access urgent and emergency services across multiple systems. target population(s) 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.
e. 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, 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 (FFP). The WPC lead entity may propose inclusion of these individuals in the pilot, subject to DHCS approval. (STC 111)

2.1 Geographic Area, Community and Target Population Needs

Describe the geographic area in which the WPC pilot will operate and the need for the WPC pilot. Include in the geographic description:

a. Total square miles of county
b. Whether the county is predominantly rural, urban, or a mix of rural/urban
c. Total population of county in 2016 (or an estimate and on what statistics the estimate is based)

Describe how other participating entities took part in defining the vision and structure for the WPC pilot as described in the application. Provide a general description of the WPC pilot, its structure, the target population(s) and how it will address the needs of the target population(s).

Include how the WPC pilot will reduce avoidable utilization of other system components (e.g. jails) and how it addresses any current system problem(s). Include the overarching vision of how the WPC pilot will: 1) build and strengthen existing efforts in the community and relationships, and improve collaboration among participating WPC pilot entities; 2) provide learnings for potential future local efforts beyond the term of this waiver; and 3) *build sustainable infrastructure that can support communications about the populations across the delivery systems beyond the term of the pilot. Explain how the pilot infrastructure and interventions will be sustained in absence of federal and state funding following the end of the pilot. (Limit to approximately 1000 words)* (STC 110, 117.b.iii, STC 117.b.iv)

2.2 Communication Plan

Describe the communications process the WPC pilot will employ, including how communication among the lead entity and participating entities will occur; how integration will be promoted and silos minimized; how decisions will be made in consultation with the participating entities; and the schedule of regular meetings that will be convened. Describe the governance structure for the WPC pilot including who has decision-making authority, how the pilot will be organized, and how participating entities will be involved in decision-making. Identify a main point of contact to support and coordinate with participating entities. Describe the external communication plan that will be employed to communicate with providers, beneficiaries and stakeholders. (Limit to approximately 500 words) (STC 117.b.v)

2.3 Target Population(s)

Identify the target population(s) that will be served by the WPC pilot using the categories listed above in Section 2. Identify how the Lead Entity collaborated with other participating entities to identify each target population. Describe the methodology used to identify the target population(s), including data analyses and a needs assessment of the target population(s).

Include estimates of the number of Medi-Cal beneficiaries to be served by the pilot in the following:

a. *Number of Medi-Cal beneficiaries served annually in each target population. For pilots with more than one target population, include an estimate of the number of Medi-Cal beneficiaries to be served within each target population. If the WPC pilot plans to have individuals participate who are not Medi-Cal beneficiaries, separately estimate the number of these participants for each target population.*
b. *Number of unduplicated Medi-Cal beneficiaries served in the pilot annually, considering potential overlap of target populations*
c. *Number of unduplicated Medi-Cal beneficiaries served throughout the entire pilot in all populations. Consider how many individuals are estimated to leave the program each year, how many new individuals are anticipated to be enrolled, and the reasons.*

   For example, if 500 individuals are expected to be served each year starting in program year (PY) 2, and 100 will be disenrolled each year due to being well managed, death or other life circumstances, then a total of 800 distinct individuals will be served over the life of the pilot.

   PY2 = 500 new beneficiaries

   PY3 = 100 new beneficiaries

   PY4 = 100 new beneficiaries

   PY5 = 100 new beneficiaries

   Total unduplicated beneficiaries served = 800 total unduplicated beneficiaries served

Sample table of target populations and PY Detail

Target Population(s)	PY 2	PY 3	PY 4	PY 5	Total
Homeless	150	300	300	300	1050
Two or more Chronic Conditions	500	800	800	800	2900
Total	650	1,100	1,100	1,100	3,950

Please complete this table to represent your target populations and PY detail. Please expand table as needed to include all identified target populations.

Target Population(s)	PY 2	PY 3	PY 4	PY 5	Total
Total					

If the WPC pilot plans to have an enrollment cap for part of or the entire pilot, provide information on the rationale for and the level of the proposed cap for each subset of the target population(s) including the Medi-Cal and non-Medi-Cal population(s), as applicable. If an enrollment cap is planned, describe the process for establishing and administering a waiting list. (Limit to approximately 750 words per target population) (STC 117.b.vi, xxi, xxii)

Section 3: Services, Interventions, Care Coordination, and Data Sharing

The purpose of this section is to provide information on the services that will be provided under the WPC pilot, the interventions and strategies that will be employed, how care will be coordinated, and how data will be shared and utilized across the participating entities.

Services and Interventions Description

WPC pilots must define the interventions and other strategies they will use to provide integrated services to high users of multiple systems. WPC pilots shall include specific strategies to:

a. 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;
b. Increase coordination and appropriate access to care for the most vulnerable Medi-Cal beneficiaries;
c. Reduce inappropriate emergency and inpatient utilization;
d. Improve data collection and sharing among local entities to support ongoing case management, monitoring, and strategic program improvements in a sustainable fashion;
e. Achieve targeted quality and administrative improvement benchmarks;
f. Increase access to or utilization of housing or other non-medical supportive services (optional); and
g. Improve health outcomes for the WPC population. (STC 112)

WPC pilot payments will support: 1) infrastructure to integrate services among local entities that serve the target population; 2) services not otherwise covered or directly reimbursed by Medi-Cal to improve care for the target population, such as housing components; and 3) other strategies to improve integration, reduce unnecessary utilization of health care services, and improve health outcomes. (STC 113)

3.1 Services, Interventions, and Care Coordination

For each target population, describe the services that will be available to beneficiaries under the WPC pilot that are not otherwise covered or directly reimbursed by Medi-Cal for the target population in the geographic area where the pilot is being implemented. This includes medical, behavioral, social, and non-medical services. Explain why the services proposed are specifically well-suited to meet the needs of the target population. If a certain service will be limited to one, or some, target populations, specify. Describe the network and providers that will deliver these services.

For each service described identify where each service is funded within your budget. Identify which PMPM bundle, FFS, or line item the service is captured in you budget. Be as specific as possible, if the service is included in more than one location, please list all budget items that contain the service cost.

If housing-related services will be provided or a housing pool will be utilized, describe the services and explain which services will be funded by pilot funds. Housing-related services funded by pilot funds must comply with the restrictions on FFP for room and board in STC 114. Services funded by pilot funds may include housing-related activities services described in the June 26, 2015 CMS Informational Bulletin. (STC 117.b.vii)

For the flexible housing pool, DHCS requires the following points be included:

a. *Provide a high-level description of the how the housing pool will work*
b. *No housing pool related administrative costs or positions are allowable in the WPC budget*
c. *Remove any reference regarding the use of WPC Pilot savings as a funding source for the housing pool*
d. *Remove any description of source of funding for the housing pool*
e. *Language must be included that indicates that no WPC funds will be used for the housing pool*

For each target population, describe the specific interventions and other strategies that will be employed to integrate services for the target population. Provide information on prior experience or other projects or programs that the applicant can draw upon in implementing the WPC pilot and the existing programs and infrastructure can be leveraged to support the pilot. Explain how the interventions will be successful in engaging and connecting individuals to medical, behavioral health, and social supports, improving health outcomes for the target population, decreasing avoidable ED and inpatient utilization, and decreasing avoidable utilization of other systems (e.g., jails). If a certain intervention or other strategy will be limited to one, or some, target populations, specify. Include how the Plan-Do-Study-Act (PDSA) process will be incorporated and utilized throughout the intervention and service model proposed.

For each target population, describe how care coordination will be implemented administratively, including what each participating entity will be responsible for, how they will link to other participating entities, as appropriate to provide wrap around care, and how the care coordination will be seamless to the beneficiary, taking into consideration other current care coordination efforts by pilot entities and other entities, and not duplicating those efforts. Explain how the participating entities will work together to create one system that provides wrap-around care coordination for beneficiaries. (Total response limited to 1500 words per target population) (STC 117.b.viii, ix, xi)

3.2 Data Sharing

Data sharing is considered an integral part of the WPC pilot. For each target population:

a. *Describe how data sharing will occur between the participating entities, including what data will be shared with which entity and how infrastructure and sharing will evolve over the life of the demonstration.*
b. *To the extent any shared data contains Personal Health Information/Personal Information (PHI/PI), mental health or substance use disorder services information, the WPC pilot and its participating entities must comply with all applicable state and federal law. Include the methodology of how the lead entities and participating entities will comply with these regulations.*
c. *Provide information on the tools that will be utilized to support data sharing, the capabilities currently in place and the new development that will be needed to support data sharing under the pilot.*
d. *Provide a timeline and implementation plan for developing the necessary infrastructure to support data sharing.*
e. *Describe how the pilot will build sustainable infrastructure that can support communications about the population(s) across the delivery systems beyond the term of the pilot.*

f. *Identify the data governance structure and approach.*
g. *Indicate anticipated challenges and strategies the WPC pilot will employ to manage the challenges.*

(Limit to approximately 750 words per target population) (STC 117.b.x)

Section 4: Performance Measures, Data Collection, Quality Improvement and Ongoing Monitoring

The purpose of this section is to provide information on the performance measures the WPC pilot will use to track progress; the plan for collecting, reporting and analyzing data; quality improvement; and the ongoing monitoring of the participating entities' performance.

Reporting Requirements Description

WPC pilot lead entities are required to submit mid-year and annual reports to DHCS. DHCS will issue a reporting template with instructions at a later date. The mid-year reports will be used to determine whether progress toward the WPC pilot requirements has been made. The purpose of the annual report is to demonstrate that the WPC pilot is conducted in compliance with the requirements set forth in the STCs and attachments, the approved application, and any agreement between DHCS and the lead entity and/or policy letters and guidance from DHCS. Attachment GG outlines the mid-year and annual reporting requirements. Metrics reported in Pilot Year 1 will be considered baseline data. (STC 121)

Performance Measures Description

WPC pilots will be required to report metrics in order to assess their success in achieving the goals and strategies specified in STCs 110 and 112. The reporting and metric requirements are outlined in Attachment MM. All WPC pilots must report metrics mid-year and annually unless otherwise specified. There are two types of metrics:

(1) Universal metrics
(2) Variant metrics

Universal metrics are a set of metrics required of all WPC pilots and must be reported for the duration of the demonstration.

Variant metrics are chosen by each WPC pilot and must be determined based on the WPC pilot's unique target population(s), interventions, and strategies. In order to develop the variant metrics that must be provided below as part of the application submission, WPC pilots must follow a standardized process outlined in Attachment MM.

Each WPC pilot must report on a minimum of four variant metrics for each pilot year. WPC pilots implementing a housing component must report on a minimum of five variant metrics, including a housing-specific variant. The required variant metrics include:

a. Administrative metric (in addition to the universal care coordination and data sharing metrics)
b. Standard health outcome metric (e.g., Healthcare Effectiveness Data and Information Set) applicable to the pilot population
c. For pilots utilizing the PHQ-9, the Depression Remission at Twelve Months metric (NQF 0210) metric; all other pilots report one alternative health outcomes metric
d. For pilots with a severely mentally ill (SMI) target population, the Adult Major Depression Disorder (MDD): Suicide Risk Assessment (NQF 0104) metric; all other pilots report one alternative health outcomes metric

For WPC pilots implementing a housing component,

e. A housing-specific metric

WPC pilots may choose to include additional variant metrics. The metrics may include process and/or outcome measures and must utilize Plan-Do-Study-Act (PDSA) as set forth in Attachment MM. DHCS may

request modifications or changes to proposed metrics included in the pilot application and/or additional documentation. (STC 122, Attachment MM).

4.1 Performance Measures

Identify performance measures for each type of participating entity and the WPC pilot itself, including short-term process measures and ongoing outcome measures; these measures should be grouped by PY and include an annual target benchmark. Provide the overarching vision of the performance measures and how they connect to each intervention and each target population. Describe your overall plan for tracking and documenting progress of the WPC pilot as a whole, as well as for each type of participating entity and each target population.(Limit to approximately 750 words) (STC 117.b.xii)

4.1.a Universal Metrics

Check the boxes below to acknowledge that all WPC pilots must track and report the following universal metrics. *List the WPC pilot goal for each metric: (e.g., reduce ED visits by X percent per year goals must improve each year over previous year and must be at a minimum of 5% of improvement). Details on the metrics are provided in Attachment MM. Lead entities are required to collect data from participating entities and report it timely to DHCS, when requested, to support the WPC pilot's achievement of the universal and variant metrics*. (STC 115.b.xii, STC 122, Attachment MM)

- ☐ **Health Outcomes Measures**
- ☐ **Administrative Measures**

4.1.b Variant Metrics

In the table below, identify the variant metrics that your WPC pilot will report on for each PYA menu of variant metrics is provided in Attachment MM. Variant metrics may vary by PY, though some metrics must be consistent across all PYs. For pilots with more than one target population, include a variant metric table for each target population. Goals for Variant Metric outcomes must be progressive after PY 2, with a minimum improvement of 5% change over each prior PY. PY 1 goal may be to "establish baseline". PY 2 goal may "maintain baseline", and then progressive goals must be stated.

List the Numerator and denominator specifically as stated in Attachment MM.

Variant Metric	PY 1	PY 2	PY 3	PY 4	PY 5
Variant Metric 1: Administrative Metric					
Variant Metric 2: Health Outcome Metric (Choose one from menu in					

Variant Metric	PY 1	PY 2	PY 3	PY 4	PY 5
Attachment MM.)					
Variant Metric 3: (NQF 0710: Depression Remission at 12 Months					
Variant Metric 4 (SMI Population): Suicide Risk Assessment (NQF: 0104)					
Variant Metric 5 Housing-Specific Metric (if applicable): Choose from menu in Attachment MM.					
Other Metric (optional)					
Other Metric (optional)					
Other Metric (optional)					

4.2 Data Analysis, Reporting and Quality Improvement

Describe the plan for ongoing data collection, reporting, and analysis of the WPC pilot's interventions, strategies, participant health outcomes, and return on investment. Identify existing and new data sources and a timeline for developing any new capabilities that are needed to support the WPC pilot.

Explain the approach for quality improvement and change management that your organization plans to use. Explain how the WPC pilot will identify needed adjustments, a process for carrying out the change, a process for observing and learning from the implemented change(s) and the implications, and a process to determine necessary modifications to the change based on the study results and to implement them. (Limit to approximately 1000 words) (STC 117.b.ix, xv)

4.3 Participant Entity Monitoring

Describe the lead entity's plan to conduct ongoing monitoring of the WPC pilot participating entities and to make subsequent adjustments if issues are identified. Include a process to provide technical assistance, impose corrective action, and terminate the WPC pilot if poor performance is identified and continues. (Limit to approximately 500 words) (STC 117.b.xiv)

Section 5: Financing

The purpose of this section is to describe the WPC pilot financing structure, the funding flow to the lead entity and participating entities, and a total requested annual funding amount to operate the WPC pilot. For this second round of applications, a total statewide annual funding of approximately $120 million is available. Pilots approved in the first round of applications may apply for additional funding.

Funding and Budget Description

WPC pilot payments are intended to support the WPC pilots for:

a. Infrastructure and non-Medicaid covered interventions that support increased integration among the lead entity and participating entities;
b. Increased coordination and appropriate access to care for the most vulnerable; and
c. Improved data collection and sharing among local entities to support ongoing case management, monitoring, and strategic program improvements.

Available funding in PY 1 is based on approval of the WPC pilot application and the submission of baseline data.

Services that are directly reimbursable with Medi-Cal or other federal funding resources are not allowable in the WPC budgets. Additionally, WPC investments in housing units or housing subsidies, including any payments for room and board, are not eligible for FFP. See STC 114 and the Frequently Asked Questions for additional information on the housing pool.

5.1 Financing Structure

Describe the financing structure of the WPC pilot, including a description of how WPC pilot payments will be distributed and any financing or savings arrangements; the oversight and governance structure that will oversee the intake and payment of funds; the timeline for payments; the payment structure (i.e. bundled payments, fee-for-service, etc.); the payment process (i.e. claims payment vs. scheduled bundled payments); how payments will be tracked; and any system changes or new systems development needed to support payment. Specify how the applicant will ensure funds are sufficient to provide reimbursement for provided services. *Describe how the financing and payment approaches will help participants to be better prepared for value based payment approaches in the future. (Limited to 1000 words)* (STC 117.b.xvii)

5.2 Funding Diagram

Include a funding diagram illustrating the flow of requested funds from DHCS to the lead entity and the distribution of funds from the lead entity to other participating entities. Include the Intergovernmental Transfer flow (IGT) in the funding diagram. (STC 117.b.xviii)

5.3 Non-Federal Share

List the entity(ies) that will provide the non-federal share to the lead entity to be used for payments under the WPC pilot. (STC 117.b.xiii)

5.4 Non-Duplication of Payments and Allowable Use of Federal Financial Participation

Describe the relationship between WPC pilot funding and the provision of services broadly, how payments will comply with STC 113, and how FFP will be received only for services provided to Medi-Cal beneficiaries (Limited to 500 words) (STC 111 & 114)

If your county is approved for Medi-Cal's targeted case management (TCM) benefit, even if no services are currently being provided, please address a potential overlap in the application. For example, language such as that below, may be adapted for inclusion in the application:

> *The vast majority of the activities and interactions of the care coordination teams will not duplicate Medi-Cal's targeted case management ("TCM") benefit. Specifically, [list services and interventions] departs significantly from the encounter-based structure of TCM, and in the vast majority of cases the encounters between [service or intervention] and patients/clients/members would not be eligible for reimbursement under TCM, [as the workers either would not meet the education/experience requirements for TCM case workers or the team members would be in a supervisory role and would have few, if any, direct contact with clients.] Moreover, the scope of care support and coordination activities available through WPC is intended to be more robust than available through Medi-Cal TCM. WPC teams will engage in activities such as [insert services above and beyond TCM like peer support, trust-building, motivational supports, disease specific education, and general reinforcement of health concepts,] which are distinct from and outside the TCM benefit. WPC will also provide direct social and other services that would not be recognized as TCM, such as [e.g. benefits advocacy or tenancy supports.] For these reasons, we have concluded that the vast majority of WPC Pilot activities will not duplicate services available through Medi-Cal TCM. However, in response to concerns of duplication of payment, we have applied a TCM budget adjustment to several of the programs to reduce our request for WPC funds. Each TCM budget adjustment can be found in the corresponding service description.*

5.5 Funding Request

For PY 1, indicate that the requested budget is for the submission of the application and the required baseline data. Baseline data collection is an applicable activity for PY 1 only. For PYs 2-5, WPC Pilot applications must include discrete details regarding all components of the requested budget. Insert the annual requested funding amount for each individual item (deliverable) for which funding is proposed. These deliverables may include data collection, infrastructure, interventions, and outcomes. For example, include the specific activities that will be performed; interventions, supports and services that will be implemented; and/or the achievement of outcomes. Indicate the total requested annual dollar amount for each of these under <u>each</u> of PYs 2-5. Provide the total requested dollar amount for the five-year pilot.

If the pilot is requesting a per member per month (PMPM)/service bundle payment, include detail on how each PMPM service bundle amount (the monthly service bundle cost for each beneficiary who receives the service bundle) was determined by showing the value associated with each individual service or activity that comprises the service bundle. The WPC Pilot application must include a total maximum service bundle funding amount (limit) for each service bundle for each of PYs 2-5, which will be determined by the individual PMPM service bundle payment amount and the maximum number of PMPM service bundles provided (people served) in each PY. The funding that DHCS will provide to the Pilot in each PY for each service bundle will be calculated according to the number of Medi-Cal beneficiaries serviced by the service bundle for each month of the year. It is important to include a

budget narrative in this section of the application. The budget narrative is where you will provide detail on what is included in your budget line items and how your PMPM Bundles and FFS rates are developed. In addition, it will allow you to provide detailed information on your administrative and delivery infrastructure, including but not limited to, percentages of your FTE's utilized in the WPC Pilot, IT project budget detail information, justifications for costs associated with the WPC Pilot and other details that allow the Department to assess your budget request. There is no word limit on this section, so be as detailed as possible. Additional guidance on PMPM bundles is given in Budget Instructions.

See the Budget Instructions example on the Department of Health Care Services (DHCS) website (http://www.dhcs.ca.gov/services/Pages/WholePersonCarePilots.aspx).

*Budgets should not include costs (e.g., payments) for services reimbursable with Medi-Cal or other federal funding resources. (*STC 117.b.xix)

Appendix: Application Selection Criteria

The Whole Person Care (WPC) pilot application evaluation is a competitive process that will result in the selection of qualified WPC pilots based on the quality and scope of their application. The application score will be factored into determining the funding amount for each WPC pilot. The Department of Health Care Services (DHCS) will conduct the evaluation process in two phases: (1) Quality and Scope of Application and (2) Funding Decision. WPC pilot applications that do not meet the basic requirements of the Special Terms and Conditions (STCs) and DHCS application guidance will be disqualified.

Overview

1) Quality and Scope of Application. WPC pilot applications will be assigned a numerical score of up to 105 points based on the quality and scope of the application. Applications must achieve a minimum score of 77 points to be selected to participate in the WPC pilot. Applications that achieve the minimum score and also include priority program elements will receive bonus points that may increase their possibility of participation. Applications must receive a pass score on all pass/fail criteria to be eligible to participate.

2) Funding Decision. The funding amount for each WPC pilot will be determined based upon a combination of the funding request score and supporting financing information provided; comparisons to similarly-sized pilots based on specified county demographic and program design elements; and a final assessment of available funding relative to applications received.

Section 1: Quality and Scope of Application

A. Applications Will Be Assigned a Numerical Score

Scoring criteria will help DHCS assess whether applications meet the WPC pilot goals and requirements outlined in Medi-Cal 2020 demonstration's Special Terms and Conditions (STCs).

Each application will be assigned a numerical score based on a possible total of 105 points. Applicants must achieve a minimum score of 77 points to be selected to participate in the WPC pilot. Multiple DHCS reviewers will score applications and then assign a total average score.

Highest Possible Score by Application Section
Section 1: WPC Lead Entity and Participating Entity Information-**5 points**
Section 2: General Information and Target Population(s)-**25 points**
Section 3: Services, Interventions, Care Coordination, and Data Sharing-**35 points**
Section 4: Performance Measures, Data Collection, and Ongoing Monitoring-**30 points**
Section 5: Financing-**10 points**
Total Possible Points: 105

B. Application Sections Will Be Scored Based on Specified Criteria

Each application section will be scored based on the criteria specified below:

Section 1: WPC Lead Entity and Participating Entity Information - 5 points

- 1.1 Lead Entity Information: Pass/Fail
  - Pass = Organization submitting the application meets the lead entity requirements, and all required information is provided.

  - Fail = Lead entity does not meet the lead entity requirements, and/or not all information is provided as required. The lead entity will be contacted and informed that it does not qualify as a lead entity.

- 1.2 Participating Entities: 5 points
  - Meets participating entity requirements as outlined in STC 115.
  - Information is complete.
  - Explanation of each participating entity's role in the WPC pilot is clear.
  - Points may be reduced if an exemption is needed due to non-participation, as opposed to non-availability of a participating entity (even if approved).
  - Fail = WPC pilot does not meet the participating entity requirements and does not request an exemption (or exemption is not approved), or participating entities are not appropriate given the target population and strategies.

- 1.3 Letters of Participation from Participating Pilot Entities and Letters of and Support from Participating Providers and other Relevant Stakeholders: Pass/Fail
  - Pass = All letters are provided.
  - Fail = Not all letters are provided.

Section 2: General Information and Target Population - 25 points

- 2.1 Geographic Area and Target Population Needs: 10 points
  - Demonstrates community need for a WPC pilot.
  - WPC pilot design is comprehensive, cohesive and well-designed to achieve goals.
  - Demonstrates how the WPC pilot will address community and target population needs.
  - Scope is ambitious, but realistic/achievable.

- 2.2 Communication Plan: 5 points
  - Clear and comprehensive plan for collaboration, integration and communication between entities.
  - Mechanisms are planned to minimize silos.
  - Clear plan to communicate state pilot requirements from the lead entity to participating entities.
  - Ability to provide learnings for potential future local efforts beyond the term of this demonstration.
  - Build sustainable infrastructure that can support communications about the populations across the delivery systems beyond the term of the pilot. Explain how the pilot infrastructure and interventions will be sustained in absence of federal and state funding following the end of the pilot.
  - Structure and process planned for making decisions.
  - Clear plan to convene regular meetings.
  - Main point of contact identified to support and coordinate with participating entities.

- 2.3 Target Population(s): 10 points
  - Meets requirements outlined in STC 111.
  - Extent of scope and number of people in WPC target population(s) and target population cap(s), if applicable.
  - Target population(s) is/are appropriate given participating entities and strategies.

- Quality of methodology used to define target population(s).
- Plan for beneficiary identification and outreach.

Section 3: Services, Interventions, Care Coordination and Data Sharing - 35 points

- 3.1 Services, Interventions and Care Coordination: 25 points
  - Meets requirements as outlined in the STCs.
  - Appropriateness of services and interventions for target population(s).
  - Comprehensive approach of services, interventions, and strategies.
  - Likelihood that interventions will be achievable and successful in improving health outcomes for target population(s).
  - Alignment with other concurrent initiatives being implemented in the region (e.g., does the applicant articulate a vision of how pieces fit together).
  - Extent of infrastructure needed to implement intervention, demonstrating complete consideration of the infrastructure needs to support the pilot.
  - Tests new interventions and strategies for the target population.
  - Likelihood to improve housing stability (if applicable).
  - A clear and comprehensive plan for how a Plan-Do-Study-Act process will be incorporated to modify and learn from interventions during the Pilot.

  Care Coordination:
  - Meets care coordination requirements in the STCs.
  - Includes a description of how care coordination will be implemented administratively, including what each participating entity will be responsible for, how they will link to other participating entities, as appropriate, to provide wrap around care.
  - Leverages and connects existing community infrastructure.
  - Builds new infrastructure between lead and participating entities.
  - Likelihood of improving care coordination.
  - Likelihood of increasing access to appropriate physical, behavioral health, and social services.

- 3.2 Data Sharing: 10 points
  - Creates sustainable infrastructure to support data sharing between entities and identifies existing resources for data sharing and existing gaps.
  - Increases care coordination across lead and participating entities.
  - Data sharing processes and expectations (or process to identify them) are clearly presented.
  - Reasonableness and quality of timeline and implementation plan to develop necessary infrastructure.
  - Quality of data governance structure and approach.

Section 4: Performance Measures, Data Collection, and Ongoing Monitoring - 30 points

- 4.1, 4.1a, 4.1b Performance Measures, Universal Metrics, Variant Metrics: 15 points
  - Identifies performance measures for each type of participating entity and the WPC pilot itself, including short-term process measures and ongoing outcome measures; grouped by Demonstration Year, including an annual target benchmark.
  - Demonstrates comprehensive plan for collecting, tracking, and documenting metrics.
  - Meets universal metric requirements outlined in Attachment MM.
  - Meets variant metric requirements outlined in Attachment MM.

  - Quality and appropriateness of variant metrics given target population(s), interventions and strategies.
  - Appropriate processes to utilize Plan-Do-Study-Act (PDSA) for all universal and variant metrics identified.

- 4.2 Data Analysis and Reporting: 10 points
  - Clear and high-quality plan for ongoing data collection, reporting, and analysis of interventions and strategies.
  - Clear plan for using analysis for sustainability planning.

- 4.3 Participant Entity Monitoring (5 points)
  - Quality of plan to conduct ongoing monitoring and make adjustments as needed.
  - Comprehensive plan for providing technical assistance, imposing corrective action, and terminating if poor performance is identified and continues.

Section 5: Financing - 10 points (7-point minimum required score)

- Reasonableness of the amount of the funding request in relation to proposed WPC pilot activities Detail of the payment amount requested for each deliverable for which funding is requested, including baseline data collection, infrastructure, interventions, and outcomes.
- Demonstrate a comprehensive approach to flow of funds, how reimbursement will take place and oversight and monitoring of payment.
- Reasonable methodology for establishing the budget request.
- Clear description or diagram explaining how the payment process will function.
- Alignment with/leverage of other funding sources.

C. Bonus Points Will be Awarded to Applications That Include Priority Elements

WPC pilot applications may qualify to receive bonus points if they include certain priority program elements in their WPC pilot. Applicants must achieve a minimum numerical score of 77 points (NOT including bonus points) in order to participate in the WPC pilot. These WPC pilots may then qualify for bonus points.

Priority Elements That Receive Bonus Points:

- **Plans:** More than one participating managed care plan in the geographic areas where the pilot operates (maximum of 5 points).
- **Community partners:** More than two participating community partners in the geographic areas where the pilot operates (maximum of 5 points).
- **Interventions:** Innovative interventions (maximum of 5 points)
  - Creative interventions, such as creative workforce strategies (e.g., effective use of community health workers; using community paramedics outside their customary emergency roles in ways that facilitate more appropriate use of emergency care resources; appropriately targeting digital health tools or other health information technology (HIT) solutions; addressing social determinants of health (e.g. food instability); including transportation strategies; using trauma-informed approaches to care; and engaging extensively with community partners.
  - Creative financing/use of innovative payment models that will better prepare them for value-based purchasing in the future.

Section 2: Funding Decision

A. Funding Allocation Will Be Determined Based on Three Factors

Funding will be determined based on the funding request and application financing responses, comparisons to similarly-sized pilots, and an assessment of available funds relative to applications received.

Funding Decision Criteria

1) Funding request and quality of financing application responses. The funding request and the financing application responses will be assessed and scored according to the Application Section 5 "Financing" scoring criteria listed above, including the annual budget amount requested for each individual item for which funding is requested, including baseline data collection, infrastructure, interventions, and outcomes. DHCS will determine the appropriateness of the funding request given the scope and ambitiousness of the pilot, how well the applicant demonstrates the soundness of their approach, the clarity of the governance structure, presence of oversight mechanisms and internal controls to ensure payment and accountability related to participating entities, the needs of the target population, the complexity of the interventions, and to ensure that payments are not duplicative of payments for existing services.

2) Comparisons to similarly-sized pilots. Funding requests from similarly-sized WPC applications will be compared based on pilot scope, design, and funding requested.

3) Assessment of Available Funding. DHCS will then assess the availability of funds relative to the applications received. If assigned funding amounts exceed the maximum available, either funding amounts for approved pilots will be reduced to meet the funding limitations or some pilots will not be approved.