

# Whole Person Care Program: Medi-Cal 2020 Waiver Initiative

California Department of Health Care Services

February 16, 2017

# Program Overview

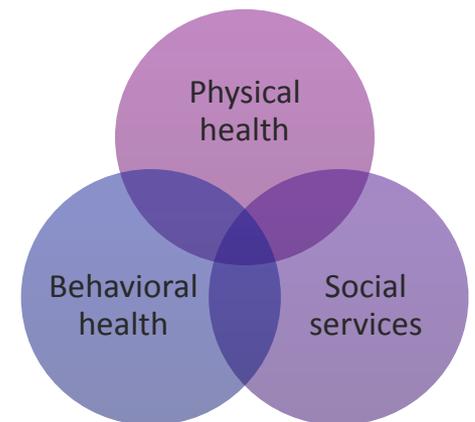
# Whole Person Care Overview

## Overarching goal for Whole Person Care (WPC)

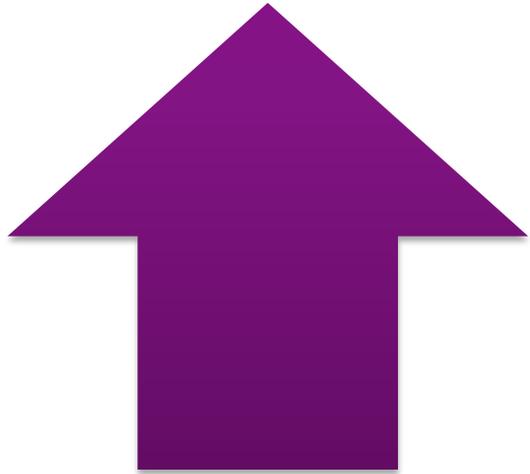
- Coordination of health, behavioral health, and social services
- Comprehensive coordinated care for the beneficiary resulting in better health outcomes

## WPC Pilot entities collaborate to:

- Identify target populations
- Share data between systems
- Coordinate care in real time
- Evaluate individual and population progress

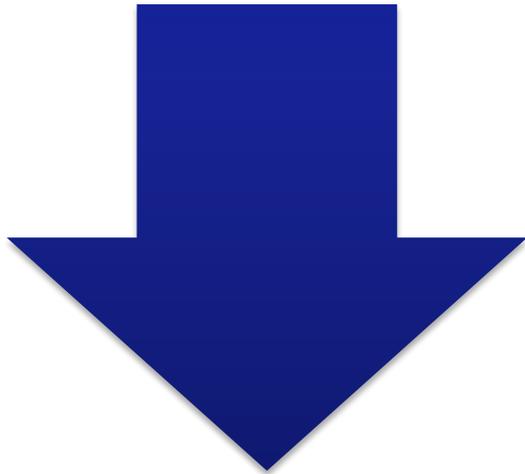


# Goals and Strategies



## **Increase, improve, and achieve:**

- Integration among county agencies, health plans, providers, and other participating entities
- Coordination and appropriate access to care
- Access to housing and supportive services
- Health outcomes for the WPC population
- Data collection and sharing among local entities
- Targeted quality and administrative improvement benchmarks
- Infrastructure that will ensure local collaboration over the long term



## **Reduce:**

- Inappropriate emergency department and inpatient utilization

# WPC by Numbers

5 year  
program

\$1.5B total  
federal funds

\$300M annual  
available

2 application  
rounds

18 applicants  
for Round 1

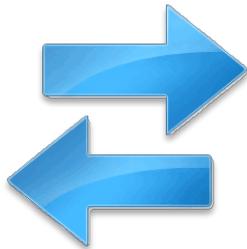
# Funding



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



Funding is based on semi-annual reporting of activities/interventions



Non-federal share provided via intergovernmental transfer (IGT), matched with federal Medicaid funding

# Lead Entities

## Lead Entities

- County
- A city and county
- A health or hospital authority
- A designated public hospital
- A district/municipal public hospital
- A federally recognized tribe
- A tribal health program under a Public Law 93-638 contract with the federal Indian Health Services
- A consortium of any of the above entities

## Lead Entity Responsibilities

- Submits Letter of Intent and application
- Serves as the contact point for DHCS
- Coordinates WPC pilot
- Collaborates with participating entities

# Participating Entities

## Participating Entities

- (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

## Participating Entity Responsibilities

- Collaborates with the lead entity to design and implement the WPC pilot
- Provides letters of participation
- Contributes to data sharing/reporting

# Relationships Between Entities

## WPC Goals for Participating Entities

- Increase integration among county agencies, health plans, providers, and other entities within the county that serve high-risk, high-utilizing beneficiaries
- Develop infrastructure to ensure collaboration among the participating entities over the long term

## Requirements

- Lead entities must identify all participating entities
- Only one Medi-Cal managed care plan is required to participate, but DHCS encourages a collaborative approach with 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
- Lead entities cannot also be one of the two required community partners

# Target Populations

## Identifying target population(s)

- WPC pilots identify high-risk, high-utilizing Medi-Cal beneficiaries in their geographic area.
- Pilots 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.)

## May also include the following populations with certain caveats:

- Individuals not enrolled in Medi-Cal, but federal funding is not available for them
- Dual-eligible beneficiaries, but must coordinate with the Coordinated Care Initiative where applicable

# Program Structure

# Administrative Infrastructure

## Description

- Builds 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 materials

# Delivery Infrastructure

## Description

- Supports the non-administrative infrastructure needed to implement the pilot

## Examples

- Advanced medical home
- Mobile street team infrastructure
- Community paramedicine team
- Community resource database
- IT workgroup
- Care management tracking and reporting portal

# Payment Mechanisms

## PMPM Bundle

- One or more services and/or activities that would be delivered as a set value to a defined population
- Examples: Comprehensive complex care management, housing support services, mobile outreach and engagement bundle, long-term care diversion bundle

## FFS Items

- Single per-encounter payments for a discrete service
- Examples: Mobile clinic visit, housing transition services, medical respite, transportation, sobering center, care coordination

# Performance Measures

## Objective

- To assess the success of the Pilot in achieving the WPC goals and strategies

## Reporting requirements

- All WPC Pilots must report initial baseline and subsequent year data on universal and variant metrics as outlined in Attachment MM of the Special Terms & Conditions (STCs)

# Performance Measures

## Health Outcomes Universal Metrics

- Ambulatory Care - Emergency Department Visits
- Inpatient Utilization - General Hospital/Acute Care
- Follow-up After Hospitalization for Mental Illness
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

## Health Outcomes Variant Metrics, as applicable

- 30 day All Cause Readmissions
- Decrease Jail Recidivism
- Overall Beneficiary Health
- Controlling Blood Pressure
- HbA1c Poor Control <8%
- Depression Remission at Twelve Months
- Adult Major Depression Disorder (MDD): Suicide Risk Assessment

## Housing Variant Metrics, as applicable

- Percent of homeless who are permanently housed for greater than 6 months
- Percent of homeless receiving housing services in PY that were referred for housing services
- Percent of homeless referred for supportive housing who receive supportive housing

## Pilot-identified Pay for Outcome metrics, other than required universal and variant metrics

# Summary of First Round Applications

# First Round Applications

In 2016, DHCS approved 18 lead entities to operate WPC pilots.

Counties with < 1,000 sq. mi. (7)

Alameda

Contra Costa

Napa

Orange

San Francisco

San Mateo

Solano

Counties between 1,001 – 3,000 sq. mi. (4)

Santa Clara

San Joaquin

Placer

Ventura

Counties between 3,001 – 5,000 sq. mi. (4)

Los Angeles

Monterey

San Diego

Shasta

Counties with > 5,000 sq. mi. (3)

Kern

Riverside

San Bernardino

# Expected Pilot Size of Target Population

Larger:  
Over 100,000

Los Angeles

Large:  
Between  
10,000 and  
100,000

Alameda

Contra Costa

Riverside

Santa Clara

San Francisco

Medium:  
Between 1,000  
and 5,000

Kern

Orange

San Bernardino

San Diego

San Joaquin

San Mateo

Ventura

Small:  
Between 250  
and 800

Monterey

Napa

Placer

Shasta

Solano

# Target Population Selection

Target Population Criteria	# of Pilots that Selected this Target Population
1. High utilizers with repeated incidents of avoidable ED use, hospital admissions or nursing facility placement	15 Pilots
2. High utilizers with two or more chronic conditions	3 Pilots
3. Individuals with mental health and/or substance use disorder conditions	8 Pilots
4. Individuals who are homeless/at-risk for homelessness	14 Pilots
5. Individuals recently released from institutions (i.e., hospital, county jail, IMD, skilled nursing facility, etc.)	7 Pilots

# Care Coordination Strategies

Navigation  
infrastructure  
(13 Pilots)

Standard  
Assessment Tool  
(9 Pilots)

Data sharing  
systems  
(9 Pilots)

Social  
determinants  
strategies  
(7 Pilots)

Data-driven  
algorithms  
(4 Pilots)

Prioritization of  
highest needs if on  
a waiting list  
(3 Pilots)

# Data and Information Sharing

Expansion of  
existing data  
sharing framework  
(18 Pilots)

Bi-directional data  
sharing with MCPs  
(18 Pilots)

Health Information  
Exchange  
(12 Pilots)

Patient population  
software  
(11 Pilots)

Data warehouse  
(9 Pilots)

Query-based  
real-time data  
(7 Pilots)

Case management  
software  
(7 Pilots)

Real-time data  
sharing  
(6 Pilots)

New data sharing  
systems  
(3 Pilots)

# Services and Interventions

Care Management  
(15 Pilots)

Wellness and  
Education  
(9 Pilots)

Housing Services  
(11 Pilots)

Flexible Housing  
Pool  
(17 Pilots)

Post-Incarceration  
Services  
(4 Pilots)

Mental Health  
(6 Pilots)

Mobile Services  
(4 Pilots)

Respite Services  
(4 Pilots)

Sobering Centers  
(4 Pilots)

# Round 2 Applications

# Application and Budget Instructions

## General Information and Links

- Application and Budget Instructions were revised based on Round 1 experience
- Revised Application:  
[http://www.dhcs.ca.gov/services/Documents/WholePersonCarePilotApplicationsecondround1.13.16\(002\).pdf](http://www.dhcs.ca.gov/services/Documents/WholePersonCarePilotApplicationsecondround1.13.16(002).pdf)
- Revised Budget Instructions:  
[http://www.dhcs.ca.gov/services/Documents/DHCSWPCRevisedBudgetInstructions\\_1-13-17.pdf](http://www.dhcs.ca.gov/services/Documents/DHCSWPCRevisedBudgetInstructions_1-13-17.pdf)

## New Applicants

- New Lead Entities interested in participating in the Round 2 application process must use the revised application

## Legacy Lead Entities (LE)

- WPC Lead Entities approved in the first round of applications (Legacy LE) that are interested in expanding their WPC programs in Round 2 will not need to submit a new application.
- Legacy LE will modify their approved application in track changes and review the revised application and budget instructions for applicability, as appropriate.
- Supplemental instructions for Legacy Lead Entities:  
<http://www.dhcs.ca.gov/services/Documents/WPCPilotExpansionInstructions1-13-17.pdf>

# Important Dates

## Application Deadline

- March 1, 2017

## Application Webinar (for new interested participants)

- January 27, 2017 from 9:30-11:00 a.m.
- Invitation forthcoming



# Resources

Visit the Whole  
Person Care  
webpage:

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

Submit  
questions/sign  
up for the  
listserv:

- [1115WholePersonCare@dhcs.ca.gov](mailto:1115WholePersonCare@dhcs.ca.gov)