Whole Person Care Pilots & the Health Home Program

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At the intersection of health care policy, politics and communications.

Presentation Overview

- Delivery System Reform in California's Medi-Cal Program
- Whole Person Care Pilots
- Health Home Program
- Questions and Discussion

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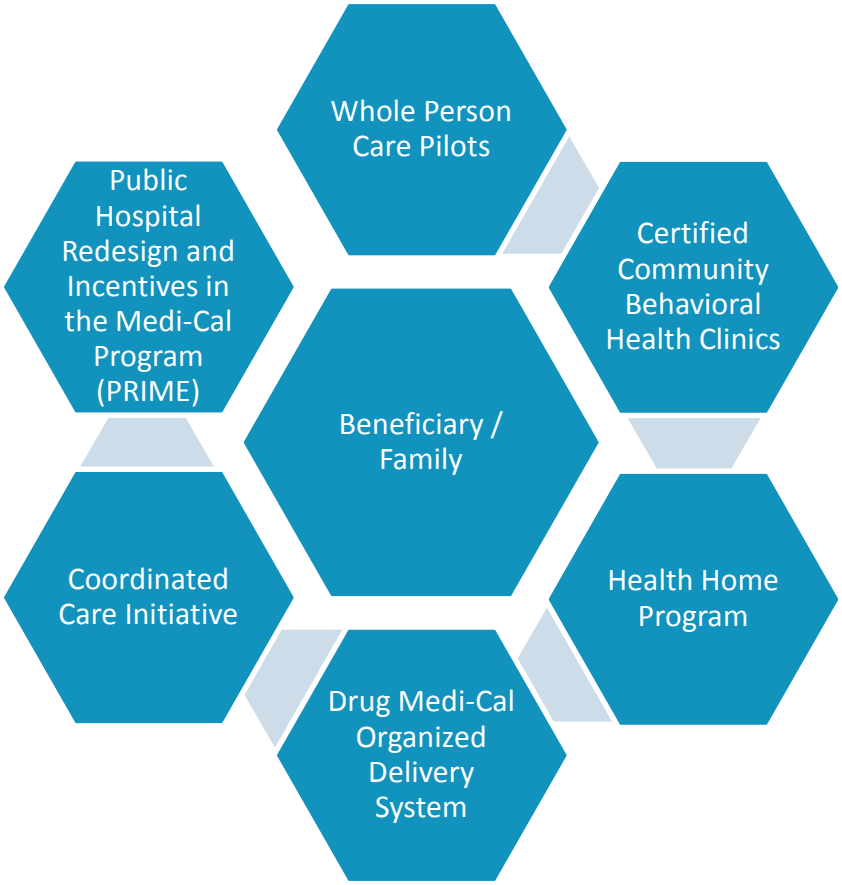
Delivery System Reform Initiatives in Medi-Cal



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Whole Person Care Pilots

Whole Person Care Pilots: Overview

- **County-Based / Optional.** County-based pilots to coordinate health, behavioral health, and social services to improve health and well-being for high users of multiple systems.
  - **Application.** Local lead entities will submit an application to DHCS specifying requested funding amount and activities / interventions to be performed to receive the funding.
- **Federal Funding.** Up to $300M/year in FFP for five years ($1.5B total FFP; $3B in the aggregate).
  - **IGT.** Non-federal share provided by WPC pilots via intergovernmental transfer (IGT).
  - **Limitation.** No single WPC pilot will be awarded more than 30% of total available funding.

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Whole Person Care Pilots: Lead and Participating Entities

- **Lead Entity.** Each WPC Pilot shall designate a "Lead Entity" that will coordinate the Pilot and serve as the single point of contact for DHCS. The lead entity must be a:
  - County agency;
  - Designated public hospital; or
  - District municipal public hospital
- **Participating Entities.** The WPC Pilot application shall identify other entities that shall participate in the WPC Pilot. Participating entities must include:
  - At minimum, one Medi-Cal Managed Care Plan operating in the geographic area of the WPC Pilot
  - **County Health and Mental Health Agencies / Departments.**
  - At least one other public agency or department (i.e. county SUD programs, probation, human services agencies, etc.)
  - At least two other key community partners that have significant experience serving the target population

Whole Person Care Pilots: Target Population

- **Data Driven.** Target Population to be defined by each selected pilot through data-driven process (high-risk, high-utilizing).
  - Identify common patients who frequently access urgent / emergent services often times across multiple systems
- **Potential Targets.** May include (but not limited to) enrollees:
  - With repeated incidents of avoidable emergency use, hospital admission, 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
  - Individuals who are at risk of homelessness, including individuals who will experience homelessness upon release from institutions (such as hospital, sub-acute care facility, skilled nursing facility, rehabilitation facility, IMD, county jail, state prison or other)

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Whole Person Care Pilots: Strategies

- **Pilot Strategies.** WPC Pilots must define the interventions and other strategies they will use to provide integrated services to high users of multiple systems. This includes specific strategies to:
  - Increase integration among county agencies, health plans and providers and develop infrastructure to ensure local collaboration over the long term
  - Increase coordination and appropriate access to care
  - Reduce inappropriate emergency and inpatient utilization
  - Improve data collection and sharing amongst local entities
  - Achieve targeted quality and administrative improvement benchmarks
  - Improve health outcomes for the WPC population
  - Increase access to housing and supportive services (optional)
- **Interventions.** Pilot payments will support:
  - Infrastructure to integrate services among local entities
  - Services not otherwise covered or directly reimbursed by Medi-Cal, such as housing components
  - Other strategies to improve integration, reduce unnecessary utilization or health care services, and improve health outcomes

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Whole Person Care Pilots: Housing and Supportive Services

- **Tenancy-Based Care Management Services.** Assist the target population in locating / maintaining medically necessary housing.
  - **Individual housing transition services.**
    - ✓ Tenant screening & housing assessment
    - ✓ Development of an individualized housing support plan
    - ✓ Assisting with housing application / search process
    - ✓ Assisting with / arranging for details of the move
    - ✓ Identifying, securing, or funding modifications for accessibility
    - ✓ Identifying, securing, or funding services and modifications necessary to establish a basic household that do not constitute room and board, such as: security deposit, set-up fees for utilities, first month coverage of utilities, essential household furnishings, first month's rent; pest eradication and one-time cleaning; home modifications (i.e. heating / AC)
    - ✓ Developing a housing support crisis plan
  - **Individual housing and tenancy sustaining services.**
    - ✓ Early intervention for behaviors that jeopardize housing
    - ✓ Training on tenant / landlord rights and responsibilities
    - ✓ Assisting in resolving disputes with landlords / neighbors
    - ✓ Support related to lease compliance and household management

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Whole Person Care Pilots: Housing and Supportive Services Cont.

- **County Housing Pools.** Pilot entities may include contributions to a county-wide housing pool that will directly provide needed support for medically necessary housing services, with the goal of improving access to housing and reducing churn in the Medicaid population.
  - State or local community entity contributions to the Housing Pool are separate from FFP funds, and may be allocated for long-term housing, including rental subsidies
  - The Housing Pool may incorporate a financing component to reallocate or reinvest a portion of the savings from reduced utilization of health care services into the Housing Pool
  - WPC investments in housing units or subsidies including any room and board are not eligible for FFP

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Whole Person Care Pilots: Payment Structure

- **Statewide Pool.** Up to $300M/year in FFP for five years ($1.5B total FFP) shall be made available to funds WPC pilots. Payments from the WPC pool are available to approved local entities.
- **Local Responsibility for Non-Federal Share.** Each WPC lead entity (or others as specified in application) will provide the non-federal share of payment through an intergovernmental transfer (IGT).
- **IGT.** In this context, and IGT refers to an intergovernmental transfer of public funds (e.g. county, city, tribe) to the state Medicaid agency (DHCS).
- **Permissible Funds.** The transferring governmental entity must certify that that the funds transferred are public funds that qualify for federal financial participation and are not derived from impermissible sources.
  - Examples of impermissible sources include recycled Medicaid payments, federal money excluded from use as state match, impermissible taxes, and non-bona fide provider-related donations.

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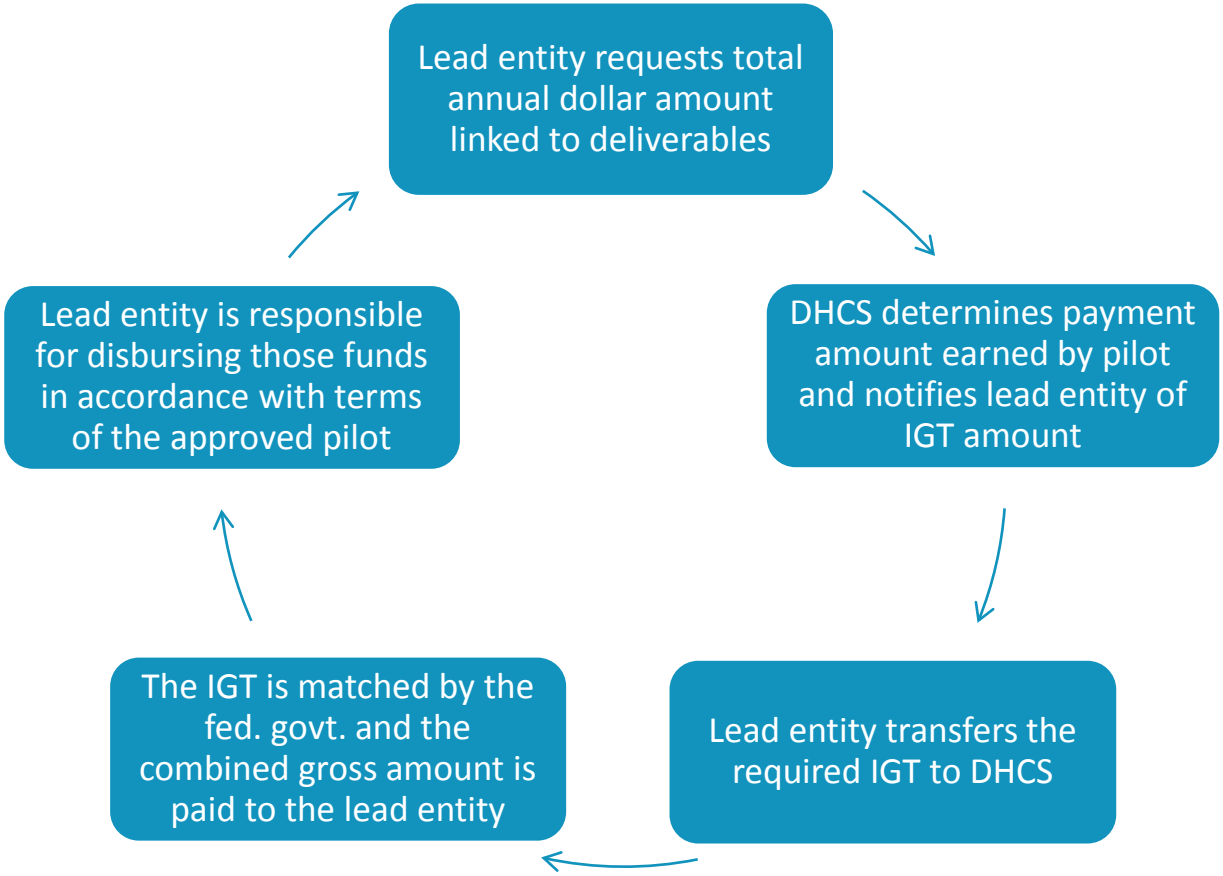
Whole Person Care Pilots: Payment Structure Cont.



Whole Person Care Pilots: Payment Structure Cont.

- **Deliverable-Based.** Payments are based on the approved WPC amounts and will be contingent upon specific deliverables.
  - **Examples:** encounters or persons served, the performance of specific activities, interventions, supports and services, or achievement of Pilot outcomes
- **Not Direct Reimbursement for Expenditures.** WPC pilot payments are not direct reimbursement for expenditures or payments for services.
- **Investment in Infrastructure.** WPC payments are intended to support WPC Pilots for infrastructure and non-Medicaid covered interventions.
- **Non-Medicaid.** WPC are not for services otherwise reimbursable under the Medi-Cal program.

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Whole Person Care Pilots: Payment Structure Cont.

- **Planning Year.** Funding for PY1 (calendar year 2016) shall be made available to the approved applications and will support the initial identification of the target population, and other coordination and planning activities necessary to submit a successful applications.
- **Implementation.** Funding for PY2 through PY5 shall be made available based on the activities and interventions described in the approved application. This amount may not exceed the total budget for each year as it appears in the approved application.

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Whole Person Care Pilots: Reporting

- **Mid-Year and Annual Reports.** Lead entities are required to submit mid-year and annual reports to DHCS. The mid-year reports will be used to determine whether progress toward pilot requirements has been made. The annual report shall demonstrate compliance with requirements.
- **Performance Measures.** Each WPC pilot shall identify performance measures for each type of participating entity and the WPC pilot itself, including short-term process measures and ongoing outcome measures. Measures should be grouped by Demonstration year and include an annual target benchmark.
- **Metrics.** All WPC pilots will report universal and variant metrics mid-year and annually.
  - **Universal Metrics.** Universal metrics will be the same set of metrics required by all WPC pilots.
  - **Variant Metrics.** Variant metrics will differ between the pilots and will be tailored to the unique strategies and target population of each individual WPC pilot.

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Whole Person Care Pilots: Process and Timeline

- **Voluntary LOI submitted to DHCS by April 8, 2016 (30 counties represented)**
- **Round 1 WPC Applications**
  - Due to DHCS by July 1, 2016 (released May 2016)
    - ✓ 18 counties submitted an application during Round 1
  - DHCS to notify applicants of final decision by November 2016
- **Round 2 WPC Applications**
  - On October 17, 2016, DHCS announced that they would accept a second round of WPC applications
  - The second round of applications are due March 1, 2017

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Whole Person Care Pilot: Round 1 Awardees

1) Alameda County Health Care Services Agency
2) Contra Costa Health Services
3) Kern Medical Center
4) Los Angeles County Department of Health Services
5) Monterey County Health Department
6) Napa County
7) County of Orange Health Care Agency
8) Placer County Health and Human Services Department
9) Riverside University Health System– Behavioral Health

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Whole Person Care Pilot: Round 1 Awardees Cont.

10) San Bernardino County – Arrowhead Regional Medical Center
11) County of San Diego, Health and Human Services Agency
12) San Francisco Department of Public Health
13) San Joaquin County Health Care Services Agency
14) San Mateo County Health System
15) Santa Clara Valley Health and Hospital System
16) Shasta County Health and Human Services Agency
17) Solano County Health and Social Services
18) Ventura County Health Care Agency

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Health Homes for Patients with Complex Needs (Health Home Program)

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Health Homes: Federal and State Authority

- **Federal Authority.** The ACA created a new state, optional, health homes Medicaid benefit for intensive care coordination of people with chronic conditions (including MH / SUD).
- **Funding.** 90% federal funding for first 2 years
- **State Authority.** CA State Legislation – A.B. 361 (2013):
  - **Target Populations**. Frequent utilizers and individuals experiencing homelessness.
  - **No SGF.** Requires state to implement with no additional state general funds
- **CA Approach.** Intended to focus resources on small subset of Medi-Cal population with intensive care coordination needs – CA estimates highest risk 3% would be eligible.

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Health Homes: California's Target Population

Hypertension + Another Chronic Disease

2 Chronic Diseases

Asthma + Risk of SUD, Depression, Obesity, Diabetes

Mental Illness (Major Depression, Bipolar, Psychotic Disorders)

One Inpatient Stay **OR** 3+ ED Visits in the Last Year **OR** Chronic Homelessness

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Health Homes: Program Services

- **Covered Services.** Health Home Services include:
  - Comprehensive care management
  - Care coordination
  - Health Promotion
  - Comprehensive transitional care
  - Individual and family support
  - Referral to community and social support service
- **No Direct Medical / Social Services.** No funding for direct medical or social services.

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Health Homes: Delivery System Structure

Managed Care Plans

Maintain overall responsibility for health home network.

Community Based Care Management Entities

Responsible for providing core health home services

Community and Social Supports

Receive referrals to provide services to meet beneficiary's broader needs (housing providers, food banks, employment assistance, etc.)

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Health Homes: Rollout

- **Phased Rollout.** CA planning a phased rollout, pending CMS approval of state plan amendments to implement the program in different regions at different times.
- **Plan Participation.** If a county is selected to implement Health Homes, all managed care plans within the county must implement at the same time.
- **Federal Match.** The SPA timeline for the 8 quarters of 90% federal match is for the specific health home population(s) and counties in each SPA.
- **Rolling SPAs.** Each SPA starts a new 8 quarters upon its start date.

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Health Homes: Implementation Schedule

- **Proposed implementation schedule for members with "serious mental illness" is:**
  - **Group 1 – January 1, 2018:** Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, San Francisco, Shasta, Solano, Sonoma, Yolo
  - **Group 2 – July 1, 2018:** Imperial, Lassen, Merced, Monterey, Orange, Riverside, San Bernardino, San Mateo, Santa Clara, Santa Cruz, Siskiyou
  - **Group 3 – January 1, 2019:** Alameda, Fresno, Kern, Los Angeles, Sacramento, San Diego, Tulare

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Additional Information

- DHCS Whole Person Care Resources: http://www.dhcs.ca.gov/services/Pages/WholePersonCarePilots.aspx

- DHCS Health Home Program Resources: http://www.dhcs.ca.gov/services/Pages/HealthHomesProgram.aspx

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