



State of California—Health and Human Services Agency
Department of Health Care Services

PATH Support for Implementation of ECM and Community Supports Guidance:
Whole Person Care Services and Transition to Managed Care Mitigation Initiative
June 24, 2022

Introduction..... 1

Whole Person Care Services and Transition to Managed Care Mitigation Initiative 3

 Overview and Eligibility Criteria..... 3

 Application Process 4

 Invoicing Methodology..... 5

 Update 6/24/2022- Service Wind Down and Recoupment 5



State of California—Health and Human Services Agency
Department of Health Care Services

Introduction

CalAIM is designed to build a whole system, person-centered approach to care, in which clinical and social services are integrated to support people’s health and wellbeing throughout their lives. As a statewide, population health initiative CalAIM will reach all Medi-Cal members while focusing particularly on advancing health equity by expanding resources available to populations and communities that have been historically under-resourced and under-served. CalAIM is an evolution of the intense work DHCS and its partners have been supporting in providing whole person care; California has been innovating in the delivery of integrated physical, behavioral and social services particularly through the Whole Person Care (WPC) and Health Homes Pilots in select regions of the state. Based on the success of these pilots and experience in Home and Community Based Services (HCBS) programs, a first stage of CalAIM implementation involves scaling impactful services from these initiatives statewide through Enhanced Care Management (ECM) and Community Supports (California’s nomenclature for the proposed list of state-approved In Lieu of Services/ILOS).

California has received targeted expenditure authority through “Providing Access and Transforming Health” (PATH) as part of its section 1115 demonstration renewal to scale whole person approaches to care statewide with a clear equity lens, ensure a strong foundation for integrated, comprehensive care, and a smooth transition from WPC and Health Homes that retains investments made by the state, local partners, and the federal government.. PATH will provide services to members during the transition as well as tools and resources to county and community-based providers including public hospitals, county, city and other government agencies, justice agencies, community-based organizations (CBOs), Medi-Cal Tribal and Designees of Indian Health Programs and others to ensure a successful implementation.

This document is focused solely on the “WPC Services and Transition to Managed Care Mitigation Initiative,” which is the first of the coordinated PATH initiatives to launch in 2022 (see California’s approved 1115 Waiver [Special Terms and Conditions](#) for additional detail on other PATH initiatives) for additional information on other PATH ECM / Community Support initiatives. The WPC Services and Transition to Managed Care Mitigation Initiative provides direct funding for former WPC Pilot Lead Entities that meet specific criteria (enumerated below) to pay for existing WPC services that map to ECM / Community Support services before they transition to CalAIM. Services that will not continue under CalAIM would not be eligible for this funding.



State of California—Health and Human Services Agency
Department of Health Care Services

All PATH funding is distinct from funding provided through the Incentive Payment Program, the Behavioral Health Quality Improvement Program, Housing and Homelessness Incentives and the Student Behavioral Medi-Cal Managed Care Plan incentives. Funding for each of these programs is intended to be complementary and non-duplicative. Entities receiving funding from more than one funding initiatives will be required to coordinate and report on uses of funding to ensure non-duplication of funding. See DHCS' Funding Opportunities summary document [here](#).

Future guidance on other PATH initiatives is forthcoming from DHCS.



State of California—Health and Human Services Agency
Department of Health Care Services

Whole Person Care Services and Transition to Managed Care Mitigation Initiative

Overview and Eligibility Criteria

The services Members are now receiving from the WPC Pilots that will continue under CalAIM as Community Supports (ILOS) should be maintained as CalAIM ramps up and transitions to managed care starting in January 2022. While some ECM and Community Supports (ILOS) will be offered by health plans to certain members on “day one,” others will begin later in 2022, 2023 or 2024. This phased-in approach leaves a gap between the end of the WPC Pilots and the start of ECM and Community Supports (ILOS) for populations receiving select services

The Whole Person Care Services and Transition to Managed Care Mitigation Initiative will provide direct funding for former WPC Lead Entities that meet specific eligibility criteria. This funding is **only** available for former WPC Lead Entities to temporarily sustain WPC Pilot services that “map to” ECM and/or Community Supports (ILOS) until a local MCP begins to cover them (e.g., the MCP integrates the service into ECM or implements an elected Community Support).

This component of PATH funding will ensure continuity of WPC services that are transitioning to CalAIM but that will not be covered on “day one”, including justice-involved services in counties that offered them as part of WPC. Some WPC services will not be covered by MCPs until mid-2022 or 2023; this funding will sustain these services until they are transitioned to and paid for by MCPs. In order to receive this funding, the following conditions must be met:

- The WPC service provided maps to services provided through either ECM¹ or Community Supports (ILOS).
- The service meets the following criteria:
 - Will not be covered on January 1, 2022 by at least one MCP in the county, and at least one MCP in the county has committed to covering the service on or before January 1, 2024 (**note:** Former WPC Lead Entities may only use PATH funding to provide services to those members attributed to the MCP² that is not picking up the service on January 1, 2022 but has committed to covering the service before January 1, 2024). Services will only be funded until they are picked up by an MCP.³

¹ Justice-involved services are ECM-like services that may be funded under this initiative

² Individuals enrolled in FFS may receive PATH-funded services if they are eligible for managed care and will be enrolled in an MCP that has committed to covering the service in question prior to January 1, 2024.

³ In situations where there is a delay in the MCP coverage of a WPC service that maps to ECM or Community Supports (ILOS) services that are contracted to start on January 1, 2022, the MCP will pay the Lead Entity retroactively for those services.



State of California—Health and Human Services Agency
Department of Health Care Services

- There is an explicit commitment in place from an MCP that they will cover the service on or before January 1, 2024 as part of its Model of Care (MOC).
- The member receiving the services is enrolled in an MCP that has committed to offering the service, or the member is in the process of enrolling in Medi-Cal managed care and has selected an MCP that has committed to offering the corresponding service by January 1, 2024. The former WPC Lead Entity will only spend funding from this PATH initiative on eligible service costs. The former WPC Lead Entity will not be eligible to receive funding from this PATH initiative for administrative/infrastructure costs or incentive payments.⁴
 - Former WPC Lead Entities may seek other PATH funding through the Capacity and Infrastructure Transition, Expansion and Development (CITED) Initiative, or from MCPs through the Incentive Payment Program (IPP) when that funding becomes available in 2022 to support infrastructure.

Services that do not map to ECM and/or any WPC Pilot Services that will not continue as Community Supports under CalAIM are not be eligible for this funding.

Application Process

Former WPC Lead Entities that meet the conditions enumerated above will be eligible for WPC Service and Transition to Managed Care Mitigation funding starting in early 2022. In order to receive this funding, former WPC Lead Entities must complete the following:

- Fill out the DHCS standardized registration form that:
 - Documents which WPC Pilot services will require WPC Service and Transition to Managed Care Mitigation Funding, including:
 - The MCP that has committed to providing the service under CalAIM, and the date by which the service will be covered;
 - What ECM/Community Supports (ILOS) service they map to.
 - Documents the Program Year 6 FFS or PMPM rate that is currently paid for the WPC Pilot service.
 - If necessary, the former WPC Lead Entity may propose a new rate for the service for review and approval by DHCS. This may be necessary if the service was formerly billed as a component of a larger PMPM bundle, or if the service costs were previously

⁴ DHCS will work with former WPC Lead Entities that used incentive payments to cover WPC services to ensure these services can be appropriately invoiced under this initiative. Former WPC Lead Entities can document cases where they received incentive payments to cover costs of WPC services on the registration form for this initiative and may propose new rates for these services for review and approval by DHCS.



State of California—Health and Human Services Agency
Department of Health Care Services

covered using lump sum incentive payments. Former WPC Lead Entities are encouraged to consider the [non-binding ILOS Pricing Guidance](#) in these situations.

- Attests that WPC Service and Transition to Managed Care Mitigation funding will only be used for costs associated with delivery of eligible services, and will not duplicate funding received through any other federal, state, or local program.
- Submit the application to DHCS for review and approval. DHCS will review and approve applications within 30 days of receipt.

Invoicing Methodology

Former WPC Lead Entities will submit mid-year and annual invoices to DHCS to receive reimbursement for spending on approved services for eligible individuals. Invoices will state the number of units of each service provided. Former WPC Lead Entities will submit invoices for services at rates that are documented on DHCS approved registration forms for this initiative. Incentive payments that functioned as reimbursement for service delivery under the WPC Pilot Program may also be invoiced at rates that are approved by DHCS as part of the initial application process for this initiative. Invoices will be accompanied by utilization reports that allow DHCS to validate the number of services captured in mid-year and annual invoices. These utilization reports will include client identification numbers, FFS / PMPM service codes, dates of service, and other information as required by DHCS. Former WPC Lead Entities may use the same utilization report templates that were used during Performance Year 6 of the WPC Pilot Program. Invoices and utilization reports must be submitted in a way that allows DHCS to validate utilization of services and eligibility for services during the relevant period. If DHCS is not able to validate this utilization or eligibility then the invoice will not be paid. Invoices will be paid within 30 days once validated by DHCS. Invoices may be submitted via email to 1115WholePersonCare@dhcs.ca.gov. Utilization reports will be submitted to your designated folder in the “DHCS-MCQMD-WPC” folder on the DHCS eTransfer site (<https://etransfer.dhcs.cac.gov>). DHCS will not acknowledge or accept any email submissions of the utilization report.

Update 6/24/2022- Service Wind Down and Recoupment

DHCS is issuing this update to address questions regarding: 1) the potential recoupment of funds; and, 2) processes for winding down the provision of services in the event that an MCP opts out of one or more Community Support services they had previously committed to cover. MCPs may update their Community Support selections at any time via updates to their Model of Care (MOC). When these updates are made



State of California—Health and Human Services Agency
Department of Health Care Services

MCPs may add or remove Community Support services from their list of covered services.

If an MCP submits an MOC update indicating that they are no longer planning to cover a service that they had previously committed to cover, then this service may no longer be eligible for PATH funding. In this case, DHCS will provide PATH funding for previously eligible services until the last day of the fourth month following the date of approval of the updated MOC. DHCS will alert former WPC Lead Entities when these MOC updates are approved and will include the last date by which they can claim PATH funding for eligible services. In order to receive PATH funding during this period, former WPC Lead Entities must demonstrate their commitment to providing continuity of care for members receiving these services, including, for example, by submitting a transition plan to DHCS for review and approval.

DHCS will not recoup funds that have already been paid to former WPC Lead Entities in the event that an MCP decides not to cover one or more Community Support service that they had previously committed to covering. For example, if an MCP determines not to cover a service that they had previously committed to covering, and the former WPC Lead Entity has already submitted an invoice and received funding for providing this service, then those funds will not be recouped by DHCS. The two scenarios below provide illustrative examples of how this will be operationalized.

Scenario 1: A former WPC Lead Entity is permitted to use PATH funding to cover housing transition services until January 1, 2024 because one MCP operating in that county has committed to covering the service on January 1, 2024. That MCP updates their MOC on February 6, 2023 and indicates that they are no longer planning to cover housing transition services and no other MCPs in that county have committed to covering the service. If that MOC update is approved by DHCS on February 20, 2023, then the former WPC Lead Entity may use PATH funding to cover housing transition services until June 30, 2023. The former WPC Lead Entity may continue to include costs for housing transition services rendered between January 1, 2023 and June 30, 2023 on the following invoice they submit to DHCS in July 2023. The former WPC Lead Entity is not permitted to invoice for any housing transition services rendered after June 30, 2023. DHCS will not seek to recoup any funding that may have been provided for this service in response to previous invoices submitted by the former WPC Lead Entity.

Scenario 2: A former WPC Lead Entity is permitted to use PATH funding to cover housing deposits until January 1, 2024 because one local MCP has committed to covering the service on January 1, 2024. That MCP updates their MOC on September 10, 2022 and indicates that they are no longer planning to cover the housing deposit service on January 1, 2024 and no other plan in that county has committed to cover the



State of California—Health and Human Services Agency
Department of Health Care Services

housing deposit service. If that MOC update is approved by DHCS on September 30, 2023 then the former WPC Lead Entity may use PATH funding to cover housing deposits until January 31, 2023. The former WPC Lead Entity may continue to include costs for housing deposit services rendered between July 1, 2022 to December 31, 2022 on the following invoice they submit to DHCS, in January 2023. The former WPC Lead Entity should include costs for housing deposit services rendered between January 1, 2023 and January 31, 2023 on the following invoice they submit to DHCS in July 2023. The former WPC Lead Entity is not permitted to invoice for any housing deposit services rendered after January 31, 2023. DHCS will not seek to recoup any funding that may have been provided for this service in response to previous invoices submitted by the former WPC Lead Entity.

Scenario 3: A former WPC Lead Entity is permitted to use PATH funding to cover sobering center services until January 1, 2024 because one local MCP has committed to covering the service on January 1, 2024. That MCP indicates in April 2023 via an MOC update that they will begin to cover sobering center services earlier than their originally indicated date, and coverage for sobering center services will begin on July 1, 2023. If that MOC update is approved by DHCS, then the former WPC Lead Entity may use PATH funding to cover sobering center services until June 30, 2023. The former WPC Lead Entity may continue to include costs for services rendered from January 1, 2023 to June 30, 2023 on the July 2023 invoice submitted to DHCS for this initiative. DHCS will not seek to recoup any funding that may have been provided for this service in response to previous invoices submitted by the former WPC Lead Entity.