



April 18, 2016

Whole Person Care Program Team
Department of Health Care Services
1500 Capitol Mall
Sacramento, CA 95814

RE: Comments on the Whole Person Care Application and Application Evaluation Process

Whole Person Care Team:

Together, the California State Association of Counties (CSAC), California Association of Public Hospitals and Health Systems (CAPH), County Health Executives Association of California (CHEAC), Local Health Plans of California (LHPC), County Behavioral Health Directors Association (CBHDA), County Welfare Directors Association of California (CWDA), SEIU California, and Corporation for Supportive Housing (CSH) are pleased to submit comments on the Whole Person Care application and application evaluation process. We appreciate the opportunity to provide input during this critical phase of Whole Person Care development.

Our members comprise the key participating entities that aim to carry out the vision of Whole Person Care (WPC). WPC presents an opportunity to strengthen our partnerships and build cross-county infrastructure that will support ongoing collaboration long after the waiver expires. The application and application evaluation process play an important role in achieving this vision by clearly articulating the expectations of the Department of Health Care Services (the Department) and by offering guidance that will help county teams design high-impact WPC programs. It is with the WPC vision in mind that we offer the following comments and questions.

Overall, the application and application evaluation process offer useful information that goes beyond the STCs to further clarify the requirements of the program. These clarifications are timely as county teams seek guidance on how best to design their WPC pilot programs. The application also provides the flexibility counties need to design WPC programs that are relevant for their local contexts and that meet the unique needs of their target populations.

Building on this strong foundation, we suggest that the application and application evaluation process be strengthened by addressing the following key issues: (1) clarify how pilot goals will be used so that county teams can propose goals that are realistic and relevant; (2) align the description of the budget with language in the STCs regarding pre-set payment amounts and deliverables; (3) describe the anticipated “new pilot requirements;” (4) award full points to county teams that provide a compelling reason for requesting an exemption to include required participating entities; and (5) increase the point values associated with the care coordination and data sharing sections of the application, as these are fundamental strategies to the WPC program. These recommendations and additional suggestions are outlined below in greater detail.

- 1) **Universal Metrics, Page 9, Section 4.1.a, Application:** The Department requires a pilot goal for each metric (e.g., “reduce emergency department visits by X percent per year.”) It is difficult for county teams to articulate a goal for each metric without knowing how the goal will be used. For example, would a pilot with a lower percentage reduction in a particular goal be considered less competitive in the application selection process, even if that pilot selected a particularly challenging target population? Given the nature of WPC as a pilot program, we suggest that goals are best suited to understand the impact of the work. We appreciate the Department clarifying how this information will be used so that pilots can choose goals that are realistic and relevant.
- 2) **Funding Request, Page 12, Section 5.5, Application:** Regarding the WPC budget, the current wording suggests that pilots are required to submit a detailed itemized budget that anticipates the cost of implementing every component of the intervention. This language does not allow county teams the flexibility intended in STC 117.b.xix to have “budgeted pre-set payment amounts” associated with specific deliverables, which may include deliverables for which costs are hard to measure or that are intended as incentive payments. We suggest revising section 5.5 as follows (suggested revisions in italics):

Pilot applications must include discrete details regarding all components of the requested budget. Insert the annual requested budget that identifies payment amounts requested for each individual item (deliverable) for which funding is proposed. Such deliverables may include baseline 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 each of the five pilot years. A specific budget request should be included for all activities, including baseline data collection, infrastructure, interventions, and outcomes.

Budgets should not include costs (e.g., payments) for services reimbursable with Medi-Cal or other federal funding resources. Available funding in PY1 and PY2 may be weighted more heavily toward infrastructure design and baseline data collection, assessment, and development activities. (STC 117.b.xix)

Accordingly, in the Financing section of the Application Evaluation Process (page 4, section 5), the second bullet reads: “Detail of the annual budget amount requested for each individual item for which funding is requested.” We suggest replacing the term “individual item” with “deliverable” to be consistent with the point raised above.

- 3) **Communication Plan, Page 6, Section 2.2, Application:** The Department requests a communication process “including how new pilot requirements issued by DHCS will be communicated...” Can you please clarify what type of new pilot requirements you anticipate during the term of the pilot, beyond those outlined in the STCs, attachments, and application?
- 4) **WPC Lead Entity and Participating Entity Information, Page 2, Section B.1.2, Application Evaluation Process:** The Application Evaluation Process states that pilots may lose points if they request an exemption from the requirement to include specified participating entities (even if that exemption is approved). However, there are cases where pilots cannot reasonably be expected to include all participating entities. For example, not all counties have housing authorities, which are required partners for pilots providing housing services. We request a clause be added stating that pilots will not be penalized for failing to include required participants if there is a compelling reason to request an exemption or if the pilot reflects a different partner or strategy to achieve the objective of the specified participating entity.
- 5) **Services, Interventions, Care Coordination, and Data Sharing, Page 3, Section 3, Application Evaluation Process:** We also recommend giving appropriate credit to pilots that demonstrate a clear plan to improve care coordination and data sharing. Currently, the allotted points for care coordination and data sharing amount to less than 15% of total available points. Given that these are key strategies listed in STC 112, and that they are important enough to be called out separately from other strategies, interventions, and services, weighting these sections more heavily and increasing their point value is appropriate. Further, the Application Evaluation Process is unclear in describing how the “extent of the infrastructure needed to implement interventions” will be evaluated. We are hopeful the WPC program is accessible to counties at all levels of infrastructure development.
- 6) **Examples:** It is extremely helpful when the Department provides specific examples to help pilots understand the type of information they should provide. Adding examples throughout the Application and the Application Evaluation Process would further strengthen the documents, particularly in the *Services and Intervention Description* (page 6) and *Funding and Budget Description* (page 11) sections.

Technical Issues

- 7) **Communication Plan, Page 6, Section 2.2, Application:** We agree that it is important for county teams to describe how they will work together and establish a process for regular communication during the course of the WPC program. The Department requests an explanation of this process and subsequently asks for an “external communication plan.” Can the Department please clarify if the communications process and external plan are distinct items? If so, what is meant by an external communication plan? Is this a plan for communicating with partners, beneficiaries, or both?
- 8) **Performance Measures Description, Page 8, Section 4, Application:** Please add a note that metrics reported in year 1 will be baseline data.
- 9) **Priority Elements That Receive Bonus Points, Page 4, Section C, Application Evaluation Process:** The examples of innovative interventions are very useful for understanding what the Department considers “innovative.” Can you please clarify what is meant by “medical/legal partnerships” and “community paramedics,” as these terms are not commonly known?

In the same section, we suggest the phrase “creative financing/use of Value-Based Purchasing” be revised to read “creative financing/shared savings models” as the WPC program does not include value-based purchasing currently, but does allow counties to use innovative payment models that will better prepare them for value-better purchasing in the future.

- 10) **Financing, Page 4, Section 5, Application Evaluation Process:** The “reasonableness of proposed use of funds” is captured in preceding sections 1 through 4, where Pilots describe the types of activities and services WPC funds will support. We suggest revising the bullet here to state, “the reasonableness of the amount of the funding request in relation to proposed WPC pilot activities.”
- 11) **Inconsistency in Minimum Score References:** It appears that the minimum score an application can receive to participate in the WPC Pilot is inconsistent throughout the document, and should be corrected. On page 1, *Overview*, Part 1, the minimum score is 77.5 points. On page 4, Part C, the minimum score is listed as 82.5. Generally, it would be helpful to understand how the Department arrived at the minimum score at this early stage in the application process. It could be helpful to wait until there is more information about the full range of scores before selecting a minimum, particularly given that this is a pilot program and the first time the scoring system is being used.
- 12) **Anticipated Timeline:** Does the Department have an anticipated timeline for releasing supplemental documents referenced in the Application but not included (e.g., the “implementation plan deliverable” referenced on Page 9, Section 4.1)? What supplemental documents does the Department plan to release (e.g., budget template, sample funding flow diagram)?

We welcome the opportunity to discuss our comments and work collaboratively with the Department to launch a successful WPC Pilot program. If you have any additional questions, please do not hesitate to contact Kelly Brooks-Lindsey at kbl@hbeadvocacy.com or Jackie Bender at jbender@caph.org.

Sincerely,

California State Association of Counties (CSAC)

California Association of Public Hospitals and Health Systems (CAPH)

County Health Executives Association of California (CHEAC)

Local Health Plans of California (LHPC)

County Behavioral Health Directors Association (CBHDA)

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