WHOLE PERSON CARE
OVERVIEW — FOCUS ON THE BUDGET

1) Application – Financing
2) Budget - Deliverables
3) Matching Funds
4) What Triggers Payment
APPLICATION — FINANCING REQUIREMENTS

Section 5 discusses financing requirements

Describe the financing structure

Total requested annual funding amount

Funding diagram

Non-federal share

Reminder: Applications are due July 1, 2016, and DHCS is holding a budget webinar on June 3, from 11am-12pm. Registration is available here:
http://www.dhcs.ca.gov/services/Pages/WholePersonCarePilots.aspx
BUDGET - DELIVERABLES
STC 117(b)(xix)

WPC Pilot applications must include “A total requested annual dollar amount, which shall specify budgeted pre-set payment amounts for each element for which funding is proposed including: infrastructure, baseline data collection, interventions, and outcomes, such that a specific dollar amount is linked in each year to specific deliverables, e.g., performance of specific activities, interventions, supports and services, and/or outcomes.”

STC 126(f)

“Payment for WPC Pilots are based on the approved WPC amounts and will be contingent upon specific deliverables, e.g. encounters or persons served, the performance of specific activities, interventions, supports and services, or achievement of Pilot outcomes, as described in the approved WPC application.”
WPC budget is part of the application that identifies the payments that are tied to each deliverable.

Pilot in County Y was approved for $10 million dollars annually, and agreed to meet deliverables such as:

- Establishing a database to ID their WPC target population ($1 mill.)
- Providing tenancy supports to 1,000 WPC enrollees ($1 mill.)
- Reporting on their WPC pilot metrics on time with complete data ($1 mill.)

(Dollar amounts and deliverables are illustrative)
DHCS is working on a budget document that provides examples of budget justifications for various budget categories that would be tied to deliverables, such as:

- Administrative Infrastructure
- Delivery Infrastructure
- Incentive Payments
- Services (FFS, bundles, or both)
- Pay for Metric Reporting and Outcomes

Question: Are there other deliverables you are thinking about that do not fit clearly into any of these categories?
HOW TO BUILD YOUR BUDGET

Use DHCS Budget document as a guide

Identify your deliverables

Build high-level estimates of payment amount for each deliverable

Remember this is not a cost-based program

But your request will need supporting justification, including estimated costs in appropriate areas

Must exclude anything that is already reimbursed by Medicaid/federal funding, or is a county responsibility like traditional jail health services
HOW TO BUILD YOUR BUDGET

EXAMPLES OF APPROACHES

Bottom Up: Estimate the size of your target population and volume of services, and build estimates based on unit cost/value

Top Down: Estimate the share of overall expenditures related to each deliverable you can attribute to the target population

Value Based: Look at benchmarks or other measures of reasonableness to estimate appropriate incentive payments (what do plans pay for P4P, for example).

Question: What other approaches are you considering?
MATCHING FUNDS
MATCHING FUNDS

WPC Pilot payments are funded through IGTs
Not based on expenditures incurred by participating entities (CPEs), but on pre-set budgets available for achievement of deliverables

Lead entity must identify all entities providing the IGTs
Standard Medicaid requirements apply
Must be public entity (county, hospital district, etc.)
Arrangements must comply with federal requirements restricting non-bona fide provider-related donations

(See https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/SMD-14-004.pdf)
MATCHING FUNDS

WHAT CAN BE USED AS MATCH

See STC 126a:

Not allowed:

Recycled Medicaid payments, federal money excluded from use as state match, impermissible taxes, non-bona fide provider-related donations, federal funds received from federal programs other than Medicaid (unless expressly authorized by federal statute to be used for claiming purposes, and the federal Medicaid funding is credited to the other federal funding source).

Allowed:

Realignment funds, local taxes, tobacco settlement funds, PRIME payments, patient care revenue received as payment for services rendered under programs such as the Designated State Health Programs, Medicare, or Medicaid.

Additional rules apply so you should be careful to consult with legal counsel to ensure you are complying with federal laws.
MATCHING FUNDS — COSTS VS. CASH

Need local authorization to make the program expenditures

Cash flow to make the IGT

Example: $10 million dollar program

$8 million in new spending
$2 million of existing county-only spending
Expect $5 million in federal revenues

If you demonstrate you met your deliverables, then you provide IGT for $5 million, and state will return $10 million back to you, $5 million of which is new FFP. This requires cash flow.

Per attachment GG, you will have to report “total amount of overall funds spent” on the pilot.
Do you have questions about any of the entities you are considering?

Is any pilot considering having more than one transferring entity to DHCS?
- e.g. a district hospital and the county mental health department
WHAT TRIGGERS PAYMENT
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Year 1

application (75% of awarded amount)
submission of baseline data through annual report (25% of awarded amount)

Years 2-5

mid-year report
annual report
WHAT TRIGGERS PAYMENT

Year 1

November 3, 2016 - approval of application
(Est.) Early March - Annual report (60 days)
(Est.) Early May - DHCS decision on completeness (60 days)
(Est.) Early June – IGT request from DHCS (30 days)
(Est.) June – County provides IGT to state (7 days)
(Est.) Late June – DHCS returns gross payment to county (14 days)
# WHAT TRIGGERS PAYMENT

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<th>Annual Report</th>
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<td>Early March</td>
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ADDITIONAL QUESTIONS?
To help us plan future offerings, please let us know what types of technical assistance would be useful to you by clicking on this link: https://www.surveymonkey.com/r/RL9RLFY
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