California's Whole Person Care Medicaid 1115 Waiver Demonstration

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Key Points:

Policy makers identified challenges to Whole Person Care implementation and implemented strategies to address these challenges. One challenge was access to other services, given high patient complexity, which affected 10 of their pilot projects (40%). The solution was "investment in services that address gaps in care, such as **medical respite** [also called recuperative care in CA]."

Several pilots described efforts to provide services that would help address identified gaps, such as **medical respite**—which was identified by several pilots as an important "step-down" solution for homeless patients who were no longer ill enough to remain in the hospital or a skilled nursing facility but still too ill to be placed in a shelter (for example, they still required support from medical equipment).

All pilots were required to provide care coordination services under WPC. However, pilots also offered a broad array of other health and human services (for example, housing support, benefits assistance, and **medical respite**) selected to reflect local needs.

The pilots that provided **medical respite** and sobering center stays described them as addressing important gaps in existing systems of care. By December 2018 approximately 24 percent of WPC enrollees with serious mental illness or substance use disorder had received services that included sobering center stays, and 5 percent of homeless enrollees had received medical respite. The length of **medical respite** varied across pilots, with one pilot providing one to three days and several others permitting up to three months.

Abstract:

Policy makers are increasingly investing in programs focused on identifying and addressing the nonmedical needs of high-utilizing Medicaid beneficiaries, yet little is known about these programs' implementation. This study provides an overview of early progress in and strategies used to implement California's Whole Person Care (WPC) Pilot Program, a $3 billion Medicaid Section 1115(a) waiver demonstration project focused on improving the integrated delivery of health, behavioral health, and social services for Medicaid beneficiaries who use acute and costly services in multiple service sectors. WPC pilots reported significant progress in developing partnerships, data-sharing infrastructure, and services needed to coordinate care

for identified patient populations. We also identified major barriers to WPC implementation, such as difficulty identifying and engaging eligible beneficiaries and the lack of affordable housing. Our findings offer insights to leaders and policy makers interested in testing new approaches for improving the health and well-being of medically and socially complex patients.

High-risk, high-utilizing patient populations often have complex medical, behavioral health, and social needs that necessitate an integrated approach to care. Across the US, health care policy makers and payers are increasingly investing in programs that aim to reduce costly use of acute care and improve health outcomes by more effectively identifying and addressing patients' nonmedical needs. Medicaid managed care programs in thirty states encourage screening and referral for social needs, and a growing number are piloting care management interventions with medical, behavioral, and social components. In many states policy makers are also using waivers, state plan amendments, and other creative strategies to fund social supports not typically covered under Medicaid.

WPC was designed to integrate all care of high-utilizing Medicaid beneficiaries. Pilots consisted of partnerships of county health agencies, Medicaid managed care plans, community-based providers, and other public agencies, with each partnership having a lead entity that was responsible for program implementation and reporting. Pilots were also required to select one or more target populations identified by the state, which included people who were high users of health care, **experiencing homelessness, or at risk of homelessness**; those with severe mental illness, substance use disorder, or both; those recently released from jail or prison; and those with multiple chronic conditions.