**Goals & Strategies**

• Increase integration among county agencies, health plans, providers, and other entities within the participating county or counties that serve high-risk, high-utilizing beneficiaries and develop an infrastructure that will ensure local collaboration among the entities participating in the WPC pilots over the long term.

• Increase coordination and appropriate access to care for the most vulnerable Medi-Cal beneficiaries.

• Reduce inappropriate emergency department and inpatient utilization.

• Improve data collection and sharing among local entities.

• Achieve targeted quality and administrative improvement benchmarks.

• Increase access to housing and supportive services.

• Improve health outcomes for the WPC population

**Target Populations**

• WPC pilots identify high-risk, high-utilizing Medi-Cal beneficiaries in their geographic area. – Work with participating entities to determine the best target population(s) and areas of need.

• Target population(s) may include, but are not limited to:

1. individuals:

– with repeated incidents of avoidable emergency use, hospital admissions, 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

– who are at risk of homelessness, including individuals who will experience homelessness upon release from institutions (e.g., hospital, skilled nursing facility, rehabilitation facility, jail/prison, etc.).

**Activities/Services**

• Generally, WPC pilot payments may support activities that:

1) Build infrastructure to integrate services among local entities that serve the target population.

2) Provide services not otherwise covered or directly reimbursed by Medi-Cal to improve care for the target population, such as housing components.

3) Implement strategies to improve integration, reduce unnecessary utilization of health care services, and improve

health outcomes.