State of California - Health and Human Services Agency **Department of Health Care Services**

Whole Person Care

Lead Entity Mid-Year or Annual Narrative Report

Reporting Checklist

Los Angeles County
Annual PY3
May 10, 2019

The following items are the required components of the Mid-Year and Annual Reports:

Component	Attachments
1. Narrative Report **Submit to:** Whole Person Care Mailbox	☐ Completed Narrative report ☐ List of participant entity and/or stakeholder meetings *(if not written in section VIII of the narrative report template)*
2. Invoice **Submit to:** Whole Person Care Mailbox	☐ Customized invoice
3. Variant and Universal Metrics Report **Submit to:** SFTP Portal	☐ Completed Variant and Universal metrics report
4. Administrative Metrics Reporting (This section is for those administrative metrics not reported in #3 above - the Variant and Universal Metrics Report.) **Note: If a Policy and Procedures document has been previously submitted and accepted, you do not need to resubmit unless it has been modified.** **Submit to:** Whole Person Care Mailbox	☐ Care coordination, case management, and referral policies and procedures, which may include *protocols and workflows.)* ☐ Data and information sharing policies and procedures, which may include *MOUs, data sharing agreements, data workflows, and patient consent forms.* One administrative metric in addition to the Universal care coordination and data sharing metrics. Describe the metric including the purpose, methodology and results.
5. PDSA Report **Submit to:** Whole Person Care Mailbox	☐ Completed WPC PDSA report ☐ Completed PDSA Summary Report
6. Certification of Lead Entity Deliverables **Submit with associated documents to:** Whole Person Care Mailbox and SFTP Portal	☐ Certification form

NOTE: The WPC Quarterly Enrollment and Utilization Report is submitted on a quarterly basis to the DHCS SFTP site.

I. REPORTING INSTRUCTIONS

Pursuant to the Whole Person Care Agreement and the Special Terms and Conditions of California's Medi-Cal 2020 §1115 Medicaid Demonstration waiver, each WPC Program Lead Entity ("Lead Entity") shall submit Mid-Year and Annual reports for the duration of the WPC Program. The WPC Reporting and Evaluation guidelines, Attachment GG, provide the requirements for the Mid-year and Annual report.

The Mid-Year Report narrative contains data January-June 30, and is due August 31 for Program Years (PYs) 3-5.

The Annual Report narrative contains data from January 1 through December 31, and is due April 2 each program year. The Annual Report is not meant to be duplicative of narratives provided in the Mid-Year Report, but aims to capture a complete picture of accomplishments and challenges during the Program year.

The Lead Entity is required to submit these reports to the Whole Person Care inbox at: 1115wholepersoncare@dhcs.ca.gov.

II. PROGRAM STATUS OVERVIEW

Please provide a brief overview of your program's successes and challenges and any lessons learned during the reporting period. Structure your responses in alignment with the WPC program's goals using the following as headers (from STC 112): *increasing integration among county agencies, health plans, providers, and other entities; increasing coordination and appropriate access to care; reducing inappropriate emergency and inpatient utilization; improving data collecting and sharing; achieving quality and administrative improvement benchmarks; increasing access to housing and supportive services; and improving health outcomes for the WPC population.*

Increasing integration among county agencies, health plans, providers and other entities

Los Angeles County continues to build upon the PY2 implementation year to increase collaboration among all health care stakeholders in our large region. In PY3, WPC-LA brought on a Director of Delivery System Integration (DSI) and a small team focused exclusively on the integration and coordination of Whole Person Care-Los Angeles (WPC-LA) with existing health care delivery structures. By strengthening engagement and collaboration with health care delivery stakeholders, the DSI team establishes working relationships to foster continuous collaboration, feedback and support in efforts to achieve WPC-LA program goals and program sustainability beyond pilot years. DSI provides critical support to countywide implementation of WPC programs across all 8 Service Planning Areas (SPAs) with a primary focus on stakeholder engagement and collaboration. DSI also partners with WPC-LA program implementation teams to support partnership development and integration with health care delivery entities, improvement of program models and implementation of programs.

Over the summer, WPC-LA convened a day-long strategy retreat centered around goalsetting for program year (PY) four and preliminary discussion around sustainability with program teams. Roughly 135 individuals from the Department of Health Services (DHS), DMH, and DPH attended the event. We celebrated successes over the past year, discussed challenges and opportunities that lie ahead over the remaining two and a half years of the pilot, and began to set goals to achieve the potential of WPC-LA in the remaining years.

The new State Health Home program, operated by the local health plans, will be implemented starting in July 2019. We are working closely with the health plans to ensure we efficiently administer both programs to the maximal benefit of LA County residents.

Increasing coordination and appropriate access to care/ Increasing access to housing and supportive services

Since June of 2018, the DSI team has continued to actively outreach to providers across LA County. Our primary goal with hospitals is to target hospitals serving Medi-Cal beneficiaries to disseminate knowledge and learning of WPC-LA programs and resources, encourage appropriate referrals and utilization of services, and obtain feedback on program performance and opportunities for improvement. Outreach and engagement is supported by the Hospitals Association of Southern California (HASC).

Since June 2018, the DSI team has individually met with 14 high-volume hospitals to provide an in-service on WPC-LA. WPC-LA program leadership and HASC have also conducted larger format webinars for hospitals to join and learn about WPC-LA programs.

Reducing inappropriate emergency and inpatient utilization/improving health outcomes for the WPC population

Engagement of primary care clinics is key to providing a successful transition of WPC-LA participants to their primary care provider. The DSI team has been working to identify and engage County and community-based primary care clinics across LA County that provide key services for the WPC-LA target population, including enhanced behavioral health and social supports. The DSI team has engaged approximately 20 clinics since June of 2018 to partner with WPC-LA. Outreach and engagement is supported by the Community Clinic Association of Los Angeles County (CCALAC). Presentations have also been conducted at CCALAC roundtables on healthcare and housing and at numerous County clinics.

The DSI team is also partnering with L.A. Care and Health Net to provide awareness and education of WPC-LA to their contracted providers.

Improving data collecting and sharing/achieving quality and administrative improvement benchmarks

We have continued to grow our partnership with other agencies to get full utilization data on our WPC participants, from partners such as the Department of Mental Health and the Department of Public Health. This will be key in our evaluation efforts to demonstrate the effectiveness of the program.

III. ENROLLMENT AND UTILIZATION DATA

For the Mid-Year report, provide data for January-June 30 of the Program Year and for the Annual Report, provide data for January-December 31 of the Program Year.

The tables below should reflect enrollment and utilization numbers, consistent with your invoice and quarterly enrollment and utilization reports.

For revisions of enrollment and utilization data submitted during the Mid-Year Report (Months 1-6), changes should be made in bold. Additionally, note explicitly in the additional box at the end of this section if no changes were made to the Mid-Year reported data.

Item	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Unduplicated Total
Unduplicated Enrollees	1916	1259	1477	1335	1326	1421	8734

Item	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Annual Unduplicated Total
Unduplicated Enrollees	1434	1497	1180	1218	1235	1091	16389

For **Fee for Service (FFS),** please report your total costs and utilization for each service. These reports should tie to your budget, invoice and utilization report. Add rows as needed.

Costs and Aggregate Utilization for Quarters 1 and 2							
FFS	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Total
Service 1	291	259	297	432	551	473	2,303
Utilization 1	$171,832	$194,104	$255,350	$202,776	$209,844	$255,823	$1,289,728

Costs and Aggregate Utilization for Quarters 3 and 4							
FFS	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Annual Total
Service 1	543	762	819	769	778	651	6,625
Utilization 1	$242,386	$321,841	$244,901	$251,713	$237,270	$237,522	$2,825,362

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For ***Per Member Per Month (PMPM),*** please report your rate, amount claimed and member months by PMPM type. These reports should tie to your budget, invoice and utilization reports. For "Bundle #" below, use the category number as reported in your submitted Quarterly Enrollment and Utilization Report. Add rows as needed

Amount Claimed								
PMPM	Rate	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Total
PMPM 1 (BA)	Member months	734	421	678	524	403	417	3,177
	$786.94	$ 577,611.39	$ 331,300.27	$ 533,542.95	$ 412,354.73	$ 317,135.41	$ 328,152.52	$ 2,500,097.26
PMPM 2 (HCSS)	Member months	5,378	5,688	5,876	6,080	6,353	6,662	36,037
	$434.74	$2,338,035.62	$2,472,805.25	$2,554,536.50	$2,643,223.61	$2,761,907.83	$2,896,242.72	$ 15,666,751.54
PMPM 3 (TSS)	Member months	5,378	5,688	5,876	6,080	6,353	6,662	36,037
	$142.35	$ 765,552.37	$ 809,680.53	$ 836,442.12	$ 865,481.30	$ 904,342.55	$ 948,328.36	$ 5,129,827.23
PMPM 4 (Med RC)	Member months	174	167	181	176	172	184	1,054
	$5,972.68	$1,039,246.85	$ 997,438.07	$1,081,055.64	$1,051,192.22	$1,027,301.49	$1,098,973.68	$ 6,295,207.95
PMPM 5 (Psych RC)	Member months	107	99	121	136	131	144	738
	$9,318.45	$ 997,073.78	$ 922,526.21	$1,127,532.03	$1,267,308.73	$1,220,716.50	$1,341,856.30	$ 6,877,013.56
PMPM 6 (Post-jail)	Member months	346	382	459	503	500	530	2,720
	$421.67	$ 145,899.19	$ 161,079.45	$ 193,548.35	$ 212,102.00	$ 210,836.98	$ 223,487.20	$ 1,146,953.16
PMPM 7 (Post-comm)	Member months	82	76	78	88	137	260	721
	$836.28	$ 68,575.15	$ 63,557.46	$ 65,230.02	$ 73,592.85	$ 114,570.68	$ 217,433.41	$ 602,959.58
PMPM 8 (Post-extend)	Member months	131	124	91	103	80	95	624
	$421.67	$ 55,238.77	$ 52,287.08	$ 38,371.97	$ 43,432.01	$ 33,733.60	$ 40,058.65	$ 263,122.09
PMPM 9 (Juvenile)	Member months							
	$828.26							
PMPM 10 (Pre-release)	Member months	168	164	260	214	224	248	1,278
	$1,594.32	$ 267,845.43	$ 261,468.16	$ 414,522.69	$ 341,184.06	$ 357,127.24	$ 395,390.87	$ 2,037,538
PMPM 11 (ISR)	Member months	354	368	348	358	398	405	2,231
	$1,114.12	$ 394,397.41	$ 409,995.04	$ 387,712.70	$ 398,853.87	$ 443,418.55	$ 451,217.37	$ 2,485,595
PMPM 12 (RBC)	Member months	452	482	550	571	573	584	3,212
	$2,076.70	$ 938,668	$1,000,969	$1,142,184	$1,185,795	$1,189,949	$1,212,792	$ 6,670,358

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Amount Claimed								
PMPM	Rate	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Total
PMPM 13 (RBC ECC)	Member months	137	110	122	117	137	127	750
	$3,124.02	$ 427,991.04	$ 343,642.44	$ 381,130.71	$ 365,510.60	$ 427,991.04	$ 396,750.82	$ 2,343,016.67
PMPM 14 (SUD)	Member months	173	170	152	157	106	100	858
	$589.15	$ 101,922.61	$ 100,155.16	$ 89,550.50	$ 92,496.24	$ 62,449.69	$ 58,914.80	$ 505,489.00
PMPM 15 (TOC)	Member months	115	126	110	97	101	86	635
	$486.48	$ 55,944.91	$ 61,296.16	$ 53,512.52	$ 47,188.31	$ 49,134.22	$ 41,837.06	$ 308,913.19
PMPM 16 (KTP)	Member months	66	82	116	139	177	214	794
	$1,240.20	$ 81,853.20	$ 101,696.40	$ 143,863.20	$ 172,387.80	$ 219,515.40	$ 265,402.80	$ 984,718.80
PMPM 17 (MAMA)	Member months	153	175	193	221	237	252	1,231
	$777.08	$ 118,893.32	$ 135,989.09	$ 149,976.54	$ 171,734.80	$ 184,168.09	$ 195,824.29	$ 956,586.14

Amount Counts								
PMPM	Rate	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Total
PMPM 1 (BA)	Member months	454	491	342	348	416	313	5,541
	$786.94	$ 357,269.17	$ 386,385.82	$ 269,132.28	$ 273,853.90	$ 327,365.58	$ 246,311.12	$ 4,360,415.15
PMPM 2 (HCSS)	Member months	6,953	7,299	7,552	7,718	7,911	8,032	81,502
	$434.74	$3,022,752.27	$3,173,172.56	$3,283,161.96	$3,355,328.92	$3,439,233.88	$3,491,837.51	$ 35,432,238.63
PMPM 3 (TSS)	Member months	6,953	7,299	7,552	7,718	7,911	8,032	81,502
	$142.35	$ 989,751.89	$1,039,004.61	$1,075,018.88	$1,098,648.79	$1,126,122.13	$1,143,346.35	$ 11,601,719.87
PMPM 4 (Med RC)	Member months	180	174	179	179	172	165	2,103
	$5,972.68	$1,075,082.95	$1,039,246.85	$1,069,110.27	$1,069,110.27	$1,027,301.49	$ 985,492.71	$ 12,560,552.49
PMPM 5 (Psych RC)	Member months	139	137	119	119	139	140	1,531
	$9,318.45	$1,295,264.07	$1,276,627.18	$1,108,895.14	$1,108,895.14	$1,295,264.07	$1,304,582.52	$ 14,266,541.68
PMPM 6 (Post-jail)	Member months	553	505	468	552	513	506	5,817
	$421.67	$ 233,185.70	$ 212,945.35	$ 197,343.41	$ 232,764.02	$ 216,318.74	$ 213,367.02	$ 2,452,877.40
PMPM 7 (Post-comm)	Member months	351	352	268	269	242	221	2,424
	$836.28	$ 293,535.11	$ 294,371.39	$ 224,123.67	$ 224,959.96	$ 202,380.33	$ 184,818.40	$ 2,027,148.44
PMPM 8 (Post-extend)	Member months	133	162	263	309	319	352	2,162
	$421.67	$ 56,082.11	$ 68,310.54	$ 110,899.22	$ 130,296.04	$ 134,512.74	$ 148,427.85	$ 911,650.58

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Amount Counts								
PMPM	Rate	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Total
PMPM 9 (Juvenile)	Member months							
	$828.26							
PMPM 10 (Pre-release)	Member months	252	248	218	287	287	342	2,912
	$1,594.32	$ 401,768.14	$ 395,390.87	$ 347,561.33	$ 457,569.27	$ 457,569.27	$ 545,256.76	$ 4,642,654.09
PMPM 11 (ISR)	Member months	465	468	446	380	358	362	4,710
	$1,114.12	$ 518,064.39	$ 521,406.74	$ 496,896.17	$ 423,364.45	$ 398,853.87	$ 403,310.34	$ 5,247,490.90
PMPM 12 (RBC)	Member months	576	587	549	608	653	593	6,778
	$2,076.70	$1,196,178.88	$1,219,022.57	$1,140,108.00	$1,262,633.26	$1,356,084.74	$1,231,482.77	$ 14,075,868.83
PMPM 13 (RBC ECC)	Member months	107	116	91	105	115	84	1,368
	$3,124.02	$ 334,270.38	$ 362,386.58	$ 284,286.02	$ 328,022.33	$ 359,262.56	$ 262,417.87	$ 4,273,662.40
PMPM 14 (SUD)	Member months	111	137	127	133	100	73	1,539
	$589.15	$ 65,395.43	$ 80,713.28	$ 74,821.80	$ 78,356.69	$ 58,914.80	$ 43,007.81	$ 906,698.80
PMPM 15 (TOC)	Member months	97	105	79	92	86	75	1,169
	$486.48	$ 47,188.31	$ 51,080.13	$ 38,431.72	$ 44,755.93	$ 41,837.06	$ 36,485.81	$ 568,692.16
PMPM 16 (KTP)	Member months	249	328	357	399	398	376	2,901
	$1,240.20	$ 308,809.80	$ 406,785.60	$ 442,751.40	$ 494,839.80	$ 493,599.60	$ 466,315.20	$ 3,597,820.20
PMPM 17 (MAMA)	Member months	283	311	348	394	411	453	3,431
	$777.08	$ 219,913.79	$ 241,672.05	$ 270,424.03	$ 306,169.73	$ 319,380.10	$ 352,017.48	$ 2,666,163.31

Please provide additional detail, if any, about your enrollment and utilization for this reporting period. (Optional)

The first table reflects unduplicated NEW enrollees who are enrolled into WPC each month. The table includes FFS clients.

The costs under the FFS table reflect allocated actual costs for WPC enrollees.

All numbers have changed since the mid-year report.

IV. NARRATIVE – Administrative Infrastructure

Please describe the administrative infrastructure that has been developed specifically for the WPC program and how it relates to achievement of program goals. Reimbursement will be based on actual costs expended and employees hired/employed for the WPC pilot, and only up to the limit of the funding request in the approved budget.

Please note the narrative submitted during the Mid-Year report will be considered part of the Annual report and will not need to be resubmitted. Include updates, notable trends, and highlights of achievements/progress as well as any changes since the report.

As of the end of 2018, Los Angeles County covered the following staff to support WPC-LA operations.

- 8.0 FTE of program governance and leadership
- 9.2 FTE for IT staffing and governance
- 51.7 FTE for program development, support, and evaluation
- 0.9 FTE for outreach and engagement

Challenges around staffing continue to be related to the onerous process of hiring and bringing on new team members within a county context.

The capacity of the WPC-LA Capacity Building (CB) Team has significantly increased. The CB team now includes 7 members. The team has been preparing an initial training curriculum for community health workers that includes both trainings being developed internally and trainings that will be provided by contracted training agencies and individuals. The initial training curricula includes approximately 25 training sessions that will be facilitated to different WPC-LA teams over the course of several months.

Training topics include:

- motivational interviewing;
- case management and case notes;
- Medi-Cal 101;
- safety skills and teaching skills;
- substance use disorders (SUD) 101;
- housing and health;
- working with people with disabilities;
- working with people who identify as LGBTQ2I+;
- disease processes;
- self-care and trauma informed care;
- mental health first aid; and
- working in multidisciplinary teams, among others

V. NARRATIVE – Delivery Infrastructure

Please describe the delivery infrastructure that has been developed as a result of these funds and how it relates to achievement of pilot goals. Reimbursement will be based on actual pilot expenditure for the final deliverable or outcomes, up to the limit projected or estimated costs in the approved budget.

Please note the narrative submitted during the Mid-Year Report will be considered part of the Annual Report and will not need to be resubmitted. Include updates, notable trends, and highlights of achievements/progress as well as any changes since the prior report.

Currently, CHAMP has 2,500 users and is continually growing. One of the large enhancements in process is an upgrade that will fully enable consent-driven data sharing with special attention to data like substance use and mental health data that are subject to specific state and federal data sharing laws. The conceptual framework behind the data sharing upgrade, along with the fact that we obtain a universal consent (across all programs) on all enrolled participants, may help set the stage for data sharing through a data integration hub.

Throughout the year, the collaboration team worked to add to the resources available on One Degree, the open source resource platform available for LA County.

WPC added 100 medical recuperative care beds and 184 psychiatric recuperative care beds over the course of PY3.

VI. NARRATIVE – Incentive Payments

Please provide a detailed explanation of incentive payments earned during the Reporting Period. Elaborate on what milestones were achieved to allow the payment, the amount of each payment, and to whom the payment was made. The lead entity will only be permitted to invoice for actual incentive payments made.

Please note the narrative submitted during the Mid-Year Report will be considered part of the Annual Report and will not need to be resubmitted. Include updates, notable trends, and highlights of achievements/progress as well as any changes since the prior report.

Please refer to the invoice for a detailed accounting of each WPC-LA incentive payment we are claiming at this mid-year report and dollar amounts.

For the year, WPC-LA is claiming payment for 26 incentives totaling $34,545,000. WPC is the achieving entity and will receive the payments for these incentives.

Some highlights of our incentive achievement this year include:

1. Implemented a naloxone training and distribution infrastructure for high risk populations
2. Added medical and psychiatric recuperative care beds
3. Created a unique identifier for multiple systems through a master data management project
4. Expanded jail release desk hours
5. Provided training on medications for addiction treatment to a cohort of providers
6. Developed an EMR report for SUD program outreach
7. Trained community health workers

WPC-LA also paid out downstream incentives to our Community Placement program providers to provide enhanced care management services for our board and cares population. The total amount of downstream incentives for PY3 was $12,267,179.

VII. NARRATIVE – Pay for Outcome

Referencing the Whole Person Care Universal and Variant Metrics Technical Specifications, please provide a detailed explanation of the status of your program's performance on the pay-for-outcome metric(s). For the Mid-year report, only report those measures that are reported semi-annually; for the Annual report, please report all. Provide details that demonstrate what was achieved for each outcome, any challenges, and any lessons learned. Reimbursement will occur for achieved outcomes based on proposed annual target and methodology.

Pay-for-reporting
WPC-LA is reporting on all universal and variant metrics required at this annual period. Please reference the separate Universal and Variant Metrics report for reported data.

Pay-for-outcome
Please refer to the WPC-LA invoice for a full detail of the pay-for-outcome measures, targets and achievement levels for PY3.

Some highlights of our achievements this year include:

1. 57% of recuperative care clients are linked to permanent housing at discharge
2. 57% of benefits advocacy clients who submit an application receive an approval
3. 46% of benefits advocacy clients receive a referral and evaluation from the Department of Mental Health
4. 98% of permanent housing clients are permanently housed for more than 6 months
5. 47% of permanent housing clients are on a HUD voucher
6. 90% of justice-involved individuals needing medications receive them in their first month of release
7. 60 juvenile justice clients received a jobs program
8. Provided over 12,000 mental evaluation team encounters
9. 55% of Transitions of Care clients are scheduled in primary care in 1 month of discharge
10. 100% of perinatal clients complete a care plan within 1 month of referral
11. 38% of Transitions of Care clients who attended their PCP visits were accompanied by a CHW
12. The call center operated 365 days of the year
13. 335 WPC-LA clients were served through the medical legal partnership program

VIII. STAKEHOLDER ENGAGEMENT

Stakeholder Engagement - In the text below or as an attachment to this report, please provide a complete list of all program policy meetings you have held with participating entity/ies and/or stakeholders during the reporting period, and a brief summary, with topics and decisions, of the proceedings. The list of meetings will not count against your word limit. Please Note: Do not include meetings held as part of providing WPC services (e.g. care planning, MDT meetings). Meeting information provided in the Mid-Year Report does not need to be resubmitted.

Please see the attachment titled “Stakeholder Engagement List PY3 annual” for a complete list of our stakeholder engagement activities since the mid-year point.

IX. PROGRAM ACTIVITIES

a.) Briefly describe 1-2 successes you have had with care coordination.

(1) The Medi-Cal Workgroup had a very productive year, meeting every month to discuss and execute strategies for increasing the rate of Medi-Cal coverage among the WPC population. A wide variety of stakeholders assisted the group, such as CHWs and the Performance Improvement Team, who provided key perspectives on barriers to accessing Medi-Cal coverage. Some major accomplishments to date:

- Developed a Medi-Cal manual for frontline use in eligibility and application processes.
- Worked with the Department of Social Services to agree on an accommodation workflow for WPC clients who visit DPSS offices to apply for Medi-Cal.
- Conducted several performance improvement projects focused on increasing Medi-Cal coverage in the homeless and reentry populations.

(2) The program teams have adopted a revised and improved comprehensive assessment survey for use with clients to understand their social and medical needs to develop a care plan. The revised survey is much shorter than a previous version but with more relevant clinical questions based on feedback from multiple stakeholder groups. The survey is currently done on paper based on feedback from the frontline staff about building rapport with clients and how a computer-based assessment was not finding traction.

b.) Briefly describe 1-2 challenges you have faced with care coordination, and lessons learned from those challenges.

(1) We continue to face challenges with lost to follow-up of pre-release clients once they are released. To address this, the performance improvement team convened a lost to follow-up workgroup tasked with fixing the root causes of this issue. Improvements underway include:

- Improving communication between CHWs and MCWs
- Improving release date prediction
- Contact info documentation in CHAMP
- Release planning documentation in CHAMP

c.) Briefly describe 1-2 successes you have had with data and information sharing.

(1) WPC-LA teams worked over the summer and early fall to develop their goals and define a set of metrics that became part of a strategy dashboard for WPC-LA. The dashboard consists of measures or strategic targets for each WPC-LA team in the coming year. The teams shared the goals at a strategic planning meeting in early December with all staff. The dashboards are being used on a monthly basis with updated data to measure progress towards WPC strategic goals.

(2) WPC-LA signed an MOU with the LA County Department of Social Services that allows for a process of Medi-Cal application from jail, activation of Medi-Cal upon release, and sharing of key information for WPC participants to facilitate access to care between DHS, LASD, and DPSS.

d.) Briefly describe 1-2 challenges you have faced with data sharing, and lessons learned from those challenges.

(1) We have accelerated our timelines for data sharing with health plans (WPC enrollment data and health plan claims data on WPC enrollees) to a significantly faster pace that prior years. However, we have begun to plan out the implementation of Health Homes and are finding it challenging to build out timely workflows to exchange data around Health Homes/WPC overlap to avoid duplication of services (and therefore, WPC cannot bill). We believe these workflows are possible but data lags are a consistent challenge in ensuring timely exchange of information.

e.) Briefly describe 1-2 successes you have had with data collection and/or reporting.

(1) In PY3, the performance improvement team rolled out a series of social work management dashboards for the social work supervisors over TOC, SUD and reentry. The dashboards present each CHW's current roster of enrolled clients and information such as: days enrolled, enrollment date, discharge date, PCP linkage date, medication date, SUD linkage date, care plan completed, comprehensive assessment completed, last case note.
(2) The information provided has been useful in managing the work of CHWs on a day to day basis and ensuring that clients are given the appropriate level of care. The dashboards are released every Monday.

f.) Briefly describe 1-2 challenges you have faced with data collection and/or reporting.

(1) We continue to face challenges meeting DHCS quarterly deadlines for reporting enrollment data (although DHCS has been extremely flexible in understanding our circumstances). The timelines for preparing our quarterly enrollment data have not improved much in the two years that we have been reporting. The delays are primarily due to:

a. Needing to confirm Medi-Cal coverage with a third-party vendor
b. Gathering program data from 17 different programs

(2) Many of our participants (and prospective participants) are unable to provide accurate personal identifiers. As we do not have access to Medi-Cal data at the point of care, we use a retrospective process with a third-party vendor to identify Medi-Cal beneficiaries. This remains a major challenge to our ability to claim fully for services we provide through WPC-LA. Access to Medi-Cal data at the point of care would increase our claiming by up to 20%. WPC-LA serves the local patient population, including individuals who are not, or who may not be, eligible for Medi-Cal. The numbers reflected in WPC-LA invoices for services provided under FFS and PMPM bundles are based only on the County's determination that the client's Medi-Cal eligibility has been confirmed and verified.

The reasons we cannot always verify Medi-Cal coverage are as follows. We do not have a way to confirm their Medi-Cal coverage at the point of enrollment and are unable to confirm their Medi-Cal coverage and obtain a CIN for these clients through our matching process with the MEDS system (done through a third party vendor) due to:

1. Inaccurate demographic information
2. Missing social security numbers
3. Clients who change names or have aliases
4. Clients with multiple CINs, unclear which CIN to use
5. Suspect that a small percentage of enrollees do not qualify for full-scope Medi-Cal but were unable to determine at time of screening. It is WPC policy to serve clients when unsure of coverage (though not bill if we cannot confirm coverage)

We continue to improve our processes to obtain more accurate participant identifiers and work to obtain real-time Medi-Cal enrollment information in order to claim a greater number individuals we serve, and continue.

g.) Looking ahead, what do you foresee as the biggest barriers to success for the WPC Program overall?
Concurrent implementation of Health Homes and ongoing challenges to integrating the work of WPC into the healthcare delivery system. We are working with the health plans to reduce duplication of effort between WPC and Health Homes; however, significant anticipated overlap in populations between the two programs and challenges in exchanging enrollment data between the two programs increases the likelihood of duplicate enrollment. In addition to adding to care coordination complexity (e.g. multiple care managers), Health Homes enrollment precludes enrollment in many WPC programs. Because WPC can only bill for participants who are not enrolled in Health Homes, Health Homes will reduce our ability to draw down WPC funding, and thus overall funding to programs in LA County that support high-risk community members.

X. PLAN-DO-STUDY-ACT

PDSA is a required component of the WPC program. The WPC PDSA Report template will be used for each PDSA that the LE is conducting. Summary and status reports are required components of your Mid-Year and Annual reports. Please attach all required PDSA documents and completed template demonstrating your progress in relation to the infrastructure, services, and other strategies as described in the approved WPC LE application and WPC STCs. Note: For the Mid-Year Report, submit information from January – June 30. For the Annual Report, submit information inclusive of all PDSAs that started, are ongoing, or were completed during the Program Year.

List PDSA attachments:

A. PowerInsights report
B. Team roster
C. SW dashboard for TOC
D. TOC referral tracking
E. Discharge codes
F. Timely discharge
G. Lost to follow-up
H. Patient Financial Services data