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

County of Marin
Annual Report, Program Year 2
4/2/2018

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.

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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

A large portion of the work during PY2 involved laying the groundwork for a new paradigm of care in the county; one that puts the client at the center of care with data sharing as the basis of coordination and integration across health, human services, and housing service providers. Step one in that process involved development of a standard universal client release of information (ROI) for program participants. As soon as the county was notified that the grant was awarded, we worked with our Compliance Officers and County Counsel to develop an ROI that reflected recent updates to Welfare & Institutions Code § 14184.60 while maintaining the controls required by HIPAA and 42 CFR Part 2.

We got this document approved for use by our County Counsel in October and then undertook the work of interfacing with community partners, providers, and county agencies to allow their organizations to be included in the list of participating entities. We were successful getting health and human service providers to approve and adopt the ROI. We hoped to have our safety net hospital and Medi-Cal managed care plan listed on the ROI, but were not able to get that done in PY2.

Increasing coordination and appropriate access to care;

As the program launched, the team quickly realized that an interim, flexible, and robust case management and data sharing system was needed for WPC case managers and program staff while a formal assessment was taking place to implement a permanent data system. The WPC team developed an interim HIPAA-compliant, Google For Work data sharing system that met WPC eligibility, enrollment, data management, and project reporting needs. This system makes it possible for housing service providers in our county to share client information with health providers. We initiated services on November 1, 2017 with this system in place and operational; helping us avoid the use of disconnected tracking and reporting systems.

Reducing inappropriate emergency and inpatient utilization and improving data collecting and sharing;

We identified early on that Partnership HealthPlan had not considered data sharing with its WPC counties in any meaningful way. We knew it was going to be many months before we had an agreement in place and were sharing data. Therefore, we looked to alternate local data sources for determining WPC eligibility.
We had in our possession, prior to award of the WPC grant, Partnership data from January -October 2016.

To identify targeted individuals to enroll in our very limited housing case management bundle, we began using the county EMS database to determine which of the individuals who had completed a VI-SPDAT were also frequent users of county EMS resources and/or had been hospitalized multiple times in the baseline year (2016). This provided us a reasonable proxy measure of Emergency Department use and allowed us to make decisions about who to deem "eligible" for our very limited housing case management resources.

Increasing access to housing and supportive services;
Prior to the initial client enrollment in November, the Marin Housing Authority amended its Administrative Plan to create a set-aside for vouchers dedicated to clients receiving WPC services and being referred through Coordinated Entry. The Coordinated Entry Committee modified its policies to accommodate WPC. We then trained the Coordinated Entry Placement Committee on WPC program eligibility to allow distribution of WPC's dedicated Section 8 vouchers to WPC-eligible individuals in alignment with Coordinated Entry Policies & Procedures.

This process ensured that individuals enrolled into our program were the most vulnerable chronically homeless in our community who we then prioritized for gaining housing.

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	0	0	0	0	0	0	*

Item	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Annual Unduplicated Total
Unduplicated Enrollees	0	0	0	0	*	*	*

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.

FFS	Costs and Aggregate Utilization for Quarters 1 and 2						
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Total
Information and Referral							
Utilization 1							
Screening, Assessment and Referrals							
Utilization 2							

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FFS	Costs and Aggregate Utilization for Quarters 3 and 4						
	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Total
Information and Referral							
Utilization 1					17	90	107
Screening, Assessment and Referrals							
Utilization 2					*	*	*

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.

PMPM		Amount Claimed						
	Rate	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Total
Housing Based Case Management	$							
MM Counts 1								

PMPM		Amount Claimed						
	Rate	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Total
Housing Based Case Management	$							
MM Counts 1						*	*	*

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

PY2 services are provided through the Delivery Infrastructure section of Marin's PY2 budget. For PYs 3-5, these services will be claimed for according to the calculated rate and reported utilization of each service.

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.

Upon receipt of the grant, Marin HHS got Board approval for the development of a new Division; Whole Person Care. Recruitment for a Division Director commenced upon that approval and the two homeless policy experts for the county were moved into the new Division; a Senior Department Analyst II and a Senior Program Coordinator. The Division Director was hired as a county employee in November after serving as an extra hire since June. The team also consisted of a Senior Department Analyst who has been the county's lead for health IT, HIE, and health care delivery system relations (FQHCs and hospitals), and a Technology Systems Specialist II who has been working on HIE integration which will eventually connect with the program's future care coordination platform.

The Deputy Health Officer contributed significant time and attention in PY2 with developing systems and knowledge transfer to the new Division Director while the Epidemiology Manager and many members of her team contributed significant time to the project to set up data collection and management systems, eligibility determination protocols, and systems.

We were active in the recruitment process for the Department Analyst II but didn't complete the process by the end of the reporting period. We also were unsuccessful in our efforts to recruit the approved Accountant II position during the reporting period.

We also engaged a consultant with deep experience with homeless programs to help us draft the housing services RFP and manage program service implementation.

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.

Our HIE (Marin Health Gateway) Participation Agreement was signed by all parties in early June. This marked the completion of ten months' development of this foundational document and involved significant work by County Counsel, HHS Compliance, HHS Management and Staff, and the staff and legal counsel of the other participant sites which includes Marin General Hospital (MGH), Marin Community Clinics (MCC), County Behavioral Health and Recovery Services (BHRS), and Coastal Alliance, Marin City Clinics and Ritter House (via Redwood Community Health Coalition, RCHS). This agreement enables data sharing between these entities via the Gateway.

Work began immediately thereafter to establish interfaces for the first "cohort" of participants which includes Marin General, Marin Community Clinics and Behavioral Health. This process started with an in-depth discovery period where details of the connections to be made were exchanged between the sites' technical staffs and the county's contractor, Redwood MedNet. This process was slowed somewhat by the purchase of Marin General's McKesson medical records system and by the migration of the county's remaining health and dental clinics to Marin Community Clinics, each of which required the full attention of their respective technical staffs for several weeks.

The year ended with the implementation and testing of virtual private network connections (VPN) between Marin General and Marin Community Clinics and the Gateway. These VPNs will transmit ADT (admissions, discharges, transfer) records to and from the Gateway and are the basis for the critical ADT alerting capability of the Gateway, whereby a patient's physician is notified when he/she is admitted or discharges from the hospital.

We sent some community members and internal staff to Housing First and Built for Zero training in support of the program's hypothesis that housing is health.

We also used funds from Delivery to support expenses incurred for our Google G Suite system. This system serves as the basis for a more robust cloud-based, custom care coordination platform. It serves as a functional temporary care coordination and data-sharing platform.

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.

N/A

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.

N/A

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 attachment.

IX. PROGRAM ACTIVITIES

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

(1) Response to our RFP for housing-based case management services included a newly-formed collaborative of homeless service providers, which has transformed the delivery system and approach to care coordination among these "competing" entities.

(2) The Google-based system we developed and deployed coupled with the new WPC ROI has broken down barriers to data sharing between our county behavioral health system and community providers.

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

(1) We do not have a traditional public hospital and we were not successful getting our safety net hospital (which is part of a healthcare district) onto the ROI in Program Year 2 which made care coordination between the hospital and community providers very difficult. We learned that it is going to require a major investment of time and resources to do meaningful care coordination with our three hospitals.

(2) We have married up the county's coordinated entry community queue with our internal reviews for WPC eligibility, but keeping these systems synched has proven onerous and labor intensive. We learned that we require a dedicated community-based Coordinated Entry "Coordinator" and modified our contract with the Housing Authority to allow them to hire someone in this position.

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

(1) We successfully established a HIPAA-compliant, interim WPC data collection system which was quickly populated with behavioral health and social service data our homeless service providers had never had access to for their clients.

(2) We were successful in getting a universal client release of information cleared by our Compliance and County Counsel, in use, and got it signed by 109 potential enrollees in Program Year 2.

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

(1) While program staff from our Medi-Cal managed care plan were part of the planning group who put the grant proposal together, their legal department was blind-sided by our requests for data-sharing when we initially approached them after receiving the grant. They didn't understand the level of data sharing that was necessary, and indeed, permitted, under Whole Person Care. We spent a large amount of time and energy educating their care coordination team and legal team about the data-sharing permissions and possibilities between the plan and the county's Whole Person Care Business Unit. We were not successful getting a data sharing agreement in place before the end of the year. We learned that it is critical to educate our partners on the special data sharing permissions that accompany Whole Person Care.

(2) We tried to develop a single Release of Information for the program that included all data, including those covered under 42 CFR Part 2, but were not successful integrating the complex consent requirements of this section of the law. We therefore were forced to create two separate Whole Person Care ROIs. We learned that we must continue to treat data protected by 42 CFR Part 2 with tremendous care.

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

1) In late October, we managed to get our Universal Client Release of Information approved for use by both our Compliance Officer and County Counsel. The entire program is built upon our ability to share data about potential and current enrollees, and the ROI has made that possible. By December 31, we had 22 participating organizations listed on the ROI and got it signed by 109 potential enrollees.

2) Our county EMS has provided us direct access to their database and we are using these data as a proxy measure of E.D. utilization to inform enrollment decisions while we wait for access to data from our Medi-Cal managed care plan and the local hospitals.

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

1) Given that we are prioritizing individuals for enrollment who are at the top of the county's Coordinated Entry community queue, we are encountering many instances where we know someone is homeless, highly vulnerable, and disabled. Because many are disabled, they are dually-enrolled in Medicare and Medicaid (medi-medi). We, therefore, have no good sources of data to confirm that they are good candidates for enrollment because we are prioritizing individuals who frequent users of the hospitals and emergency departments. We often know anecdotally that they use these systems, but have no data to support enrollment decisions.

2) We currently do not have access to complete inpatient and emergency department utilization and cost data for dual eligible beneficiaries. This limits our ability to use data-based enrollment criteria for this population and hinders outcome evaluation.

One of our key hospital partners is actively procuring new healthcare software. The implementation process will impede data collection as our partner transitions from a legacy system to a new electronic health management system.

g.) Looking ahead, what do you foresee as the biggest barriers to success for the WPC Program overall?

The greatest challenges for us are continuing the early momentum and keeping up the dizzying pace we've established thus far. Data sharing is strong among the core health and housing providers, but we still do not have a data sharing agreement with our safety net hospital. We will have a very hard time developing real-time client monitoring and management until we have those data available to our care teams.

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

Tech specs p 44 and 45

Please see attached.