State of California - Health and Human Services Agency
Department of Health Care Services
Whole Person Care
Lead Entity Narrative Report

Napa County Whole Person Care
Annual Narrative Report, PY5
April 19, 2021

REPORTING CHECKLIST

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

Instructions: 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.

Please limit responses to 500 words. If additional information is needed, please contact your assigned Analyst.

In the last six months of 2020, Napa's WPC pilot saw successes including:

- Increased utilization of new FFS programs supporting Client Move-In Funds as well as Landlord Mitigation Funds.
- Increase in clients housed by CES reporting having a primary care physician.
- Increase in clients connected to employment training services.
- Increase in clients placed into housing overall.

Successes across the whole year include the Coordinated Entry System, launched in mid-2017 as a result of the WPC pilot, reporting 1956 households enrolled and 312 households housed in 42 months, with 660 households enrolled and 103 households housed in 2020 alone. Housing Navigation and Housing Specialists dedicated support for Whole Person Care clients resulted in a total of 92 WPC clients assisted into housing (with or without subsidy, including staying or re-uniting with family for permanent tenure in PY5.

During the same time, the pilot worked to overcome significant on-going operational challenges posed by the pandemic during the summer (July/August) and Fall (November/December) surges in Napa County. Included in those challenges were staffing shortages due to both illness and issues with childcare among shelter, outreach and housing navigation staff and the on-going activation of the majority of core AI County staff for the Emergency Operation Center pandemic response.

These operational challenges impacted the third and fourth quarters of the year, and resulted in limitations across all new program roll-outs/ramp-ups, FFS utilization, new enrollments for all four PMPM bundles, as well as a significant reduction in staff-hours billed to Whole Person Care activities. Staff hours were instead primarily focused on implementing new program and housing support per State Project RoomKey mandates.

In addition, lack of in-person services impacted some aspects of Delivery Infrastructure. Specifically, County Behavioral Health Services staff were unable to provide services on-site at the shelters to WPC clients, resulting in significant under-billing in that line.

The pandemic and related emergency response activities specifically addressing the needs of the Whole Person Care population in Napa continued to demand the vast majority of the County Housing & Homeless Programs staff time/personnel through 2020. In addition, the Public Health Division is equally over-burdened with response demands falling on a small division staff. The combination will resulted in an inability to operationalize the mobile engagement/mass vaccination clinics begun in PY4 prior to the close of 2020. WPC staff are actively working to determine alternatives for mobile communications to ensure the program can be re-started in early 2021 when staff/pandemic demand allows.

III. ENROLLMENT AND UTILIZATION DATA

Instructions: 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	*	14	0	23	*	17	65

Item	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Annual Unduplicated Total
Unduplicated Enrollees	*	*	*	12	*	*	103

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*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
Respite – Cost ($115)	$1,610	$4,485	$13,110	$13,110	$13,110	$6,900	$52,325
Respite - Utilization	14	39	114	114	114	60	455
Ole Health ($845)	*	*	$14,365	$61,685	$57,460	$64,220	$215,475
Ole Health Utilization	*	*	17	73	68	76	255
Client Move In Funds – Cost ($1042)	*	*	*	*	0	*	$24,576
CMF – Utilization ($1042)	*	*	*	*	0	*	24
Landlord Recruitment Funds – Cost ($1000/$500)	0	0	0	0	0	0	0
Landlord Recruitment Funds							

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Costs and Aggregate Utilization for Quarters 1 and 2

FFS	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Total
LRF – Cost ($700)	$0	*	$0	$0	*	*	$2800
LRF – Utilization	0	*	0	0	*	*	*

Costs and Aggregate Utilization for Quarters 3 and 4

FFS	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Annual Total
Respite – Cost ($115)	$7,015	$11,845	$10,350	$12,190	$7,705	$7,360	$56,465
Respite - Utilization	61	103	90	106	67	64	491
Ole Health ($845)	$34,645	$33,800	$33,800	$21,125	$19,435	$19,435	$337,715
Ole Health Utilization	41	40	40	25	23	23	192
Client Move In Funds – Cost ($889.56)	$ $4,030.47	$4447.8	$3558.24	$7116.48	$8006.04	$4447.8	$33,803.34

Costs and Aggregate Utilization for Quarters 3 and 4

FFS	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Annual Total
CMF – Utilization ($1042)	*	*	*	*	*	*	34
Landlord Recruitment Funds – Cost ($1000/$500)	0	0	0	0	0	0	0
Landlord Recruitment Funds							
LRF – Cost ($700)	*	$0	$0	*	$0	$0	*
LRF – Utilization	*	0	0	*	0	0	*

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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 for Quarters 1 and 2

PMPM	Rate	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Total
ME	$650	$72,800	$70,850	$59,800	$53,300	$50,700	$53,300	$360,750
MM Counts ME		112	109	92	82	78	82	555
CE	$776	$63,632	$69,064	$86,912	$90,016	$86,136	$91,568	$487,328
MM Counts CE		82	89	112	116	111	118	628
TC	$191	$15,471	$16,235	$13,561	$14,134	$13,943	$15,471	$88,815
MM Counts TC		81	85	71	74	74	80	465
SOAR	$509.53	$12,226.32	$12,730.75	$11,719.19	$12,730.75	$11,719.19	$13,2347.78	$74.391.38
MM Counts SOAR		24	25	23	25	23	26	146

Amount Claimed for Quarters 3 and 4

PMPM	Rate	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Annual Total
ME	$650	$54,600	$44,200	$44,850	$45,500	$46,800	$43,550	$279,500
MM Counts ME		84	68	69	70	72	67	430
CE	$776	$90,016	$83,032	$79,152	$79,928	$75,272	$71,392	$478,792
MM Counts CE		116	107	102	103	97	92	617
TC	$191	$15,853	$16,044	$15,662	$15,471	$14,519	$12,988	$90,534
MM Counts TC		83	84	82	81	76	68	474
SOAR	$509.53	$14,266.84	$14,266.84	$13,757.31	$14,266.84	$14,776.37	$14,776.37	$86,110.57
MM Counts SOAR		28	28	27	28	29	29	169

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

For FFS#9 (Client Move In Funds), the maximum amount of that line is $2400, but the actual amount utilized for move-in varies by client. The pilot had a total of 25 clients utilize the funds in the second half of the year, with thirteen clients using funds across multiple months, for a total of 34 FFS units at $20,840. The per-unit cost shown on the invoice ($1,002) is the average cost per unit, rather than actual cost in a given month. The unit value was determined by taking the total cost over six months and dividing by the number of FFS units utilized.

IV. NARRATIVE – Administrative Infrastructure

Instructions: 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. Please limit your responses to 500 words.

Beginning in the second quarter of the program year and continuing for the balance of the calendar year, a majority of administrative infrastructure in the program were activated as part of County Emergency Response to the pandemic. This work, while subject to FEMA reimbursement and therefore not WPC billable, was nonetheless almost entirely focused on homeless services delivery, including work focused on prevention housing, public relations/outreach and isolation/quarantine sheltering for vulnerable populations including individuals experiencing homelessness. More than 112 WPC enrolled clients were either re-housed into non-congregate shelter hotel rooms or were supported for safe isolation/quarantine in hotel rooms during this time.

IV. NARRATIVE – Delivery Infrastructure

Instructions: 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. Please limit your responses to 500 words.

Napa's WPC program delivery infrastructure provides staffing and technical support for the pilot with the goal of full PMPM and FFS program enrollment and utilization. Direct enrollment in the program is managed through contract with Abode Services. Abode is also the primary PMPM Bundle contractor. Delivery Infrastructure remained consistent across the year, supporting data collection, management and integration, shelter case management, program eligibility support, and overall communications.

The second half of the year was focused on overcoming obstacles presented by shelter-in-place orders, service changes driven by pandemic-related State mandates and funding (such as opening "prevention motels" to isolate medically vulnerable individuals in shelters) and staffing shortages due to the pandemic. It also included two COVID19 surges and two wildfire disasters, all of which further complicated service delivery systems and significantly taxed a relatively small delivery system.

The HMIS Workgroup and Data continue improve information capture and sharing system design, reporting and tracking. Due to limitations around privacy, system access and data sharing, HMIS remains the most cost-efficient and readily accessible primary care coordination tool for the pilot and partner agencies. WPC staff continue to rely on HMIS for care planning activities, monitor WPC enrollment, and tracking new service programs.

The pandemic-related staffing changes that impacted Administrative staff did not have the same level of impact to Delivery Infrastructure, with three notable exceptions:

1. Evaluation work continued to be slowed due to staffing shortages,
2. Previously in-person behavioral health services infrastructure was halted entirely as of April, and only able to resume via remote service delivery for the balance of the year. This service model is not very effective for high-acuity clients.
3. Dedicated eligibility worker services were not needed at the level originally envisioned due to efficiencies achieved through data automation/integration work within other areas of Delivery Infrastructure.

V. NARRATIVE – Incentive Payments

Instructions: 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 limit your responses to 500 words.

Housing Case Management

Payment Trigger:

- **Payment Trigger:** Incentive of $500 for each client who stays in housing for at least six consecutive months.
- **Achievement:** 52 Clients had a housing tenure of at least 6 months. Max payment achieve at 50 clients.
- **Payment**: *$25,000.00.*
- **Receiving Entity/ies**: County partners, Homeless services provider

Barrier Identification and Resolution

- **Payment Trigger:** Incentive of $1000 per documented meeting attendance at BIR meetings with multidisciplinary team.
- **Achievement:** 12 monthly BIR meetings were held in 2020. Max payment achieved at 3.48.
- **Payment**: *$3477.85.*

Receiving Entity/ies: County partners

Individual/By Type Immunization Rate Increase

- **Payment Trigger:** Documentation of each 10% increase in the percent of WPC enrolled clients age with a vaccination record in CAIR for FLU, MMR and/or TDAP above the baseline rate of 5%, 5%, and 54% respectively.
- **Achievement:** None reported at this time.
- **Payment**: *Not claimed on annual invoice. This program was not able to operate in PY5 due to COVID-restrictions and related staffing shortages/safety challenges.*
- **Receiving Entity/ies**: County partners, Homeless Services Provider

Sub-Population: Older Adult PNUEMO/23 Rate Increase

- **Payment Trigger:** Documentation of each 10% increase in the percent of WPC enrolled clients age 55+ with a vaccination record in CAIR for PNEUMO/23

above baseline rate of 31% and 9% respectively, up to 100% of clients vaccinated.
- **Achievement:** None reported at this time.
- **Payment**: *Not claimed on annual invoice. This program was not able to operate in PY5 due to COVID-restrictions and related staffing shortages/safety challenges.*
- **Receiving Entity/ies**: County partners, Homeless Services Provider

Sub-Population: HEP-A & HEP-B Immunization Rate Increase
- **Payment Trigger:** Documentation of each 10% increase in the percent of WPC enrolled clients with a an initial vaccination record in CAIR for all Whole Person Care clients in CAIR above baseline rate, documentation of second/follow-up dosage at six-month mark or beyond for HEP-A, and within one month for HEP-B, and documentation of third/final dosage at six month mark for HEP-B
- **Achievement:** None reported at this time.
- **Payment**: *Not claimed on annual invoice. This program was not able to operate in PY5 due to COVID-restrictions and related staffing shortages/safety challenges.*
- **Receiving Entity/ies**: County partners, Homeless Services Provider

Sub-Population: Immunization Rate Increase (complete attainment):
- **Payment Trigger:** Documentation of each 10% increase in the percent of WPC enrolled clients with a vaccination record in CAIR for all clients with zero or one record in CAIR above baseline rate.
- **Achievement:** Complete Attainment - Documentation of increase in the **Achievement:** None reported at this time.
- **Payment**: *Not claimed on annual invoice. This program was not able to operate in PY5 due to COVID-restrictions and related staffing shortages/safety challenges.*
- **Receiving Entity/ies**: County partners, Homeless Services Provider

Clients Housed by CES report having a Primary Care Physician (partial attainment):
- **Payment Trigger:** Documentation of each client reporting a primary care physician.
- **Achievement:** Partial Attainment – Documentation showing 91 clients report having a PCP
- **Payment**: *$45,500.*
- **Receiving Entity/ies**: County partners, Homeless Services Provider

Clients Housed by CES are connected to employment training services (partial attainment):

- **Payment Trigger:** Documentation of each client connected to local Workforce Development Board "Americas Job Center" and related employment training services and case management
- **Achievement:** Partial Attainment – Documentation showing 71 clients have received employment training services
- **Payment**: *$11,360.*

Receiving Entity/ies: County partners, Homeless Services Provider

VI. NARRATIVE – Pay for Outcome

Instructions: 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. Please limit your responses to 500 words.

Napa WPC elects to use the COVID-19 Alternative Payment method for Pay for Outcomes in Program Year 5. Napa WPC achieved 73% of our Pay for Outcomes in Program Year 4. Napa will receive payment in Program Year 5 in the total amount of $141,818.18.

Pay for Outcome: **Reduce ED admissions by 15% from baseline for all clients enrolled in PY2 and PY3**
Achievement Reached: **Attained, $25,000**
Attestation of Achievement: **Baseline is 18.2 discharges per member-month. PY5 rate was 8.63 discharges per member month. Reduction from baseline is 52%.**

Pay for Outcome: **Reduce ED re-admissions by 15% from baseline for all clients enrolled in PY2 and PY3**
Achievement Reached: **Attained, $25,000**
Attestation of Achievement: **Baseline is 10.99% discharges per member-month. PY5 rate was 8.97 discharges per member month. Reduction from baseline is 18%.**

Pay for Outcome: **Improve self-reported health status among people assisted in PMPM services by 15% for clients enrolled in PY2 and PY3**

Achievement Reached: **Not attained.**
Explanation of non-achievement: **Baseline is 13.16%. PY5 was 14.52%. Improvement of 10% falls short of required outcome.**

Pay for Outcome: **85% of clients placed into housing through Coordinated Entry at least 6 months prior will have maintained housing**
Achievement Reached: **Not attained.**
Attestation of non-achievement: **76.92% of clients housed through CES maintained their housing for 6 months or longer. Falls short of required outcome.**

Pay for Outcome: **Place 100 WPC homeless clients into housing**
Achievement Reached: **Partial attainment.**
Attestation of non-achievement: **92 WPC clients were placed into housing in PY5.**

VII. STAKEHOLDER ENGAGEMENT

Instructions: 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. An attachment to this report is also acceptable, please note below if this option is being used. 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.

Meeting Name	Date(s)	Description	Attending Stakeholders
Metrics Meeting	Monthly, last Wed of each month Q1, ad-hoc Q2	Review Bundle enrollments, housing data, self-reported health status data, and program/service issues for barrier resolution.	Abode, QVMC, RDA, HHSA and HHP staff.
Housing Prioritization Meeting (CES)	Bi-Monthly, 2nd and 4th Thursday of every month	Review CES list and housing placements, resolve barriers to client housing.	Abode, NPD, QVMC, Buckelew, Catholic Charities, HHSA-MH, HHSA-SSSD, OLE Health, and HHP staff.
Respite Care Meeting	Semi-Monthly (Jan, Mar, May, Jul, Sept, Nov)	Review enrollment protocol, Outreach connection/workflow, data sharing protocols and resolve barriers to billing/data sharing/enrollment status.	Catholic Charities, Abode, HHSA and HHP staff.
City-County WPC Program Meeting	Monthly, in-person or via ZOOM	Review program activities, coordination with Outreach and City PD, refine/resolve communication and problem solving triage process.	NPD, Housing Authority, PIO's for City and County, County AH, HHSA, Abode and HHP staff.
OLE Health – Ad Hoc	12+ meetings, ad-hoc to refine referrals, tele-health and clinical care delivery.	Review/refine referral process, develop referral form and tracking for two-way referral communication between OLE and Outreach regarding WPC clients.	OLE Health, Abode, HHP staff.

VIII. PROGRAM ACTIVITIES

Care Coordination

A. Briefly describe 1-2 successes you have had with care coordination.
    1. Engaging Care Coordination partners in early vaccine delivery planning for WPC enrolled clients, with particular emphasis on on-sheltered and seasonally sheltered clients.
    2. Developing protocols for priority access to testing and ensuring rapid test results for WPC clients, in partnership with FQHC, Public Health and transportation providers.

B. Briefly describe 1-2 challenges you have faced with care coordination, and lessons learned from those challenges.
    1. The primary challenge the pilot experienced with care coordination continued to be on-site/in-person service access and delivery. Many partners who previously provided care/participated in care coordination had to change hours, staffing and service delivery due to the pandemic. The result was extremely limited access to in-person services for WPC clients, and limited capacity – due to staffing limitation and technology infrastructure limitations – to move services to an online/virtual delivery format.

Data Sharing

A. Briefly describe 1-2 successes you have had with data and information sharing.
    1. The move to remote work/reduction of in-person staff time for non-shelter service staff inversely correlated to improved data quality. The working assumption is with more independent time (is: less distraction in a noisy office/shelter environment) data entry data quality improved because focus became easier.

B. Briefly describe 1-2 challenges you have faced with data sharing, and lessons learned from those challenges.
    1. The most significant challenge remains the loss of informal data sharing that occurs when providers, clients and program staff are able to be together (in-person) for meetings. There simply is not a replacement for the richness of conversation that occurs when individuals are together in-person versus connected over a virtual format.

Data Collection

A. Briefly describe 1-2 successes you have had with data collection and/or reporting.
    1. Increased use of mobile cellular and wifi-enabled devised increased collection of health data, including daily health screenings for all residents at shelters and during all outreach connections.

B. Briefly describe 1-2 challenges you have faced with data collection and/or reporting.
    1. No significant challenges were experienced in the second half of the year.

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

The biggest barrier for clients and the pilot will be the complications of transition to CalAIM because of:

1. Lack of clarity on mandated ILOS scope(s),
2. Lack of understanding of contracting capacity for service continuity beyond PY6 due to lack of negotiated pricing structures or deliverables for services, and
3. Uncertainty for contracts beyond PY6/pilot, which must be contemplated now as part of FY21/22 budgeting.

IX. PLAN-DO-STUDY-ACT

Instructions: 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.

PDSA Attachments:

1.