State of California - Health and Human Services Agency

Department of Health Care Services

Whole Person Care

Lead Entity Annual Narrative Report

Reporting Checklist

Riverside University Health System

Program Year 4

04/02/2020

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.*

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

SUCCESSES:

1. Increase integration among county agencies, health plans, providers, and other entities;
    - Monthly partner collaboration meetings led by WPC, all partners are invited.
    - Coordinated Entry System collaboration.
    - Parole PACT Meetings monthly.
    - Monthly outreach for high jail utilizers, led by Sheriff, includes offering services to homeless encampments.

2. Increasing coordination and appropriate access to care;
    - Update WPC screening form to include Behavioral Health's changes.
    - Encourage clients to utilize MyChart to access their own health information and increase their self-sufficiency by educating them on their health.
    - Improve the Correctional Health warm handoff efforts by collaborating with the TRU Probation Officers (probation officers inside the jails) and the sheriff's department, in addition to the detention health RNs.
        - Uploading a WPC informational PowerPoint presentation on the televisions within in the jails in order to advertise WPC services to inmates.

3. Improving data collection and sharing;
    - Implementation of SAS, (data warehouse for detention health, Behavioral health (BH) and physical health (PH) records).
    - SAS crosswalks data between detention health, BH, and PH and displays a dashboard to assist care managers to ensure patients show up to appts and get the care they need.
    - SAS provides updates on when clients are due for re-screens and other services, shows the last date seen for all CM enrolled clients

- Update to Electronic Care Management documentation.
- Training and access for Manifest Medex, which provides notice of ED and hospital admissions throughout the Inland Empire (Riverside and San Bernardino Counties) so that CM can reach out to client as soon as they are released.

4. Improving health outcomes for the WPC population
   - Client engagement, (attending to appointments and services) has improved by having the RN complete follow up calls within a week after being screened.
   - Received (100) donated hygiene bags for our clients.

CHALLENGES:

- WPC Incentive Projects on Immunization –Probation is not the best way to deliver immunizations to this population due to multiple requirements: double documentation, refrigerator add-ons, daily logs, expiring vaccines, etc. that WPC is not able to accomplish at the Probation offices where the Screening Nurses are currently located.
- Obtaining feedback from referrals made due to differing electronic systems and individual workloads has improved but is still difficult.
- Transportation continues to be a barrier due to limited resources and our large geographical area.
- Housing continues to be an issue due to the process it takes to get landlords registered as a vendor.

LESSONS LEARNED:

- The importance of structured care coordination to prevent confusion amongst the client and collaborating partners.

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	412	214	247	280	251	206	1610

Item	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Annual Unduplicated Total
Unduplicated Enrollees	223	259	246	248	194	138	2918

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
Service 1	804	591	669	651	682	655	4052
Utilization 1	$192,003.24	$141,136.71	$159,763.89	$155,465.31	$162,868.42	$156,420.55	$967,658.12
Service 2	73	40	115	83	70	43	424
Utilization 2	$17,433.13	$9,552.40	$27,463.15	$19,821.23	$16,716.70	$10,268.83	$101,255.44

Whole Person Care

Riverside University Health System
Program Year
04/02/2020

FFS	Costs and Aggregate Utilization for Quarters 3 and 4						
	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Annual Total
Service 1	874	1048	956	1155	890	754	9729
Utilization 1	$208,719.94	$250,272.88	$228,302.36	$275,825.55	$212,540.90	$180,062.74	$2,323,382.49
Service 2	33	35	23	33	26	18	592
Utilization 2	$7,880.73	$8,358.35	$5,492.63	$7,880.73	$6,209.06	$4,298.58	$141,375.52

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
Bundle #1	$349.61	56	74	58	63	60	74	385
MM Counts 1		$19,578.16	$25,871.14	$20,277.38	$22,025.43	$20,976.60	$25,871.14	$134,599.85
Bundle #2	$468.66	11	11	16	28	35	11	112
MM Counts 2		$5,155.26	$5,155.26	$7,498.56	$13,122.48	$16,403.10	$5,155.26	$52,489.92

PMPM		Amount Counts						
	Rate	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Total
Bundle #1	$349.61	119	134	150	210	213	203	1414
MM Counts 1		$41,603.59	$46,847.74	$52,441.50	$73,418.10	$74,466.93	$70,970.83	$494,348.54
Bundle #2	$468.66	43	88	86	103	100	78	610
MM Counts 2		$20,152.38	$41,242.08	$40,304.76	$48,271.98	$46,866.00	$36,555.48	$285,882.60

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

During PY 4, SAS helped with development of the logic for the reporting needs for WPC via their visual analytics tool. The collection of the information from Riverside's various electronic health records including the Hospital, and clinic (EPIC), Behavioral Health System (ELMR), the jail (TechCare) and other spreadsheets proved to be a yearlong effort. SAS is now the source of all reports for WPC and has assisted in streamlining reports as well as helping the RNs track patient care.

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.

The delivery infrastructure that is in place allows newly released probationers to be screened for behavioral, physical, substance, housing, insurance and social needs and allows for an immediate warm hand off to departments that can assist with these needs. The goal is to engage individuals who are transitioning from correctional environments to the community who have been largely invisible to the health system after release.

The RUHS WPC Program was designed to be a solution for “the right place at the right time” to engage clients in early screening and referral. WPC works closely with the Probation department and has developed a process to identify individuals that can be referred to the WPC Registered Nurse, for screening and referral, in all 9 Riverside County Probation offices.

RUHS WPC personnel continues to work closely with Riverside County’s Department of Public Services personnel to streamline the Medi-Cal enrollment process so that individuals can access medical, substance and behavioral health services and be care coordinated by a WPC RN CM.

Once the client has transitioned into Care Coordination the Complex Care (CC) RN coordinates the care and needs of each Probationer. The CC RN conducts ongoing coordinated case conferences for individuals with multiple needs to ensure the care is coordinated.

The WPC Housing Navigators in the Coordinated Entry System are working to capacity and several clients have been successful in securing housing.

2019 Updates

- Director of Population Health who oversees the program and provides administrative direction.
- Program Coordinator implements and monitors the county wide program.

- Two Nurse Coordinators (one in the East Region and one in the West Region) oversee staff nurses to implement the program in the Probation/Parole sites and the Federally Qualified Medical Clinics.
- Six Care Coordinator Nurses are actively employed.
- Five Screening Nurses are actively employed.
- Three nurses doing both the screening and care coordination are actively employed.
- (9) Housing Navigators in Coordinated Entry System. 2 positions are in recruitment.
- Due to the uncertainty of continued funding for WPC, there have been changes in employment status. Most FTEs are still in place, but some have chosen to accept permanent positions rather than temporary per diem employment. IEHP just shared that they plan to keep the WPC program and personnel in place after December 2020.

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.

*June-December 2019 Updates, notable trends, and highlights of achievements/progress as well as any changes since the prior report:

Riverside's care coordination documentation is done in the EPIC electronic health record. Updates to the documentation tab were completed in June 2019. The build took longer than anticipated but has assisted the nurse's ability to provide patient follow up and has made documentation much easier. As a result, Riverside's PMPM billing has increased considerably. In addition, the Housing component of the WPC program also migrated into Behavioral Health's ELMR Electronic Health Record and the documentation has been much easier to collect also increasing the housing PMPM tracking ability.

DHCS approved the sum of $140,000.00 for the purchase of WPC Housing Navigation – 4 vehicles were secured to provide outreach and navigation for Housing and Benefits advocacy. Break down of cost is as follow:
Vehicle 1 cost: $33,342.56
Vehicle 2 cost: $27,978.56
Vehicle 3 cost: $27,959.83
Vehicle 4 cost: $19,413.24
Vehicle 5 cost: $19,413.24
Vehicle 6 cost: $19,413.24

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 limit responses to 500 words

Warm handoff between the RUHS Detention Health Nurse and the RUHS WPC Nurse (for individuals that have chronic health conditions in the jail that need to continue access to care once released) is approved at $200 per individual. The final count for PY 4 is 1,318 for a total billing of $263,600.00 to go to county entities. The WPC Care Coordinators meet on a regular basis with the Detention Health Care Coordinators for discharge planning for inmates with multiple needs. RN Screeners can access a report on each inmates' medication list, (within the detention health EHR), in order to assist with transitioning prescription(s) and also to ensure adequate quantity of medication(s).

DBH/FQHC follow up appointment made within 30 days of being referred by WPC to the FQHC and/or Department of Behavioral Health in order to facilitate the continuity of physical, mental health and SUD services in the community with a reimbursement rate of $200 per individual. The final count is 1,603 for a total billing of $320,600.00 to go to county entities.

DPSS jail eligibility determinations: Medi-Cal application assistance is currently taking place at the Banning Jail in Riverside County. The incentive payment of 100K is to assist in covering the additional cost of Medi-Cal eligibility determination/barrier identification and resolution, prior to release from jail that the Department of Public Social Services (DPSS) conducts. This incentive payment goes to DPSS to offset some of their expenses in these activities.

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.

Please limit responses to 500 words

Decrease Emergency Dep. Usage 5% from year 3 – Riverside is requesting $250,000 for the period of January 1, 2019 – June 30, 2019 for meeting the metric and reducing 5% Emergency Department Usage over PY 3.

Medication Reconciliation to a minimum of 70% of those that show up to their physical health appointment done within 30 days beginning July 1, 2019 – December 31, 2019. A total of 788 and 100% received medication reconciliation at their Physical Health appointment.

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.

CDCR Teleconferences
Attendees: Prison Staff, RUHS BH/SAPT, WPC
Purpose: Discuss clients releasing with multiple needs.
Frequency: As needed, at least monthly

Criminal Justice Committee
Attendees: RUHS BH/SAPT WPC, attorneys, Probation
Purpose: Discuss Prop 47 and other court related collaborations
Frequency: Quarterly

Jail High Utilizer
Attendees: Sherriff, Police, WPC, BH, SAPT, Probation, Community Based Organizations, Faith-Based Organizations
Purpose: Discuss or debrief on outreach efforts done to offer services to jail high utilizers
Frequency: Monthly

WPC Collaborations (East & West)
Attendees: WPC, BH, SAPT, Probation, Parole, Community Based Organizations, Faith-Based Organizations, Police, IEHP, Molina, WPC Outreach Team, DPSS
Purpose: Share resources, collaborate, network, meet mutual goals of the clients
Frequency: Monthly

WPC Staff Meetings
Attendees: WPC staff, guest speakers
Purpose: Program updates, expectations, feedback, problem solving, group discussion
Frequency: Monthly

WPC Leadership Meetings
Attendees: Director, Nurse Coordinators, Program Coordinator
Purpose: High level discussions about data, upcoming changes, stats, barriers, successes, problem solving
Frequency: Every two weeks

Re-Entry Council Meetings (Probation led)
Attendees: Probation, WPC, BH, SAPT, Community Based Organizations, Faith-Based Organizations, Clients
Purpose: Collaborate, Network, Learning Opportunities
Frequency: Quarterly

De Novo/WPC Meeting
Attendees: De Novo Administrators, WPC Nurse Coordinators, De Novo RN Care Manager

Purpose: Discuss successes, barriers, improvements, data
Frequency: Monthly

Probation Staff Meetings
Attendees: Probation, WPC
Purpose: Discuss collaboration/successes/barriers/specific cases
Frequency: At least monthly, sometimes more

PACT Meetings (Parole led)
Attendees: Parole, Probation, WPC, BH, SAPT, Community Based Organizations, Faith-Based Organizations, Clients
Purpose: Offer services and resources to newly released clients
Frequency: Monthly

CES HomeConnect Navigation Meeting
Attendees: Parole, Probation, WPC, BH, SAPT, Community Based Organizations, Faith-Based Organizations, Community Members, Police
Purpose: Discuss resources and clients on list for housing
Frequency: Every Tuesday

Detention Warm Handoff
Attendees: WPC, TRU Probation, Detention Care Managers, Sherriff
Purpose: Discuss workflow for better handoffs
Frequency: Quarterly and as needed

Whole Person Care Health Score Workgroup
Attendees: Dr. Leung, WPC, clinic staff (clinical therapists, health coaches)
Purpose: Discuss tool
Frequency: Varies (weekly to monthly)

VIII. PROGRAM ACTIVITIES

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

(1) Partnering with a designated Probation Officer with a substantial caseload to collaborate and provide successful outcomes. (Weekly meetings to discuss progress, meet with the client(s), and meet goals.)
(2) Community Health Centers have embraced and integrated WPC into the workflow, providing an effective warm handoff between the providers and WPC that benefits the client. In addition, all care coordination efforts have migrated to EPIC electronic health record, and as a result have improved documentation and care coordination for each of the nurse care coordinators. The improvement also stems from SAS reporting since each individual site/nurse is able to see the detail surrounding their caseload. The reports are detailed to let the nurses see the last time they contacted the individual to reminder them to contact the individual.

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

(1) Ensuring the care is patient-focused and not geared towards individual department goals, preventing silos.
(2) WPC continually ascribes to form lasting collaboration among the different care coordination teams (Detention Health, Behavioral Health, and other service providers) and works closely with all for continued engagement in providing a patient center approach while keeping everyone engaged in care coordination. Riverside has learned to be creative to engage all partners and decrease apathy and burn out among the care coordination teams.

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

(1) Ability to have care coordinators request status of appointments with Behavioral health and Probation officers for improved coordination for WPC participants.
(2) SAS implementation provides reports with more accurate data. SAS implementation provides line staff the ability to see how their individual efforts are contributing to the success of the program and opportunities to adjust their work process in order to reach the WPC goals. In addition, SAS reporting provides the Nurse Coordinators the ability to oversee the program and provide guidance to individual staff so that the WPC metrics are reached.

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

(1) CFR42 and other patient confidentiality laws and statues makes it challenging to have one release of information that will satisfy various department needs for securing patient health confidentiality. One such is the Release of Information for Substance Abuse Prevention and Treatment which is an ongoing challenge to be able to speak to the care providers regarding participant care that also complies with each department's program regulations. We have learned that having ongoing communication via phone, email and meetings to discuss processes that are not working or miscommunication that may arise among service providers are the key to our success.

(2) It has been a challenge to obtain the CIN numbers from DPSS for WPC clients.

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

(1) SAS has been able to produce reports that are real time and give an accurate picture of the program's progress towards goals.

(2) A challenge that Riverside overcame is the multiple submission of the Utilization reporting due to lack of an electronic system that has the capacity warehouse the data from various EHR systems. SAS created a data warehouse and logic able to patient match across various systems without the need to manipulate various spreadsheets, which cut down significantly on the resubmission of the Utilization report.

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

(1) The nature of data collection for reporting in various electronic health records is not standardized. The data collection and standardization is a trial and error process. Particularly the PMPM extraction since various criteria must be met (such as CIN) to be counted in per member per month counts.

(2) Although currently resolved, the process for identifying outreach was overlooked during the first pass of creating the report logic that populates the Utilization report. As a result, the outreach portion was undercounted in the first half of PY 4 but it is rectified and all outreaches have been accounted.

g.) Looking ahead, what do you foresee as the biggest barriers to success for the WPC Program overall?
(1) Lack of incentives to increase engagement, lack of transportation resources, community stigma amongst justice involved clients, lack of MAT education (many rehabs won't accept clients on MAT, many haven't accepted this increasing treatment option). (2) The screening process for WPC begins at the Probation site and it has become an integral part in the probation process to keep the individual connected to services that will provide stability and decrease recidivism. Due to the nature of inmates inability to access Medi-Cal this process would be an opportunity for in lieu of service. Many of the individuals go on to obtain Medi-Cal and get connected to a primary care community health center for future needs.

IX. 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

1. Parole
2. Care Coordination Via EPIC Quarter 3
3. Care Coordination Via EPIC Quarter 4
4. Comprehensive Care Plan Quarter 3
5. Comprehensive Care Plan Quarter 4
6. DeNovo FSP
7. Enrollment
8. Inpatient Utilization Quarter 3
9. Inpatient Uitlization Quarter 4
10. Jail Warm Handoff