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Ventura County Legacy Lead Entity Pilot Expansion Application
May 11, 2017

Expansion Application Overview: The Ventura County Health Care Agency (VCHCA) expansion proposal addresses three quality improvements to the WPC pilot that have been identified through collaborative review, needs assessments, and Plan-Do-Study-Act (PDSA) rapid-cycle improvement processes. It has been determined that these improvements will dramatically improve the health outcomes among the WPC participants and enable VCHCA to more efficiently meet performance metrics.

Outreach Care Pods: Establishment of Outreach Care Pod sites that will be located in three geographically dispersed locations where the homeless population congregates, such as homeless shelters and food distribution locations. The Outreach Care Pods will be container boxes equipped with showers and exam areas, along with tents for intake and eligibility screening for social services. An additional 5.2 FTE CHWs in PY 2 totaling 28.0 FTE CHWs and an additional 7.8 FTE CHWs totaling 30.6 FTE CHWs in PYs 3-5 will be added to the Field-Based Care Coordination Team to staff the Outreach Care Pods and provide follow-up support to individuals identified during outreach via the pods. (This is in addition to the 2.0 FTE CHWs added each year to provide an increased caseload for a greater number of participants to reach those totals.) A series of community events at the Outreach Care Pods each year will enable these WPC staff to collaborate with social services and community-based partners who will provide basic needs, such as fresh produce, clothing, haircuts, veterinary service for companion animals, etc. Together, these WPC services and community supports will effectively meet the homeless populations' multiple complex needs in one location.

Recuperative Care Services: VCHCA will work in collaboration with the National Health Foundation to provide recuperative care services at a Salvation Army transitional living facility, including 24-hour on-site medical supervision and supportive services focused on a successful discharge from recuperative care to appropriate housing. The Salvation Army's partnership with the countywide continuum of care will provide linkages to emergency shelter, transitional housing, and permanent housing options for patients served by this program. The recuperative care program provided by the National Health Foundation will include:

1. *Medical Oversight:* The NHF will establish and deliver medical oversight services for WPC participants admitted into the recuperative care program. Medical oversight services include: coordinating and facilitating medical care after hospital discharge, arranging post-discharge medical appointments, and providing education about self-care and medication management. The actual length of stay will be determined on a case-by-case basis in consultation with the referring hospital but is estimated at 10-14 days with options for extensions as needed.

2. *Care Management:* The NHF, in collaboration with Salvation Army, will case manage each patient to determine his/her eligibility for social services and temporary/permanent housing programs. Upon discharge from the recuperative care program, the NHF will, on

a best-efforts basis, connect each patient to an alternative facility, shelter, or permanent housing. NHF will also coordinate with VCHCA Whole Person Care Coordination teams to ensure a seamless transition to ongoing medical, behavioral, nutritional, and social services support provided by these teams.

3. _Reporting:_ The NHF will provide VCHCA with monthly patient-bed utilization reports and patient discharge disposition information to ensure that VCHCA is fully utilizing its allocated number of bed days as well as to track the success of the recuperative care program.

4. _Intake Services:_ The NHF will provide intake services to include screening patients for recuperative care eligibility and collecting completed applications from participating hospitals. The NHF will accept or deny the patient within four business hours of receiving the completed application. The NHF will arrange patient acceptance into the recuperative care program with the referring hospital admission department.

5. _Outreach and Training:_ The NHF will conduct ongoing outreach and training to all participating hospitals about the recuperative care program.

Data Sharing Expansion: The Legacy proposal will support the expansion of data-sharing technologies through a phased roll-out to facilitate WPC program data collection with organizations outside the VCHCA that are involved in the recuperative care program. These organizations include the National Health Foundation, Salvation Army, and the four area hospitals involved in the program. Improvements/expansions of the Integrated Care plan are also need to include data related to nutritional and behavioral health assessments provided by the Outreach and Engagement Wraparound Care Coordination Team, as well as service provision by social service organizations.

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1	Application Narrative	1.2 Participating Entities	3	An increase in the CHW FTEs to 28.0 in PY 2 and 30.6 in PYs 3-5 is required to: • Address the increased caseload from 800 to 840 in Year 2 and 880 in each of Years 3-5 due to new participants being recruited from four area hospitals through the recuperative care program, • Staff the new Outreach Care Pods serving the homeless population and providing follow-up support to those identified during outreach.
2	Application Narrative	1.2 Participating Entities	4	Summary explanation of the Outreach Care Pod and Recuperative Care Program services.

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3	Application Narrative	1.2 Participating Entities	12	Description of the recuperative care site at the Salvation Army transitional living center in the City of Ventura.
4	Application Narrative	1.2 Participating Entities	13-14	Addition of a new community partner, the National Health Foundation, that will be providing recuperative care services on a fee-for-service basis. The organization name, contact information, entity description, and role are provided.
5	Application Narrative	1.3 Letters of Participation and Support	15	New Letters of Support for the Expansion Application include those from the Oxnard Police Department, Ventura Police Department, Ventura County Public Defender, Ventura County Animal Services, and City of Ventura Outreach Care Pod service sites and from National Health Foundation for the Recuperative Care Program.
6	Application Narrative	2.1 Geographic Area, Community and Target Population Need	17-18	A description of the proposed expansion that includes the implementation of the Recuperative Care Program, the establishment of Outreach Care Pod sites, and the expansion of data-sharing capabilities.
7	Application Narrative	2.1 Geographic Area, Community and Target Population Need	18-20	A description of how the project will address target population needs, specifically the homeless population, including the ability to more fully recover from inpatient hospitalization, common health conditions, effect of the lack of showers, infection/incidence rates, nutritional deficiency effects, behavioral health problems; and how data sharing improves health outcomes.
8	Application Narrative	2.1 Geographic Area, Community and Target	20	An explanation about how the Recuperative Care Program and Outreach Care Pod services will reduce avoidable utilization.

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		Population Need		
9	Application Narrative	2.1 Geographic Area, Community and Target Population Need	21	Information on how the proposed strategies were selected to facilitate WPC program quality improvements, including needs assessments, collaborative planning, and PDSA processes.
10	Application Narrative	2.3 Target Population(s)	24	An increase in the participant population: 2,280 over the project, 880 participant caseload.
11	Application Narrative	2.3 Target Population(s)	26	A description about how the new strategies will improve beneficiary outreach, including the addition of the Outreach Care Pod sites that will improve access to the target population, and the ability to add additional participants by enrolling at least 80 of the 226 total annual participants served in the recuperative care center who were discharged from the four other area hospitals where VCHCA does not have access to personal health information. Year 2 IT development will address this data sharing need.
12	Application Narrative	3.1 Services, Interventions, and Care Coordination	28-29	Full description of the Outreach Care Pod sites and Recuperative Care Program, including the total new staff proposed, services provided, new clients served, and best practices.
13	Application Narrative	3.1 Services, Interventions, and Care Coordination	31	A description of the social services provided at the Outreach Care Pod sites, including fresh produce, clothing, hygiene products, eligibility assistance, veterinary care for companion animals, haircuts, and other services through participating entities.
14	Application Narrative	3.1 Services, Interventions, and Care Coordination	31-32	A description about how the proposed strategies suit the needs of the beneficiaries, including research regarding how mobile

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				services and social services will benefit the homeless participants.
15	Application Narrative	3.1 Services, Interventions, and Care Coordination	33	An addition to the list of interventions and strategies to integrate services to include Outreach Care Pods and recuperative care.
16	Application Narrative	3.1 Services, Interventions, and Care Coordination	35	Research about how recuperative care reduces 90-day readmission to inpatient or ED services; and how Outreach Care Pod will reduce the avoidable utilization of other systems.
17	Application Narrative	3.2 Data Sharing	39-41	A description of the new data-sharing expansion to ensure that the National Health Foundation, Salvation Army, and four area hospitals are able to provide necessary health information to enable the IT staff to properly report information about service utilization, health outcomes, and performance metrics. Information provided includes data that will be shared, staff and funding needed to conduct the expansion project, timing, and other details.
18	Application Narrative	4.1 Performance Measures	44	Changes in performance measure details about the number of participants: 840 in Year 2, 1,320 in Year 3, 1,800 in Year 4, and 2,280 in Year 5 (cumulative).
19	Application Narrative	4.1.a Variant Metrics	48	New Optional Metric: Percentage of participants who receive recuperative care services who are not readmitted to the ED or as an inpatient within 90 days of discharge.
20	Application Narrative	4.2 Data Analysis, Reporting and Quality Improvement	50	Data sources to evaluate the two new strategies, including recuperative care (reporting then through data architecture) and Outreach Care Pod services (improvement to Integrated Care Plan and additional data elements for social services).
21	Budget Narrative	Introduction	1	Detail summary of categorical budget totals for Y1 – Exp, Y2 – Ltd, and Years 3-5.
22	Budget Narrative	Overall Considerations	1	Changed Year 2 participant goal of 840 and attrition rate of 420.

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23	Budget Narrative	Year 2	1	Summary of Round 2 Expansion activities including addition of outreach care pods recuperative care program which will be launched in the second half of PY 2 (PY 2 Ltd.) July 1-December 31, 2017.
24	Budget Narrative	Year 2	2	Year 2 Administrative Infrastructure budget details showing changed request totals to office supplies, and care coordination team cell phones and laptops, and learning collaborative travel.
25	Budget Narrative	Year 2 – Administrative Infrastructure	3	An increase in the number of staff receiving office supplies to 58.
26	Budget Narrative	Year 2 – Administrative Infrastructure	4-5	Description of changes reflecting: an increase in the number of cell phones and laptops requested for the new staffing; learning collaborative travel; and changes to the indirect rate based on new direct costs.
27	Budget Narrative	Year 2 – Delivery Infrastructure	5	Details about an increase in the amount requested in IT development to $623,729 ($31,235 increase) to fund the first rollout in development to provide data-sharing expansions and improvements to the Integrated Care Plan.
28	Budget Narrative	Year 2 – Delivery Infrastructure	6	Details about costs including operating costs and supplies for the addition of Outreach Care Pods to serve the homeless population with staff from the Care Coordination Team. Pods will be placed in 3 sites in PY 2 and 6 sites in PYs 3-5.
29	Budget Narrative	Year 2 – Incentive Payments	6	Details about an increase in incentive payments for housing support services, care plan incentives, and mental health follow-up based on the increase in proposed beneficiaries served and the addition of incentive payments for Care Pod Community Service Events (7 in PY 2 and 15 in PYs 3-5).
30	Budget Narrative	Year 2 – FFS Services	7-8	Description of Recuperative Care program service fees according to cost per bed day;

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				detailed description of costs and services provided.
31	Budget Narrative	Year 2 – FFS Services	9	Details of a change in mobile outreach service total based on an increase in the beneficiary population served.
32	Budget Narrative	Year 2 – Bundled PMPM Services	9	Changes in the existing service bundles based on an increase number of member months because of an increased caseload; rebalancing of the rent and training costs.
33	Budget Narrative	Year 2 – Bundled PMPM Services	9-10	Additional description of the medical, behavioral, and social services at the WPC Outreach Pod locations.
34	Budget Narrative	Year 2 – Bundled PMPM Services	10	A description of the eligibility, duration, and discontinuation of the outreach and engagement wraparound care coordination services; increases in participant totals.
35	Budget Narrative	Year 2 – Bundled PMPM Services	11	A description of the differences between bundles to clarify a second round response question.
36	Budget Narrative	Year 2 – Bundled PMPM Services	12-13	Changed budget detail about the Field-Based Care Coordination Bundle (CHWs). 7.2 FTE new CHWs were added in Year 2 and 9.8 FTEs in Years 3-5 for a total of 28 FTEs in Year 2 and 30.6 FTEs in Years 3-5 to serve the increased caseload and to staff the Outreach Care pods and provide follow up support. Also, an increase in space and allocation for rent, increases in wireless contracts for new CHWs, reallocation to care coordination training over the PMPM category to match training to number of coordinators trained, changed travel cost because of the increase in CHWs in Years 2 and 3-5.
37	Budget Narrative	Year 2 – Bundled PMPM Services	13	Changed PMPM for Field Based Care Coordination Bundle based on an increase in members to the PMPM calculation because

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				an increase in the participant totals (across all bundles).
38	Budget Narrative	Year 2 – Bundled PMPM Services	14	Changed budget detail about the Care Coordination Bundle. Small changes due to the need for an increase in space and allocation for rent, reallocation to care coordination training over the PMPM category to match training to number of coordinators trained, changed enhanced care coordination costs due to an increase in participants and Year 2 ramp-up of providing care coordination services once participants begin the program, and changed PMPM because of the increase in member months.
39	Budget Narrative	Year 2 – Bundled PMPM Services	15	Changed budget detail about the Engagement Team Bundle. Small changes due to the need for an increase in space and allocation for rent, reallocation to care coordination training over the PMPM category to match training to the number of coordinators trained, and changed PMPM because of the increase in member months.
40	Budget Narrative	Year 2 – Pay for Outcomes	18,20	The addition of Optional Variant M7: Percentage of participants who received recuperative care services who are not admitted to the ED or as an inpatient within 90 days of discharge. At least 50% of recuperative care patients are not admitted to the hospital within 90 days of discharge in Year 2, at least 55% in Year 3, at least 60% in Year 4, and at least 65% in Year 5.
41	Budget Narrative	Year 3 – Administrative Infrastructure	21	Year 3 Administrative Infrastructure budget details showing changed request totals to the office supplies, new cell phones and laptops for the 3.0 FTE CHWs that were added and 1.0 FTE MA to serve the increased participant population and man the Outreach Care Pods, learning collaborative travel, and changes to the

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				indirect rate totals based on an increase in the requested funds.
42	Budget Narrative	Year 4-5 – Administrative Infrastructure	21	Year 4-5 Administrative Infrastructure budget details showing changed request totals to the office supplies, learning collaborative travel, and changes to the indirect rate totals based on an increase in the requested funds.
43	Budget Narrative	Year 3-5 – Delivery Infrastructure	22-23	Increases in the IT Development costs for the phased rollout to provide data-sharing expansions and improvements to the Integrated Care Plan based on the change in the scope of work.
44	Budget Narrative	Year 3-5 – Incentive Payments	23	Details about an increase in incentive payments based on the increased proposed beneficiary population and the addition of Care Pod community events.
45	Budget Narrative	Year 3-5 – Fee for Services	23	Description of recuperative care program service fees, and a change in mobile outreach service total based on an increase in the beneficiary population served.
46	Budget Narrative	Year 3-5 – PMPM Services	23-24	Details about changed budget total requests and PMPM based on an increase in the annual participant totals, and about the addition of the CHWs in the Field Care Coordination Team to man the Outreach Care Pods and provide follow-up support.
47	Budget Narrative	Year 3 – Pay for Outcomes	25	Optional Variant M7 increases to at least 55% of recuperative care participants who are not readmitted within 90-days.
48	Budget Narrative	Year 4 – Pay for Outcomes	26	Optional Variant M7 increases to at least 60% of recuperative care participants who are not readmitted within 90-days.
49	Budget Narrative	Year 5 – Pay for Outcomes	27	Optional Variant M7 increases to at least 65% of recuperative care participants who are not readmitted within 90-days.
50	Budget Summary	_	1	Budget requests are changed from $19,567,538 to $20,984,988 PY 2 ($11,201,219 PY 2 LTD) and $22,402,437 in

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				PY 3-5. All budget categories have changed for each pilot year except Pay for Reporting.