



City Council Report

915 I Street, 1st Floor

Sacramento, CA 95814

www.cityofsacramento.org

File ID: 2021-00280

April 6, 2021

Consent Item 06

Title: Approvals for Implementation of Pathways to Health + Home Program [Two-Thirds Vote Required]

Location: Citywide

Recommendation: Pass a Motion by two-thirds vote: 1) waiving the requirement for 10-day posting of agreements over \$1 million pursuant to City Code section 4.04.020(C); and 2) authorizing the City Manager or City Manager's designee to: a) execute supplemental agreement No. 10 to Agreement 2019-0260 with Sacramento Self-Help Housing, Inc. to extend Pathways Housing Services through June 30, 2021 for an amount not-to-exceed \$318,750 and a new total not-to-exceed amount of \$4,929,610; b) execute supplemental agreement No. 8 to Agreement 2019-0256 with Lutheran Social Services of Northern California to extend Pathways Housing Services through June 30, 2021 for an amount not-to-exceed \$93,750 and a new total not-to-exceed amount of \$1,611,545; c) execute supplemental agreement No. 8 to Agreement 2019-0257 with WellSpace Health, Inc. to extend Pathways Hub Services through December 31, 2021 for an amount not-to-exceed \$854,100 and a new total not-to-exceed amount of \$2,277,840; d) execute supplemental agreement No. 6 to Agreement 2019-0258 with Sacramento Native American Health Center, Inc. to extend Pathways Hub Services through December 31, 2021 for an amount not-to-exceed \$289,575 and a new total not-to-exceed amount of \$987,690; e) execute supplemental agreement No. 5 to Agreement 2019-0259 with Elica Health Centers to extend Pathways Hub Services through December 31, 2021 for an amount not-to-exceed \$263,250 and a new total not-to-exceed amount of \$861,825; f) execute supplemental agreement No. 4 to Agreement 2019-1061 with Cares Community Health dba One Community Health to extend Pathways Hub Services through December 31, 2021 for an amount not-to-exceed \$219,375 and a new total not-to-exceed amount of \$583,830; and g) execute supplemental agreement No. 7 to Agreement 2019-1542 with Healthy Community Forum for the Greater Sacramento Region dba Sacramento Covered to extend Pathways Outreach, Housing, Hub and IT Services through June 30, 2021 for an amount not-to-exceed \$1,089,000 and a new total not-to-exceed amount of \$9,090,660; h) execute supplemental agreement No. 2 to Agreement 2020-0190 with WellSpace Health, Inc. to extend Pathways Interim Care Program + (ICP +) Services through December 31, 2021 for an amount not-to-exceed \$1,413,500 and a new total not-to-exceed amount of \$3,401,395; i) execute supplemental agreement No. 1 to Agreement 2018-1105 with UC Davis Health for the

Pathways Program Year (PY) 6 Intergovernmental Transfer (IGT) for an amount not-to-exceed \$250,000 and a new total not-to-exceed amount of \$1,000,000; j) execute supplemental agreement No. 2 to Agreement 2018-0407 with Sutter Medical Center for the Pathways PY6 IGT for an amount not-to-exceed \$2,945,550 and a new total not-to-exceed amount of \$11,852,475; k) execute supplemental agreement No. 1 to Agreement 2018-0408 with Dignity Health for the Pathways PY6 IGT for an amount not-to-exceed \$1,500,000 and a new total not-to-exceed amount of \$6,750,000; l) execute supplemental agreement No. 5 to Agreement 2017-1084 with Transform Health, LLC For an amount not-to-exceed \$1,485,049 and a new total not-to-exceed amount of \$6,833,049 to support the continued operations of the City's Whole Person Care pilot program (called Pathways to Health + Home); m) execute supplemental agreement No. 1 to Agreement 2019-0861 with Desert Vista Consulting, LLC to extend the time of performance through June 30, 2021 without an increase to the total not-to-exceed amount of \$199,550 to continue the evaluation of the Pathways program; and n) execute an amendment to the City's agreement with the State Department of Health Care Services (State Agreement No. 17-14184-SA-59) extending the City's Whole Person Care program through December 31, 2021; o) execute four incentive agreements with the following Pathways partners each in the amount of \$100,000: Blue Cross of California, Molina Healthcare, Dignity Health, and UC Davis Health; and 3) resetting the City Manager's authority to approve Supplemental Agreements for all agreements listed above.

Contact: Bridgette Dean, Director, (916) 808-1222; Angela Marin, Administrative Officer, (916) 808-7949, Department of Community Response.

Presenter: None

Attachments:

- 01-Description/Analysis
- 02-Sacramento Self-Help Housing Contract Supplement
- 03-Lutheran Social Services of Northern California Contract Supplement
- 04-WellSpace Health, Inc. Hub Contract Supplement
- 05-Sacramento Native American Health Center, Inc. Contract Supplement
- 06-Elica Health Centers Contract Supplement
- 07-One Community Health Contract Supplement
- 08-Sacramento Covered MSA Contract Supplement
- 09- WellSpace Health, Inc. ICP + Contract Supplement
- 10-UC Davis Health IGT Agreement
- 11-Sutter Health IGT Agreement
- 12-Dignity Health IGT Agreement
- 13-Transform Health Contract Supplement
- 14 -Desert Vista Contract Supplement
- 15-Blue Cross of California Incentive Agreement

16-Molina Healthcare Incentive Agreement

17-Dignity Health Incentive Agreement

18-UC Davis Health Incentive Agreement

19-WPC program agreement amendment with the Department of Health Care Services

Description/Analysis

Issue Detail: In June 2017, the City of Sacramento (City) was accepted into the State Department of Health Care Services' (DHCS) Whole Person Care (WPC) program, with a budget of up to approximately \$64 million over a four-year term, inclusive of local funding re-aligned to support WPC and federal matching dollars, to support development of the WPC program model and to fund new services. WPC is a statewide Medi-Cal waiver program that allows communities to create a system of supportive services aimed to improve health outcomes and reduce utilization of high-cost services for vulnerable populations. In Sacramento, the WPC program is called the Pathways to Health + Home (Pathways) program and supports broader City strategies to reduce and prevent homelessness, by creating a robust system of outreach, case management and supportive services for those frequent users of health care, homeless services, and emergency services.

As of February 15, 2021, Pathways had 889 individuals enrolled and had served a total of 2,246 individuals through the life of the program. A total of 312,208 services, including outreach, navigation, care coordination, and housing support, have been provided to the community. Additionally, Pathways has helped permanently or transitionally house a total of 922 individuals. Pathways is collaborating with over 20 health care, housing, and social service providers to ensure continuity of care for program enrollees.

On September 16, 2020, DHCS submitted a request to the federal Centers for Medicare and Medicaid Services (CMS) for an extension of the WPC program for an additional Program Year (PY) 6 that would run through December 31, 2021. On September 8, 2020 and again on October 27, 2020, City Council approved a funding plan for extension of Pathways through PY 6 if DHCS secured an extension of the WPC pilot. On December 15, 2020, Council authorized extending existing Pathways service contracts from January 1, 2021 to March 31, 2021 to support service delivery for the first three months of PY 6, until CMS approved the extension of the WPC program. CMS has now authorized an extension of the WPC pilot through December 31, 2021. This staff report seeks City Council authorization to execute an agreement with DHCS to extend the Pathways program through PY 6 and extend existing Pathways service contracts to correspond with the program extension. This report also seeks authorization to extend and expand the scope of the City's contract with Transform Health (TH), the City's outside program manager, to assist with program operation through December 2021 and then assist in transitioning clients and ramping down the program through June 2022.

Extension of Pathways into PY6

The Pathways Program is a unique model in that wrap-around services are provided to an enrollee to ensure a medical home is established and referrals to housing and social supports

are made, with the ultimate goal of decreasing reliance on emergency response systems and decreasing homelessness within Sacramento. As the program enters its final year, the contract extensions will ensure continuity of services as the City ramps down the program.

Extension of Hub Services

The Pathways hub partners provide individualized care management services aimed at achieving health, behavioral health, and housing stability with a focus on improving functioning levels, and quality of life of participants, as appropriate and acceptable to enrollees. Elica Health Centers, WellSpace Health, Sacramento Native American Health Center (SNAHC), One Community Health (OCH), and Sacramento Covered currently have active Pathways hub contracts and have been serving a range of 125 to 365 program enrollees each. Staff is seeking Council approval for the PY6 extension of the Elica, SNAHC, WellSpace Health and OCH hub contracts through December 31, 2021. By extending the existing hub contracts, Pathways will be able to provide medical care coordination supports for up to 1,035 enrollees.

Extension of Housing Services

The role of the Housing Services Entity is to work with unsheltered Pathways enrollees to locate the most appropriate and available housing, both subsidized and non-subsidized. The Pathways Program is a unique model in that wrap-around services are provided to an enrollee to ensure a medical home is established and referrals to housing and social supports are made, with the ultimate goal of decreasing reliance on emergency response systems and decreasing homelessness within Sacramento. At this time staff is seeking Council approval for the extension of the Sacramento Self-Help Housing (SSHH), Lutheran Social Services (LSS) of Northern California, and Sacramento Covered housing contracts until June 30, 2021. Staff will be renegotiating contract supplements for these services for the last six months of the program and will bring those contract supplements to Council at a later date.

Extension of Interim Care Program Plus Services

As part of the initial program design, the Pathways program included funding to provide medical respite care, as often times emergency shelters and traditional housing options cannot support the medically fragile population who discharge from inpatient facilities. The existing Interim Care Program + (ICP+), operated by WellSpace, provides short-term residential care for individuals who are homeless and recovering from an acute illness or injury and whose condition would be exacerbated by living on the streets, in a shelter, or other unsuitable places. In 2020, Pathways funding was provided to fund an expansion of the ICP+ program by 20 beds. These beds have been continually full since opening, and this report seeks approval to continue this program component through December 31, 2021 via a contract supplement with WellSpace Health.

Extension of Outreach and IT Services

Staff further recommends approval of a contract supplement to the nonprofessional master services agreement no. 2019-1542 with Sacramento Covered to extend outreach services through June 30, 2021. Approval of this contract supplement will also extend IT services through June 30, 2021 to ensure that Pathways enrollee data, care coordination activities, and program outcomes continue to be monitored and tracked. Staff will be renegotiating a Sacramento Covered contract supplement for these services for the last six months of the program and will bring that contract supplement to Council at a later date.

Table 1 below outlines the requested contract supplements as mentioned in the above narrative.

Table 1: Requested Contract Extensions for PY6 Activities

Service Type	Vendor Name	Contract Number	Supp. Number	Supp. Amount	New Contract NTE Amount	Contract extension end date
Housing	SSHH	2019-0260	10	\$ 318,750	\$ 4,929,610	6/30/2021
Housing	LSS	2019-0256	8	\$ 93,750	\$ 1,611,545	6/30/2021
Hub	WSH	2019-0257	8	\$ 854,100	\$ 2,277,840	12/31/2021
Hub	SNAHC	2019-0258	6	\$ 289,575	\$ 987,690	12/31/2021
Hub	Elica	2019-0259	5	\$ 263,250	\$ 861,825	12/31/2021
Hub	One Community	2019-1061	4	\$ 219,375	\$ 583,830	12/31/2021
Housing, Hub, Outreach, IT	Sacramento Covered	2019-1542	7	\$ 1,089,000	\$ 9,090,660	6/30/2021
ICP+	WSH	2020-0190	2	\$ 1,413,500	\$ 3,401,395	12/31/2021
Total Amount Requested for Contract Supplements				\$ 4,541,300		

Intergovernmental Agreements

Sutter Health, UC Davis Health and Dignity Health have committed funding to support the Pathways program through the last year of program operations. Pathways supports the hospital systems' broader community goals to reduce unnecessary emergency room visits, increase overall health of vulnerable populations, as it works to secure permanent housing for people experiencing homelessness. Given the success of Pathways thus far and the significant benefit of Pathways to the local community, Sutter Health, UC Davis Health and Dignity Health desire to continue providing funding through the PY 6 Pathways extension.

These partners' contributions act as match dollars for the City to transmit intergovernmental transfers (IGT) to DHCS. The IGTs are done twice a year (in May and October), and the partners provide half of their commitment twice a year. In general, the IGT process requires the City to transfer funding to the State who then transfers it to CMS. CMS matches the City's funding and returns it, typically within six to eight weeks.

Staff is seeking approval of amendments to the IGT agreements with Sutter Health, UC Davis Health and Dignity Health for a new iteration of funding to continue the program through PY 6. Table 2 below outlines the requested contract amendments as mentioned in the above narrative.

Table 2: Requested Contract Increase for Pathways PY6 Contributions

Partner	Contract Number	Previous contributions	PY6 Contribution	New Contract NTE Amount
UC Davis Health	2018-1105	\$ 750,000	\$ 250,000	\$ 1,000,000
Dignity Health	2018-0408	\$ 5,250,000	\$1,500,000	\$ 6,750,000
Sutter Health	2018-0407	\$ 8,906,925	\$2,945,550	\$ 11,852,475
Total PY6 Contributions			\$4,695,550	

Transform Health Contract Extension and Increased Scope

Transform Health (TH) provides support to the City for the management and operations of the Pathways program. The City first contracted with TH in 2017, at the start of the Pathways program, and has amended this contract four times since. The current structure of the contract pays TH a monthly retainer, calculated based off the level of work for that month. The contract is set to end on June 30, 2021, with the final six months of the contract (January – June 2021) as a “ramp down” period, with minimal services provided to properly close out the program. With the program continuing through December 30, 2021, staff is seeking authorization to extend the TH contract through June 30, 2022 to support another full year of program activities (2021) and six months of ramp down support from January - June 2022.

The contract supplement ensures the proper transition of Pathways clients into successor programs by conducting workgroup meetings with providers, health plans and other partners, developing a transition plan, as required by the State, and monitoring and oversight of transition related activities. In addition, TH would take on tasks and activities previously provided by City staff that have recently left the City, such as extending the City's IGT agreements, processing city incentive donations, producing regular program recaps, program coordination with Sacramento Housing and Redevelopment Agency (SHRA) regarding

vouchers, regular and ongoing coordination and oversight meetings with partners, and completing reporting activities for the City's Kaiser grants for WPC. Lastly, TH will assist the City in sunsetting the program, including ensuring final provider invoices are paid, audit files are complete, and a final invoice is submitted to the State in May of 2022.

Desert Vista Pathways Program Evaluation

The City aims to meet the goals set forth in the Whole Person Care application to DHCS including but not limited to decreasing inpatient utilization, emergency room visits, and 30-day all cause readmissions, and improving permanent housing outcomes. The purpose of the Pathways program evaluation by contractor Desert Vista, is to determine if the program's goals and objectives are reflected in the activities and outcomes of the program and use the key evaluation findings to guide program improvement and policy decision making, as needed. The goal of this evaluation is also to identify promising practices and/or areas for improvement within the current housing and healthcare service delivery system and to identify sustainable strategies to serving Sacramento's medically complex homeless population. Staff is seeking an extension of the Desert Vista contract without an increase of the not-to-exceed amount, to continue the evaluation of the Pathways program.

PY5 Incentive Agreements

This report also seeks approval of an additional four Pathways PY5 Incentive Agreements for participating program partners, whereby the City provides incentive payments to partners who are providing services and/or participating in the Pathways program design. Staff brought 11 of these agreements to Council on December 15, 2020. At the time staff noted that additional agreements with managed care and hospital partners were budgeted to receive incentives and had met the requirements to bill for activities completed in PY5, however the contracts had not been finalized and would be brought to Council at a later date. Staff is now seeking authority to execute PY5 incentive agreements with Blue Cross of CA, Molina Healthcare, Dignity Health, and UC Davis Health.

Policy Considerations: The Pathways program aligns with the federal directive and City commitment that funding for addressing homelessness follow a "housing first" approach, which offers permanent housing as quickly as possible for individuals and families experiencing homelessness. In housing first programs, supportive services are offered (but not required as a condition of tenancy) to help people keep their housing and avoid returning to homelessness. This evidence-based approach is consistent with the strategies and funding priorities of the other public agencies working to end homelessness in Sacramento. Partnering with other agencies to leverage resources and improve livability is consistent with the City Council's past actions and current direction.

Economic Impacts: None.

Environmental Considerations: The actions specified in this report do not constitute a “project” under the California Environmental Quality Act (CEQA) because they are continuing administrative activities and amount to general policy and procedure making [CEQA Guidelines section 15378(b)(2)].

Sustainability: Not Applicable

Commission/Committee Action: None

Rationale for Recommendation: The Pathways program is an opportunity for a community to transform healthcare and housing systems serving vulnerable populations by aligning services and data through performance-based contracts. The impact of Pathways on both service delivery for vulnerable populations and the expansion of partnerships with the health care community has been significant. On October 27, 2020, the City Council approved a funding plan for extension of the Pathways program with DHCS through December 31, 2021. Staff's recommendation will allow maintenance of the level of services under Pathways which include health care coordination, outreach and referral, as well as housing supports through the end of PY 6.

Financial Considerations: There is existing budgetary authority in the Whole Person Care Multi-Year Operating Project (I02000900), in Operating Grants (Fund 2702) to fund the contract extensions and incentive agreements.

Local Business Enterprise (LBE): All the Pathways service partners are local businesses with established operations in Sacramento and have a history of serving Sacramento's medically fragile and homeless populations.

**CONTRACT SUPPLEMENT
(Professional Services)**

Project Title and Job Number: Pathways to Health + Home
Purchase Order #: SACTO-0000049245

Date: 4/01/2021
Contract Supplement No.: 10

The City of Sacramento ("City") and Sacramento Self-Help Housing, Inc. ("Contractor"), as parties to that certain Professional Services Agreement designated as Agreement Number 2019-0260, including any prior contract supplements modifying the agreement (the agreement and contract supplements are hereafter collectively referred to as the "Agreement"), hereby supplement and modify the Agreement as follows:

1. The Agreement is amended as follows:

- Section 1 of Exhibit A is amended to reflect that the City Representative is Bridgette Dean, Interim Director, Office of Community Response, bdean@cityofsacramento.org, 916-808-1222.
- Section 2 of Attachment 1 to Exhibit A (Time of Performance) is amended to extend the time of performance through June 30, 2021. Contractor shall thus perform all services specified in Attachments 1, 2, and 3 to Exhibit A through June 30, 2021.
- Section 5(L) of Attachment 1 to Exhibit A (Housing Services Work) is hereby deleted and replaced with the following language:
 - L. Provide move-in assistance, household establishment and housing retention services to include access to funds for security deposits, utilities, and furnishings based upon Enrollee readiness to accept permanent housing, and Enrollees with completed documentation to access permanent housing will be eligible for one-time flexible funding up to \$5,000 to pay for security deposits, utilities, furnishings, household supplies, and Enrollee debt when it is a barrier to housing.
 - i. Up to \$4,000 of the one-time flexible funding may be used to pay down Enrollee debt when the debt is a barrier to housing, i.e., negatively impacts the Enrollee's credit score thus preventing the ability to lease.
- Section 10 of Attachment 1 to Exhibit A (Graduation and Dis-Enrollment from WPC Eligibility) is hereby deleted and replaced with the attached Section 10.
- Section C of Attachment 1 to Exhibit B is hereby deleted and replaced with the following language:
 - C. CONTRACTOR shall be reimbursed for one-time actual costs incurred related to Housing location, stabilization or retention, not to exceed a total of \$5,000 per Enrollee as supported by receipts and/or invoices stating the nature of the cost(s), and subject to availability of funds in the shared housing reimbursement pool, which will have a total amount of \$676,385 for Program Year 6.

- i. CONTRACTOR will provide documentation of Enrollee debt and documentation of debt being a barrier to housing to support using the one-time funding to pay down debt.
2. In consideration of the additional and/or revised services described in section 1, above, the maximum not-to-exceed amount that is specified in Exhibit B of the Agreement for payment of Contractor's fees and expenses, is increased by \$318,750, and the Agreement's maximum not to-exceed amount is amended as follows:
- | | |
|--|-----------------------|
| Agreement's original not-to-exceed amount: | <u>\$925,000.00</u> |
| Net change by previous contract supplements: | <u>\$3,685,860.00</u> |
| Not-to-exceed amount prior to this contract supplement: | <u>\$4,610,860.00</u> |
| Increase by this contract supplement: | <u>\$318,750.00</u> |
| New not-to exceed amount including all contract supplements: | <u>\$4,929,610.00</u> |
3. Contractor agrees that the amount of increase in the not-to-exceed amount specified in section 2, above, shall constitute full compensation for the additional and/or revised services specified in section 1, above, and shall fully compensate Contractor for any and all direct and indirect costs that may be incurred by Contractor in connection with such additional and/or revised services, including costs associated with any changes and/or delays in schedules or in the delivery of other services by Contractor.
4. Contractor warrants and represents that the person or persons executing this contract supplement on behalf of Contractor has or have been duly authorized by Contractor to sign this contract supplement and bind Contractor to the terms hereof.
5. Except as specifically revised herein, all terms and conditions of the Agreement shall remain in full force and effect, and Contractor shall perform all of the services, duties, obligations, and conditions required under the Agreement, as supplemented and modified by this contract supplement.

Approval Recommended By:

Project Manager

Approved As To Form By:


Maila Hansen (Mar 26, 2021 15:46 PDT)

City Attorney

Approved By:



Contractor

Attested To By:

City Clerk

Approved By:

City of Sacramento

Attachment 1 to Exhibit A
Scope of Services – Housing Entity

10. **Graduation and Dis-Enrollment from WPC Eligibility:** Contractor will refer to the Pathways Graduation and Dis-Enrollment Policy for current graduation and disenrollment criteria. With guidance and coordination from CITY, CONTRACTOR will transition all Enrollees out of the program by December 31, 2021.

CONTRACTOR-initiated Discharge or Transfer: A formal procedure shall be established by the CONTRACTOR and approved by the Pathways Team. As part of the procedure, the Enrollee shall be notified in writing by the CONTRACTOR of the intent to discharge or transfer the Enrollee for cause and allowed a period of no less than 20 calendar days to respond to the proposed action.

- A. CONTRACTOR must submit a written request for discharge or transfer, and the documentation supporting the request to the Pathways Team for approval. The supporting documentation must establish the pattern of behavior and CONTRACTOR's efforts to resolve the problem. The Pathways Team shall review the request and render a decision in writing within 10 working days of receipt of a CONTRACTOR request and necessary documentation. If the CONTRACTOR-initiated request for discharge or transfer is approved by the Pathways Team, the Pathways Team shall work with other Hubs for placement of the Enrollee. CONTRACTOR shall be notified by the Pathways Team of the decision, and if the request is granted, shall be notified by the Pathways Team of the effective date of the discharge or transfer. CONTRACTOR shall notify the Enrollee of the discharge or transfer for cause if the Pathways Team grants the CONTRACTOR-initiated request for discharge or transfer.
- B. CONTRACTOR shall continue to provide Pathways program services to the Enrollee until the effective date of the discharge or transfer.

**CONTRACT SUPPLEMENT
(Professional Services)**

Project Title and Job Number: Pathways to Health + Home
Purchase Order #: SACTO-0000049244

Date: 4/01/2021
Contract Supplement No.: 8

The City of Sacramento ("City") and Lutheran Social Services of Northern California ("Contractor"), as parties to that certain Professional Services Agreement designated as Agreement Number 2019-0256, including any prior contract supplements modifying the agreement (the agreement and contract supplements are hereafter collectively referred to as the "Agreement"), hereby supplement and modify the Agreement as follows:

1. The Agreement is amended as follows:

- Section 1 of Exhibit A is amended to reflect that the City Representative is Bridgette Dean, Interim Director, Office of Community Response, bdean@cityofsacramento.org, 916-808-1222.
- Section 2 of Attachment 1 to Exhibit A (Time of Performance) is amended to extend the time of performance through June 30, 2021. Contractor shall thus perform all services specified in Attachments 1, 2, and 3 to Exhibit A through June 30, 2021.
- Section 5(L) of Attachment 1 to Exhibit A (Housing Services Work) is hereby deleted and replaced with the following language:
 - L. Provide move-in assistance, household establishment and housing retention services to include access to funds for security deposits, utilities, and furnishings based upon Enrollee readiness to accept permanent housing, and Enrollees with completed documentation to access permanent housing will be eligible for one-time flexible funding up to \$5,000 to pay for security deposits, utilities, furnishings, household supplies, and Enrollee debt when it is a barrier to housing.
 - i. Up to \$4,000 of the one-time flexible funding may be used to pay down Enrollee debt when the debt is a barrier to housing, i.e., negatively impacts the Enrollee's credit score thus preventing the ability to lease.
- Section 10 of Attachment 1 to Exhibit A (Graduation and Dis-Enrollment from WPC Eligibility) is hereby deleted and replaced with the attached Section 10.
- Section C of Attachment 1 to Exhibit B is hereby deleted and replaced with the following language:
 - C. CONTRACTOR shall be reimbursed for one-time actual costs incurred related to Housing location, stabilization or retention, not to exceed a total of \$5,000 per Enrollee as supported by receipts and/or invoices stating the nature of the cost(s), and subject to availability of funds in the shared housing reimbursement pool, which will have a total amount of \$234,231 for Program Year 6.

- i. CONTRACTOR will provide documentation of Enrollee debt and documentation of debt being a barrier to housing to support using the one-time funding to pay down debt.

2. In consideration of the additional and/or revised services described in section 1, above, the maximum not-to-exceed amount that is specified in Exhibit B of the Agreement for payment of Contractor's fees and expenses, is increased by \$93,750, and the Agreement's maximum not to-exceed amount is amended as follows:

Agreement's original not-to-exceed amount:	<u>\$325,000.00</u>
Net change by previous contract supplements:	<u>\$1,192,795.00</u>
Not-to-exceed amount prior to this contract supplement:	<u>\$1,517,795.00</u>
Increase by this contract supplement:	<u>\$93,750.00</u>
New not-to exceed amount including all contract supplements:	<u>\$1,611,545.00</u>

3. Contractor agrees that the amount of increase in the not-to-exceed amount specified in section 2, above, shall constitute full compensation for the additional and/or revised services specified in section 1, above, and shall fully compensate Contractor for any and all direct and indirect costs that may be incurred by Contractor in connection with such additional and/or revised services, including costs associated with any changes and/or delays in schedules or in the delivery of other services by Contractor.
4. Contractor warrants and represents that the person or persons executing this contract supplement on behalf of Contractor has or have been duly authorized by Contractor to sign this contract supplement and bind Contractor to the terms hereof.
5. Except as specifically revised herein, all terms and conditions of the Agreement shall remain in full force and effect, and Contractor shall perform all of the services, duties, obligations, and conditions required under the Agreement, as supplemented and modified by this contract supplement.

Approval Recommended By:

Project Manager

Approved As To Form By:


Maile Hansen (Mar 18, 2021 10:42 PDT)

City Attorney

Approved By:


Contractor

Attested To By:

City Clerk

Approved By:

City of Sacramento

Attachment 1 to Exhibit A
Scope of Services – Housing Entity

- 10. Graduation and Dis-Enrollment from WPC Eligibility:** Contractor will refer to the Pathways Graduation and Dis-Enrollment Policy for current graduation and disenrollment criteria. With guidance and coordination from CITY, CONTRACTOR will transition all Enrollees out of the program by December 31, 2021.

CONTRACTOR-initiated Discharge or Transfer: A formal procedure shall be established by the CONTRACTOR and approved by the Pathways Team. As part of the procedure, the Enrollee shall be notified in writing by the CONTRACTOR of the intent to discharge or transfer the Enrollee for cause and allowed a period of no less than 20 calendar days to respond to the proposed action.

- A. CONTRACTOR must submit a written request for discharge or transfer, and the documentation supporting the request to the Pathways Team for approval. The supporting documentation must establish the pattern of behavior and CONTRACTOR's efforts to resolve the problem. The Pathways Team shall review the request and render a decision in writing within 10 working days of receipt of a CONTRACTOR request and necessary documentation. If the CONTRACTOR-initiated request for discharge or transfer is approved by the Pathways Team, the Pathways Team shall work with other Hubs for placement of the Enrollee. CONTRACTOR shall be notified by the Pathways Team of the decision, and if the request is granted, shall be notified by the Pathways Team of the effective date of the discharge or transfer. CONTRACTOR shall notify the Enrollee of the discharge or transfer for cause if the Pathways Team grants the CONTRACTOR-initiated request for discharge or transfer.
- B. CONTRACTOR shall continue to provide Pathways program services to the Enrollee until the effective date of the discharge or transfer.

**CONTRACT SUPPLEMENT
(Professional Services)**

Project Title and Job Number: Pathways to Health + Home
Purchase Order #: SACTO-0000049249

Date: 04/01/2021
Contract Supplement No.: 8

The City of Sacramento ("City") and WellSpace Health, Inc. ("Contractor"), as parties to that certain Professional Services Agreement designated as Agreement Number 2019-0257, including any prior contract supplements modifying the agreement (the agreement and contract supplements are hereafter collectively referred to as the "Agreement"), hereby supplement and modify the Agreement as follows:

1. The Agreement is amended as follows:

- The Agreement term was previously extended through March 31, 2021 via Contract Supplement No. 7. Additional funds are necessary to sustain Contractor's services through the extended term, but such additional funds were inadvertently excluded from Contract Supplement No. 7.
- Section 1 of Exhibit A is amended to reflect that the City Representative is Bridgette Dean, Interim Director, Office of Community Response, bdean@cityofsacramento.org, 916-808-1222.
- Section 2 of Attachment 1 to Exhibit A (Time of Performance) is amended to extend the time of performance through December 31, 2021. Contractor shall thus perform all services specified in Attachment 1 to Exhibit A through December 31, 2021.
- Section 9(vi.) of Attachment 1 to Exhibit A (Data Sharing, Reporting, and Documentation) is hereby deleted and replaced with the following language:
 - vi. Submit reports and invoices as requested by the Pathways Enrollment and Eligibility Entity, CITY, and/or Pathways Team in a timely manner and provide all required supporting documentation. A new requirement for PY6 is the submission of bi-weekly data reports in a format to be prescribed by the CITY.
- Section 11 of Attachment 1 to Exhibit A is hereby deleted and replaced with the attached Section 11.

2. In consideration of the additional and/or revised services described in section 1, above, the maximum not-to-exceed amount that is specified in Exhibit B of the Agreement for payment of Contractor's fees and expenses, is increased by \$854,100, and the Agreement's maximum not-to-exceed amount is amended as follows:


Agreement's original not-to-exceed amount:	<u>\$ 412,500.00</u>
Net change by previous contract supplements:	<u>\$ 1,011,240.00</u>
Not-to-exceed amount prior to this contract supplement:	<u>\$ 1,423,740.00</u>
Increase by this contract supplement:	<u>\$ 854,100.00</u>
New not-to exceed amount including all contract supplements:	<u>\$ 2,277,840.00</u>

3. Contractor agrees that the amount of increase in the not to-exceed amount specified in section 2, above, shall constitute full compensation for the additional and/or revised services specified in section 1, above, and shall fully compensate Contractor for any and all direct and indirect costs that may be incurred by Contractor in connection with such additional and/or revised services, including costs associated with any changes and/or delays in schedules or in the delivery of other services by Contractor.
4. Contractor warrants and represents that the person or persons executing this contract supplement on behalf of Contractor has or have been duly authorized by Contractor to sign this contract supplement and bind Contractor to the terms hereof.
5. Except as specifically revised herein, all terms and conditions of the Agreement shall remain in full force and effect, and Contractor shall perform all of the services, duties, obligations, and conditions required under the Agreement, as supplemented and modified by this contract supplement.

Approved By:

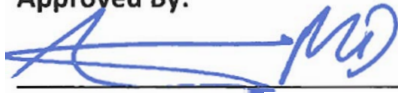
Project Manager

Approved As To Form By:


Maila Hansen, Mar 18, 2021 10:49 PDT

City Attorney

Approved By:


Contractor

Attested To By:

City Clerk

Approved By:

City of Sacramento

Attachment 1 to Exhibit A
Scope of Services – Hub Entity

- 11. Graduation and Dis-Enrollment from WPC Eligibility:** Contractor will refer to the Pathways Graduation and Dis-Enrollment Policy for current graduation and disenrollment criteria. With guidance and coordination from CITY, CONTRACTOR will transition all Enrollees out of the program by December 31, 2021.

CONTRACTOR-initiated Discharge or Transfer: A formal procedure shall be established by the CONTRACTOR and approved by the Pathways Team. As part of the procedure, the Enrollee shall be notified in writing by the CONTRACTOR of the intent to discharge or transfer the Enrollee for cause and allowed a period of no less than 20 calendar days to respond to the proposed action.

- A. CONTRACTOR must submit a written request for discharge or transfer, and the documentation supporting the request to the Pathways Team for approval. The supporting documentation must establish the pattern of behavior and CONTRACTOR's efforts to resolve the problem. The Pathways Team shall review the request and render a decision in writing within 10 working days of receipt of a CONTRACTOR request and necessary documentation. If the CONTRACTOR-initiated request for discharge or transfer is approved by the Pathways Team, the Pathways Team shall work with other Hubs for placement of the Enrollee. CONTRACTOR shall be notified by the Pathways Team of the decision, and if the request is granted, shall be notified by the Pathways Team of the effective date of the discharge or transfer. CONTRACTOR shall notify the Enrollee of the discharge or transfer for cause if the Pathways Team grants the CONTRACTOR-initiated request for discharge or transfer.
- B. CONTRACTOR shall continue to provide Pathways program services to the Enrollee until the effective date of the discharge or transfer.

**CONTRACT SUPPLEMENT
(Professional Services)**

Project Title and Job Number: Pathways to Health + Home
Purchase Order #: SACTO-0000049241

Date: 04/01/2021 Contract
Supplement No.: 6

The City of Sacramento ("City") and Sacramento Native American Health Center ("Contractor"), as parties to that certain Professional Services Agreement designated as Agreement Number 2019-0258, including any prior contract supplements modifying the agreement (the agreement and contract supplements are hereafter collectively referred to as the "Agreement"), hereby supplement and modify the Agreement as follows:

1. The Agreement is amended as follows:

- Section 1 of Exhibit A is amended to reflect that the City Representative is Bridgette Dean, Interim Director, Office of Community Response, bdean@cityofsacramento.org, 916-808-1222.
- Section 2 of Attachment 1 to Exhibit A (Time of Performance) is amended to extend the time of performance through December 31, 2021. Contractor shall thus perform all services specified in Attachment 1 to Exhibit A through December 31, 2021.
- Section 9(vi.) of Attachment 1 to Exhibit A (Data Sharing, Reporting, and Documentation) is hereby deleted and replaced with the following language:
 - vi. Submit reports and invoices as requested by the Pathways Enrollment and Eligibility Entity, CITY, and/or Pathways Team in a timely manner and provide all required supporting documentation. A new requirement for PY6 is the submission of bi-weekly data reports in a format to be prescribed by the CITY.
- Section 11 of Attachment 1 to Exhibit A is hereby deleted and replaced with the attached Section 11.

2. In consideration of the additional and/or revised services described in section 1, above, the maximum not-to-exceed amount that is specified in Exhibit B of the Agreement for payment of Contractor's fees and expenses, is increased by \$289,575, and the Agreement's maximum not-to-exceed amount is amended as follows:

Agreement's original not-to-exceed amount:	<u>\$ 222,750.00</u>
Net change by previous contract supplements:	<u>\$ 475,365.00</u>
Not-to-exceed amount prior to this contract supplement:	<u>\$ 698,115.00</u>
Increase by this contract supplement:	<u>\$ 289,575.00</u>
New not-to exceed amount including all contract supplements:	<u>\$ 987,690.00</u>

3. Contractor agrees that the amount of increase in the not-to-exceed amount specified in section 2, above, shall constitute full compensation for the additional and/or revised services specified in section 1, above, and shall fully compensate Contractor for any and all direct and indirect costs that may be incurred by Contractor in connection with such additional and/or revised services, including costs associated with any changes and/or delays in schedules or in the delivery of other services by Contractor.

4. Contractor warrants and represents that the person or persons executing this contract supplement on behalf of Contractor has or have been duly authorized by Contractor to sign this contract supplement and bind Contractor to the terms hereof.
5. Except as specifically revised herein, all terms and conditions of the Agreement shall remain in full force and effect, and Contractor shall perform all of the services, duties, obligations, and conditions required under the Agreement, as supplemented and modified by this contract supplement.

Approval Recommended By:


Project Manager

Approved As To Form By:

Malia Hansen
Malia Hansen, Mar 22, 2021 17:57 PDT

City Attorney

Approved By:


Contractor

Attested To By:

City Clerk

Approved By:

City of Sacramento

Attachment 1 to Exhibit A
Scope of Services – Hub Entity

- 11. Graduation and Dis-Enrollment from WPC Eligibility:** Contractor will refer to the Pathways Graduation and Dis-Enrollment Policy for current graduation and disenrollment criteria. With guidance and coordination from CITY, CONTRACTOR will transition all Enrollees out of the program by December 31, 2021.

CONTRACTOR-initiated Discharge or Transfer: A formal procedure shall be established by the CONTRACTOR and approved by the Pathways Team. As part of the procedure, the Enrollee shall be notified in writing by the CONTRACTOR of the intent to discharge or transfer the Enrollee for cause and allowed a period of no less than 20 calendar days to respond to the proposed action.

- A. CONTRACTOR must submit a written request for discharge or transfer, and the documentation supporting the request to the Pathways Team for approval. The supporting documentation must establish the pattern of behavior and CONTRACTOR's efforts to resolve the problem. The Pathways Team shall review the request and render a decision in writing within 10 working days of receipt of a CONTRACTOR request and necessary documentation. If the CONTRACTOR-initiated request for discharge or transfer is approved by the Pathways Team, the Pathways Team shall work with other Hubs for placement of the Enrollee. CONTRACTOR shall be notified by the Pathways Team of the decision, and if the request is granted, shall be notified by the Pathways Team of the effective date of the discharge or transfer. CONTRACTOR shall notify the Enrollee of the discharge or transfer for cause if the Pathways Team grants the CONTRACTOR-initiated request for discharge or transfer.
- B. CONTRACTOR shall continue to provide Pathways program services to the Enrollee until the effective date of the discharge or transfer.

**CONTRACT SUPPLEMENT
(Professional Services)**

Project Title and Job Number: Pathways to Health + Home
Purchase Order #: SACTO-0000049251

Date: 04/01/2021
Contract Supplement No.: 5

The City of Sacramento ("City") and Elica Health Centers ("Contractor"), as parties to that certain Professional Services Agreement designated as Agreement Number 2019-0259, including any prior contract supplements modifying the agreement (the agreement and contract supplements are hereafter collectively referred to as the "Agreement"), hereby supplement and modify the Agreement as follows:

1. The Agreement is amended as follows:

- Section 1 of Exhibit A is amended to reflect that the City Representative is Bridgette Dean, Interim Director, Office of Community Response, bdean@cityofsacramento.org, 916-808-1222.
- Section 2 of Attachment 1 to Exhibit A (Time of Performance) is amended to extend the time of performance through December 31, 2021. Contractor shall thus perform all services specified in Attachment 1 to Exhibit A through December 31, 2021.
- Section 9(vi.) of Attachment 1 to Exhibit A (Data Sharing, Reporting, and Documentation) is hereby deleted and replaced with the following language:
 - vi. Submit reports and invoices as requested by the Pathways Enrollment and Eligibility Entity, CITY, and/or Pathways Team in a timely manner and provide all required supporting documentation. A new requirement for PY6 is the submission of bi-weekly data reports in a format to be prescribed by the CITY.
- Section 11 of Attachment 1 to Exhibit A is hereby deleted and replaced with the attached Section 11.

2. In consideration of the additional and/or revised services described in section 1, above, the maximum not-to-exceed amount that is specified in Exhibit B of the Agreement for payment of Contractor's fees and expenses, is increased by \$263,250, and the Agreement's maximum not-to-exceed amount is amended as follows:

Agreement's original not-to-exceed amount:	<u>\$ 206,250.00</u>
Net change by previous contract supplements:	<u>\$ 392,325.00</u>
Not-to-exceed amount prior to this contract supplement:	<u>\$ 598,575.00</u>
Increase by this contract supplement:	<u>\$ 263,250.00</u>
New not-to exceed amount including all contract supplements:	<u>\$ 861,825.00</u>

3. Contractor agrees that the amount of increase in the not-to-exceed amount specified in section 2, above, shall constitute full compensation for the additional and/or revised services specified in section 1, above, and shall fully compensate Contractor for any and all direct and indirect costs that may be incurred by Contractor in connection with such additional and/or revised services, including costs associated with any changes and/or delays in schedules or in the delivery of other services by Contractor.

4. Contractor warrants and represents that the person or persons executing this contract supplement on behalf of Contractor has or have been duly authorized by Contractor to sign this contract supplement and bind Contractor to the terms hereof.
5. Except as specifically revised herein, all terms and conditions of the Agreement shall remain in full force and effect, and Contractor shall perform all of the services, duties, obligations, and conditions required under the Agreement, as supplemented and modified by this contract supplement.

Approval Recommended By:

Project Manager

Approved As To Form By:

Maila Hansen
Maila Hansen (Mar 22, 2021 10:29 PDT)

City Attorney

Approved By:

DocuSigned by:
Tatyana Bak
630349DA68AF4B1...
Contractor

Attested To By:

City Clerk

Approved By:

City of Sacramento

Attachment 1 to Exhibit A
Scope of Services – Hub Entity

- 11. Graduation and Dis-Enrollment from WPC Eligibility:** Contractor will refer to the Pathways Graduation and Dis-Enrollment Policy for current graduation and disenrollment criteria. With guidance and coordination from CITY, CONTRACTOR will transition all Enrollees out of the program by December 31, 2021.

CONTRACTOR-initiated Discharge or Transfer: A formal procedure shall be established by the CONTRACTOR and approved by the Pathways Team. As part of the procedure, the Enrollee shall be notified in writing by the CONTRACTOR of the intent to discharge or transfer the Enrollee for cause and allowed a period of no less than 20 calendar days to respond to the proposed action.

- A. CONTRACTOR must submit a written request for discharge or transfer, and the documentation supporting the request to the Pathways Team for approval. The supporting documentation must establish the pattern of behavior and CONTRACTOR's efforts to resolve the problem. The Pathways Team shall review the request and render a decision in writing within 10 working days of receipt of a CONTRACTOR request and necessary documentation. If the CONTRACTOR-initiated request for discharge or transfer is approved by the Pathways Team, the Pathways Team shall work with other Hubs for placement of the Enrollee. CONTRACTOR shall be notified by the Pathways Team of the decision, and if the request is granted, shall be notified by the Pathways Team of the effective date of the discharge or transfer. CONTRACTOR shall notify the Enrollee of the discharge or transfer for cause if the Pathways Team grants the CONTRACTOR-initiated request for discharge or transfer.
- B. CONTRACTOR shall continue to provide Pathways program services to the Enrollee until the effective date of the discharge or transfer.

**CONTRACT SUPPLEMENT
(Professional Services)**

Project Title and Job Number: Pathways to Health + Home
Purchase Order #: SACTO-0000049804

Date: 04/01/2021
Contract Supplement No.: 4

The City of Sacramento ("City") and Cares Community Health dba One Community Health ("Contractor"), as parties to that certain Professional Services Agreement designated as Agreement Number 2019-1061, including any prior contract supplements modifying the agreement (the agreement and contract supplements are hereafter collectively referred to as the "Agreement"), hereby supplement and modify the Agreement as follows:

1. The Agreement is amended as follows:

- Section 1 of Exhibit A is amended to reflect that the City Representative is Bridgette Dean, Interim Director, Office of Community Response, bdean@cityofsacramento.org, 916-808-1222.
- Section 2 of Attachment 1 to Exhibit A (Time of Performance) is amended to extend the time of performance through December 31, 2021. Contractor shall thus perform all services specified in Attachment 1 to Exhibit A through December 31, 2021.
- Section 9(vi.) of Attachment 1 to Exhibit A (Data Sharing, Reporting, and Documentation) is hereby deleted and replaced with the following language:
 - vi. Submit reports and invoices as requested by the Pathways Enrollment and Eligibility Entity, CITY, and/or Pathways Team in a timely manner and provide all required supporting documentation. A new requirement for PY6 is the submission of bi-weekly data reports in a format to be prescribed by the CITY.
- Section 11 of Attachment 1 to Exhibit A is hereby deleted and replaced with the attached Section 11.

2. In consideration of the additional and/or revised services described in section 1, above, the maximum not-to-exceed amount that is specified in Exhibit B of the Agreement for payment of Contractor's fees and expenses, is increased by \$219,375, and the Agreement's maximum not-to-exceed amount is amended as follows:

Agreement's original not-to-exceed amount:	<u>\$ 195,000.00</u>
Net change by previous contract supplements:	<u>\$ 169,455.00</u>
Not-to-exceed amount prior to this contract supplement:	<u>\$ 364,455.00</u>
Increase by this contract supplement:	<u>\$ 219,375.00</u>
New not-to exceed amount including all contract supplements:	<u>\$ 583,830.00</u>

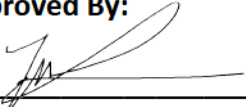
3. Contractor agrees that the amount of increase in the not-to-exceed amount specified in section 2, above, shall constitute full compensation for the additional and/or revised services specified in section 1, above, and shall fully compensate Contractor for any and all direct and indirect costs that may be incurred by Contractor in connection with such additional and/or revised services, including costs associated with any changes and/or delays in schedules or in the delivery of other services by Contractor.

4. Contractor warrants and represents that the person or persons executing this contract supplement on behalf of Contractor has or have been duly authorized by Contractor to sign this contract supplement and bind Contractor to the terms hereof.
5. Except as specifically revised herein, all terms and conditions of the Agreement shall remain in full force and effect, and Contractor shall perform all of the services, duties, obligations, and conditions required under the Agreement, as supplemented and modified by this contract supplement.

Approval Recommended By:

Project Manager

Approved By:



Contractor

Approved By:

City of Sacramento

Approved As To Form By:



Maila Hansen, Mar 22, 2021 10:31 PDT

City Attorney

Attested To By:

City Clerk

Attachment 1 to Exhibit A
Scope of Services – Hub Entity

- 11. Graduation and Dis-Enrollment from WPC Eligibility:** Contractor will refer to the Pathways Graduation and Dis-Enrollment Policy for current graduation and disenrollment criteria. With guidance and coordination from CITY, CONTRACTOR will transition all Enrollees out of the program by December 31, 2021.

CONTRACTOR-initiated Discharge or Transfer: A formal procedure shall be established by the CONTRACTOR and approved by the Pathways Team. As part of the procedure, the Enrollee shall be notified in writing by the CONTRACTOR of the intent to discharge or transfer the Enrollee for cause and allowed a period of no less than 20 calendar days to respond to the proposed action.

- A. CONTRACTOR must submit a written request for discharge or transfer, and the documentation supporting the request to the Pathways Team for approval. The supporting documentation must establish the pattern of behavior and CONTRACTOR's efforts to resolve the problem. The Pathways Team shall review the request and render a decision in writing within 10 working days of receipt of a CONTRACTOR request and necessary documentation. If the CONTRACTOR-initiated request for discharge or transfer is approved by the Pathways Team, the Pathways Team shall work with other Hubs for placement of the Enrollee. CONTRACTOR shall be notified by the Pathways Team of the decision, and if the request is granted, shall be notified by the Pathways Team of the effective date of the discharge or transfer. CONTRACTOR shall notify the Enrollee of the discharge or transfer for cause if the Pathways Team grants the CONTRACTOR-initiated request for discharge or transfer.
- B. CONTRACTOR shall continue to provide Pathways program services to the Enrollee until the effective date of the discharge or transfer.

**CONTRACT SUPPLEMENT
(Professional Services)**

Project Title and Job Number: Pathways to Health + Home
Purchase Order #: SACTO-000053437

Date: 4/01/2021
Contract Supplement No.: 7

The City of Sacramento ("City") and Healthy Community Forum for the Greater Sacramento Region dba Sacramento Covered ("Contractor"), as parties to that certain Professional Services Agreement designated as Agreement Number 2019-1542, including any prior contract supplements modifying the agreement (the agreement and contract supplements are hereafter collectively referred to as the "Agreement"), hereby supplement and modify the Agreement as follows:

1. The Agreement is amended as follows:

- Section 1 of Exhibit A is amended to reflect that the City Representative is Bridgette Dean, Interim Director, Office of Community Response, bdean@cityofsacramento.org, 916-808-1222.
- Section 3 of Exhibit A (Time of Performance) is amended to extend the term of the Agreement through June 30, 2021. Contractor shall thus perform all services specified in Attachments A-1, A-2, A-3, A-4, A-5, and A-6 to Exhibit A through June 30, 2021.
- Section 8(A)(7) of Attachment 1 to Exhibit A (Data Sharing, Reporting, and Documentation) is hereby deleted and replaced with the following language:
 - 7. Submit reports and invoices as requested by the Pathways Enrollment and Eligibility Entity, and/or CITY in a timely manner and provide all required supporting documentation. A new requirement for PY6 is the submission of bi-weekly Hub data reports in a format to be prescribed by the CITY.
- Section 6 of Attachment A-3 to Exhibit A (Pathways Hub Scope of Services) is hereby deleted and replaced with the attached Section 6.
- Section 1(L) of Attachment A-4 to Exhibit A (Pathways Housing Scope of Services) is hereby deleted and replaced with following language:
 - L. Provide move-in assistance, household establishment and housing retention services to include access to funds for security deposits, utilities, and furnishings based upon Enrollee readiness to accept permanent housing, and Enrollees with completed documentation to access permanent housing will be eligible for one-time flexible funding up to \$5,000 to pay for security deposits, utilities, furnishings, household supplies, and Enrollee debt when it is a barrier to housing.
 - i. Up to \$4,000 of the one-time flexible funding may be used to pay down Enrollee debt when the debt is a barrier to housing, i.e., negatively impacts the Enrollee's credit score thus preventing the ability to lease.

- Section 5 of Attachment 1 to Exhibit B (Fee Schedule) is hereby deleted and replaced with the following language:

8. **One-time Housing Assistance Reimbursements.** CONTRACTOR shall be reimbursed for one-time actual costs incurred related to housing location, stabilization or retention, not to exceed a total of \$5,000 per Enrollee as supported by receipts and/or invoices stating the nature of the cost(s), and subject to availability of funds in the shared housing reimbursement pool, which is \$626,385 for Program Year 6.

- i. CONTRACTOR will provide documentation of Enrollee debt and documentation of debt being a barrier to housing to support using the one-time funding to pay down debt.

2. In consideration of the additional and/or revised services described in section 1, above, the maximum not-to-exceed amount that is specified in Exhibit B of the Agreement for payment of Contractor's fees and expenses, is increased by \$1,089,000, and the Agreement's maximum not to-exceed amount is amended as follows:

Agreement's original not-to-exceed amount:	<u>\$1,129,000.00</u>
Net change by previous contract supplements:	<u>\$6,872,659.00</u>
Not-to-exceed amount prior to this contract supplement:	<u>\$8,001,659.85</u>
Increase by this contract supplement:	<u>\$1,089,000.00</u>
New not-to exceed amount including all contract supplements:	<u>\$9,090,659.85</u>

3. Contractor agrees that the amount of increase in the not-to-exceed amount specified in section 2, above, shall constitute full compensation for the additional and/or revised services specified in section 1, above, and shall fully compensate Contractor for any and all direct and indirect costs that may be incurred by Contractor in connection with such additional and/or revised services, including costs associated with any changes and/or delays in schedules or in the delivery of other services by Contractor.
4. Contractor warrants and represents that the person or persons executing this contract supplement on behalf of Contractor has or have been duly authorized by Contractor to sign this contract supplement and bind Contractor to the terms hereof.
5. Except as specifically revised herein, all terms and conditions of the Agreement shall remain in full force and effect, and Contractor shall perform all of the services, duties, obligations, and conditions required under the Agreement, as supplemented and modified by this contract supplement.

[Signature Page Follows]

Approval Recommended By:

Project Manager

Approved As To Form By:

Malla Hansen
Malla Hansen (Mar 18, 2021 10:47 PDT)

City Attorney

Approved By:

Kelly Burnett
Contractor

Attested To By:

City Clerk

Approved By:

City of Sacramento

Attachment A-3 to Exhibit A
Pathways Hub Scope of Services

- 6. Graduation and Dis-Enrollment from Pathways.** Contractor will refer to the Pathways Graduation and Dis-Enrollment Policy for current graduation and disenrollment criteria. With guidance and coordination from CITY, CONTRACTOR will transition all Enrollees out of the program by December 31, 2021.

CONTRACTOR-initiated Discharge or Transfer: A formal procedure shall be established by the CONTRACTOR and approved by the CITY. As part of the procedure, the Enrollee shall be notified in writing by the CONTRACTOR of the intent to discharge or transfer (e.g., move to another Pathways Hub Entity) the Enrollee for cause and allowed a period of no less than 20 calendar days to respond to the proposed action.

- A. CONTRACTOR must submit a written request for discharge or transfer, and the documentation supporting the request, to the CITY or its project manager for approval. The supporting documentation must establish the pattern of behavior and CONTRACTOR's efforts to resolve the problem. The CITY or its project manager shall review the request and render a decision in writing within 10 working days of receipt of a CONTRACTOR request and necessary documentation. If the CONTRACTOR-initiated request for discharge or transfer is approved by the CITY or its project manager, the CITY or its project manager shall work with other Pathway Hub Entities for placement of the Enrollee. CONTRACTOR shall be notified by the CITY or its project manager of the decision, and if the request is granted, shall be notified by the CITY of the effective date of the discharge or transfer. CONTRACTOR shall notify the Enrollee of the discharge or transfer for cause if the CITY or its project manager grants the CONTRACTOR-initiated request for discharge or transfer.
- B. CONTRACTOR shall continue to provide Pathways program services to the Enrollee until the effective date of the discharge or transfer.

**CONTRACT SUPPLEMENT
(Professional Services)**

Project Title and Job Number: Pathways to Health + Home
Purchase Order #: SACTO-0000054852

Date: 4/01/2021 Contract
Supplement No.: 2

The City of Sacramento ("City") and WellSpace Health, Inc. ("Contractor"), as parties to that certain Professional Services Agreement designated as Agreement Number 2020-0190, including any prior contract supplements modifying the agreement (the agreement and contract supplements are hereafter collectively referred to as the "Agreement"), hereby supplement and modify the Agreement as follows:

1. The Agreement is amended as follows:

- Section 1 of Exhibit A is amended to reflect that the City Representative is Bridgette Dean, Interim Director, Office of Community Response, bdean@cityofsacramento.org, 916-808-1222.
- Section 2 of Attachment 1 to Exhibit A (Time of Performance) is amended to extend the time of performance through December 31, 2021. Contractor shall thus perform all services specified in Attachment 1 to Exhibit A through December 31, 2021.

2. In consideration of the additional and/or revised services described in section 1, above, the maximum not-to-exceed amount that is specified in Exhibit B of the Agreement for payment of Contractor's fees and expenses, is increased by \$1,413,500 and the Agreement's maximum not-to-exceed amount is amended as follows:

Agreement's original not-to-exceed amount:	<u>\$ 1,639,660.00</u>
Net change by previous contract supplements:	<u>\$ 348,235.00</u>
Not-to-exceed amount prior to this contract supplement:	<u>\$ 1,987,895.00</u>
Increase by this contract supplement:	<u>\$ 1,413,500.00</u>
New not-to exceed amount including all contract supplements:	<u>\$ 3,401,395.00</u>

3. Contractor agrees that the amount of increase in the not-to-exceed amount specified in section 2, above, shall constitute full compensation for the additional and/or revised services specified in section 1, above, and shall fully compensate Contractor for any and all direct and indirect costs that may be incurred by Contractor in connection with such additional and/or revised services, including costs associated with any changes and/or delays in schedules or in the delivery of other services by Contractor.
4. Contractor warrants and represents that the person or persons executing this contract supplement on behalf of Contractor has or have been duly authorized by Contractor to sign this contract supplement and bind Contractor to the terms hereof.
5. Except as specifically revised herein, all terms and conditions of the Agreement shall remain in full force and effect, and Contractor shall perform all of the services, duties, obligations, and conditions required under the Agreement, as supplemented and modified by this contract supplement.

Approval Recommended By:



Project Manager

Approved As To Form By:



Maila Hansen, Mar 18, 2021 10:56 PDT

City Attorney

Approved By:



Contractor

Attested To By:

City Clerk

Approved By:

City of Sacramento

CITY OF SACRAMENTO

**WHOLE PERSON CARE
FIRST AMENDMENT TO INTER-GOVERNMENTAL TRANSFER FUNDING AGREEMENT**

This First Amendment to the Inter-Governmental Transfer Funding Agreement ("First Amendment") is made at Sacramento, California as of January 1, 2021, by and between the City of Sacramento, a municipal corporation ("City"), and The Regents of the University of California, on behalf of its University of California Davis Medical Center ("Grantor"). City and Grantor may be collectively referred to herein as "Parties" or in the singular as "Party," as the context requires.

Background

- A. The City and Grantor executed an Inter-Governmental Funding Agreement ("Agreement") on July 1, 2018 (referred to as Agreement No. 2018-1105), whereby Grantor agreed to provide grant funding to the City's Whole Person Care ("WPC") program (also known as "Pathways to Health + Home" or "Pathways") in specified amounts payable twice a year for the duration of the Pathways program.
- B. Pathways began in 2017 and was set to expire on December 31, 2020. However, the federal Centers for Medicare and Medicaid Services and the State of California's Department of Health Care Services recently extended the WPC program for another year. The extension adds "Program Year 6" to the WPC program, with the WPC program now concluding on December 31, 2021.
- C. Given the success of Pathways thus far and the significant benefit of Pathways to the local community, Grantor desires to provide grant funding to Pathways for Program Year 6 that will run until December 31, 2021. Accordingly, Grantor will provide funding for the final Pathways year in the amounts specified below and according to the terms and conditions of the Agreement.

Based on the foregoing background, City and Grantor agree as follows:

- 1. **Defined Terms.** Capitalized terms or acronyms used herein but not otherwise defined herein shall have the meanings ascribed to such terms in the Agreement.
- 2. **Program Year 6 Grant Amount.** The following funding obligations are hereby added to Section 1 of the Agreement:

WPC Program Year (PY)	Contribution Deadline	Contribution Amount
PY6: Jan 1 – Dec 31, 2021	July 31, 2021	\$125,000
PY6: Jan 1 – Dec 31, 2021	March 31, 2022	\$125,000

3. **Term.** Section 2 of the Agreement is hereby modified to reflect that the City's last IGT for the WPC program is now estimated to be before June 30, 2022.
4. **Severability.** If any portion of this First Amendment or the application thereof to any person or circumstance shall be held invalid or unenforceable, the remainder of this First Amendment shall not be affected thereby and shall be enforced to the greatest extent permitted by law.
5. **Entire Agreement.** This First Amendment contains the entire agreement between the Parties with respect to the matters set forth in this First Amendment and supersedes all prior understandings or agreements between the Parties with respect to these matters. Except as specifically amended or modified herein, each and every term, covenant and condition of the Agreement remains in full force and effect.
6. **Counterparts.** This First Amendment may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. The parties agree that this First Amendment may be executed with electronic signatures.
7. **Authority.** The person signing this First Amendment for each of the Parties represents and warrants that he or she is fully authorized to sign this First Amendment on behalf of their entity and to bind their entity to the performance of its obligations hereunder.

[Signature Page Follows]

Executed as of the day and year first above stated.

CITY OF SACRAMENTO

A Municipal Corporation

By: _____

Name: _____

Title: _____

For: Howard Chan, City Manager

**The Regents of the University of California,
on behalf of its University of California**

Davis Medical Center

A Corporation

By: _____

Name: Annie Wong

Title: Director, UC Davis Health Contracts

APPROVED AS TO FORM:

Milla Hansen
Milla Hansen, Mar 23, 2021 13:41 PDT

City Attorney

ATTEST:

City Clerk

CITY OF SACRAMENTO

WHOLE PERSON CARE

SECOND AMENDMENT TO INTER-GOVERNMENTAL TRANSFER FUNDING AGREEMENT

This Second Amendment to the Inter-Governmental Transfer Funding Agreement ("Second Amendment") is made at Sacramento, California as of January 1, 2021, by and between the City of Sacramento, a municipal corporation ("City"), and Sutter Valley Hospitals, a California nonprofit public benefit corporation doing business as Sutter Medical Center, Sacramento ("Grantor"). City and Grantor may be collectively referred to herein as "Parties" or in the singular as "Party," as the context requires.

Background

- A. The City and Grantor executed an Inter-Governmental Funding Agreement on March 20, 2018 (referred to as Agreement No. 2018-0407), as amended via a First Amendment to Inter-Governmental Funding Agreement entered into in 2019 (referred to as Agreement 2018-0407-01), whereby Grantor agreed to provide grant funding to the City's Whole Person Care ("WPC") program (also known as "Pathways to Health + Home" or "Pathways") in specified amounts payable twice a year for the duration of the Pathways program ("Agreement").
- B. Pathways began in 2017 and was set to expire on December 31, 2020. However, the federal Centers for Medicare and Medicaid Services and the State of California's Department of Health Care Services recently extended the WPC program for another year. The extension adds "Program Year 6" to the WPC program, with the WPC program now concluding on December 31, 2021.
- C. Given the success of Pathways thus far and the significant benefit of Pathways to the local community, Grantor desires to provide grant funding to Pathways for Program Year 6 that will run until December 31, 2021. Accordingly, Grantor will provide funding for the final Pathways year in the amounts specified below and according to the terms and conditions of the Agreement.

Based on the foregoing background, City and Grantor agree as follows:

- 1. **Defined Terms.** Capitalized terms or acronyms used herein but not otherwise defined herein shall have the meanings ascribed to such terms in the Agreement.
- 2. **Program Year 6 Grant Amount.** The table in Section 1 (Grant Amount) of the Agreement is deleted in its entirety and replaced with the following:

WPC Program Year (PY)	Contribution Deadline	Contribution Amount
PY2: July 1 – Dec 31, 2017	March 31, 2018	\$1,005,275
PY3: Jan 1 – Dec 31, 2018	July 31, 2018	\$1,005,275
PY3: Jan 1 – Dec 31, 2018	March 31, 2019	\$1,005,275
PY4: Jan 1 – Dec 31, 2019	September 30, 2019	\$1,005,275
PY4: Supplemental	October 30, 2019	\$935,000
PY4: Jan 1 – Dec 31, 2019	March 31, 2020	\$1,005,275
PY5: Jan 1 –Dec 31, 2020	July 31, 2020	\$1,940,275
PY5: Jan 1 –Dec 31, 2020	March 31, 2021	\$1,005,275
PY6: Jan 1 – Dec 31, 2021	July 31, 2021	\$1,940,275
PY6: Jan 1 – Dec 31, 2021	March 31, 2022	\$1,005,275

3. **Term.** Section 2 of the Agreement is hereby modified to reflect that the City's last IGT for the WPC program is now estimated to be before June 30, 2022.
4. **Severability.** If any portion of this Second Amendment or the application thereof to any person or circumstance shall be held invalid or unenforceable, the remainder of this Second Amendment shall not be affected thereby and shall be enforced to the greatest extent permitted by law.
5. **Entire Agreement.** This Second Amendment contains the entire agreement between the Parties with respect to the matters set forth in this Second Amendment and supersedes all prior understandings or agreements between the Parties with respect to these matters. Except as specifically amended or modified herein, each and every term, covenant and condition of the Agreement remains in full force and effect.
6. **Counterparts.** This Second Amendment may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. The parties agree that this Second Amendment may be executed with electronic signatures.
7. **Authority.** The person signing this Second Amendment for each of the Parties represents and warrants that he or she is fully authorized to sign this Second Amendment on behalf of their entity and to bind their entity to the performance of its obligations hereunder.

[Signature Page Follows]

SIGNATURE PAGE

Executed as of the day and year first above stated.

CITY OF SACRAMENTO

A Municipal Corporation

By: _____

Name: _____

Title: _____

For: Howard Chan, City Manager

Sutter Valley Hospitals dba Sutter Medical

Center Sacramento

A California Nonprofit Public Benefit
Corporation

By:  _____

Name: James E. Conforti

Title: SVH President

APPROVED AS TO FORM:



Maila Hansen (Mar 23, 2021 13:49 PDT)

City Attorney

ATTEST:

City Clerk

CITY OF SACRAMENTO

**WHOLE PERSON CARE
FIRST AMENDMENT TO INTER-GOVERNMENTAL TRANSFER FUNDING AGREEMENT**

This First Amendment to the Inter-Governmental Transfer Funding Agreement ("First Amendment") is made at Sacramento, California as of the last date signed below, by and between the City of Sacramento, a municipal corporation ("City"), and Dignity Health, a California nonprofit public benefit corporation doing business as Mercy General Hospital, Mercy Hospital of Folsom, and Mercy San Juan Medical Center; and Dignity Community Care, a Colorado nonprofit corporation doing business as Methodist Hospital of Sacramento (collectively, "Grantor"). City and Grantor may be collectively referred to herein as "Parties" or in the singular as "Party," as the context requires.

Background

- A. The City and Grantor executed an Inter-Governmental Funding Agreement ("Agreement") on March 20, 2018 (referred to as Agreement No. 2018-0408), whereby Grantor agreed to provide grant funding to the City's Whole Person Care ("WPC") program (also known as "Pathways to Health + Home" or "Pathways") in specified amounts payable twice a year for the duration of the Pathways program.
- B. Pathways began in 2017 and was set to expire on December 31, 2020. However, the federal Centers for Medicare and Medicaid Services and the State of California's Department of Health Care Services recently extended the WPC program for another year. The extension adds "Program Year 6" to the WPC program, with the WPC program now concluding on December 31, 2021.
- C. Given the success of Pathways thus far and the significant benefit of Pathways to the local community, Grantor desires to provide grant funding to Pathways for Program Year 6 that will run until December 31, 2021. Accordingly, Grantor will provide funding for the final Pathways year in the amounts specified below and according to the terms and conditions of the Agreement.

Based on the foregoing background, City and Grantor agree as follows:

- 1. **Defined Terms.** Capitalized terms or acronyms used herein but not otherwise defined herein shall have the meanings ascribed to such terms in the Agreement.
- 2. **Assignment.** Pursuant to a "Ministry Alignment Agreement," dated December 6, 2017, as amended through the date hereof ("MAA"), Dignity Health and Catholic Health Initiatives combined their respective health ministries into a single national nonprofit health system. As a part of the Dignity Health and Catholic Health Initiatives combined health ministries, ownership of various hospitals, including Methodist Hospital of Sacramento ("Assigned Hospital"), were transferred to a newly formed Colorado nonprofit corporation, Dignity

Community Care (“Dignity Community Care”). Effective as of the Effective Date of the MAA (February 1, 2019), (i) ownership of Assigned Hospital was transferred to Dignity Community Care, (ii) Dignity Community Care is joined as a party to this Agreement with respect to the Assigned Hospital, (iii) this Agreement is assigned by Dignity Health to Dignity Community Care with respect to the Assigned Hospital, (iv) Dignity Community Care assumes all rights and obligations of Dignity Health under the Agreement with respect to the Assigned Hospital, and (v) Dignity Health retains its rights and obligations under the Agreement with respect to the Hospitals that are not an Assigned Hospital. Any reference in the Agreement to “Dignity Health” shall mean “Dignity Health” or “Dignity Community Care” as appropriate. Accordingly, Dignity Community Care is hereby added as a party to this Agreement as of the effective date of this First Amendment. Dignity Health will remain solely liable for all of its obligations arising under the Agreement prior to the effective date of this First Amendment. Pursuant to Section 10 of the Agreement, City hereby agrees to the assignment of this Agreement from Dignity Health to Dignity Health and Dignity Community Care respectively, which is hereby effective without any further notice or consent.

3. **Program Year 6 Grant Amount.** The following funding obligations are hereby added to Section 1 of the Agreement:

WPC Program Year (PY)	Contribution Deadline	Contribution Amount
PY6: Jan 1 – Dec 31, 2021	July 31, 2021	\$750,000
PY6: Jan 1 – Dec 31, 2021	March 31, 2022	\$750,000

4. **Term.** Section 2 of the Agreement is hereby modified to reflect that the City’s last IGT for the WPC program is now estimated to be before June 30, 2022.
5. **Severability.** If any portion of this First Amendment or the application thereof to any person or circumstance shall be held invalid or unenforceable, the remainder of this First Amendment shall not be affected thereby and shall be enforced to the greatest extent permitted by law.
6. **Entire Agreement.** This First Amendment contains the entire agreement between the Parties with respect to the matters set forth in this First Amendment and supersedes all prior understandings or agreements between the Parties with respect to these matters. Except as specifically amended or modified herein, each and every term, covenant and condition of the Agreement remains in full force and effect.
7. **Counterparts.** This First Amendment may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. The parties agree that this First Amendment may be executed with electronic signatures.

8. **Joint & Several Obligations.** As of the effective date of this First Amendment, if more than one individual or entity comprises Partner, the obligations imposed on each individual or entity that comprises Partner under this Agreement shall be joint and several.
9. **Authority.** The person signing this First Amendment for each of the Parties represents and warrants that he or she is fully authorized to sign this First Amendment on behalf of their entity and to bind their entity to the performance of its obligations hereunder.

Executed as of the last date signed below.

CITY OF SACRAMENTO
A Municipal Corporation

By: _____

Name: _____

Title: _____

Date: _____

For: Howard Chan, City Manager

APPROVED AS TO FORM:


Mailla Hansen (Mar 25, 2021 09:17 PDT)

City Attorney

ATTEST:

City Clerk

**DIGNITY HEALTH d/b/a Mercy General Hospital,
Mercy Hospital of Folsom, and Mercy San Juan
Medical Center**

By:  _____

Name: Todd Strumwasser, MD

Title: Northern California Division President

Date: March 17, 2021

Federal Tax ID: 94-1196203

State ID No.: C0292448

**DIGNITY COMMUNITY CARE d/b/a Methodist
Hospital of Sacramento**

By:  _____

Name: Todd Strumwasser, MD

Title: Northern California Division President

Date: March 17, 2021

Federal Tax ID: 81-5009488

State ID No: C4168882

**CONTRACT SUPPLEMENT
(Professional Services)**

Project Title and Job Number: Whole Person Care Program
Purchase Order #: SACTO-0000041372

Effective Date: 1/1/2021
Contract Supplement No.: 5

The City of Sacramento ("City") and Transform Health LLC ("Contractor"), as parties to that certain Professional Services Agreement designated as Agreement Number 2017-1084, including any prior contract supplements modifying the agreement (the agreement and contract supplements are hereafter collectively referred to as the "Agreement"), hereby supplement and modify the Agreement as follows:

1. The Agreement is amended as follows:

- Attachment 1 to Exhibit A (Time of Performance) is amended to extend the time of performance through June 30, 2022. Contractor shall thus perform all services specified in Attachments 1, 2, and 3 to Exhibit A through June 30, 2022. Although the Whole Person Care program will conclude services to enrollees on December 31, 2021, Contractor will provide program closeout services through June 30, 2022.
- Attachment 2 to Exhibit A (Approved Work Plan - Core Program) is hereby deleted and replaced in its entirety with the new Attachment 2 to Exhibit A (attached hereto and incorporated herein). Attachment 2 to Exhibit A includes all Contractor services that will be provided through June 30, 2022. The new Approved Work Plan extends Contractor's existing Work Plan for one year, adds additional services to manage the program in its last year of operation and contains a ramp down period from January 2022 to June 2022.
- Attachment 1 to Exhibit B is hereby deleted and replaced in its entirety with the attached Attachment 1 to Exhibit B, reflecting that City will reimburse Contractor:
 - A. From January 2021 to December 2021, a maximum monthly payment of \$115,900 comprised of:
 - A \$45,000 monthly retainer continuing the current base contract level.
 - \$14,658 a month to continue the additional work authorized in June 2020, via Contract Supplement #4, to support the City's One-Time Housing program and for general program management.
 - \$35,608 a month to support the expanded scope of providing program transition planning and management for enrollees who are exiting the program.
 - \$20,633 a month to support the expanded scope of providing additional City supports previously provided by City staff who have now left the City.
 - B. From January 2022 to June 2022, the City will reimburse Contractor a maximum monthly payment of \$15,708.09 to perform post-WPC close out activities, including ensuring final provider invoices are paid, audit files are complete and final invoices to the State and IGT process are complete.

2. In consideration of the additional and/or revised services described in section 1, above, the maximum not-to-exceed amount that is specified in Exhibit B of the Agreement for payment of

Contractor's fees and expenses, is increased by \$1,485,048.54, and the Agreement's maximum not to-exceed amount is amended as follows:

Agreement's original not-to-exceed amount:	<u>\$5,000,000.00</u>
Net change by previous contract supplements:	<u>\$348,000.00</u>
Not-to-exceed amount prior to this contract supplement:	<u>\$5,348,000.00</u>
Increase by this contract supplement:	<u>\$1,485,048.54</u>
New not-to exceed amount including all contract supplements:	<u>\$6,833,048.54</u>

3. Contractor agrees that the amount of increase in the not-to-exceed amount specified in section 2, above, shall constitute full compensation for the additional and/or revised services specified in section 1, above, and shall fully compensate Contractor for any and all direct and indirect costs that may be incurred by Contractor in connection with such additional and/or revised services, including costs associated with any changes and/or delays in schedules or in the delivery of other services by Contractor.
4. Contractor warrants and represents that the person or persons executing this contract supplement on behalf of Contractor has or have been duly authorized by Contractor to sign this contract supplement and bind Contractor to the terms hereof.
5. Except as specifically revised herein, all terms and conditions of the Agreement shall remain in full force and effect, and Contractor shall perform all of the services, duties, obligations, and conditions required under the Agreement, as supplemented and modified by this contract supplement.

Approval Recommended By:

Project Manager

Approved As To Form By:

Maila Hansen
Maila Hansen (Mar 24, 2021 16:31 PDT)

City Attorney

Approved By:



Contractor

Attested To By:

City Clerk

Approved By:

City of Sacramento

Attachment 2 to Exhibit A
Pathways City Approved Work Plan (2021-2022 Program Extension and Transition Related Services)
Gantt Effective Jan 2021

Please note that highlight yellow = changes to existing base retainer scope.

Category	Workstream	Task	Subtasks	Note	PYS - 2021												2022 Post WPC					
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Project Management & Program Operations	Project Management	Support Team Coordination - Project Management and Planning	Work Planning & Task Assignment	Anticipate increased level of effort in 2022 around some closeout activities																		
			Teamwork Management																			
			Mgt Logistics																			
			Project Calendar Mgmt																			
	Decision Supports to City Staff	WPC Team Mgt: Schedule and hold regular team check-ins	TH Team Huddles																			
		City Check In (Documentation of, and efficient decision-making support to the City)	Support Team Weekly Strategy Sessions																			
		County Relationship Supports																				
		Ongoing tracking/elevation of open issues, and resolution support (bv)																				
		Program Budget Support																				
		DHCS Reporting - annual/semi annual																				
Program Operations		Budget	Same as in PYS																			
		Budget Narrative																				
		Invoice																				
		Program Narrative Reports																				
			Submission (V&U)																			
	Program Policies and Procedures - develop, implement & maintain P&Ps with Partners, <i>excluding those related to Health Homes (b)</i>	IT & Data Sharing Policies & Procedures (CP+ Policy)	Not in PYS Scope, Adding to Transition Scope																			
		Shared Care Plan Related Policies																				
	<i>For new policies (excl Health Homes):</i>	Strategy/Policy Planning																				
		Content Development																				
		Monitoring Enrollment and Utilization (Impacts contracts)	Coordination & Deployment to Partners																			
		Oversight/Relationship	Same as in PYS																			
		Coordination - agenda dev, notes																				
	Program Manual Updates																					
	Online Toolkit Updates																					
Program Level Agreements	**GT/Alignment Agreements	Monthly Release Notes	Not in PYS Scope, Adding to Additional City Supports																			
	Incentive Agreements																					
		Incentive Reports		Same as in PYS, but adding additional city supports to support incentive donation activities																		
		Invoices																				
Implementation (bv)		Payment	Not in PYS Scope, Adding to Additional City Supports																			
		Contracts (Service Providers)																				
		Data Sharing Agreements (DSAs)		Not in PYS Scope: Needed for SDP changes during transition and possible HMIS data exchange?																		
		BAAs																				
Data Infrastructure	Implementation (bv)	Technology Projects (Imrly Phased Technology Deployment)	Shared Care Plan Changes																			
		Oversight of data collection and reporting pipeline for Pathways activities, including oversight of data requests	Hospital Notification Pilot or HMIS data exchange project																			
	Adoption, TA, and Monitoring		Relationship mgmt																			
			Data Collection Activities:	Dashboard updates	Same as in PYS																	
Implement Comms/ Stakeholder Engagement Strategies			Quarterly dashboard reports																			
			Dashboard Revision/Maintenance																			
			Analytics as needed for program management																			
		IT/Data Infrastructure Technical Assistance	Management of TA Requests	Not in PYS Scope; Expect some needs for transition																		
	Implement Comms/ Stakeholder Engagement Strategies	P2HH Website Content Development		Same as in PYS																		
		Ongoing program updates (stakeholder newsletter)																				
		Respond to provider inquiries about project goals and participation requirements																				
		Executive Committee																				
			Logistics	Increased Exec and Transition/SD from Quarterly to Monthly mgt: (was 4x/year each); additional 8-9 mgt																		
			Agenda Development																			
			Content Creation																			
			Notes																			
			Material Distribution																			
		Steering Committee																				
	Logistics																					
	Agenda Development																					
	Content Creation																					
	Notes																					

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Attachment 2 to Exhibit A
Pathways City Approved Work Plan (2021-2022 Program Extension and Transition Related Services)
Gantt Effective Jan 2021

Please note that highlight yellow = changes to existing base retainer scope.

Category	Workstream	Task	Subtasks	Note	PYS - 2021												2022 Post WPC								
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			
Stakeholder Communications & Management	Governance Committee Supports	Transitions Workgroup (Imry SD)	Material Distribution	added under new Transition Scope																					
			Logistics																						
			Agenda Development																						
			Content Creation																						
			Notes																						
	IT Committee (as needed)	Material Distribution	Material Distribution																						
		Homework & Subgroups	Homework & Subgroups																						
			Logistics																						
			Material Management																						
			Final Review																						
		Notes																							
		Material Distribution																							
Service Delivery Support & Oversight	Share Program Results (on City request)	Disseminate program results, including evaluation data, lessons learned, and best practices, to the media, policymakers, opinion-leaders, and the public		Not in PYS Scope, Adding hours for additional Comms support during final year in Additional City Supports (evaluation & closing the program)																					
		Communications Meeting with all partners, as needed and requested by the City																							
		Storybanking, as needed and requested by the City (case studies)																							
		Coordinate Media Across Partners & with City PIO, as needed and requested by the City																							
		Service Contracts Execution Support - Negotiate & Update Service Contracts																							
			Drafting Contract Template & Terms; Negotiations with Partners	Not in PYS Scope, Adding hours for additional contracts support																					
			Developing individual partner contracts & coordinate w/ partner																						
			Coordinating Execution of Signed Contracts																						
			Contract Compliance - Manage Service Contracts																						
			RFQ (as needed)																						
Monitoring & Process Improvement	Service Contracting & Compliance	WPC Partner Invoice Review - Service/PM/PMI Invoices (not tx housing funds)		Same as in PYS, but added higher level of intensity during PY6.2 for closer tracking of spend																					
			Review																						
			Troubleshooting																						
			Submission																						
			Policy Edits																						
		Housing Tracker	Housing Tracker	Same as in PYS																					
		Panel Tracker	Panel Tracker																						
		Budget Tracker	Budget Tracker																						
			Partner Onboarding (not likely needed)																						
			Manage service provider reporting requirements - Partner Check-Ins																						
	Support to Vendors	Scheduling	Scheduling	Same as in PYS																					
		Note Taking	Note Taking																						
		Facilitating	Facilitating																						
		Material Distribution	Material Distribution																						
		Management of TTA Requests	Management of TTA Requests																						
		Facilitation of TA	Facilitation of TA	Same as in PYS																					
		Manage service provider reporting requirements	Manage service provider reporting requirements																						
		Enrollment Roster/Panel Size Tracking	Enrollment Roster/Panel Size Tracking																						
		Collection Partner PDSAs	Collection Partner PDSAs																						
		Process - selection of PDSAs to include	Process - selection of PDSAs to include																						
	Develop Monitoring & QI Processes	Selection/Reporting (combining & formatting partner PDSAs)	Selection/Reporting (combining & formatting partner PDSAs)	Same as in PYS																					
		Learning Sessions - Schedule & facilitate local learning collaborative for service delivery providers - quarterly, webinars - quarterly in between in-person learning sessions	Learning Sessions - Schedule & facilitate local learning collaborative for service delivery providers - quarterly, webinars - quarterly in between in-person learning sessions																						
		Logistics	Logistics																						
		Planning & Strategy	Planning & Strategy																						
		Content Creation/Meeting materials & supports	Content Creation/Meeting materials & supports																						
		Notes	Notes	Same as in PYS																					
		Post LS Evaluations	Post LS Evaluations																						
		Meeting materials and supports	Meeting materials and supports																						

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Attachment 2 to Exhibit A
Pathways City Approved Work Plan (2021-2022 Program Extension and Transition Related Services)
Gantt Effective Jan 2021

Please note that highlight yellow = changes to existing base retainer scope.

Category	Workstream	Task	Subtasks	Note	PY6 - 2021												2022 Post WPC																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
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Additional Supports to the City (Staff Augmentation)		IGT Agreements Support - additional supports to city staff to support execution of IGT agreements such as preparing letters and materials, /u with funders, etc.		Same as in PY5																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												</

Attachment 1 to Exhibit B

FEE SCHEDULE / MANNER OF PAYMENT WHOLE PERSON CARE PILOT IMPLEMENTATION

Maximum Payment to CONTRACTOR

As specified in Section 1 of Exhibit B, the total sum paid to CONTRACTOR under this Agreement shall not exceed \$6,833,048.54.

Payments to CONTRACTOR

CONTRACTOR will be paid a monthly amount based on CITY staff's approval of monthly progress reports of deliverables submitted by CONTRACTOR to the CITY. As specified in Section 4 of Exhibit B, CITY will make payments to CONTRACTOR monthly after receipt of CONTRACTOR's invoice.

Invoices

On a monthly basis, CONTRACTOR must submit to CITY an invoice by the 15th of the month, which reflects work performed in the prior month, via email to apinvoices@cityofsacramento.org with a copy to amarin@cityofsacramento.org (CONTRACTOR will only submit one invoice per month). Each invoice must comply with Section 4 of Exhibit B and contain a detailed summary of work performed and deliverables completed by CONTRACTOR during the prior month. Such monthly summary must tie back to the deliverable schedule in the Work Plan (Attachment 2 to Exhibit A) and scope of services requirements outlined in Attachment 1 to Exhibit A. The summary must also include (i) status of deliverables, and (ii) identification and summary of CONTRACTOR's work with WPC partners. Finally, the invoice must include enumeration of percent complete of each task on each monthly invoice. Invoices shall not exceed the maximum monthly payment allowed as detailed below.

Budget

The not-to-exceed amount specified in Section 1 of Exhibit B includes all costs incurred by CONTRACTOR under the Agreement including without limitation CONTRACTOR's staffing, travel expenses, administrative costs and meeting expenses, and overhead. CONTRACTOR's monthly compensation from January 2021 through June 2022 shall be based on completed deliverables, but shall not exceed the sums specified below for each month:

Months	Monthly Payment
January 2021 – December 2021	\$115,900
January 2022 – June 2022	\$15,708.09

The final payment to CONTRACTOR will only be made upon completion of the WPC project and transferring of all project documentation to CITY.

**SUPPLEMENTAL CONTRACT
(Professional Services)**

**Project Title and Job Number: Pathways to Health + Home
Purchase Order #: 53132**

**Date: March 14, 2021
Supplemental Contract No.:1**

The City of Sacramento ("City") and Desert Vista Consulting, LLC ("Contractor"), as parties to that certain Professional Services Agreement designated as Contract Number 2019-0861, including any and all prior supplemental contracts modifying the contract (the contract and all supplemental contracts are hereafter collectively referred to as the "Contract"), hereby supplement and modify the Contract as follows:

1. The Agreement is amended as follows:

- Section 2 of Attachment 1 to Exhibit A (Time of Performance) is amended to extend the time of performance through June 30, 2021. Contractor shall thus perform all services specified in Attachment 1 to Exhibit A through June 30, 2021.
- The Budget section of Attachment 1 to Exhibit B is amended to reduce the "Travel Costs" line item from \$15,400 to \$1,582.67 and increase the "Staffing Expenses" total from \$184,150 to \$197,967.33. The "Staffing Expenses" breakdown for each line item is as follows:
 - \$3,900 for Evaluator #1
 - \$3,600 for Evaluator #2
 - \$6,317.33 for Evaluator #3 and #4

2. In consideration of the additional and/or revised services described in sections 1, above, the maximum not-to-exceed amount that is specified in Exhibit B of the Contract for payment of Contractor's fees and expenses, is **increased/decreased** by \$0, and the Contract's maximum not-to-exceed amount is amended as follows:

Agreement's original not-to-exceed amount:	<u>\$199,550</u>
Net change by previous supplemental contracts:	<u>\$0</u>
Not-to-exceed amount prior to this supplemental contract:	\$199,550
Increase/Decrease by this supplemental contract:	<u>\$0</u>
New not-to exceed amount including all supplemental contracts:	<u>\$199,550</u>

3. Contractor agrees that the amount of increase or decrease in the not-to-exceed amount specified in section 2, above, shall constitute full compensation for the additional and/or revised services specified in section 1, above, and shall fully compensate Contractor for any and all direct and indirect costs that may be incurred by Contractor in connection with such additional and/or revised services, including costs associated with any changes and/or delays in schedules or in the delivery of other services by Contractor.
4. Contractor warrants and represents that the person or persons executing this supplemental contract on behalf of Contractor has or have been duly authorized by Contractor to sign this supplemental contract and bind Contractor to the terms hereof.
5. Except as specifically revised herein, all terms and conditions of the Contract shall remain in full force

and effect, and Contractor shall perform all of the services, duties, obligations, and conditions required under the Contract, as supplemented and modified by this supplemental contract.

[SIGNATURES ON FOLLOWING PAGE]

Approval Recommended By:

Project Manager

Approved As To Form By:

Malla Hansen
Malla Hansen (Mar 16, 2021 14:52 PDT)

City Attorney

Approved By:

Karen W Linkins
Karen W Linkins (Mar 16, 2021 10:31 PDT)

Contractor

Attest:

City Clerk

Approved By:

Christopher Conlin, Assistant City Manager
City of Sacramento

CITY OF SACRAMENTO

**WHOLE PERSON CARE
INCENTIVE PAYMENT AGREEMENT FOR MANAGED CARE ORGANIZATION
PROGRAM YEAR 5**

This Incentive Payment Agreement (“Agreement”) is made at Sacramento, California as of December 15, 2020 (“Effective Date”), by and between the City of Sacramento, a municipal corporation (“City”), and Blue Cross of California Partnership Plan, Inc., (“Partner”). City and Partner may be collectively referred to herein as “Parties” or in the singular as “Party,” as the context requires.

BACKGROUND

- A. On June 12, 2017, the City was formally accepted into the State of California’s (“State”) Whole Person Care (“WPC”) program, a multi-year, statewide Medi-Cal waiver program that allows local communities to implement initiatives that will coordinate physical health, behavioral health, and social services, for vulnerable Medi-Cal beneficiaries who are high users of multiple health care systems and continue to have poor outcomes, in order to create a system of supportive services to reduce high cost emergency department and inpatient medical services.
- B. The State’s WPC program is a five-year program, but the City applied for the WPC program in Round 2, so implementation of the City’s program runs from July 1, 2017 through December 31, 2020. The City is the Lead Entity for the WPC program in Sacramento County, with oversight from the State’s Department of Health Care Services (“DHCS”). The City’s WPC program is described in the City of Sacramento Whole Person Care Pilot Application, which can be viewed at <http://www.p2hh.com/Resources>. The City’s WPC program is locally referred to as the “Pathways to Health + Home” program.
- C. The City’s WPC program is funded by City general funds, contributions from local health systems, and federal Medicaid matching funds from the Centers for Medicare and Medicaid (“CMS”). WPC, as established by DHCS and CMS, contains an incentive payment component. Accordingly, the City has discretion to issue WPC payments to participating entities if the entity meets certain program objectives and specified metrics.
- D. The incentive component of WPC envisions collaboration from local partners to engage with the City as a new health care partner, support the City in implementation of the WPC program, develop and deploy standardized tools for screening for health and housing with a focus on social determinants, engage in a comprehensive regional strategy for treating and supporting the WPC Target Population, share data necessary to achieve desired outcomes, and support reporting.

- E. Partner operates in Sacramento, California and in conjunction therewith works to further its mission of enhancing the well-being of people in the communities it serves.
- F. Partner desires to work with the WPC program and commit resources to the WPC effort in exchange for potential incentive payments pursuant to the terms and conditions of this Agreement.

Based on the foregoing background, the Parties agree as follows:

1. Definitions.

- A. **Homeless:** Individual(s) or families who—(1) lack a fixed, regular, and adequate nighttime residence; (2) have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; (3) are living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing); (4) resided in a shelter or place not meant for human habitation and is exiting an institution where he or she temporarily resided; or (5) otherwise meets the definition of 42 U.S. Code Sections 11302(a)(5), (6) or (b).
- B. **Incentive:** Specific actions critical to the implementation and achievement of WPC program goals.
- C. **Incentive Payment:** Funds earned for completion of incentive thresholds and metrics.
- D. **Incentive Threshold:** Measurable targets that support the implementation and achievement of the WPC program goals.
- E. **Lead Entity:** As the single point of contact for the DHCS, the City of Sacramento coordinates the WPC program and serve as the Lead Entity.
- F. **Participating Entity:** Partner to Lead Entity in implementing the WPC program, including and not limited to Hospital, Managed Health Care Plans, health services, specialty mental health agencies or departments, public agency or departments, substance use disorder programs, human services agencies, housing authorities, public health departments, criminal justice/probation entities and community-based organizations.

- G. **Program:** Five-year program authorized under Medi-Cal 2020 Section 1115 waiver and the City's agreement with DHCS to implement locally-based initiatives that will coordinate physical health, behavioral health, and social services for beneficiaries who are high users of multiple health care systems and continue to have poor health outcomes. The Agreement with DHCS also refers to the WPC program as the WPC "pilot."
- H. **Program Years:** Whole Person Care program reporting periods. The WPC is divided into Program Years (PY) with PY1 running from January 1 to June 30, 2017 and consisting of the application process. PY2 is July 1 to December 31, 2017 and is intended to establish baseline data. The remaining three PY will be twelve-month periods running from January 1 through December 31 for 2018, 2019, and 2020.
- I. **Referral to WPC Program:** Notification provided to WPC Program of a potentially eligible WPC Program client made by Participating Entity.
- J. **Target List:** Aggregated data from referrals received from partners of potential beneficiaries/clients needing outreach.
- K. **Target Population:** High utilizers of health care services with repeated incidents of avoidable Emergency Department and/or hospital admissions with significant unmet health care needs and who are homeless or at-risk of homelessness.
- L. **Whole Person Care Program Client:** Homeless individual or those at risk of homelessness contacted via outreach, able to locate through outreach efforts, who elected to participate in the Program and meet the eligibility requirements.
- M. **Whole Person Care Program Eligibility:** WPC Program participation requires the beneficiary/client meet all of the following: reside in Sacramento County, currently homeless or at risk of homelessness, Medi-Cal enrolled or eligible, not enrolled in Targeted Case Management and have two or more Emergency Department visits or inpatient hospitalizations OR one Emergency Department visit and two or more comorbid conditions requiring care coordination and case management.
- N. **Whole Person Care Program Goals:** Reducing avoidable utilization and improving the health outcomes of the Whole Person Care program Clients.

2. Earning Incentive Payments.

- A. Incentive Payment funds will be paid to the Partner to encourage Partner's participation in the WPC Program and its implementation of actions critical to achieving the goals of the WPC Program.
- B. The City will distribute the Incentive Payment funds as described in Section 4 of this Agreement.
- C. The following table identifies the specific Incentive Payment structure in the City's WPC application, whereby City will pay certain funds to the Partner following the Partner's completion of specified engagement and participation activities to City's satisfaction. Partner shall earn the payments based upon its satisfaction of specific activities. City shall have sole discretion in determining whether the tasks identified in the table below have been completed by Partner to City's satisfaction, and issuance of Incentive Payments is contingent upon the City's receipt of WPC funds through the intergovernmental transfer (IGT) process.

Incentive Type	Incentive Detail & Threshold	Maximum Amount Per PY for MCO	Required Documentation
(1) WPC Governance Participation	All PYs: Participate in Steering Committee meetings (all PYs): 1. 50% attendance of meetings 2. 75% attendance of meetings	\$10,000 per entity, as follows: 1. \$5,000 2. \$5,000	Sign the Steering Committee sign-in sheet or if participating via webinar, sign in to webinar platform.

Incentive Type	Incentive Detail & Threshold	Maximum Amount Per PY for MCO	Required Documentation
(2) WPC Clinical Protocols, Policies & Procedures	<p>PY3-5: Integrate & deploy new protocols, policies & procedures.</p> <ol style="list-style-type: none"> 1. 50% beneficiaries screened annually 75% beneficiaries screened annually 	<p>\$10,000 per entity, as follows:</p> <ol style="list-style-type: none"> 1. \$5,000 2. \$5,000 	<p>Support development and coordination of workflows and consent processes with other programs as necessary, including alignment with the Health Homes Program and Enhanced Case Management.</p>

Incentive Type	Incentive Detail & Threshold	Maximum Amount Per PY for MCO	Required Documentation
(3) Active Involvement in Barrier Identification & Resolution	<p>PY3-5 Only: Support the early identification and resolution to all identified barriers to program implementation:</p> <ol style="list-style-type: none"> 1. 50% participation 2. 75% participation 	<p>\$20,000 per entity, as follows:</p> <ol style="list-style-type: none"> 1. \$10,000 2. \$10,000 	<p>Demonstrate active organizational participation and engagement in planning for enrollee transition out of Pathways in 2021.</p> <p>As requested, fill out Pathways surveys, attend transition meetings, provide requested data on successor programs and referral pathways, and support development of Pathways transition plan.</p>

Incentive Type	Incentive Detail & Threshold	Maximum Amount Per PY for MCO	Required Documentation
(4) Referral Support – Target List Development	<p>All PYs: Support target list development</p> <ol style="list-style-type: none"> 1. Participate in at least 75% of target list workgroup meetings 2. Provide referrals to pilot (minimum 5 per month) 	<p>\$25,000 per entity, as follows:</p> <ol style="list-style-type: none"> 1. \$10,000 2. \$15,000 	<p>Sign the Transition Workgroup sign-in sheet or if participating via webinar, sign in to webinar platform.</p> <p>Provide requested data on Pathways panel/population for transition planning.</p>
(5) Data Sharing (Planning & Adoption)	<p>PY3-5: Adopt & use data sharing framework, including supporting timely submission and data integrity:</p> <ol style="list-style-type: none"> 1. Reach 50% of annual goal 2. Reach 75% of annual goal <p>Annual Goals: 50% of WPC pilot patients have data shared in PY3, 60% in PY4, and 75% in PY5</p>	<p>\$35,000 per entity, as follows:</p> <ol style="list-style-type: none"> 1. \$17,500 2. \$17,500 	<p>Provide enrollee data upon request.</p>

3. Specific Considerations for Data Sharing, Expedited Access to Services, and Participation in Care Coordination Activities.

For PY5, Incentive Payments will only be made if Partner performs the following:

- a. Maintains data integrity for WPC enrollee encounters and supports WPC DHCS reporting requirements by providing accurate and timely WPC enrollee data as requested; and
- b. Supports workflows to ensure appropriate coordination of referrals and enrollment to avoid duplication of enrollment with other programs, including the Health Homes Program.

4. **Fee Schedule and Manner of Payment.** The total of all Incentive Payments paid to the Partner for the performance of all tasks set forth in this Agreement during Program Year 5 shall not exceed the total sum of \$100,000. Eligible payments to Partner shall be made within a reasonable time after receipt of Partner's invoice and contingent upon the City's receipt of WPC funds through the IGT process. Partner shall be responsible for the cost of supplying all documentation necessary to verify its invoices to the satisfaction of City. Invoices shall be submitted annually to apinvoices@cityofsacramento.org with a CC to ehalcon@cityofsacramento.org
5. **Compliance with Laws.** In performing all tasks under this Agreement, Partner shall comply with all laws, regulations, and enactments, including without limitation those related to the confidentiality of health information, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").
6. **Reporting Requirements.** Partner agrees to tracking of WPC Clients and outcome reporting, and Partner shall report such information in the format and as required by DHCS. Additionally, Partner shall track and assist with the following reports, as requested by City:
 - a. Quarterly Enrollment and Utilization reports;
 - b. Biannual (twice per year) narrative reports;
 - c. As part of the biannual narrative, submit a WPC Plan-Do-Study-Act report; and
 - d. A Mid-Year and Annual WPC Variant and Universal Metrics report.

City will determine the format and due dates of these reports. Partner will work with City or City's designee to provide the reports in a timely manner and with all required documentation.

7. **Resolving Disputes.** If a dispute arises under this Agreement, the Parties agree to first try to resolve the dispute with the help of a mutually agreed-upon non-binding mediator. If it proves impossible to arrive at a mutually satisfactory solution through mediation, the Parties agree to submit the dispute to a mutually agreed-upon arbitrator for non-binding arbitration. Any costs and fees other than attorney fees associated with the mediation and arbitration shall be shared equally by the Parties.
8. **Accounting Records.** During performance of this Agreement and for a period of three (3) years after completing all tasks hereunder, Partner shall maintain all accounting and financial records related to this Agreement, including, but not limited to, records of Partner's costs for all services performed under this Agreement, in accordance with generally accepted accounting principles, and shall keep and make such records available for inspection and audit by representatives of the City. City shall have the right, at any time upon reasonable advance notice to Partner, to audit Partner's financial records related to the WPC program to ensure compliance with the Incentive Payment tasks identified in this Agreement.

- 9. Insurance.** Partner will carry such liability insurance deemed necessary by Partner for the performance of any tasks under this Agreement. City shall not provide any liability insurance to Partner, and City shall not provide any compensation for Partner's insurance premiums. Partner's liability to the City shall not in any way be limited to or affected by the amount of insurance coverage carried by Partner in connection with this Agreement.
- 10. Indemnity.** Partner shall defend, hold harmless and indemnify City, its officers and employees, and each and every one of them, from and against any and all actions, damages, costs, liabilities, claims, demands, losses, judgments, penalties, costs and expenses of every type and description, including, but not limited to, any fees and/or costs reasonably incurred by City's staff attorneys or outside attorneys and any fees and expenses incurred in enforcing this provision (hereafter collectively referred to as "Liabilities"), including but not limited to Liabilities arising from personal injury or death, damage to personal, real or intellectual property or the environment, contractual or other economic damages, or regulatory penalties, arising out of or in any way connected with performance of or failure to perform this Agreement by Partner, any subcontractor or agent, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, whether or not (i) such Liabilities are caused in part by a party indemnified hereunder or (ii) such Liabilities are litigated, settled or reduced to judgment; provided that the foregoing indemnity does not apply to liability for any damage or expense for death or bodily injury to persons or damage to property to the extent arising from the sole negligence or willful misconduct of City, its agents, servants, or independent contractors who are directly responsible to City, except when such agents, servants, or independent contractors are under the direct supervision and control of Partner. Partner's maintenance of any insurance policies shall not limit the liability of Partner hereunder. The provisions of this section shall survive any expiration or termination of this Agreement.
- 11. Representatives.** All communications pertaining to this Agreement shall be referred to the following representatives:

Partner:
Beau Hennemann
Director, Special Programs
Blue Cross of California Partnership Plan, Inc.
425 E. Colorado St. #600
Glendale, CA 91205
beau.hennemann@anthem.com

City:
Emily Halcon
Homeless Services Manager
Office of the City Manager
City of Sacramento
915 I Street, 5th Floor
Sacramento, CA 95814
ehalcon@cityofsacramento.org

- 12. Assignment Prohibited.** Partner shall not assign any right or obligation pursuant to this Agreement without the written consent of the City. Any attempted or purported assignment without City's written consent shall be void and of no effect.
- 13. Binding on Successors.** This Agreement shall be binding on the heirs, executors, administrators, successors and assigns of the Parties, subject to the provisions of Section 12 above.
- 14. Independent Contractor.** At all times during the term of this Agreement, Partner shall be an independent contractor and no relationship of employer-employee shall exist between the City and Partner for any purpose whatsoever. Partner shall not be entitled to any benefits payable to employees of the City.
- 15. Partner Not Agent.** Except as City may specify in writing, Partner and Partner's personnel shall have no authority, express or implied, to act on behalf of City in any capacity whatsoever as an agent. Partner and Partner's personnel shall have no authority, express or implied, to bind City to any obligation whatsoever.
- 16. Term; Termination.** This Agreement will continue in effect from the Effective Date specified above through the end of the City's WPC Program, unless sooner terminated by City. City shall have the right to terminate this Agreement at any time by giving written notice of termination to Partner. If City gives notice of termination, Partner shall immediately cease performing tasks pursuant to this Agreement and City shall pay Partner Incentive Payments for tasks completed to City's satisfaction prior to termination, if any; provided, however, City shall not in any manner be liable for lost profits that might have been made by Partner had the Agreement not been terminated.
- 17. Confidentiality of City Information.** During performance of this Agreement, Partner may gain access to and use confidential City information. Partner agrees to protect all City Information and treat it as strictly confidential, and further agrees that Partner shall not at any time, either directly or indirectly, divulge, disclose or communicate in any manner any City Information to any third party without the prior written consent of City.

- 18. Entire Agreement.** This Agreement, which includes all attachments and all documents that are incorporated by reference, contains the entire agreement between the Parties and supersedes whatever oral or written understanding they may have had prior to the execution of this Agreement. No alteration to the terms of this Agreement shall be valid unless approved in writing by Partner, and by City, in accordance with applicable provisions of the Sacramento City Code.
- 19. Attorney Fees.** Except as required by the indemnity section above (Section 10), the Parties shall bear their own costs and attorneys' fees incurred in connection with this Agreement.
- 20. Enforcement of Agreement.** This Agreement shall be governed, construed and enforced in accordance with the laws of the State of California. Venue of any litigation arising out of or connected with this Agreement shall lie exclusively in the state trial court or Federal District Court located in Sacramento County in the State of California, and the parties consent to jurisdiction over their persons and over the subject matter of any such litigation in such courts, and consent to service of process issued by such courts.
- 21. Severability.** If any portion of this Agreement or the application thereof to any person or circumstance shall be held invalid or unenforceable, the remainder of this Agreement shall not be affected thereby and shall be enforced to the greatest extent permitted by law.
- 22. Waiver.** Neither City acceptance of, or payment for, any tasks performed by Partner, nor any waiver by either party of any default, breach or condition precedent, shall be construed as a waiver of any provision of this Agreement, nor as a waiver of any other default, breach or condition precedent or any other right hereunder. No waiver shall be effective unless it is in writing and signed by the City.
- 23. Authority.** The individuals signing this Agreement for the Parties represent and warrant that they are fully authorized to sign this Agreement on behalf of the Parties and to bind the Parties to the performance of their obligations hereunder.


[Signature Page Follows]

Executed as of the day and year first above stated.

CITY OF SACRAMENTO
A Municipal Corporation

By: _____
Christopher Conlin, Assistant City Manager

APPROVED AS TO FORM:



City Attorney

ATTEST:

City Clerk


PARTNER

Blue Cross of California Partnership Plan, Inc.

Name of Partner

TYPE OF BUSINESS ENTITY (*check one*):

____ Individual/Sole Proprietor
____ Partnership
__X__ Corporation (*may require 2 signatures*)
____ Limited Liability Company
____ Other (*please specify:* _____)



Signature
Barsam Kasravi, M.D., President
Print Name and Title

Additional Signature (*only if required*)

Print Name and Title

20-2994048

Federal I.D. No.

C2751652

State I.D. No.

CITY OF SACRAMENTO

**WHOLE PERSON CARE
INCENTIVE PAYMENT AGREEMENT FOR MANAGED CARE ORGANIZATION
PROGRAM YEAR 5**

This Incentive Payment Agreement (“Agreement”) is made at Sacramento, California as of December 15, 2020 (“Effective Date”), by and between the City of Sacramento, a municipal corporation (“City”), and Molina Healthcare of California, (“Partner”). City and Partner may be collectively referred to herein as “Parties” or in the singular as “Party,” as the context requires.

BACKGROUND

- A. On June 12, 2017, the City was formally accepted into the State of California’s (“State”) Whole Person Care (“WPC”) program, a multi-year, statewide Medi-Cal waiver program that allows local communities to implement initiatives that will coordinate physical health, behavioral health, and social services, for vulnerable Medi-Cal beneficiaries who are high users of multiple health care systems and continue to have poor outcomes, in order to create a system of supportive services to reduce high cost emergency department and inpatient medical services.
- B. The State’s WPC program is a five-year program, but the City applied for the WPC program in Round 2, so implementation of the City’s program runs from July 1, 2017 through December 31, 2020. The City is the Lead Entity for the WPC program in Sacramento County, with oversight from the State’s Department of Health Care Services (“DHCS”). The City’s WPC program is described in the City of Sacramento Whole Person Care Pilot Application, which can be viewed at <http://www.p2hh.com/Resources>. The City’s WPC program is locally referred to as the “Pathways to Health + Home” program.
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Based on the foregoing background, the Parties agree as follows:

1. Definitions.

- A. **Homeless:** Individual(s) or families who—(1) lack a fixed, regular, and adequate nighttime residence; (2) have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; (3) are living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing); (4) resided in a shelter or place not meant for human habitation and is exiting an institution where he or she temporarily resided; or (5) otherwise meets the definition of 42 U.S. Code Sections 11302(a)(5), (6) or (b).
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- C. **Incentive Payment:** Funds earned for completion of incentive thresholds and metrics.
- D. **Incentive Threshold:** Measurable targets that support the implementation and achievement of the WPC program goals.
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- F. **Participating Entity:** Partner to Lead Entity in implementing the WPC program, including and not limited to Hospital, Managed Health Care Plans, health services, specialty mental health agencies or departments, public agency or departments, substance use disorder programs, human services agencies, housing authorities, public health departments, criminal justice/probation entities and community-based organizations.

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- N. **Whole Person Care Program Goals:** Reducing avoidable utilization and improving the health outcomes of the Whole Person Care program Clients.

2. Earning Incentive Payments.

- A. Incentive Payment funds will be paid to the Partner to encourage Partner's participation in the WPC Program and its implementation of actions critical to achieving the goals of the WPC Program.
- B. The City will distribute the Incentive Payment funds as described in Section 4 of this Agreement.
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Incentive Type	Incentive Detail & Threshold	Maximum Amount Per PY for MCO	Required Documentation
(1) WPC Governance Participation	All PYs: Participate in Steering Committee meetings (all PYs): 1. 50% attendance of meetings 2. 75% attendance of meetings	\$10,000 per entity, as follows: 1. \$5,000 2. \$5,000	Sign the Steering Committee sign-in sheet or if participating via webinar, sign in to webinar platform.

Incentive Type	Incentive Detail & Threshold	Maximum Amount Per PY for MCO	Required Documentation
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Incentive Type	Incentive Detail & Threshold	Maximum Amount Per PY for MCO	Required Documentation
(3) Active Involvement in Barrier Identification & Resolution	<p>PY3-5 Only: Support the early identification and resolution to all identified barriers to program implementation:</p> <ol style="list-style-type: none"> 1. 50% participation 2. 75% participation 	<p>\$20,000 per entity, as follows:</p> <ol style="list-style-type: none"> 1. \$10,000 2. \$10,000 	<p>Demonstrate active organizational participation and engagement in planning for enrollee transition out of Pathways in 2021.</p> <p>As requested, fill out Pathways surveys, attend transition meetings, provide requested data on successor programs and referral pathways, and support development of Pathways transition plan.</p>

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3. Specific Considerations for Data Sharing, Expedited Access to Services, and Participation in Care Coordination Activities.

For PY5, Incentive Payments will only be made if Partner performs the following:

- a. Maintains data integrity for WPC enrollee encounters and supports WPC DHCS reporting requirements by providing accurate and timely WPC enrollee data as requested; and
- b. Supports workflows to ensure appropriate coordination of referrals and enrollment to avoid duplication of enrollment with other programs, including the Health Homes Program.

4. **Fee Schedule and Manner of Payment.** The total of all Incentive Payments paid to the Partner for the performance of all tasks set forth in this Agreement during Program Year 5 shall not exceed the total sum of \$100,000. Eligible payments to Partner shall be made within a reasonable time after receipt of Partner's invoice and contingent upon the City's receipt of WPC funds through the IGT process. Partner shall be responsible for the cost of supplying all documentation necessary to verify its invoices to the satisfaction of City. Invoices shall be submitted annually to apinvoices@cityofsacramento.org with a CC to ehalcon@cityofsacramento.org
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7. **Resolving Disputes.** If a dispute arises under this Agreement, the Parties agree to first try to resolve the dispute with the help of a mutually agreed-upon non-binding mediator. If it proves impossible to arrive at a mutually satisfactory solution through mediation, the Parties agree to submit the dispute to a mutually agreed-upon arbitrator for non-binding arbitration. Any costs and fees other than attorney fees associated with the mediation and arbitration shall be shared equally by the Parties.
8. **Accounting Records.** During performance of this Agreement and for a period of three (3) years after completing all tasks hereunder, Partner shall maintain all accounting and financial records related to this Agreement, including, but not limited to, records of Partner's costs for all services performed under this Agreement, in accordance with generally accepted accounting principles, and shall keep and make such records available for inspection and audit by representatives of the City. City shall have the right, at any time upon reasonable advance notice to Partner, to audit Partner's financial records related to the WPC program to ensure compliance with the Incentive Payment tasks identified in this Agreement.

- 9. Insurance.** Partner will carry such liability insurance deemed necessary by Partner for the performance of any tasks under this Agreement. City shall not provide any liability insurance to Partner, and City shall not provide any compensation for Partner's insurance premiums. Partner's liability to the City shall not in any way be limited to or affected by the amount of insurance coverage carried by Partner in connection with this Agreement.
- 10. Indemnity.** Partner shall defend, hold harmless and indemnify City, its officers and employees, and each and every one of them, from and against any and all actions, damages, costs, liabilities, claims, demands, losses, judgments, penalties, costs and expenses of every type and description, including, but not limited to, any fees and/or costs reasonably incurred by City's staff attorneys or outside attorneys and any fees and expenses incurred in enforcing this provision (hereafter collectively referred to as "Liabilities"), including but not limited to Liabilities arising from personal injury or death, damage to personal, real or intellectual property or the environment, contractual or other economic damages, or regulatory penalties, arising out of or in any way connected with performance of or failure to perform this Agreement by Partner, any subcontractor or agent, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, whether or not (i) such Liabilities are caused in part by a party indemnified hereunder or (ii) such Liabilities are litigated, settled or reduced to judgment; provided that the foregoing indemnity does not apply to liability for any damage or expense for death or bodily injury to persons or damage to property to the extent arising from the sole negligence or willful misconduct of City, its agents, servants, or independent contractors who are directly responsible to City, except when such agents, servants, or independent contractors are under the direct supervision and control of Partner. Partner's maintenance of any insurance policies shall not limit the liability of Partner hereunder. The provisions of this section shall survive any expiration or termination of this Agreement.
- 11. Representatives.** All communications pertaining to this Agreement shall be referred to the following representatives:

Partner:
Matthew Levin
Vice President, Government Contracts
Molina Healthcare of California
2180 Harvard Street, Suite 500
Sacramento, CA 95815-3314
Matthew.Levin@molinahealthcare.com

City:
Emily Halcon
Homeless Services Manager
Office of the City Manager
City of Sacramento
915 I Street, 5th Floor
Sacramento, CA 95814
ehalcon@cityofsacramento.org

- 12. Assignment Prohibited.** Partner shall not assign any right or obligation pursuant to this Agreement without the written consent of the City. Any attempted or purported assignment without City's written consent shall be void and of no effect.
- 13. Binding on Successors.** This Agreement shall be binding on the heirs, executors, administrators, successors and assigns of the Parties, subject to the provisions of Section 12 above.
- 14. Independent Contractor.** At all times during the term of this Agreement, Partner shall be an independent contractor and no relationship of employer-employee shall exist between the City and Partner for any purpose whatsoever. Partner shall not be entitled to any benefits payable to employees of the City.
- 15. Partner Not Agent.** Except as City may specify in writing, Partner and Partner's personnel shall have no authority, express or implied, to act on behalf of City in any capacity whatsoever as an agent. Partner and Partner's personnel shall have no authority, express or implied, to bind City to any obligation whatsoever.
- 16. Term; Termination.** This Agreement will continue in effect from the Effective Date specified above through the end of the City's WPC Program, unless sooner terminated by City. City shall have the right to terminate this Agreement at any time by giving written notice of termination to Partner. If City gives notice of termination, Partner shall immediately cease performing tasks pursuant to this Agreement and City shall pay Partner Incentive Payments for tasks completed to City's satisfaction prior to termination, if any; provided, however, City shall not in any manner be liable for lost profits that might have been made by Partner had the Agreement not been terminated.
- 17. Confidentiality of City Information.** During performance of this Agreement, Partner may gain access to and use confidential City information. Partner agrees to protect all City Information and treat it as strictly confidential, and further agrees that Partner shall not at any time, either directly or indirectly, divulge, disclose or communicate in any manner any City Information to any third party without the prior written consent of City.

- 18. Entire Agreement.** This Agreement, which includes all attachments and all documents that are incorporated by reference, contains the entire agreement between the Parties and supersedes whatever oral or written understanding they may have had prior to the execution of this Agreement. No alteration to the terms of this Agreement shall be valid unless approved in writing by Partner, and by City, in accordance with applicable provisions of the Sacramento City Code.
- 19. Attorney Fees.** Except as required by the indemnity section above (Section 10), the Parties shall bear their own costs and attorneys' fees incurred in connection with this Agreement.
- 20. Enforcement of Agreement.** This Agreement shall be governed, construed and enforced in accordance with the laws of the State of California. Venue of any litigation arising out of or connected with this Agreement shall lie exclusively in the state trial court or Federal District Court located in Sacramento County in the State of California, and the parties consent to jurisdiction over their persons and over the subject matter of any such litigation in such courts, and consent to service of process issued by such courts.
- 21. Severability.** If any portion of this Agreement or the application thereof to any person or circumstance shall be held invalid or unenforceable, the remainder of this Agreement shall not be affected thereby and shall be enforced to the greatest extent permitted by law.
- 22. Waiver.** Neither City acceptance of, or payment for, any tasks performed by Partner, nor any waiver by either party of any default, breach or condition precedent, shall be construed as a waiver of any provision of this Agreement, nor as a waiver of any other default, breach or condition precedent or any other right hereunder. No waiver shall be effective unless it is in writing and signed by the City.
- 23. Authority.** The individuals signing this Agreement for the Parties represent and warrant that they are fully authorized to sign this Agreement on behalf of the Parties and to bind the Parties to the performance of their obligations hereunder.


[Signature Page Follows]

Executed as of the day and year first above stated.

CITY OF SACRAMENTO
A Municipal Corporation

By: _____
Christopher Conlin, Assistant City Manager

APPROVED AS TO FORM:



City Attorney

ATTEST:

City Clerk

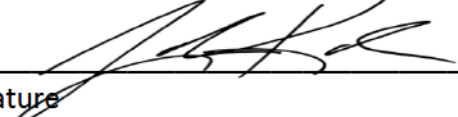
PARTNER

Molina Healthcare of California

Name of Partner

TYPE OF BUSINESS ENTITY (check one):

____ Individual/Sole Proprietor
____ Partnership
__X__ Corporation (may require 2 signatures)
____ Limited Liability Company
____ Other (please specify: _____)



Signature

John Kotal, President

Print Name and Title

Additional Signature (only if required)

Print Name and Title

33-0342719

Federal I.D. No.

C1636317

State I.D. No.

CITY OF SACRAMENTO

WHOLE PERSON CARE INCENTIVE PAYMENT AGREEMENT FOR HOSPITAL PROGRAM YEAR 5

This Incentive Payment Agreement (“Agreement”) is made at Sacramento, California as of the last date signed below (“Effective Date”), by and between the City of Sacramento, a municipal corporation (“City”), Dignity Health, a California nonprofit public benefit corporation doing business as Mercy General Hospital, Mercy Hospital of Folsom, and Mercy San Juan Medical Center; and Dignity Community Care, a Colorado nonprofit corporation doing business as Methodist Hospital of Sacramento (collectively, “Partner”). City and Partner may be collectively referred to herein as “Parties” or in the singular as “Party,” as the context requires.

BACKGROUND

- A. On June 12, 2017, the City was formally accepted into the State of California’s (“State”) Whole Person Care (“WPC”) program, a multi-year, statewide Medi-Cal waiver program that allows local communities to implement initiatives that will coordinate physical health, behavioral health, and social services, for vulnerable Medi-Cal beneficiaries who are high users of multiple health care systems and continue to have poor outcomes, in order to create a system of supportive services to reduce high cost emergency department and inpatient medical services.
- B. The State’s WPC program is a five-year program, but the City applied for the WPC program in Round 2, so implementation of the City’s program runs from July 1, 2017 through December 31, 2020. The City is the Lead Entity for the WPC program in Sacramento County, with oversight from the State’s Department of Health Care Services (“DHCS”). The City’s WPC program is described in the City of Sacramento Whole Person Care Pilot Application, which can be viewed at <http://www.p2hh.com/Resources>. The City’s WPC program is locally referred to as the “Pathways to Health + Home” program.
- C. The City’s WPC program is funded by City general funds, contributions from local health systems, and federal Medicaid matching funds from the Centers for Medicare and Medicaid (“CMS”). WPC, as established by DHCS and CMS, contains an incentive payment component. Accordingly, the City has discretion to issue WPC payments to participating entities if the entity meets certain program objectives and specified metrics.
- D. The incentive component of WPC envisions collaboration from local partners to engage with the City as a new health care partner, support the City in implementation of the WPC program, develop and deploy standardized tools for screening for health and housing with a focus on social determinants, engage in a comprehensive regional strategy for treating and supporting the WPC Target Population, share data necessary to achieve desired outcomes, and support reporting.
- E. Partner operates acute care hospitals and ancillary facilities in Sacramento, California and in conjunction therewith works to further its mission of enhancing the well-being of people in the communities it serves.
- F. Partner desires to work with the WPC program and commit resources to the WPC effort in exchange for potential incentive payments pursuant to the terms and conditions of this Agreement.

Based on the foregoing background, the Parties agree as follows:

1. Definitions.

- A. **Homeless:** Individual(s) or families who—(1) lack a fixed, regular, and adequate nighttime residence; (2) have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; (3) are living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing); (4) resided in a shelter or place not meant for human habitation and is exiting an institution where he or she temporarily resided; or (5) otherwise meets the definition of 42 U.S. Code Sections 11302(a)(5), (6) or (b).
- B. **Incentive:** Specific actions critical to the implementation and achievement of WPC program goals.
- C. **Incentive Payment:** Funds earned for completion of incentive thresholds and metrics.
- D. **Incentive Threshold:** Measurable targets that support the implementation and achievement of the WPC program goals.
- E. **Lead Entity:** As the single point of contact for the DHCS, the City of Sacramento coordinates the WPC program and serves as the Lead Entity.
- F. **Participating Entity:** Partner to Lead Entity in implementing the WPC program, including and not limited to Hospital, Managed Health Care Plans, health services, specialty mental health agencies or departments, public agency or departments, substance use disorder programs, human services agencies, housing authorities, public health departments, criminal justice/probation entities and community-based organizations.
- G. **Program:** Five-year program authorized under Medi-Cal 2020 Section 1115 waiver and the City's agreement with DHCS to implement locally-based initiatives that will coordinate physical health, behavioral health, and social services for beneficiaries who are high users of multiple health care systems and continue to have poor health outcomes. The Agreement with DHCS also refers to the WPC program as the WPC "pilot."
- H. **Program Years:** Whole Person Care program reporting periods. The WPC is divided into Program Years (PY) with PY1 running from January 1 to June 30, 2017 and consisting of the application process. PY2 is July 1 to December 31, 2017 and is intended to establish baseline data. The remaining three PY will be twelve-month periods running from January 1 through December 31 for 2018, 2019, and 2020.
- I. **Referral to WPC Program:** Notification provided to WPC Program of a potentially eligible WPC Program client made by Participating Entity.
- J. **Target List:** Aggregated data from referrals received from partners of potential beneficiaries/clients needing outreach.

- K. **Target Population:** High utilizers of health care services with repeated incidents of avoidable Emergency Department and/or hospital admissions with significant unmet health care needs and who are homeless or at-risk of homelessness.
- L. **Whole Person Care Program Client:** Homeless individual or those at risk of homelessness contacted via outreach, able to locate through outreach efforts, who elected to participate in the Program and meet the eligibility requirements.
- M. **Whole Person Care Program Eligibility:** WPC Program participation requires the beneficiary/client meet all of the following: reside in Sacramento County, currently homeless or at risk of homelessness, Medi-Cal enrolled or eligible, not enrolled in Targeted Case Management and have two or more Emergency Department visits or inpatient hospitalizations OR one Emergency Department visit and two or more comorbid conditions requiring care coordination and case management.
- N. **Whole Person Care Program Goals:** Reducing avoidable utilization and improving the health outcomes of the Whole Person Care program Clients.

2. **Earning Incentive Payments.**

- A. Incentive Payment funds will be paid to the Partner to encourage Partner's participation in the WPC Program and its implementation of actions critical to achieving the goals of the WPC Program.
- B. The City will distribute the Incentive Payment funds as described in Section 4 of this Agreement.
- C. The following table identifies the specific Incentive Payment structure identified in the City's WPC application, whereby City will pay certain funds to the Partner following the Partner's completion of specified engagement and participation activities to City's satisfaction. Partner shall earn the payments based upon its satisfaction of specific activities. City shall have sole discretion in determining whether the tasks identified in the table below have been completed by Partner to City's satisfaction, and issuance of Incentive Payments is contingent upon the City's receipt of WPC funds through the intergovernmental transfer (IGT) process.

Incentive Type	Incentive Detail & Threshold	Maximum Amount Per PY for Hospital	Required Documentation
(1) WPC Governance Participation	All PYs: Participate in Steering Committee meetings (all PYs): <ol style="list-style-type: none"> 50% attendance of meetings 75% attendance of meetings 	\$10,000 per entity, as follows: <ol style="list-style-type: none"> \$5,000 \$5,000 	Sign the Steering Committee sign-in sheet or if participating via webinar, sign in to webinar platform.

Incentive Type	Incentive Detail & Threshold	Maximum Amount Per PY for Hospital	Required Documentation
(2) Universal Screening Tool Development & Adoption	PY3-5: Use Screening Tool: <ol style="list-style-type: none"> 50% beneficiaries screened annually 75% beneficiaries screened annually 	\$10,000 per entity as follows: <ol style="list-style-type: none"> \$5,000 \$5,000 	City or City's designee will provide documentation.
(3) Universal Consent Form Development & Adoption	PY3-5: Use of Consent Form: <ol style="list-style-type: none"> 50% beneficiaries consented annually 75% beneficiaries consented annually 	\$10,000 per entity, as follows: <ol style="list-style-type: none"> \$5,000 \$5,000 	City or City's designee will provide documentation. Support development and coordination of updated consent processes with other programs as necessary, including alignment with Health Homes Program.
(4) WPC Clinical Protocols, Policies & Procedures	PY3-5: Integrate & deploy new protocols, policies & procedures: <ol style="list-style-type: none"> 50% beneficiaries assessed screened annually 75% beneficiaries screened annually 	\$10,000 per entity, as follows: <ol style="list-style-type: none"> \$5,000 \$5,000 	Support development and coordination of workflows and consent processes with other programs as necessary, including alignment with the Health Homes Program and Enhanced Case Management.

Incentive Type	Incentive Detail & Threshold	Maximum Amount Per PY for Hospital	Required Documentation
(5) Referral Support – Target List Development	<p>All PYs: Support target list development</p> <ol style="list-style-type: none"> 1. Participate in at least 75% of target list workgroup meetings 2. Provide referrals to pilot (minimum 5 per month) 	<p>\$25,000 per entity, as follows:</p> <ol style="list-style-type: none"> 1. \$10,000 2. \$15,000 	<p>Sign the Transition Workgroup sign-in sheet or if participating via webinar, sign in to webinar platform.</p> <p>Provide requested data on Pathways panel/population for transition planning.</p>
(6) Data Sharing (Planning & Adoption)	<p>PY3-5: Adopt & use data sharing framework, including supporting timely submission and data integrity</p> <ol style="list-style-type: none"> 1. Reach 50% of annual goal 2. Reach 75% of annual goal <p>Annual Goals: 50% of WPC pilot patients have data shared in PY3, 60% in PY4, and 75% in PY5</p>	<p>\$35,000 per entity, as follows:</p> <ol style="list-style-type: none"> 1. \$17,500 2. \$17,500 	<p>Provide enrollee data upon request.</p>

3. Specific Considerations for Data Sharing, Expedited Access to Services, and Participation in Care Coordination Activities.

For PY5, Incentive Payments will only be made if Partner performs the following:

- a. Maintains data integrity for WPC enrollee encounters and supports WPC DHCS reporting requirements by providing accurate and timely WPC enrollee data as requested; and
- b. Supports workflows to ensure appropriate coordination of referrals and enrollments to avoid duplication of enrollment with other programs, including the Health Homes Program.

4. Fee Schedule and Manner of Payment. The total of all Incentive Payments paid to the Partner for the performance of all tasks set forth in this Agreement during Program Year 5 shall not exceed the total sum of \$100,000. Eligible payments to Partner shall be made within a reasonable time after receipt of Partner's invoice and contingent upon the City's receipt of WPC funds through the IGT process. Partner shall be responsible for the cost of supplying all documentation necessary to verify its invoices to the satisfaction of City. Invoices shall be submitted annually to apinvoices@cityofsacramento.org with a CC to [email: BDean@cityofsacramento.org](mailto:BDean@cityofsacramento.org).

5. Compliance with Laws. In performing all tasks under this Agreement, Partner shall comply with all laws, regulations, and enactments, including without limitation those related to the

confidentiality of health information, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

6. **Reporting Requirements.** Partner agrees to tracking of WPC Clients and outcome reporting, and Partner shall report such information in the format and as required by DHCS. Additionally, Partner shall track and assist with the following reports, as requested by City:

- a. Quarterly Enrollment and Utilization reports;
- b. Biannual (twice per year) narrative reports;
- c. As part of the biannual narrative, submit a WPC Plan-Do-Study-Act report; and
- d. A Mid-Year and Annual WPC Variant and Universal Metrics report.

City will determine the format and due dates of these reports. Partner will work with City or City's designee to provide the reports in a timely manner and with all required documentation.

7. **Resolving Disputes.** If a dispute arises under this Agreement, the Parties agree to first try to resolve the dispute with the help of a mutually agreed-upon non-binding mediator. If it proves impossible to arrive at a mutually satisfactory solution through mediation, the Parties agree to submit the dispute to a mutually agreed-upon arbitrator for non-binding arbitration. Any costs and fees other than attorney fees associated with the mediation and arbitration shall be shared equally by the Parties.

8. **Accounting Records.** During performance of this Agreement and for a period of three (3) years after completing all tasks hereunder, Partner shall maintain all accounting and financial records related to this Agreement, including, but not limited to, records of Partner's costs for all services performed under this Agreement, in accordance with generally accepted accounting principles, and shall keep and make such records available for inspection and audit by representatives of the City. City shall have the right, at any time upon reasonable advance notice to Partner, to audit Partner's financial records related to the WPC program to ensure compliance with the Incentive Payment tasks identified in this Agreement.

9. **Insurance.** Partner will carry such liability insurance deemed necessary by Partner for the performance of any tasks under this Agreement. City shall not provide any liability insurance to Partner, and City shall not provide any compensation for Partner's insurance premiums. Partner's liability to the City shall not in any way be limited to or affected by the amount of insurance coverage carried by Partner in connection with this Agreement.

10. **Indemnity.** Partner shall defend, hold harmless and indemnify City, its officers and employees, and each and every one of them, from and against any and all actions, damages, costs, liabilities, claims, demands, losses, judgments, penalties, costs and expenses of every type and description, including, but not limited to, any fees and/or costs reasonably incurred by City's staff attorneys or outside attorneys and any fees and expenses incurred in enforcing this provision (hereafter collectively referred to as "Liabilities"), including but not limited to Liabilities arising from personal injury or death, damage to personal, real or intellectual property or the environment, contractual or other economic damages, or regulatory penalties, arising out of or in any way connected with performance of or failure to perform this Agreement by Partner, any subcontractor or agent, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, whether or not (i) such Liabilities are caused in part by a party indemnified hereunder or (ii) such Liabilities are litigated, settled or reduced to judgment; provided that the foregoing indemnity does not apply to liability for any damage or expense for death or bodily injury to persons or damage to property to the extent arising from the sole negligence or willful

misconduct of City, its agents, servants, or independent contractors who are directly responsible to City, except when such agents, servants, or independent contractors are under the direct supervision and control of Partner. Partner's maintenance of any insurance policies shall not limit the liability of Partner hereunder. The provisions of this section shall survive any expiration or termination of this Agreement.

- 11. Representatives.** All communications pertaining to this Agreement shall be referred to the following representatives:

Partner:
Director, Community Health & Outreach
Dignity Health
3400 Data Drive
Rancho Cordova, CA 95670
Email: Elissa.Southward@DignityHealth.org

City:
Attn: Bridgette Dean
Interim Director, Office of Community Response
City of Sacramento
915 I Street, 5th Floor
Sacramento, CA 95814
Email: BDean@cityofsacramento.org

- 12. Assignment Prohibited.** Partner shall not assign any right or obligation pursuant to this Agreement without the written consent of the City. Any attempted or purported assignment without City's written consent shall be void and of no effect.
- 13. Binding on Successors.** This Agreement shall be binding on the heirs, executors, administrators, successors and assigns of the Parties, subject to the provisions of Section 12 above.
- 14. Independent Contractor.** At all times during the term of this Agreement, Partner shall be an independent contractor and no relationship of employer-employee shall exist between the City and Partner for any purpose whatsoever. Partner shall not be entitled to any benefits payable to employees of the City.
- 15. Partner Not Agent.** Except as City may specify in writing, Partner and Partner's personnel shall have no authority, express or implied, to act on behalf of City in any capacity whatsoever as an agent. Partner and Partner's personnel shall have no authority, express or implied, to bind City to any obligation whatsoever.
- 16. Term; Termination.** This Agreement will continue in effect from the Effective Date specified above through the end of the City's WPC Program, unless sooner terminated by City. City shall have the right to terminate this Agreement at any time by giving written notice of termination to Partner. If City gives notice of termination, Partner shall immediately cease performing tasks pursuant to this Agreement and City shall pay Partner Incentive Payments for tasks completed to City's satisfaction prior to termination, if any; provided, however, City shall not in any manner be liable for lost profits that might have been made by Partner had the Agreement not been terminated.

17. **Confidentiality of City Information.** During performance of this Agreement, Partner may gain access to and use confidential City information. Partner agrees to protect all City Information and treat it as strictly confidential, and further agrees that Partner shall not at any time, either directly or indirectly, divulge, disclose or communicate in any manner any City Information to any third party without the prior written consent of City.
18. **Entire Agreement.** This Agreement, which includes all attachments and all documents that are incorporated by reference, contains the entire agreement between the Parties and supersedes whatever oral or written understanding they may have had prior to the execution of this Agreement. No alteration to the terms of this Agreement shall be valid unless approved in writing by Partner, and by City, in accordance with applicable provisions of the Sacramento City Code.
19. **Attorney Fees.** Except as required by the indemnity section above (Section 10), the Parties shall bear their own costs and attorneys' fees incurred in connection with this Agreement.
20. **Enforcement of Agreement.** This Agreement shall be governed, construed and enforced in accordance with the laws of the State of California. Venue of any litigation arising out of or connected with this Agreement shall lie exclusively in the state trial court or Federal District Court located in Sacramento County in the State of California, and the parties consent to jurisdiction over their persons and over the subject matter of any such litigation in such courts, and consent to service of process issued by such courts.
21. **Severability.** If any portion of this Agreement or the application thereof to any person or circumstance shall be held invalid or unenforceable, the remainder of this Agreement shall not be affected thereby and shall be enforced to the greatest extent permitted by law.
22. **Waiver.** Neither City acceptance of, or payment for, any tasks performed by Partner, nor any waiver by either party of any default, breach or condition precedent, shall be construed as a waiver of any provision of this Agreement, nor as a waiver of any other default, breach or condition precedent or any other right hereunder. No waiver shall be effective unless it is in writing and signed by the City.
23. **Authority.** The individuals signing this Agreement for the Parties represent and warrant that they are fully authorized to sign this Agreement on behalf of the Parties and to bind the Parties to the performance of their obligations hereunder.

[Signature Page Follows]

Executed as of the last date signed below.

CITY OF SACRAMENTO

A Municipal Corporation

By: _____

Name:

Title:

Date:

APPROVED AS TO FORM:



Maila Hansen (Mar 23, 2021 14:01 PDT)

City Attorney

ATTEST:

City Clerk

PARTNER

**DIGNITY HEALTH d/b/a Mercy General Hospital,
Mercy Hospital of Folsom, and Mercy San Juan
Medical Center; DIGNITY COMMUNITY CARE d/b/a
Methodist Hospital of Sacramento**

By:  _____

Name: Todd Strumwasser, MD

Title: Northern California Division President

Date: February 19, 2021

TYPE OF BUSINESS ENTITY:

 X Corporation *(may require 2 signatures)*

Federal Tax ID: 94-1196203

State ID No.: CO292448

CITY OF SACRAMENTO
WHOLE PERSON CARE
INCENTIVE PAYMENT AGREEMENT FOR HOSPITALS
PROGRAM YEAR 5

This Incentive Payment Agreement ("Agreement") is made at Sacramento, California as of December 15, 2020 ("Effective Date"), by and between the City of Sacramento, a municipal corporation ("City"), and The Regents of the University of California, on behalf of its UC Davis Health, ("Partner"). City and Partner may be collectively referred to herein as "Parties" or in the singular as "Party," as the context requires.

BACKGROUND

- A. On June 12, 2017, the City was formally accepted into the State of California's ("State") Whole Person Care ("WPC") program, a multi-year, statewide Medi-Cal waiver program that allows local communities to implement initiatives that will coordinate physical health, behavioral health, and social services, for vulnerable Medi-Cal beneficiaries who are high users of multiple health care systems and continue to have poor outcomes, in order to create a system of supportive services to reduce high cost emergency department and inpatient medical services.
- B. The State's WPC program is a five-year program, but the City applied for the WPC program in Round 2, so implementation of the City's program runs from July 1, 2017 through December 31, 2020. The City is the Lead Entity for the WPC program in Sacramento County, with oversight from the State's Department of Health Care Services ("DHCS"). The City's WPC program is described in the City of Sacramento Whole Person Care Pilot Application, which can be viewed at <http://www.p2hh.com/Resources>. The City's WPC program is locally referred to as the "Pathways to Health + Home" program.
- C. The City's WPC program is funded by City general funds, contributions from local health systems, and federal Medicaid matching funds from the Centers for Medicare and Medicaid ("CMS"). WPC, as established by DHCS and CMS, contains an incentive payment component. Accordingly, the City has discretion to issue WPC payments to participating entities if the entity meets certain program objectives and specified metrics.
- D. The incentive component of WPC envisions collaboration from local partners to engage with the City as a new health care partner, support the City in implementation of the WPC program, develop and deploy standardized tools for screening for health and housing with a focus on social determinants, engage in a comprehensive regional strategy for treating and supporting the WPC Target Population, share data necessary to achieve desired outcomes, and support reporting.

- E. Partner operates acute care hospitals and ancillary facilities in Sacramento, California and in conjunction therewith works to further its mission of enhancing the well-being of people in the communities it serves.
- F. Partner desires to work with the WPC program and commit resources to the WPC effort in exchange for potential incentive payments pursuant to the terms and conditions of this Agreement.

Based on the foregoing background, the Parties agree as follows:

1. Definitions.

- A. **Homeless:** Individual(s) or families who—(1) lack a fixed, regular, and adequate nighttime residence; (2) have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; (3) are living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing); (4) resided in a shelter or place not meant for human habitation and is exiting an institution where he or she temporarily resided; or (5) otherwise meets the definition of 42 U.S. Code Sections 11302(a)(5), (6) or (b).
- B. **Incentive:** Specific actions critical to the implementation and achievement of WPC program goals.
- C. **Incentive Payment:** Funds earned for completion of incentive thresholds and metrics.
- D. **Incentive Threshold:** Measurable targets that support the implementation and achievement of the WPC program goals.
- E. **Lead Entity:** As the single point of contact for the DHCS, the City of Sacramento coordinates the WPC program and serve as the Lead Entity.
- F. **Participating Entity:** Partner to Lead Entity in implementing the WPC program, including and not limited to Hospital, Managed Health Care Plans, health services, specialty mental health agencies or departments, public agency or departments, substance use disorder programs, human services agencies, housing authorities, public health departments, criminal justice/probation entities and community-based organizations.

- G. **Program:** Five-year program authorized under Medi-Cal 2020 Section 1115 waiver and the City's agreement with DHCS to implement locally-based initiatives that will coordinate physical health, behavioral health, and social services for beneficiaries who are high users of multiple health care systems and continue to have poor health outcomes. The Agreement with DHCS also refers to the WPC program as the WPC "pilot."
- H. **Program Years:** Whole Person Care program reporting periods. The WPC is divided into Program Years (PY) with PY1 running from January 1 to June 30, 2017 and consisting of the application process. PY2 is July 1 to December 31, 2017 and is intended to establish baseline data. The remaining three PY will be twelve-month periods running from January 1 through December 31 for 2018, 2019, and 2020.
- I. **Referral to WPC Program:** Notification provided to WPC Program of a potentially eligible WPC Program client made by Participating Entity.
- J. **Target List:** Aggregated data from referrals received from partners of potential beneficiaries/clients needing outreach.
- K. **Target Population:** High utilizers of health care services with repeated incidents of avoidable Emergency Department and/or hospital admissions with significant unmet health care needs and who are homeless or at-risk of homelessness.
- L. **Whole Person Care Program Client:** Homeless individual or those at risk of homelessness contacted via outreach, able to locate through outreach efforts, who elected to participate in the Program and meet the eligibility requirements.
- M. **Whole Person Care Program Eligibility:** WPC Program participation requires the beneficiary/client meet all of the following: reside in Sacramento County, currently homeless or at risk of homelessness, Medi-Cal enrolled or eligible, not enrolled in Targeted Case Management and have two or more Emergency Department visits or inpatient hospitalizations OR one Emergency Department visit and two or more comorbid conditions requiring care coordination and case management.
- N. **Whole Person Care Program Goals:** Reducing avoidable utilization and improving the health outcomes of the Whole Person Care program Clients.

2. Earning Incentive Payments.

- A. Incentive Payment funds will be paid to the Partner to encourage Partner's participation in the WPC Program and its implementation of actions critical to achieving the goals of the WPC Program.
- B. The City will distribute the Incentive Payment funds as described in Section 4 of this Agreement.
- C. The following table identifies the specific Incentive Payment structure in the City's WPC application, whereby City will pay certain funds to the Partner following the Partner's completion of specified engagement and participation activities to City's satisfaction. Partner shall earn the payments based upon its satisfaction of specific activities. City shall have sole discretion in determining whether the tasks identified in the table below have been completed by Partner to City's satisfaction, and issuance of Incentive Payments is contingent upon the City's receipt of WPC funds through the intergovernmental transfer (IGT) process.

Incentive Type	Incentive Detail & Threshold	Maximum Amount Per PY for Hospital	Required Documentation
(1) WPC Governance Participation	All PYs: Participate in Steering Committee meetings (all PYs): 1. 50% attendance of meetings 2. 75% attendance of meetings	\$10,000 per entity, as follows: 1. \$5,000 2. \$5,000	Sign the Steering Committee sign-in sheet or if participating via webinar, sign in to webinar platform.
(2) Universal Screening Tool Development & Adoption	PY3-5: Use Screening Tool: 1. 50% beneficiaries screened annually 2. 75% beneficiaries screened annually	\$10,000 per entity as follows: 1. \$5,000 2. \$5,000	City or City's designee will provide documentation.

Incentive Type	Incentive Detail & Threshold	Maximum Amount Per PY for Hospital	Required Documentation
(3) Universal Consent Form Development & Adoption	PY3-5: Use of Consent Form: <ol style="list-style-type: none"> 1. 50% beneficiaries consented annually 2. 75% beneficiaries consented annually 	\$10,000 per entity, as follows: <ol style="list-style-type: none"> 1. \$5,000 2. \$5,000 	City or City's designee will provide documentation.
(4) WPC Clinical Protocols, Policies & Procedures	PY3-5: Integrate & deploy new protocols, policies & procedures. <ol style="list-style-type: none"> 1. 50% beneficiaries screened annually 2. 75% beneficiaries screened annually 	\$10,000 per entity, as follows: <ol style="list-style-type: none"> 1. \$5,000 2. \$5,000 	Support development and coordination of workflows and consent processes with other programs as necessary, including alignment with the Health Homes Program and Enhanced Case Management.

Incentive Type	Incentive Detail & Threshold	Maximum Amount Per PY for Hospital	Required Documentation
(5) Referral Support – Target List Development	<p>All PYs: Support target list development</p> <ol style="list-style-type: none"> 1. Participate in at least 75% of target list workgroup meetings 2. Provide referrals to pilot (minimum 5 per month) 	<p>\$25,000 per entity, as follows:</p> <ol style="list-style-type: none"> 1. \$10,000 2. \$15,000 	<p>Sign the Transition Workgroup sign-in sheet or if participating via webinar, sign in to webinar platform.</p> <p>Provide requested data on Pathways panel/population for transition planning.</p>
(6) Data Sharing (Planning & Adoption)	<p>PY3-5: Adopt & use data sharing framework, including supporting timely submission and data integrity:</p> <ol style="list-style-type: none"> 1. Reach 50% of annual goal 2. Reach 75% of annual goal <p>Annual Goals: 50% of WPC pilot patients have data shared in PY3, 60% in PY4, and 75% in PY5</p>	<p>\$35,000 per entity, as follows:</p> <ol style="list-style-type: none"> 1. \$17,500 2. \$17,500 	<p>Provide enrollee data upon request.</p>

3. Specific Considerations for Data Sharing, Expedited Access to Services, and Participation in Care Coordination Activities.

For PY5, Incentive Payments will only be made if Partner performs the following:

- a. Maintains data integrity for WPC enrollee encounters and supports WPC DHCS reporting requirements by providing accurate and timely WPC enrollee data as requested; and
- b. Supports workflows to ensure appropriate coordination of referrals and enrollment to avoid duplication of enrollment with other programs, including the Health Homes Program.

4. **Fee Schedule and Manner of Payment.** The total of all Incentive Payments paid to the Partner for the performance of all tasks set forth in this Agreement during Program Year 5 shall not exceed the total sum of \$100,000. Eligible payments to Partner shall be made within a reasonable time after receipt of Partner's invoice and contingent upon the City's receipt of WPC funds through the IGT process. Partner shall be responsible for the cost of supplying all documentation necessary to verify its invoices to the satisfaction of City. Invoices shall be submitted annually to apinvoices@cityofsacramento.org with a CC to ehalcon@cityofsacramento.org
5. **Compliance with Laws.** In performing all tasks under this Agreement, Partner shall comply with all laws, regulations, and enactments, including without limitation those related to the confidentiality of health information, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").
6. **Reporting Requirements.** Partner agrees to tracking of WPC Clients and outcome reporting, and Partner shall report such information in the format and as required by DHCS. Additionally, Partner shall track and assist with the following reports, as requested by City:
 - a. Quarterly Enrollment and Utilization reports;
 - b. Biannual (twice per year) narrative reports;
 - c. As part of the biannual narrative, submit a WPC Plan-Do-Study-Act report; and
 - d. A Mid-Year and Annual WPC Variant and Universal Metrics report.

City will determine the format and due dates of these reports. Partner will work with City or City's designee to provide the reports in a timely manner and with all required documentation.
7. **Resolving Disputes.** If a dispute arises under this Agreement, the Parties agree to first try to resolve the dispute with the help of a mutually agreed-upon non-binding mediator. If it proves impossible to arrive at a mutually satisfactory solution through mediation, the Parties agree to submit the dispute to a mutually agreed-upon arbitrator for non-binding arbitration. Any costs and fees other than attorney fees associated with the mediation and arbitration shall be shared equally by the Parties.
8. **Accounting Records.** During performance of this Agreement and for a period of three (3) years after completing all tasks hereunder, Partner shall maintain all accounting and financial records related to this Agreement, including, but not limited to, records of Partner's costs for all services performed under this Agreement, in accordance with generally accepted accounting principles, and shall keep and make such records available for inspection and audit by representatives of the City. City shall have the right, at any time upon reasonable advance notice to Partner, to audit Partner's financial records related to the WPC program to ensure compliance with the Incentive Payment tasks identified in this Agreement.

- 9. Insurance.** Partner will carry such liability insurance deemed necessary by Partner for the performance of any tasks under this Agreement. City shall not provide any liability insurance to Partner, and City shall not provide any compensation for Partner's insurance premiums. Partner's liability to the City shall not in any way be limited to or affected by the amount of insurance coverage carried by Partner in connection with this Agreement.
- 10. Indemnity.** Partner shall defend, hold harmless and indemnify City, its officers and employees, and each and every one of them, from and against any and all actions, damages, costs, liabilities, claims, demands, losses, judgments, penalties, costs and expenses of every type and description, including, but not limited to, any fees and/or costs reasonably incurred by City's staff attorneys or outside attorneys and any fees and expenses incurred in enforcing this provision (hereafter collectively referred to as "Liabilities"), including but not limited to Liabilities arising from personal injury or death, damage to personal, real or intellectual property or the environment, contractual or other economic damages, or regulatory penalties, arising out of or in any way connected with performance of or failure to perform this Agreement by Partner, any subcontractor or agent, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, whether or not (i) such Liabilities are caused in part by a party indemnified hereunder or (ii) such Liabilities are litigated, settled or reduced to judgment; provided that the foregoing indemnity does not apply to liability for any damage or expense for death or bodily injury to persons or damage to property to the extent arising from the sole negligence or willful misconduct of City, its agents, servants, or independent contractors who are directly responsible to City, except when such agents, servants, or independent contractors are under the direct supervision and control of Partner. Partner's maintenance of any insurance policies shall not limit the liability of Partner hereunder. The provisions of this section shall survive any expiration or termination of this Agreement.
- 11. Representatives.** All communications pertaining to this Agreement shall be referred to the following representatives:

Partner:
Ellen Brown
Director, Community Integration
UC Davis Health
4800 2nd Avenue
Sacramento, CA 95817
efgbrown@ucdavis.org

City:
Emily Halcon
Homeless Services Manager
Office of the City Manager
City of Sacramento
915 I Street, 5th Floor
Sacramento, CA 95814
ehalcon@cityofsacramento.org

- 12. Assignment Prohibited.** Partner shall not assign any right or obligation pursuant to this Agreement without the written consent of the City. Any attempted or purported assignment without City's written consent shall be void and of no effect.
- 13. Binding on Successors.** This Agreement shall be binding on the heirs, executors, administrators, successors and assigns of the Parties, subject to the provisions of Section 12 above.
- 14. Independent Contractor.** At all times during the term of this Agreement, Partner shall be an independent contractor and no relationship of employer-employee shall exist between the City and Partner for any purpose whatsoever. Partner shall not be entitled to any benefits payable to employees of the City.
- 15. Partner Not Agent.** Except as City may specify in writing, Partner and Partner's personnel shall have no authority, express or implied, to act on behalf of City in any capacity whatsoever as an agent. Partner and Partner's personnel shall have no authority, express or implied, to bind City to any obligation whatsoever.
- 16. Term; Termination.** This Agreement will continue in effect from the Effective Date specified above through the end of the City's WPC Program, unless sooner terminated by City. City shall have the right to terminate this Agreement at any time by giving written notice of termination to Partner. If City gives notice of termination, Partner shall immediately cease performing tasks pursuant to this Agreement and City shall pay Partner Incentive Payments for tasks completed to City's satisfaction prior to termination, if any; provided, however, City shall not in any manner be liable for lost profits that might have been made by Partner had the Agreement not been terminated.
- 17. Confidentiality of City Information.** During performance of this Agreement, Partner may gain access to and use confidential City information. Partner agrees to protect all City Information and treat it as strictly confidential, and further agrees that Partner shall not at any time, either directly or indirectly, divulge, disclose or communicate in any manner any City Information to any third party without the prior written consent of City.

- 18. Entire Agreement.** This Agreement, which includes all attachments and all documents that are incorporated by reference, contains the entire agreement between the Parties and supersedes whatever oral or written understanding they may have had prior to the execution of this Agreement. No alteration to the terms of this Agreement shall be valid unless approved in writing by Partner, and by City, in accordance with applicable provisions of the Sacramento City Code.
- 19. Attorney Fees.** Except as required by the indemnity section above (Section 10), the Parties shall bear their own costs and attorneys' fees incurred in connection with this Agreement.
- 20. Enforcement of Agreement.** This Agreement shall be governed, construed and enforced in accordance with the laws of the State of California. Venue of any litigation arising out of or connected with this Agreement shall lie exclusively in the state trial court or Federal District Court located in Sacramento County in the State of California, and the parties consent to jurisdiction over their persons and over the subject matter of any such litigation in such courts, and consent to service of process issued by such courts.
- 21. Severability.** If any portion of this Agreement or the application thereof to any person or circumstance shall be held invalid or unenforceable, the remainder of this Agreement shall not be affected thereby and shall be enforced to the greatest extent permitted by law.
- 22. Waiver.** Neither City acceptance of, or payment for, any tasks performed by Partner, nor any waiver by either party of any default, breach or condition precedent, shall be construed as a waiver of any provision of this Agreement, nor as a waiver of any other default, breach or condition precedent or any other right hereunder. No waiver shall be effective unless it is in writing and signed by the City.
- 23. Authority.** The individuals signing this Agreement for the Parties represent and warrant that they are fully authorized to sign this Agreement on behalf of the Parties and to bind the Parties to the performance of their obligations hereunder.

[Signature Page Follows]

Executed as of the day and year first above stated.

CITY OF SACRAMENTO

A Municipal Corporation

By: _____
Christopher Conlin, Assistant City Manager

APPROVED AS TO FORM:

Milla Hansen
Milla Hansen, Mar 23, 2021 14:02 PDT

City Attorney

ATTEST:

City Clerk

PARTNER

The Regents of the University of California, on
behalf of its UC Davis Health

Name of Partner

TYPE OF BUSINESS ENTITY (*check one*):

____ Individual/Sole Proprietor
____ Partnership
____ Corporation (*may require 2 signatures*)
____ Limited Liability Company
X Other (*please specify: Governmental Entity*)

[Signature] 12.3.2020
Signature

Annie Wong, Director, UC Davis Health Contracts

Print Name and Title

N/A

Additional Signature (*only if required*)

N/A

Print Name and Title

94-6037494

Federal I.D. No.

State I.D. No.



State of California—Health and Human Services Agency
Department of Health Care Services



March 29, 2021

Christopher C. Conlin, Assistant City Manager
City of Sacramento
915 I St, 5th Floor
Office of the City Manager
Sacramento, CA 95814

NOTICE OF PROGRAM YEAR 6 EXTENSION APPROVAL AND FUNDING
ALLOCATION FOR THE WHOLE PERSON CARE (WPC) PILOT PROGRAM FOR
CITY OF SACRAMENTO

Dear Christopher C. Conlin:

The California Department of Health Care Services (DHCS) is pleased to announce that City of Sacramento has been approved to receive Program Year 6 total funds in the amount of \$14,085,175.27] to implement its local Whole Person Care (WPC) Pilot program. In addition, City of Sacramento is approved to carry forward any remaining funding from Program Year 5, not to exceed the amount of \$1,739,058.15.

The attached WPC Agreement will become the agreement between DHCS and City of Sacramento upon execution. This agreement includes the final approved application, conditions of participation, and eligibility for federal financial participation for all allowable costs. Formal acceptance of the enclosed agreement is required with a signature from the individual with authority to sign and designated to enter into the agreement with DHCS on behalf of the WPC lead entity.

If you have any questions regarding this allocation, approval or acceptance process please contact Bambi Cisneros, Assistant Deputy Director, Managed Care at (916) 216-0094 or by email at Bambi.Cisneros@dhcs.ca.gov.

Sincerely,

Jacey Cooper
Chief Deputy Director
Health Care Programs

**WHOLE PERSON CARE AGREEMENT- Amendment A-01 Program Year 6
Extension**

The overarching goal of the Whole Person Care (WPC) Pilot program is the coordination of health, behavioral health, and social services, as applicable, in a patient-centered manner with the goals of improved beneficiary health and wellbeing through more efficient and effective use of resources.

The Department of Health Care Services (DHCS) published a Request for Application (RFA) relating to the WPC Pilot Program on January 13, 2017. City of Sacramento submitted its WPC application (Attachment A), in response to DHCS' RFA on March 1, 2017. DHCS accepted City of Sacramento' WPC application to the RFA on June 12, 2017 with an allocation of (see table below) in federal financial participation available for each calendar year for the WPC pilot beginning in program year one through program year five.

Total Funds PY 1 - PY 5			
PY	Federal Financial Participation	Local Non-federal Funds	Total Funds
PY 1	\$4,004,918	\$4,004,918	\$8,009,835
PY 2	\$4,004,918	\$4,004,918	\$8,009,835
PY 3	\$8,009,835	\$8,009,835	\$16,019,670
PY 4	\$8,009,835	\$8,009,835	\$16,019,670
PY 5	\$8,009,835	\$8,009,835	\$16,019,670

In May 2020, DHCS officially announced the delay of California Advancing and Innovating Medi-Cal Initiative (CalAIM) due to the impact of the public health emergency caused by COVID-19. As a result of the delay of CalAIM, the Centers for Medicare and Medicaid Services approved a 12-month extension of WPC Pilot Program to expire on December 31, 2021.

On December 29, 2020 DHCS extended City of Sacramento's WPC pilot with an allocation of (see table below) in federal financial participation available for the program six calendar year subject to the signing of this Agreement.

Total Funds PY 6			
PY	Federal Financial Participation	Local Non-federal Funds	Total Funds
PY 6	\$7,042,587.63	\$7,042,587.63	\$14,085,175.27

Per STC 126, in the event that the number of approved WPC Pilots results in unallocated funding for a given Demonstration year, participating Lead Entities may submit applications to the state in a manner and timeline specified by DHCS proposing that the remaining funds be carried forward into the following program year, or to expand Pilot services or enrollment for which such unallocated funding will be made available. DHCS accepted City of Sacramento's application to carry forward any unspent funding from program year five into program year six on March, 3 2021.

The Parties agree:

A. That Terms and Conditions Item 2 shall be amended and replaced by the following:

- 2. Term and Termination.** This Agreement will be effective from the date both DHCS and Contractor have executed this Agreement and terminate on June 30, 2022 unless the application is renewed or the WPC Pilot program is extended, or the WPC pilot is terminated in accordance with procedures established pursuant to STC 120 and Attachment HH thereof.

B. That "Section 6: Attestations and Certification" of Attachment A shall be amended and replaced by the following:

Section 6: Attestations and Certification

6.1 Attestation

I certify that, as the representative of the WPC pilot lead entity, I agree to the following conditions:

1. The WPC pilot lead entity will help develop and participate in regular learning collaboratives to share best practices among pilot entities, per STC 119.
2. The intergovernmental transfer (IGT) funds will qualify for federal financial participation per 42 CFR 433, subpart B, and will not be derived from impermissible sources, such as recycled Medicaid payments, federal money excluded from use as a state match, impermissible taxes, and non-bona fide provider-related donations, per STC 126.a. Sources of non-federal funding shall not include provider taxes or donations impermissible under section 1903(w), impermissible intergovernmental transfers from providers, or federal funds received from federal programs other than Medicaid (unless expressly authorized by federal statute to be used for claiming purposes, and the federal Medicaid funding is credited to the other federal funding source). For this purpose, federal funds do not include PRIME payments, patient care revenue received as payment for services rendered under programs such as the Designated State Health Programs, Medicare, or Medicaid
3. Within 30 days of the determination of the interim payment due based on the mid-year and annual report, DHCS will issue requests to the WPC pilot for the necessary IGT amounts. The WPC pilot shall make IGT of funds to DHCS in the amount specified within 7 days of receiving the state's request. If the IGTs are

made within the requested timeframe, the payment will be paid within 14 days after the transfers are made.

4. The WPC pilot lead entity will enter into an agreement with DHCS that specifies the requirements of the WPC pilot, including a data sharing agreement per STC 118. [See Exhibit A “HIPAA Business Associate Addendum (BAA)” of this Agreement. Many of the provisions in the DHCS boilerplate BAA apply only to BAA-covered information that is shared by DHCS to the pilot specifically for the purpose of Whole Person Care pilot operation and evaluation. DHCS does not anticipate that BAA-covered information will be shared with pilots for the purpose of Whole Person Care pilot operation or evaluation. DHCS anticipates limited, or no, BAA-covered information sharing from the pilot to DHCS. However, DHCS will include a BAA in the case that data need to be shared. The BAA will apply to the transfer of BAA-covered information should the need arise.]
5. The WPC pilot will report and submit timely and complete data to DHCS in a format specified by the state. Incomplete and/or non-timely data submissions may lead to a financial penalty after multiple occurrences and technical assistance is provided by the state.
6. The WPC pilot shall submit mid-year and annual reports in a manner specified by DHCS and according to the dates outlined in Attachment GG. The WPC pilot payments shall be contingent on whether progress toward the WPC pilot requirements approved in this application has been made.
7. The WPC pilot will meet with evaluators to assess the WPC pilot.
8. Federal funding received shall be returned if the WPC pilot, or a component of it as determined by the state, is not subsequently implemented.
9. Payments for WPC pilots will be contingent on certain deliverables or achievements, and will not be distributed, or may be recouped, if pilots fail to demonstrate achievement or submission of deliverables (STC 126).
10. If the individual WPC pilot applicant expends its maximum approved pilot year budget funding before the end of the pilot year, the individual WPC pilot will continue to provide WPC pilot services to enrolled WPC participants through the end of the pilot year.
11. WPC pilot payments shall not be used for activities otherwise coverable or directly reimbursable by Medi-Cal.
12. The lead entity shall complete an analysis of their proposed WPC pilot and their county’s Medi-Cal Targeted Case Management Program (TCM) to ensure that their WPC pilot activities and interactions of their care coordination teams do not duplicate their county’s TCM benefit. If the lead entity identifies any overlapping activities or interactions, the lead entity shall 1) apply a TCM budget adjustment, where appropriate, to reduce the request for WPC funds; and 2) document the adjustment(s) in the application in accordance with the DHCS guidance provided to the lead entity during the DHCS application review process.
13. The lead entity will respond to general inquiries from the state pertaining to the WPC pilot within one business day after acknowledging receipt, and provide

requested information within five business days, unless an alternate timeline is approved or determined necessary by DHCS. DHCS will consider reasonable timelines that will be dependent on the type and severity of the information when making such requests.

14. The lead entity understands that the state of California must abide by all requirements outlined in the STCs and Attachments GG, HH, and MM. The state may suspend or terminate a WPC pilot if corrective action has been imposed and persistent poor performance continues. Should a WPC pilot be terminated, the state shall provide notice to the pilot and request a close-out plan due to the state within 30 calendar days, unless significant harm to beneficiaries is occurring, in which case the state may request a close-out plan within 10 business days. All state requirements regarding pilot termination can be found in Attachment HH.

☐ I hereby certify that all information provided in this application is true and accurate to the best of my knowledge, and that this application has been completed based on a good faith understanding of WPC pilot program participation requirements as specified in the Medi-Cal 2020 waiver STCs, Attachments GG, HH and MM, and the DHCS Frequently Asked Questions document.

C. WPC Pilot Program Agreement

Notice

All inquiries and notices relating to this Agreement should be directed to the representatives listed below. Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to this Contract.

The Agreement representatives during the term of this Agreement will be:

Department of Health Care Services	WPC Pilot Lead Entity
Managed Care Quality & Monitoring Division	City of Sacramento
Attention: Michel Huizar	Attention: Christopher C. Conlin
Telephone: (916) 345-7836	Telephone: (916) 808-8526

As a condition for participation in the WPC Pilot program, the WPC pilot lead entity (referred to as "Contractor" below) agrees to comply with all of the following terms and conditions, and with all of the terms and conditions included on any attachment(s) hereto, which is/are incorporated herein by reference:

1. **Nondiscrimination.** Pursuant to Affordable Care Act section 1557 (42 U.S.C. section 18116), during the performance of this Contract, Contractor shall not, and shall also require and ensure its subcontractors, providers, agents, and employees

to not, cause an individual, beneficiary, or applicant to be excluded on the grounds prohibited under Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.), or section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), or subject to any other applicable State and Federal laws, from participation in, be denied the benefits of, or be subjected to discrimination under, any health program or activity offered through DHCS.

2. **Term and Termination.** This Agreement will be effective from the date both DHCS and Contractor have executed this Agreement and terminate on ~~June 30, 2021~~ June 30, 2022, unless the application is renewed or the WPC Pilot program is extended.
3. **Compliance with Laws and Regulations.** Contractor agrees to, and shall also require and ensure its subcontractors to, comply with all applicable provisions of Chapters 7 and 8 of the Welfare and Institutions Code, and any applicable rules or regulations promulgated by DHCS pursuant to these chapters. Contractor agrees to, and shall also requires its subcontractors to, comply with all federal laws and regulations governing and regulating the Medicaid program.
4. **Fraud and Abuse.** Contractor agrees, and shall also require its subcontractors to agree, that it shall not engage in or commit fraud or abuse. "Fraud" means intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or herself or some other person. "Abuse" means provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care.
5. **Governing Law.** This Agreement shall be governed by and interpreted in accordance with the laws of the State of California.
6. **Complete Integration.** This Agreement, including any attachments or documents incorporated herein by express reference is intended to be a complete integration and there are no prior or contemporaneous different or additional agreements pertaining to the subject matters of this Agreement.
7. **Amendment.** No alteration or variation of the terms or provisions of this Agreement shall be valid unless made in writing and signed by the parties to this Agreement, and no oral understanding or agreement not set forth in this Agreement, shall be binding on the parties to this Agreement.
8. **Discrepancy or Inconsistency.** If there is a discrepancy or inconsistency in the terms of this Agreement and Attachment A, then this Agreement controls.

Signature of WPC Lead Entity Representative

Date

Name: Christopher C. Conlin

Title: Assistant City Manager

Signature of DHCS Representative

Date

Name: Jacey Cooper

Title: Chief Deputy Director, Health Care Programs

Whole Person Care Agreement

Exhibit A – Health Insurance Portability and Accountability Act (HIPAA Business Associate Addendum (BAA))

I. Recitals

A. This Contract (Agreement) has been determined to constitute a business associate relationship under the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), 42 U.S.C. section 17921 et seq., and their implementing privacy and security regulations at 45 CFR Parts 160 and 164 ("the HIPAA regulations").

B. The Department of Health Care Services ("DHCS") wishes to disclose to Business Associate certain information pursuant to the terms of this Agreement, some of which may constitute Protected Health Information ("PHI"), including protected health information in electronic media ("ePHI"), under federal law, and personal information ("PI") under state law.

C. As set forth in this Agreement, Contractor, here and after, is the Business Associate of DHCS acting on DHCS' behalf and provides services, arranges, performs or assists in the performance of functions or activities on behalf of DHCS and creates, receives, maintains, transmits, uses or discloses PHI and PI. DHCS and Business Associate are each a party to this Agreement and are collectively referred to as the "parties."

D. The purpose of this Addendum is to protect the privacy and security of the PHI and PI that may be created, received, maintained, transmitted, used or disclosed pursuant to this Agreement, and to comply with certain standards and requirements of HIPAA, the HITECH Act and the HIPAA regulations, including, but not limited to, the requirement that DHCS must enter into a contract containing specific requirements with Contractor prior to the disclosure of PHI to Contractor, as set forth in 45 CFR Parts 160 and 164 and the HITECH Act, and the Final Omnibus Rule as well as the Alcohol and Drug Abuse patient records confidentiality law 42 CFR Part 2, and any other applicable state or federal law or regulation. 42 CFR section 2.1(b)(2)(B) allows for the disclosure of such records to qualified personnel for the purpose of conducting management or financial audits, or program evaluation. 42 CFR Section 2.53(d) provides that patient identifying information disclosed under this section may be disclosed only back to the program from which it was obtained and used only to carry out an audit or evaluation purpose or to investigate or prosecute criminal or other activities, as authorized by an appropriate court order.

E. The terms used in this Addendum, but not otherwise defined, shall have the same meanings as those terms have in the HIPAA regulations. Any reference to statutory or regulatory language shall be to such language as in effect or as amended.

II. Definitions

A. Breach shall have the meaning given to such term under HIPAA, the HITECH Act, the HIPAA regulations, and the Final Omnibus Rule.

B. Business Associate shall have the meaning given to such term under HIPAA, the HITECH Act, the HIPAA regulations, and the final Omnibus Rule.

C. Covered Entity shall have the meaning given to such term under HIPAA, the HITECH Act, the HIPAA regulations, and Final Omnibus Rule.

D. Electronic Health Record shall have the meaning given to such term in the HITECH Act, including, but not limited to, 42 U.S.C Section 17921 and implementing regulations.

E. Electronic Protected Health Information (ePHI) means individually identifiable health information transmitted by electronic media or maintained in electronic media, including but not limited to electronic media as set forth under 45 CFR section 160.103.

F. Individually Identifiable Health Information means health information, including demographic information collected from an individual, that is created or received by a health care provider, health plan, employer or health care clearinghouse, and relates to the past, present or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual, that identifies the individual or where there is a reasonable basis to believe the information can be used to identify the individual, as set forth under 45 CFR section 160.103.

G. Privacy Rule shall mean the HIPAA Regulation that is found at 45 CFR Parts 160 and 164.

H. Personal Information shall have the meaning given to such term in California Civil Code section 1798.29.

I. Protected Health Information means individually identifiable health information that is transmitted by electronic media, maintained in electronic media, or is transmitted or maintained in any other form or medium, as set forth under 45 CFR section 160.103.

J. Required by law, as set forth under 45 CFR section 164.103, means a mandate contained in law that compels an entity to make a use or disclosure of PHI that is enforceable in a court of law. This includes, but is not limited to, court orders and court-ordered warrants, subpoenas or summons issued by a court, grand jury, a governmental or tribal inspector general, or an administrative body authorized to require the production of information, and a civil or an authorized investigative demand. It also includes Medicare conditions of participation with respect to health care providers participating in the program, and statutes or regulations that require the production of information, including statutes or regulations that require such information if payment is sought under a government program providing public benefits.

K. Secretary means the Secretary of the U.S. Department of Health and Human Services ("HHS") or the Secretary's designee.

L. Security Incident means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of PHI or PI, or confidential data that is essential to the ongoing operation of the Business Associate's organization and intended for internal use; or interference with system operations in an information system.

M. Security Rule shall mean the HIPAA regulation that is found at 45 CFR Parts 160 and 164.

N. Unsecured PHI shall have the meaning given to such term under the HITECH Act, 42 U.S.C. section 17932(h), any guidance issued pursuant to such Act, and the HIPAA regulations.

III. Terms of Agreement

A. Permitted Uses and Disclosures of PHI by Business Associate

Permitted Uses and Disclosures. Except as otherwise indicated in this Addendum, Business Associate may use or disclose PHI only to perform functions, activities or services specified in this Agreement, for, or on behalf of DHCS, provided that such use or disclosure would not violate the HIPAA regulations, if done by DHCS. Any such use or disclosure must, to the extent practicable, be limited to the limited data set, as defined in 45 CFR section 164.514(e)(2), or, if needed, to the minimum necessary to accomplish the intended purpose of such use or disclosure, in compliance with the HITECH Act and any guidance issued pursuant to such Act, the HIPAA regulations, the Final Omnibus Rule and 42 CFR Part 2.

1. Specific Use and Disclosure Provisions. Except as otherwise indicated in this Addendum, Business Associate may:

a. Use and disclose for management and administration. Use and disclose PHI for the proper management and administration of the Business Associate provided that such disclosures are required by law, or the Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and will be used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware that the confidentiality of the information has been breached.

b. Provision of Data Aggregation Services. Use PHI to provide data aggregation services to DHCS. Data aggregation means the combining of PHI created or received by the Business Associate on behalf of DHCS with PHI received by the Business Associate in its capacity as the Business Associate of another covered entity, to permit data analyses that relate to the health care operations of DHCS.

B. Prohibited Uses and Disclosures

1. Business Associate shall not disclose PHI about an individual to a health plan for payment or health care operations purposes if the PHI pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full and the individual requests such restriction, in accordance with 42 U.S.C. section 17935(a) and 45 CFR section 164.522(a).

2. Business Associate shall not directly or indirectly receive remuneration in exchange for PHI, except with the prior written consent of DHCS and as permitted by 42 U.S.C. section 17935(d)(2).

C. Responsibilities of Business Associate

Business Associate agrees:

1. Nondisclosure. Not to use or disclose Protected Health Information (PHI) other than as permitted or required by this Agreement or as required by law.

2. Safeguards. To implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the PHI, including electronic PHI, that it creates, receives, maintains, uses or transmits on behalf of DHCS, in compliance with 45 CFR sections 164.308, 164.310 and 164.312, and to prevent use or disclosure of PHI other than as provided for by this Agreement. Business Associate shall implement reasonable and appropriate policies and procedures to comply with the standards, implementation specifications and other requirements of 45 CFR section 164, subpart C, in compliance with 45 CFR section 164.316. Business Associate shall develop and maintain a written information privacy and security program that includes administrative, technical and physical safeguards

appropriate to the size and complexity of the Business Associate's operations and the nature and scope of its activities, and which incorporates the requirements of section 3, Security, below. Business Associate will provide DHCS with its current and updated policies.

3. Security. To take any and all steps necessary to ensure the continuous security of all computerized data systems containing PHI and/or PI, and to protect paper documents containing PHI and/or PI. These steps shall include, at a minimum:

- a. Complying with all of the data system security precautions listed in Attachment A, the Business Associate Data Security Requirements;
- b. Achieving and maintaining compliance with the HIPAA Security Rule (45 CFR Parts 160 and 164), as necessary in conducting operations on behalf of DHCS under this Agreement;
- c. Providing a level and scope of security that is at least comparable to the level and scope of security established by the Office of Management and Budget in OMB Circular No. A-130, Appendix III - Security of Federal Automated Information Systems, which sets forth guidelines for automated information systems in Federal agencies; and
- d. In case of a conflict between any of the security standards contained in any of these enumerated sources of security standards, the most stringent shall apply. The most stringent means that safeguard which provides the highest level of protection to PHI from unauthorized disclosure. Further, Business Associate must comply with changes to these standards that occur after the effective date of this Agreement.

Business Associate shall designate a Security Officer to oversee its data security program who shall be responsible for carrying out the requirements of this section and for communicating on security matters with DHCS.

D. Mitigation of Harmful Effects. To mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate or its subcontractors in violation of the requirements of this Addendum.

E. Business Associate's Agents and Subcontractors.

1. To enter into written agreements with any agents, including subcontractors and vendors, to whom Business Associate provides PHI or PI received from or created or received by Business Associate on behalf of DHCS, that impose the same restrictions and conditions on such agents, subcontractors and vendors that apply to Business Associate with respect to such PHI and PI under this

Addendum, and that comply with all applicable provisions of HIPAA, the HITECH Act the HIPAA regulations, and the Final Omnibus Rule, including the requirement that any agents, subcontractors or vendors implement reasonable and appropriate administrative, physical, and technical safeguards to protect such PHI and PI. Business associates are directly liable under the HIPAA Rules and subject to civil and, in some cases, criminal penalties for making uses and disclosures of protected health information that are not authorized by its contract or required by law. A business associate also is directly liable and subject to civil penalties for failing to safeguard electronic protected health information in accordance with the HIPAA Security Rule. A "business associate" also is a subcontractor that creates, receives, maintains, or transmits protected health information on behalf of another business associate. Business Associate shall incorporate, when applicable, the relevant provisions of this Addendum into each subcontract or subaward to such agents, subcontractors and vendors, including the requirement that any security incidents or breaches of unsecured PHI or PI be reported to Business Associate.

2. In accordance with 45 CFR section 164.504(e)(1)(ii), upon Business Associate's knowledge of a material breach or violation by its subcontractor of the agreement between Business Associate and the subcontractor, Business Associate shall:

- a. Provide an opportunity for the subcontractor to cure the breach or end the violation and terminate the agreement if the subcontractor does not cure the breach or end the violation within the time specified by DHCS; or
- b. Immediately terminate the agreement if the subcontractor has breached a material term of the agreement and cure is not possible.

F. Availability of Information to DHCS and Individuals. To provide access and information:

1. To provide access as DHCS may require, and in the time and manner designated by DHCS (upon reasonable notice and during Business Associate's normal business hours) to PHI in a Designated Record Set, to DHCS (or, as directed by DHCS), to an Individual, in accordance with 45 CFR section 164.524. Designated Record Set means the group of records maintained for DHCS that includes medical, dental and billing records about individuals; enrollment, payment, claims adjudication, and case or medical management systems maintained for DHCS health plans; or those records used to make decisions about individuals on behalf of DHCS. Business Associate shall use the forms and processes developed by DHCS for this purpose and shall respond to requests for access to records transmitted by DHCS within fifteen (15) calendar days of receipt of the request by producing the records or verifying that there are none.

2. If Business Associate maintains an Electronic Health Record with PHI, and an individual requests a copy of such information in an electronic format, Business Associate shall provide such information in an electronic format to enable DHCS to fulfill its obligations under the HITECH Act, including but not limited to, 42 U.S.C. section 17935(e).

3. If Business Associate receives data from DHCS that was provided to DHCS by the Social Security Administration, upon request by DHCS, Business Associate shall provide DHCS with a list of all employees, contractors and agents who have access to the Social Security data, including employees, contractors and agents of its subcontractors and agents.

G. Amendment of PHI. To make any amendment(s) to PHI that DHCS directs or agrees to pursuant to 45 CFR section 164.526, in the time and manner designated by DHCS.

H. Internal Practices. To make Business Associate's internal practices, books and records relating to the use and disclosure of PHI received from DHCS, or created or received by Business Associate on behalf of DHCS, available to DHCS or to the Secretary of the U.S. Department of Health and Human Services in a time and manner designated by DHCS or by the Secretary, for purposes of determining DHCS' compliance with the HIPAA regulations. If any information needed for this purpose is in the exclusive possession of any other entity or person and the other entity or person fails or refuses to furnish the information to Business Associate, Business Associate shall so certify to DHCS and shall set forth the efforts it made to obtain the information.

I. Documentation of Disclosures. To document and make available to DHCS or (at the direction of DHCS) to an Individual such disclosures of PHI, and information related to such disclosures, necessary to respond to a proper request by the subject Individual for an accounting of disclosures of PHI, in accordance with the HITECH Act and its implementing regulations, including but not limited to 45 CFR section 164.528 and 42 U.S.C. section 17935(c). If Business Associate maintains electronic health records for DHCS as of January 1, 2009, Business Associate must provide an accounting of disclosures, including those disclosures for treatment, payment or health care operations, effective with disclosures on or after January 1, 2014. If Business Associate acquires electronic health records for DHCS after January 1, 2009, Business Associate must provide an accounting of disclosures, including those disclosures for treatment, payment or health care operations, effective with disclosures on or after the date the electronic health record is acquired, or on or after January 1, 2011, whichever date is later. The electronic accounting of disclosures shall be for disclosures during the three years prior to the request for an accounting.

J. Breaches and Security Incidents. During the term of this Agreement, Business Associate agrees to implement reasonable systems for the discovery

and prompt reporting of any breach or security incident, and to take the following steps:

1. Notice to DHCS. (1) To notify DHCS immediately upon the discovery of a suspected security incident that involves data provided to DHCS by the Social Security Administration. This notification will be by telephone call plus email or fax upon the discovery of the breach. (2) To notify DHCS within 24 hours by email or fax of the discovery of unsecured PHI or PI in electronic media or in any other media if the PHI or PI was, or is reasonably believed to have been, accessed or acquired by an unauthorized person, any suspected security incident, intrusion or unauthorized access, use or disclosure of PHI or PI in violation of this Agreement and this Addendum, or potential loss of confidential data affecting this Agreement. A breach shall be treated as discovered by Business Associate as of the first day on which the breach is known, or by exercising reasonable diligence would have been known, to any person (other than the person committing the breach) who is an employee, officer or other agent of Business Associate.

Notice shall be provided to the DHCS Program Contract Manager, the DHCS Privacy Officer and the DHCS Information Security Officer. If the incident occurs after business hours or on a weekend or holiday and involves data provided to DHCS by the Social Security Administration, notice shall be provided by calling the DHCS EITS Service Desk. Notice shall be made using the "DHCS Privacy Incident Report" form, including all information known at the time. Business Associate shall use the most current version of this form, which is posted on the DHCS Privacy Office website (www.dhcs.ca.gov, then select "Privacy" in the left column and then "Business Use" near the middle of the page) or use this link: <http://www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/DHCSBusinessAssociatesOnly.aspx>

Upon discovery of a breach or suspected security incident, intrusion or unauthorized access, use or disclosure of PHI or PI, Business Associate shall take:

- a. Prompt corrective action to mitigate any risks or damages involved with the breach and to protect the operating environment; and
- b. Any action pertaining to such unauthorized disclosure required by applicable Federal and State laws and regulations.

2. Investigation and Investigation Report. To immediately investigate such security incident, breach, or unauthorized access, use or disclosure of PHI or PI. If the initial report did not include all of the requested information marked with an asterisk, then within 72 hours of the discovery, Business Associate shall submit an updated "DHCS Privacy Incident Report" containing the information marked with an asterisk and all other applicable information listed on the form, to the

extent known at that time, to the DHCS Program Contract Manager, the DHCS Privacy Officer, and the DHCS Information Security Officer:

3. Complete Report. To provide a complete report of the investigation to the DHCS Program Contract Manager, the DHCS Privacy Officer, and the DHCS Information Security Officer within ten (10) working days of the discovery of the breach or unauthorized use or disclosure. If all of the required information was not included in either the initial report, or the Investigation Report, then a separate Complete Report must be submitted. The report shall be submitted on the "DHCS Privacy Incident Report" form and shall include an assessment of all known factors relevant to a determination of whether a breach occurred under applicable provisions of HIPAA, the HITECH Act, the HIPAA regulations and/or state law. The report shall also include a full, detailed corrective action plan, including information on measures that were taken to halt and/or contain the improper use or disclosure. If DHCS requests information in addition to that listed on the "DHCS Privacy Incident Report" form, Business Associate shall make reasonable efforts to provide DHCS with such information. If necessary, a Supplemental Report may be used to submit revised or additional information after the completed report is submitted, by submitting the revised or additional information on an updated "DHCS Privacy Incident Report" form. DHCS will review and approve or disapprove the determination of whether a breach occurred, is reportable to the appropriate entities, if individual notifications are required, and the corrective action plan.

4. Notification of Individuals. If the cause of a breach of PHI or PI is attributable to Business Associate or its subcontractors, agents or vendors, Business Associate shall notify individuals of the breach or unauthorized use or disclosure when notification is required under state or federal law and shall pay any costs of such notifications, as well as any costs associated with the breach. The notifications shall comply with the requirements set forth in 42 U.S.C. section 17932 and its implementing regulations, including, but not limited to, the requirement that the notifications be made without unreasonable delay and in no event later than 60 calendar days. The DHCS Program Contract Manager, the DHCS Privacy Officer, and the DHCS Information Security Officer shall approve the time, manner and content of any such notifications and their review and approval must be obtained before the notifications are made.

5. Responsibility for Reporting of Breaches. If the cause of a breach of PHI or PI is attributable to Business Associate or its agents, subcontractors or vendors, Business Associate is responsible for all required reporting of the breach as specified in 42 U.S.C. section 17932 and its implementing regulations, including notification to media outlets and to the Secretary. If a breach of unsecured PHI involves more than 500 residents of the State of California or its jurisdiction, Business Associate shall notify the Secretary of the breach immediately upon discovery of the breach. If Business Associate has reason to believe that duplicate reporting of the same breach or incident may occur

because its subcontractors, agents or vendors may report the breach or incident to DHCS in addition to Business Associate, Business Associate shall notify DHCS, and DHCS and Business Associate may take appropriate action to prevent duplicate reporting. The breach reporting requirements of this paragraph are in addition to the reporting requirements set forth in subsection 1, above.

1. DHCS Contact Information. To direct communications to the above referenced DHCS staff, the Contractor shall initiate contact as indicated herein. DHCS reserves the right to make changes to the contact information below by giving written notice to the Contractor. Said changes shall not require an amendment to this Addendum or the Agreement to which it is incorporated.

DHCS Contract Contact	DHCS Privacy Officer	DHCS Information Security Officer
Chief, Coordinated Care Program Section	Privacy Officer c/o: Office of HIPAA Compliance Department of Health Care Services P.O. Box 997413, MS 4722 Sacramento, CA 95899-7413 Email: privacyofficer@dhcs.ca.gov Telephone: (916) 445-4646 Fax: (916) 440-7680	Information Security Officer DHCS Information Security Office P.O. Box 997413, MS 6400 Sacramento, CA 95899-7413 Email: iso@dhcs.ca.gov Fax: (916) 440-5537 Telephone: EITS Service Desk (916) 440-7000 or (800) 579-0874

K. Termination of Agreement. In accordance with Section 13404(b) of the HITECH Act and to the extent required by the HIPAA regulations, if Business Associate knows of a material breach or violation by DHCS of this Addendum, it shall take the following steps:

1. Provide an opportunity for DHCS to cure the breach or end the violation and terminate the Agreement if DHCS does not cure the breach or end the violation within the time specified by Business Associate; or
2. Immediately terminate the Agreement if DHCS has breached a material term of the Addendum and cure is not possible.

L. Due Diligence. Business Associate shall exercise due diligence and shall take reasonable steps to ensure that it remains in compliance with this Addendum and is in compliance with applicable provisions of HIPAA, the HITECH Act and the HIPAA regulations, and that its agents, subcontractors and vendors are in compliance with their obligations as required by this Addendum.

M. Sanctions and/or Penalties. Business Associate understands that a failure to comply with the provisions of HIPAA, the HITECH Act and the HIPAA

regulations that are applicable to Business Associate may result in the imposition of sanctions and/or penalties on Business Associate under HIPAA, the HITECH Act and the HIPAA regulations.

IV. Obligations of DHCS

DHCS agrees to:

A. Notice of Privacy Practices. Provide Business Associate with the Notice of Privacy Practices that DHCS produces in accordance with 45 CFR section 164.520, as well as any changes to such notice. Visit the DHCS Privacy Office to view the most current Notice of Privacy Practices at: <http://www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/default.aspx> or the DHCS website at www.dhcs.ca.gov (select "Privacy in the left column and "Notice of Privacy Practices" on the right side of the page).

B. Permission by Individuals for Use and Disclosure of PHI. Provide the Business Associate with any changes in, or revocation of, permission by an Individual to use or disclose PHI, if such changes affect the Business Associate's permitted or required uses and disclosures.

C. Notification of Restrictions. Notify the Business Associate of any restriction to the use or disclosure of PHI that DHCS has agreed to in accordance with 45 CFR section 164.522, to the extent that such restriction may affect the Business Associate's use or disclosure of PHI.

D. Requests Conflicting with HIPAA Rules. Not request the Business Associate to use or disclose PHI in any manner that would not be permissible under the HIPAA regulations if done by DHCS.

V. Audits, Inspection and Enforcement

A. From time to time, DHCS may inspect the facilities, systems, books and records of Business Associate to monitor compliance with this Agreement and this Addendum. Business Associate shall promptly remedy any violation of any provision of this Addendum and shall certify the same to the DHCS Privacy Officer in writing. The fact that DHCS inspects, or fails to inspect, or has the right to inspect, Business Associate's facilities, systems and procedures does not relieve Business Associate of its responsibility to comply with this Addendum, nor does DHCS':

1. Failure to detect or
2. Detection, but failure to notify Business Associate or require Business Associate's remediation of any unsatisfactory practices constitute acceptance of

such practice or a waiver of DHCS' enforcement rights under this Agreement and this Addendum.

B. If Business Associate is the subject of an audit, compliance review, or complaint investigation by the Secretary or the Office of Civil Rights, U.S. Department of Health and Human Services, that is related to the performance of its obligations pursuant to this HIPAA Business Associate Addendum, Business Associate shall notify DHCS and provide DHCS with a copy of any PHI or PI that Business Associate provides to the Secretary or the Office of Civil Rights concurrently with providing such PHI or PI to the Secretary. Business Associate is responsible for any civil penalties assessed due to an audit or investigation of Business Associate, in accordance with 42 U.S.C. section 17934(c).

VI. Termination

A. Term. The Term of this Addendum shall commence as of the effective date of this Addendum and shall extend beyond the termination of the contract and shall terminate when all the PHI provided by DHCS to Business Associate, or created or received by Business Associate on behalf of DHCS, is destroyed or returned to DHCS, in accordance with 45 CFR 164.504(e)(2)(ii)(I).

B. Termination for Cause. In accordance with 45 CFR section 164.504(e)(1)(ii), upon DHCS' knowledge of a material breach or violation of this Addendum by Business Associate, DHCS shall:

1. Provide an opportunity for Business Associate to cure the breach or end the violation and terminate this Agreement if Business Associate does not cure the breach or end the violation within the time specified by DHCS; or
2. Immediately terminate this Agreement if Business Associate has breached a material term of this Addendum and cure is not possible.

C. Judicial or Administrative Proceedings. Business Associate will notify DHCS if it is named as a defendant in a criminal proceeding for a violation of HIPAA. DHCS may terminate this Agreement if Business Associate is found guilty of a criminal violation of HIPAA. DHCS may terminate this Agreement if a finding or stipulation that the Business Associate has violated any standard or requirement of HIPAA, or other security or privacy laws is made in any administrative or civil proceeding in which the Business Associate is a party or has been joined.

D. Effect of Termination. Upon termination or expiration of this Agreement for any reason, Business Associate shall return or destroy all PHI received from DHCS (or created or received by Business Associate on behalf of DHCS) that Business Associate still maintains in any form, and shall retain no copies of such PHI. If return or destruction is not feasible, Business Associate shall notify DHCS of the conditions that make the return or destruction infeasible, and DHCS and Business Associate shall determine the terms and conditions under which

Business Associate may retain the PHI. Business Associate shall continue to extend the protections of this Addendum to such PHI, and shall limit further use of such PHI to those purposes that make the return or destruction of such PHI infeasible. This provision shall apply to PHI that is in the possession of subcontractors or agents of Business Associate.

VII. Miscellaneous Provisions

A. Disclaimer. DHCS makes no warranty or representation that compliance by Business Associate with this Addendum, HIPAA or the HIPAA regulations will be adequate or satisfactory for Business Associate's own purposes or that any information in Business Associate's possession or control, or transmitted or received by Business Associate, is or will be secure from unauthorized use or disclosure. Business Associate is solely responsible for all decisions made by Business Associate regarding the safeguarding of PHI.

B. Amendment. The parties acknowledge that federal and state laws relating to electronic data security and privacy are rapidly evolving and that amendment of this Addendum may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations and other applicable laws relating to the security or privacy of PHI. Upon DHCS' request, Business Associate agrees to promptly enter into negotiations with DHCS concerning an amendment to this Addendum embodying written assurances consistent with the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations or other applicable laws. DHCS may terminate this Agreement upon thirty (30) days written notice in the event:

1. Business Associate does not promptly enter into negotiations to amend this Addendum when requested by DHCS pursuant to this Section; or
2. Business Associate does not enter into an amendment providing assurances regarding the safeguarding of PHI that DHCS in its sole discretion, deems sufficient to satisfy the standards and requirements of HIPAA and the HIPAA regulations.

C. Assistance in Litigation or Administrative Proceedings. Business Associate shall make itself and any subcontractors, employees or agents assisting Business Associate in the performance of its obligations under this Agreement, available to DHCS at no cost to DHCS to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against DHCS, its directors, officers or employees based upon claimed violation of HIPAA, the HIPAA regulations or other laws relating to security and privacy, which involves inactions or actions by the Business

Associate, except where Business Associate or its subcontractor, employee or agent is a named adverse party.

D. No Third-Party Beneficiaries. Nothing express or implied in the terms and conditions of this Addendum is intended to confer, nor shall anything herein confer, upon any person other than DHCS or Business Associate and their respective successors or assignees, any rights, remedies, obligations or liabilities whatsoever.

E. Interpretation. The terms and conditions in this Addendum shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the HIPAA regulations and applicable state laws. The parties agree that any ambiguity in the terms and conditions of this Addendum shall be resolved in favor of a meaning that complies and is consistent with HIPAA, the HITECH Act and the HIPAA regulations.

F. Regulatory References. A reference in the terms and conditions of this Addendum to a section in the HIPAA regulations means the section as in effect or as amended.

G. Survival. The respective rights and obligations of Business Associate under Section VI.D of this Addendum shall survive the termination or expiration of this Agreement.

H. No Waiver of Obligations. No change, waiver or discharge of any liability or obligation hereunder on any one or more occasions shall be deemed a waiver of performance of any continuing or other obligation, or shall prohibit enforcement of any obligation, on any other occasion.

**HIPAA BAA
Attachment A
Business Associate Data Security Requirements**

I. Personnel Controls

A. Employee Training. All workforce members who assist in the performance of functions or activities on behalf of DHCS, or access or disclose DHCS PHI or PI must complete information privacy and security training, at least annually, at Business Associate's expense. Each workforce member who receives information privacy and security training must sign a certification, indicating the member's name and the date on which the training was completed. These certifications must be retained for a period of six (6) years following contract termination.

B. Employee Discipline. Appropriate sanctions must be applied against workforce members who fail to comply with privacy policies and procedures or any provisions of these requirements, including termination of employment where appropriate.

C. Confidentiality Statement. All persons that will be working with DHCS PHI or PI must sign a confidentiality statement that includes, at a minimum, General Use, Security and Privacy Safeguards, Unacceptable Use, and Enforcement Policies. The statement must be signed by the workforce member prior to access to DHCS PHI or PI. The statement must be renewed annually. The Contractor shall retain each person's written confidentiality statement for DHCS inspection for a period of six (6) years following contract termination.

D. Background Check. Before a member of the workforce may access DHCS PHI or PI, a thorough background check of that worker must be conducted, with evaluation of the results to assure that there is no indication that the worker may present a risk to the security or integrity of confidential data or a risk for theft or misuse of confidential data. The Contractor shall retain each workforce member's background check documentation for a period of three (3) years following contract termination.

II. Technical Security Controls

A. Workstation/Laptop encryption. All workstations and laptops that process and/or store DHCS PHI or PI must be encrypted using a FIPS 140-2 certified algorithm which is 128bit or higher, such as Advanced Encryption Standard (AES). The encryption solution must be full disk unless approved by the DHCS Information Security Office.

B. Server Security. Servers containing unencrypted DHCS PHI or PI must have sufficient administrative, physical, and technical controls in place to protect that data, based upon a risk assessment/system security review.

C. Minimum Necessary. Only the minimum necessary amount of DHCS PHI or PI required to perform necessary business functions may be copied, downloaded, or exported.

D. Removable media devices. All electronic files that contain DHCS PHI or PI data must be encrypted when stored on any removable media or portable device (i.e. USB thumb drives, floppies, CD/DVD, smartphones, backup tapes etc.). Encryption must be a FIPS 140-2 certified algorithm which is 128bit or higher, such as AES.

E. Antivirus software. All workstations, laptops and other systems that process and/or store DHCS PHI or PI must install and actively use comprehensive anti-virus software solution with automatic updates scheduled at least daily.

F. Patch Management. All workstations, laptops and other systems that process and/or store DHCS PHI or PI must have critical security patches applied, with system reboot if necessary. There must be a documented patch management process which determines installation timeframe based on risk assessment and vendor recommendations. At a maximum, all applicable patches must be installed within 30 days of vendor release.

G. User IDs and Password Controls. All users must be issued a unique user name for accessing DHCS PHI or PI. Username must be promptly disabled, deleted, or the password changed upon the transfer or termination of an employee with knowledge of the password, at maximum within 24 hours. Passwords are not to be shared. Passwords must be at least eight characters and must be a non-dictionary word. Passwords must not be stored in readable format on the computer. Passwords must be changed every 90 days, preferably every 60 days. Passwords must be changed if revealed or compromised. Passwords must be composed of characters from at least three of the following four groups from the standard keyboard:

- Upper case letters (A-Z)
- Lower case letters (a-z)
- Arabic numerals (0-9)
- Non-alphanumeric characters (punctuation symbols)

H. Data Destruction. When no longer needed, all DHCS PHI or PI must be cleared, purged, or destroyed consistent with NIST Special Publication 800-88, Guidelines for Media Sanitization such that the PHI or PI cannot be retrieved.

I. System Timeout. The system providing access to DHCS PHI or PI must provide an automatic timeout, requiring re-authentication of the user session after no more than 20 minutes of inactivity.

J. Warning Banners. All systems providing access to DHCS PHI or PI must display a warning banner stating that data is confidential, systems are logged, and system use is for business purposes only by authorized users. User must be directed to log off the system if they do not agree with these requirements.

K. System Logging. The system must maintain an automated audit trail which can identify the user or system process which initiates a request for DHCS PHI or PI, or which alters DHCS PHI or PI. The audit trail must be date and time stamped, must log both successful and failed accesses, must be read only, and must be restricted to authorized users. If DHCS PHI or PI is stored in a database, database logging functionality must be enabled. Audit trail data must be archived for at least 3 years after occurrence.

L. Access Controls. The system providing access to DHCS PHI or PI must use role based access controls for all user authentications, enforcing the principle of least privilege.

M. Transmission encryption. All data transmissions of DHCS PHI or PI outside the secure internal network must be encrypted using a FIPS 140-2 certified algorithm which is 128bit or higher, such as AES. Encryption can be end to end at the network level, or the data files containing PHI can be encrypted. This requirement pertains to any type of PHI or PI in motion such as website access, file transfer, and E-Mail.

N. Intrusion Detection. All systems involved in accessing, holding, transporting, and protecting DHCS PHI or PI that are accessible via the Internet must be protected by a comprehensive intrusion detection and prevention solution.

III. Audit Controls

A. System Security Review. All systems processing and/or storing DHCS PHI or PI must have at least an annual system risk assessment/security review which provides assurance that administrative, physical, and technical controls are functioning effectively and providing adequate levels of protection. Reviews should include vulnerability scanning tools.

B. Log Reviews. All systems processing and/or storing DHCS PHI or PI must have a routine procedure in place to review system logs for unauthorized access.

C. Change Control. All systems processing and/or storing DHCS PHI or PI must have a documented change control procedure that ensures separation of duties and protects the confidentiality, integrity and availability of data.

IV. Business Continuity / Disaster Recovery Controls

A. Emergency Mode Operation Plan. Contractor must establish a documented plan to enable continuation of critical business processes and protection of the security of electronic DHCS PHI or PI in the event of an emergency. Emergency means any circumstance or situation that causes normal computer operations to become unavailable for use in performing the work required under this Agreement for more than 24 hours.

B. Data Backup Plan. Contractor must have established documented procedures to backup DHCS PHI to maintain retrievable exact copies of DHCS PHI or PI. The plan must include a regular schedule for making backups, storing backups offsite, an inventory of backup media, and an estimate of the amount of time needed to restore DHCS PHI or PI should it be lost. At a minimum, the schedule must be a weekly full backup and monthly offsite storage of DHCS data.

V. Paper Document Controls

A. Supervision of Data. DHCS PHI or PI in paper form shall not be left unattended at any time, unless it is locked in a file cabinet, file room, desk or office. Unattended means that information is not being observed by an employee authorized to access the information. DHCS PHI or PI in paper form shall not be left unattended at any time in vehicles or planes and shall not be checked in baggage on commercial airplanes.

B. Escorting Visitors. Visitors to areas where DHCS PHI or PI is contained shall be escorted and DHCS PHI or PI shall be kept out of sight while visitors are in the area.

C. Confidential Destruction. DHCS PHI or PI must be disposed of through confidential means, such as cross cut shredding and pulverizing.

D. Removal of Data. DHCS PHI or PI must not be removed from the premises of the Contractor except with express written permission of DHCS.

E. Faxing. Faxes containing DHCS PHI or PI shall not be left unattended and fax machines shall be in secure areas. Faxes shall contain a confidentiality statement notifying persons receiving faxes in error to destroy them. Fax numbers shall be verified with the intended recipient before sending the fax.

F. Mailing. Mailings of DHCS PHI or PI shall be sealed and secured from damage or inappropriate viewing of PHI or PI to the extent possible. Mailings which include 500 or more individually identifiable records of DHCS PHI or PI in a single package shall be sent using a tracked mailing method which includes verification of delivery and receipt, unless the prior written permission of DHCS to use another method is obtained.



Whole Person Care Pilot Application

May 30, 2017

Section 1: WPC Lead Entity and Participating Entity Information

1.1 Whole Person Care Pilot Lead Entity and Contact Person

Organization Name	City of Sacramento
Type of Entity	City Government
Contact Person	Emily Halcon
Contact Person Title	Homeless Services Coordinator
Telephone	(916) 808-7896
Email Address	ehalcon@cityofsacramento.org
Mailing Address	Sacramento City Hall, Office of the City Manager 915 I St. 5 th Floor Sacramento, CA 95814

1.2 Participating Entities

Required Organizations	Organization Name	Contact Name and Title	Entity Description and Role in WPC
1. Medi-Cal Managed Care Health Plan	Anthem Blue Cross	Beau Hennemann, Director, GBD Special Programs	Entity Description: Managed Care Plan for Medi-Cal patients in Sacramento County Role in WPC: <ul style="list-style-type: none">• Participate in Governance Structure and Communication Process• Provide data necessary for the identification of the target population, project implementation and operations
2. Health Services Agency/Department	Not applicable (City-only application)		
3. Specialty Mental Health Agency/Department	Not applicable (City-only application)		

Required Organizations	Organization Name	Contact Name and Title	Entity Description and Role in WPC
4. Public Agency/Department #1	City of Sacramento	Howard Chan, City Manager	<p>Entity Description: Municipality</p> <p>Role in WPC: Lead entity and authority as point of contact.</p> <ul style="list-style-type: none"> • Lead and facilitate the development of the WPC pilot, implementation, and evaluation • Procure and monitor contracted services • Provide overall coordination and monitoring of the pilot • Coordinate communication with the community and with partnering entities • Facilitate and staff project governance and oversight
5. Public Housing Authority	Sacramento Housing and Redevelopment Agency (SHRA)	LaShelle Dozier, Executive Director	<p>Entity Description: Housing Authority of the City and County of Sacramento</p> <p>Role in WPC:</p> <ul style="list-style-type: none"> • Participate in Governance Structure and Communication Process • Assist in the development of the WPC pilot, implementation, and evaluation • Support the WPC pilot's efforts to link clients with permanent housing

Required Organizations	Organization Name	Contact Name and Title	Entity Description and Role in WPC
6. Community Partner #1	Sacramento Steps Forward	Ryan Loofbourrow, CEO	<p>Entity Description: Administrator of the Sacramento County Homeless Continuum of Care (CoC)</p> <p>Role in WPC:</p> <ul style="list-style-type: none"> • Participate in Governance Structure and Communication Process • Assist in the development of the WPC pilot, implementation, and evaluation • Administrator of the Homeless CoC coordinated entry system, which the WPC pilot will integrate into • Provide training and support to WPC providers on administration of the VI-SPDAT ¹, the community's assessment tool for housing • Contract for and administer the housing services provided in the WPC housing bundle
7. Community Partner #2	211 Sacramento	Richard Abrusci, CEO	<p>Entity Description: Sacramento County resource and information hub that connects people with community services.</p> <p>Role in WPC:</p> <ul style="list-style-type: none"> • Participate in Governance Structure and Communication Process • Assist in the development of the WPC pilot, implementation, and evaluation • Participate in target population identification and engagement

¹ Vulnerability Index – Service Prioritization Decision Assessment Tool

Additional Organizations (optional)	Organization Name	Contact Name and Title	Entity Description and Role in WPC
8. Community Partner #3	Sacramento Covered	Kelly Bennett, CEO	<p>Entity Description: Community-based health navigator program in Sacramento County working to connect people with medical coverage, primary and preventative care and social services.</p> <p>Role in WPC:</p> <ul style="list-style-type: none"> • Participate in Governance Structure and Communication Process • Assist in the development of the WPC pilot, implementation, and evaluation • Participate in target population identification and engagement • Client tracking and outcome reporting • Provide care coordination via dispersed peer outreach navigators
9. Health System #1	Sutter Health	Keri Thomas, Director of Community and Government Relations	<p>Entity Description: Health system with one full service hospital in the City of Sacramento.</p> <p>Role in WPC:</p> <ul style="list-style-type: none"> • Participate in Governance Structure and Communication Process • Assist in the development of the WPC pilot, implementation, and evaluation • Participate in target population identification and engagement

Additional Organizations (optional)	Organization Name	Contact Name and Title	Entity Description and Role in WPC
10. Health System #2	Dignity Health	Laurie Harting, Senior Vice President Operations	<p>Entity Description: Health system with two full service hospitals in the City of Sacramento.</p> <p>Role in WPC:</p> <ul style="list-style-type: none"> • Participate in Governance Structure and Communication Process • Assist in the development of the WPC pilot, implementation, and evaluation • Participate in target population identification and engagement
11. Health System #3	UC Davis Health System	Ann Madden Rice, Chief Executive Officer	<p>Entity Description: Health system with one full service hospital in the City of Sacramento.</p> <p>Role in WPC:</p> <ul style="list-style-type: none"> • Participate in Governance Structure and Communication Process • Assist in the development of the WPC pilot, implementation, and evaluation • Participate in target population identification and engagement

Additional Organizations (optional)	Organization Name	Contact Name and Title	Entity Description and Role in WPC
12. Health System (#4) and Medi-Cal managed care plan (#2)	Kaiser Permanente	Sandy Sharon, Senior Vice President & Area Manager and Patricia Rodriguez, Senior Vice President and Area Manager	<p>Entity Description: Health system and health plan with one full service hospital in the City of Sacramento.</p> <p>Role in WPC:</p> <ul style="list-style-type: none"> • Participate in Governance Structure and Communication Process • Assist in the development of the WPC pilot, implementation, and evaluation • Participate in target population identification and engagement • Provide data necessary for the identification of the target population, project implementation and operation
13. Medi-Cal managed care health plan #3	Molina Healthcare	Robert O'Reilly, Director of Policy	<p>Entity Description: Managed Care Plan for Medi-Cal patients in Sacramento County</p> <p>Role in WPC:</p> <ul style="list-style-type: none"> • Participate in Governance Structure and Communication Process • Provide data necessary for the identification of the target population, project implementation and operations
14. Medi-Cal managed care health plan #4	Health Net	Abbie Totten, Vice President, Government Programs, Policy, & Strategic Initiatives	<p>Entity Description: Managed Care Plan for Medi-Cal patients in Sacramento County</p> <p>Role in WPC:</p> <ul style="list-style-type: none"> • Participate in Governance Structure and Communication Process • Provide data necessary for the identification of the target population, project implementation and operations

Additional Organizations (optional)	Organization Name	Contact Name and Title	Entity Description and Role in WPC
15. Medi-Cal managed care health plan #5	United Healthcare	Kevin Kandalaft, CEO	Entity Description: Managed Care Plan for Medi-Cal patients in Sacramento County Role in WPC: <ul style="list-style-type: none"> • Participate in Governance Structure and Communication Process • Provide data necessary for the identification of the target population, project implementation and operations
16. Medi-Cal managed dental health plan #1	Access Dental	Alisha Hightower, Director, Government Programs	Entity Description: Managed Care Dental Plan for Medi-Cal patients in Sacramento County Role in WPC: <ul style="list-style-type: none"> • Participate in Governance Structure and Communication Process • Provide data necessary for the identification of the target population, project implementation and operations
17. Medi-Cal managed dental health plan #2	Liberty Dental	John Carvelli, Executive Vice President and Compliance Officer	Entity Description: Managed Care Dental Plan for Medi-Cal patients in Sacramento County Role in WPC: <ul style="list-style-type: none"> • Participate in Governance Structure and Communication Process • Provide data necessary for the identification of the target population, project implementation and operations

Additional Organizations (optional)	Organization Name	Contact Name and Title	Entity Description and Role in WPC
18. Public Agency/Department #2	City of Sacramento Police Department Impact Team	Brian Louie, Interim Chief of Police	<p>Entity Description: Unit of the Sacramento Police Department providing outreach and engagement with the homeless population, with a goal of linking to services and avoiding incarceration</p> <p>Role in WPC:</p> <ul style="list-style-type: none"> • Participate in Governance Structure and Communication Process • Assist in the development of the WPC pilot, implementation, and evaluation • Provide data necessary for the identification of the target population, project implementation and operation • Oversee the Impact Team partnership with outreach navigators and Street Nurses
19. Public Agency/Department #3	City of Sacramento Fire Department	Walt White, Fire Chief	<p>Entity Description: Fire department and EMS for the City of Sacramento</p> <p>Role in WPC:</p> <ul style="list-style-type: none"> • Participate in Governance Structure and Communication Process • Assist in the development of the WPC pilot, implementation, and evaluation • Provide EMS data on response and transportation necessary for the identification of the target population, project implementation and operation

Additional Organizations (optional)	Organization Name	Contact Name and Title	Entity Description and Role in WPC
20. Community Partner #8	Capitol Health Network	Steve Heath, Executive Director	Entity Description: Consortium of FQHCs and community-based clinical healthcare providers Role in WPC: <ul style="list-style-type: none"> • Participate in Governance Structure and Communication Process • Participate in target population identification and engagement • Client tracking and outcome reporting
21. Community Partner #9	Sacramento Native American Health Center (SNAHC)	Britta Guerrero, Executive Director	Entity Description: Non-profit, urban Indian FQHC Role in WPC: <ul style="list-style-type: none"> • Participate in Governance Structure and Communication Process • Participate in target population identification and engagement • Client tracking and outcome reporting
22. Community Partner #10	Health and Life Organization (HALO)	Jerry Bliatout, Chief Executive Officer and J. Miguel Suarez, MD, Clinic Director	Entity Description: Non-profit FQHC Role in WPC: <ul style="list-style-type: none"> • Participate in Governance Structure and Communication Process • Participate in target population identification and engagement • Client tracking and outcome reporting
23. Community Partner #11	Elica Health Centers	Karen Freeman, COO	Entity Description: Non-profit, FQHC Role in WPC: <ul style="list-style-type: none"> • Participate in Governance Structure and Communication Process • Participate in target population identification and engagement • Client tracking and outcome reporting

Additional Organizations (optional)	Organization Name	Contact Name and Title	Entity Description and Role in WPC
24. Community Partner #12	WellSpace Health	Dr. A. Jonathan Porteus, CEO	Entity Description: Non-profit, FQHC Role in WPC: <ul style="list-style-type: none"> • Participate in Governance Structure and Communication Process • Participate in target population identification and engagement • Client tracking and outcome reporting • Operate the ICP+ Respite program
25. Community Partner #13	Cares Community Health	Christy Ward, CEO	Entity Description: Non-profit, FQHC Role in WPC: <ul style="list-style-type: none"> • Participate in Governance Structure and Communication Process • Participate in target population identification and engagement • Client tracking and outcome reporting

1.3 Letters of Participation and Support

The partners listed above have all explicitly expressed commitment to the Pilot and have provided the attached letters of participation.

Section 2: General Information and Target Population

2.1 Geographic Area, Community and Target Population Needs

Community Description and Need

The City of Sacramento is the largest and most populous City in Sacramento County, with a population of approximately 490,000 people living within the 100 square miles of the City, which is predominantly urban. According to county eligibility data from September 2016, of the roughly 470,000 Medi-Cal beneficiaries in Sacramento County, 300,000 reside in the City of Sacramento (64%).¹ While Whole

Person Care (WPC) more typically is a County led initiative, the City of Sacramento is the home to a majority of the County's Medi-Cal population, including emergency departments (EDs) from all four local hospital systems and every clinic/federally qualified health center (FQHC) serving the County's Medi-Cal population. It is also home to a majority of the homeless population in the County.

A local 2016 community health needs assessment found that challenges in accessing housing created many challenges for community members in maintaining their health and transitioning to more stability.² One health care service provider stated:

"We are confronted daily with huge housing crisis in our region and it feels, we feel powerless to be able to help people with all the things that we may be able to help them with. We may be able to get them enrolled in Medi-Cal and we may be able to try to help them navigate those systems or see if we can help with medications but you can't make it over to the pharmacy or get to an appointment with a psychiatrist if you slept in the bushes last night or if you're looking at a housing situation that's dangerous to your health so housing is a huge problem in our region that has to be looked at through a health lens and we need to have sustainable solutions that are innovative and creative and also consider the intersections of where folks come from."

While little data exists on the numbers of high utilizers who are also homeless, a local coverage and navigation program provided preliminary data for the last six months indicating that, of the Medi-Cal population referred to the program and served from one of the local EDs, 8% were homeless.

According to the 2015 Homeless Point in Time Count, there are approximately 5,600 people experiencing homelessness in Sacramento County during the year, with over 2,600 on any given night, 35% of whom lack shelter.³ This is further confirmed by Sacramento Steps Forward (SSF), the City's non-profit partner in preventing and ending homelessness, who assessed over 5,000 individuals and almost 1,700 families experiencing homelessness from 2015 to 2016. Of the households active on the SSF waitlist for homeless housing placements (the "community queue"), approximately 77% were single adults and 44% were families. While limited data exists specific to Sacramento's homeless population, we know this population is:

- Mentally ill – 27%
- Suffering from addiction to alcohol or drugs or both – 48%
- Chronically homeless – 16.7%

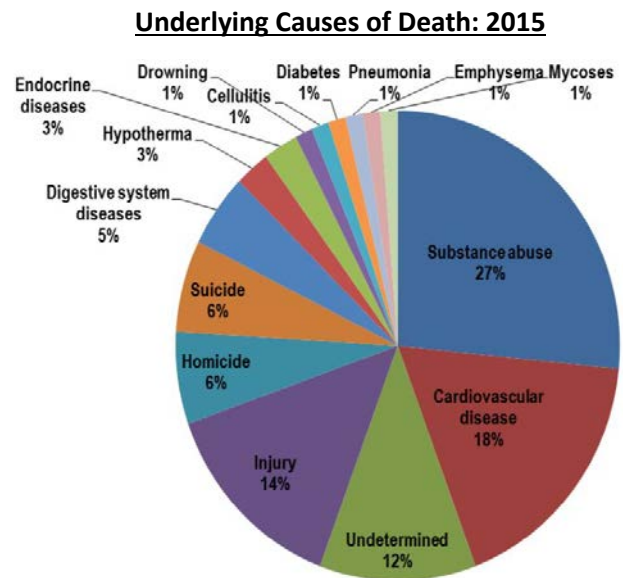
² Sutter Medical Center, Sacramento and Sutter Center for Psychiatry. *2016 Community Health Needs Assessment*. Available online at: <http://www.suttermedicalcenter.org/CHNA/smcs-2016-chna.pdf>

¹ Sacramento County Department of Health & Human Services. *Medi-Cal beneficiaries by Zip Code*. September 2016. Available online at: <http://www.dhhs.saccounty.net/PRI/Documents/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/Monthly%20Meeting%20Documents/2016/20160926/Medi-Cal-Beneficiaries-by-Zip-Code-Sept.pdf>

³ Sacramento Steps Forward. *Homelessness in Sacramento*, Available online at: <http://sacramentostepsforward.org/understanding-homelessness/point-in-time-pit-scope-size-populations/>

This population faces significant challenges meeting basic requirements of everyday life, further limiting the ability of these individuals to manage and maintain their health needs. Many seek care in EDs and urgent care centers, often waiting until health conditions are acute instead of seeking preventative and primary care. Those who are discharged from these acute care settings are discharged back to the streets when the existing 16 crises respite beds in the county are unavailable. According to the 2016 Sacramento Homeless Deaths Report:⁴

- Frequency of homeless deaths doubled from 32 deaths per year (2002) to 78 deaths per year (2015). *This means that one homeless person died every week over the last 14 years in Sacramento County.*
- Of these deaths, 61% were between the ages of 40-59.
- Using 75 years of age as the national average for life expectancy, the lives of Sacramento's homeless was cut short, on average, by 34% or about 30 years.



The underlying causes of death of Sacramento County's homeless population in 2015 are identified in the chart below. Substance abuse (27%), cardiovascular disease (18%), and violent deaths (26% - including injury, homicide and suicide) accounted for 71% of the deaths in Sacramento County's homeless population.

There is also growing racial and gender disparities within this population. While 59% of homeless deaths were Caucasian, this represents a significant decline in Caucasian homeless deaths from 69% in 2002-2014. It also corresponds with an increase in African American homeless deaths, from 17% in 2002 to 26% in 2015 (1.5x increase). The percentage of homeless female persons of color is 1.6 times greater than homeless male persons of color in the county. Men account for 8 times the deaths by accident compared to women (42% vs. 6%).

Compared to the general population in the county in 2015, the homeless population had:

- Mortality rate that was 4x higher
- Suicide rate that was 16x higher
- Alcohol and drug related deaths were 52x higher

⁴ Sacramento Regional Coalition to End Homelessness. *Sacramento County 2016 Homeless Deaths Report*. December 2016. Available at: https://media.wix.com/ugd/ee52bb_8cc49b7195a24254a1c7e96dd2378784.pdf

Sacramento County's Geographic Managed Care (GMC) Medi-Cal Health Plans reviewed data on top 50 adults who are the highest utilizers of non-primary care services in calendar year 2015, including homelessness.⁵ Of these top 50 utilizers:

- 14% of Anthem Blue Cross's top utilizers were homeless
- 16% of Health Net's top utilizers were homeless, and
- 20% of Molina's top utilizers homeless.

Plan data indicated that these enrollees have multiple co-morbid health conditions, frequently have a physical health and behavioral health condition and many have two or more ED visits in a calendar year. Averaging across the four systems, 30% of beneficiaries required complex care management, and 70% had three or more comorbid conditions. Top five chronic conditions for this population include hypertension (65%), substance abuse disorder (50%), major depressive disorder (48%), diabetes (48%), and congestive heart failure (46%). Moreover, according to county coroner's reports, while 38% of homeless deaths occurred outside, 35% occurred at a hospital (ED or inpatient), calling for both interventions in the community and within hospitals settings.

Sacramento is also experiencing an increase in market rents and a decrease in vacancy rates, creating a situation where those precariously housed are at higher risk of becoming homeless. Named one of the top 10 "hottest" housing markets in the nation in 2017, average rents are rising from \$1,351 in January of 2015 to \$1,534 in January of 2017, a 13.5% increase in just two years.⁶ This increase is coupled with a vacancy rate of fewer than 3%, making it more difficult both to secure housing for people experiencing homelessness and for people living in poverty to maintain their housing and not fall into homelessness.

Clearly, this is a population with significantly more challenges accessing and maintaining health, with higher acuity levels, and greater than normal navigation needs to overcome barriers caused by housing instability or lack thereof.

Project Background and Scope

The WPC pilot is an opportunity for the City to develop a comprehensive approach to addressing the health, social and housing needs of its most vulnerable populations. Given the large numbers of Medi-Cal beneficiaries in the City, the large numbers of homeless, and the number of city programs that engage this population, we believe that the City can have the greatest impact on high utilizers who have significant unmet healthcare needs and who are homeless or at-risk of homelessness. WPC is an important new mechanism that provides a nexus allowing the City to engage health care partners in redesigning the way care is delivered to this population.

⁵ Sacramento County Care Coordination Workgroup. *Health Plan Data Comparisons of Top 50 Utilizers in 2015*. March 2017. Available online at: <http://www.dhhs.sacounty.net/PRI/Documents/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/Care%20Coordination%20Work%20Group/Meeting%20Materials/2017/20170327/Data%20Summary%20Report%202015-2016-Plan%20Comparisons.pdf>

⁶ Zillow. *Sacramento Home Prices & Values*. Available online at: <https://www.zillow.com/sacramento-ca/home-values/>

The pilot is led by the City of Sacramento, in partnership with a broad range of community and health care stakeholders, including all current Medi-Cal managed care plans, all four local hospital systems, all but one of our FQHCs, homeless organizations, police, fire and other community-based organizations.

The Sacramento WPC program is the outcome of an organic community desire to bring WPC services to Sacramento and was designed in consultation with numerous community partners. At the on-set of the City's efforts to create a WPC program, we sought out the advice of health care partners with experience in the Sacramento system of care and with the community clinics currently providing direct health care for Medi-Cal patients. The design of the Sacramento WPC program was iterative, building on the expertise and experience of our community partners. The development included one-off meetings with each partner, as well as group meetings with health systems, FQHCs and homeless providers.

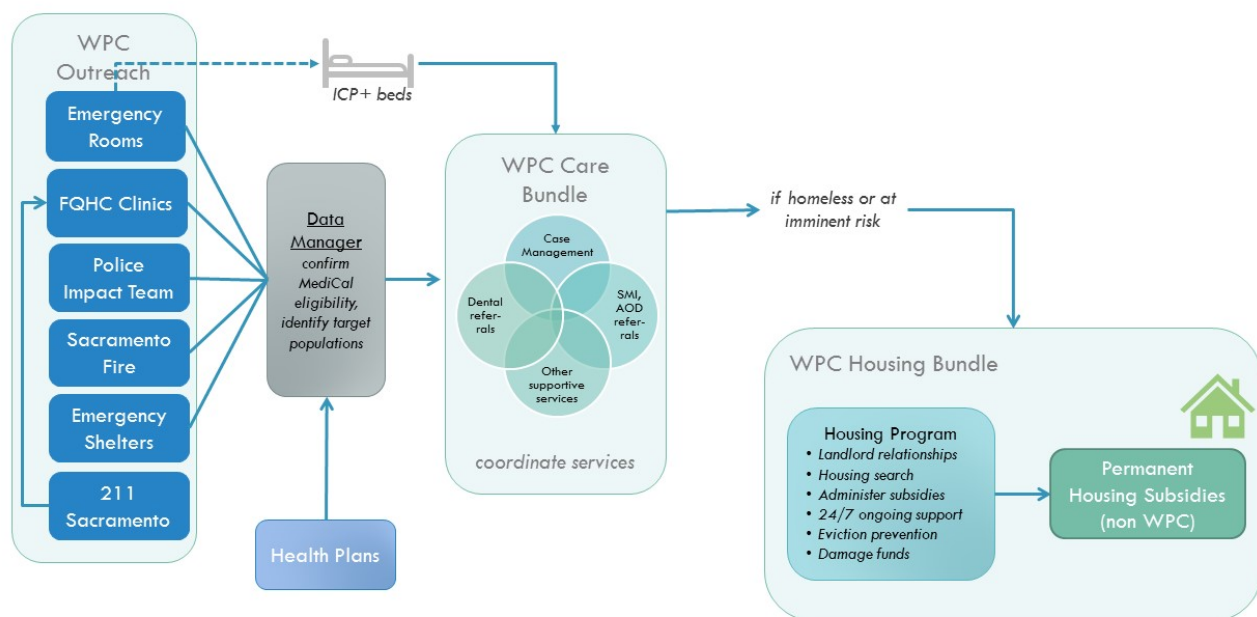
As a top priority, the City of Sacramento has committed significant resources over the past three years to create broader strategies to address the needs of its most vulnerable populations, including the homeless. However, the City recognizes that shelter and housing alone is not sufficient. A comprehensive approach to meeting the needs of high utilizers who are also homeless or at-risk of homelessness must encompass a suite of intensive services that includes health care, behavioral health, and housing support tailored to the individual, that meets people "where they are," and that is flexible to the changing needs of the individual. Both the City and its partners have a shared goal to support the unique and unmet needs of our target population through new outreach, case management and care coordination services through the pilot, including developing 16 new crises respite beds, provided by the pilot.

Our approach leverages and complements existing housing supports and other local social service programs. Before WPC, the City of Sacramento took a leadership role in finding solutions to prevent and end homelessness in the region, including:

- Launched the community's homeless coordinated entry system, creating an infrastructure of outreach navigators using a common assessment tool placing the most vulnerable people in interim shelter beds while linking them with permanent housing.
- Partnered with Sacramento County to allocate up to 1,700 housing opportunities through the City and County Public Housing Authority over three years.
- Expanded and enhanced the community's response to the crisis of unsheltered homelessness by: 1) creating an outreach team within the Sacramento Police Department to engage the City's homeless population, and 2) expanding availability of emergency shelter locally.

Building on the success of programs already operational in Sacramento, the WPC pilot will create an integrated system of care that can support people with a variety of outreach; case management; and physical health, behavioral health, substance abuse, and housing services; as depicted in the graphic below. By building shared infrastructure and approaches, we will increase collaboration across siloed providers and provide learning for further systems integration, informing and enhancing other health initiatives. Furthermore, by addressing the complex needs of our homeless population and building common data sharing infrastructure, we intend to improve health outcomes and create savings in the

delivery system from reduced ED and inpatient utilization that will support future efforts after the pilot ends.



Key to the WPC pilot will be the outreach fee for service (FFS) component, embedded in physical locations and with community partners regularly serving the WPC pilot target population. Sacramento Covered, a local outreach and navigation community-based organization, will expand their already successful health navigator program both in quantity, services and locations to ensure that vulnerable Medi-Cal eligible patients are linked with WPC services. Sacramento Covered’s team of health navigators already provide outreach and navigation into health and social services, partnering with all five EDs in Sacramento and in other community locations. Their navigation work includes helping beneficiaries and families identify a primary care provider and a primary care home, get same day or same week appointments for non-emergent health care needs, addressing social determinants of health by identifying and addressing barriers to accessing care by arranging services and conducting follow-up to ensure that the beneficiary and family has received care in a clinically appropriate setting and has their health care needs addressed. Expanding their scope to include linkages into the homeless continuum of care managed by SSF, makes them the ideal partner to bridge people in need with a full spectrum of WPC supports.

Sacramento Covered will also be responsible for referring potential clients to primary and specialty care offered at partner FQHCs, receiving referrals directly from the FQHCs’ internal teams at their clinics, on the street, and from the Interim Care Program (ICP+). They will also work with clinical care coordinators in participating FQHCs who will provide clinical case management. As partner health plans provide referrals to the pilot, these referrals will be aggregated by the data manager and analyst to create

updated target lists for outreach. The target lists will be provided to outreach staff and partners to find and connect plan beneficiaries eligible for the pilot. WPC coordinators will work with the data team and appropriate plan for data and information sharing. The Sacramento Covered navigators will be responsible for overall care coordination, including:

- Receiving referrals from EDs, community clinics, and other community partners
- Enrolling eligible participants into the WPC Pilot
- Conducting screenings and follow-ups
- Proactively identifying potential high users of services and reaching out directly to connect clients with a WPC care coordinator
- Helping uninsured clients enroll in Medi-Cal
- Helping clients establish a medical home
- Helping clients gain access to primary and preventative care
- Arrange for transportation to non-Medi-Cal covered appointments and other social services (as needed) to ensure clients receive and attend their appointments
- Following up with clients to ensure their needs are met
- Providing referrals to the WPC housing partner for homeless clients

The WPC housing services provider and the care coordinator will work collaboratively, as one is coordinating on-going health care and supportive services, and one is working to identify and secure appropriate housing. The care coordinator will remain with the client after they are housed and working with the housing provider to ensure that the client's social, medical and behavioral health care needs are managed so they can remain healthy in the community and stably housed.

Past and Current Efforts with Similar Populations

The concept for the WPC pilot was developed with community partners who have experience in administering health navigation programs, respite care beds for homeless individuals discharged from acute care facilities, and supportive wrap-around services in permanent housing. These projects have, individually, been extremely successful in improving the health and well-being of the clients served; by expanding on these concepts and coordinating them through one central program, the impacts should multiply. Examples of current health projects informing the WPC program in Sacramento are:

- Interim Care Program (ICP): This program provides respite beds and medical care for persons who are homeless and discharging from an acute care facility. The ICP allows a homeless person to recuperate in a shelter setting, outside a hospital facility, and to be linked to social services and housing upon healing.
- Triage-Transport-Treat (T3): This program engages the highest non-urgent utilizers of ED services, providing wrap-around case management and supportive housing.
- Street Nurse: This program brings direct street level care to persons who are currently homeless, including referrals to community clinics for on-going preventative and primary care.

In addition to these innovative programs currently offered on a small scale by health partners, the City of Sacramento has made efforts to work with the County to offer a range of services, both health and social services, to homeless populations on the street. The health programs above are separate and discrete from the City's new housing programs described earlier in the prior section. Our proposed WPC pilot will revamp existing siloed system to create one comprehensive system meeting all the health and social service needs of our most vulnerable population, keeping them healthy in the community and engaged in their care.

2.2 Communication Plan

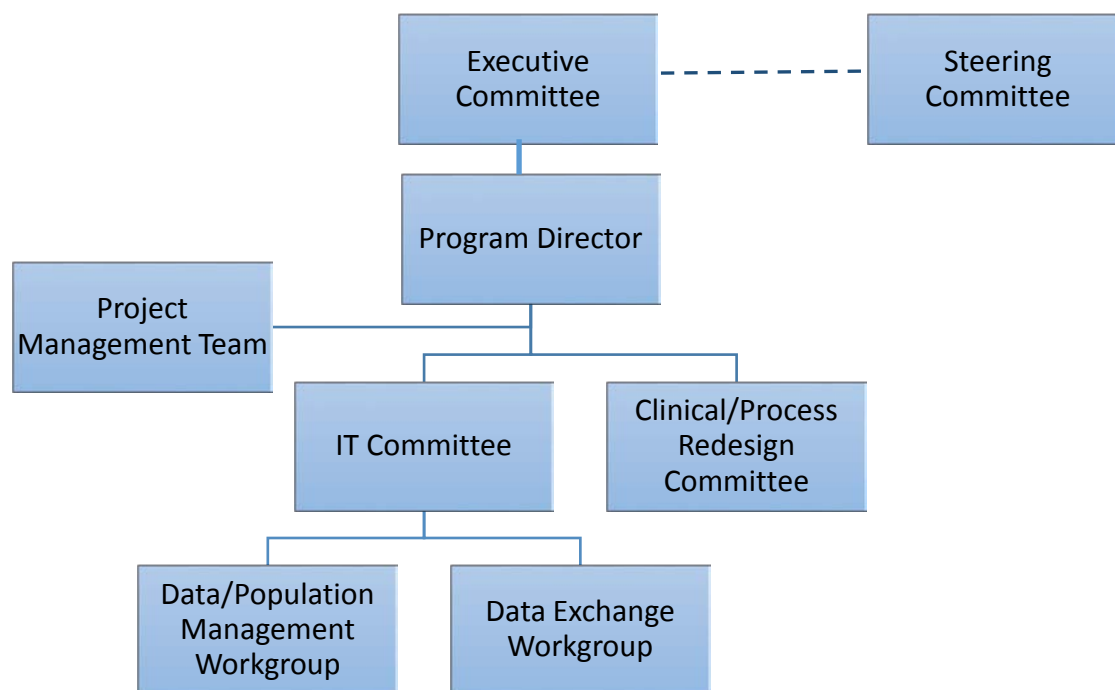
The WPC Pilot will be coordinated by the City of Sacramento Office of Homeless Services in the Office of the City Manager, who will have responsibility and authority to act as point of contact for all participating entities. To ensure program fidelity and oversight, as well as establish a transparent and collaborative process to ensure buy-in and engagement from partners and stakeholders, we propose a governance structure comprising of an executive committee, steering committee, information technology (IT) committee, and Clinical/Process Redesign Committee (please see organizational chart and corresponding table for details on committee structure, roles, participants and meeting frequency).

The work will be led by a Program Director, and the day-to-day operations conducted by a project management team reporting to the Program Director.

Committee/ Workgroup	Responsibilities	Participants	Meeting Frequency
Executive Committee	Provide oversight and direction to the pilot; decision making body; responsible for ensuring that program maintain fidelity to the program design and City's policy priorities; provide guidance to the Steering Committee and will review program outcomes (operational and fiscal) in the context of larger City initiatives.	<ul style="list-style-type: none"> ○ Assistant City Manager ○ Representative from the Office of the Mayor ○ Deputy Chief of Police ○ Deputy Fire Chief ○ Pilot Director ○ CEO of Sacramento Covered Forward ○ CEO of Sacramento Steps Forward ○ CEO of WellSpace Health 	As needed, at a minimum quarterly

Committee/ Workgroup	Responsibilities	Participants	Meeting Frequency
Steering Committee	Advisory Committee providing feedback and thought leadership to Executive Committee, Operational committee responsible for coordinating on day to day operations of the WPC pilot and developing reports for review of the Executive Committee	Dedicated “C-suite” leadership from partner organizations: <ul style="list-style-type: none"> o Representative from each of the four health systems o Representative from each of the six health plans o CEO/COO of Sacramento Covered o COO of 211 Sacramento o CEO/COO of each participating FQHC o Executive Director of the Sacramento Housing and Redevelopment Agency o CEO/COO of Sacramento Steps Forward o Leadership from the Housing Services Program administrating agency 	Monthly
IT Committee	Technical committee supporting data and information sharing requirements of the pilot	IT Leadership (preferably CIO) from appropriate partner organizations	As needed (quarterly at a minimum)
Data/Population Management Workgroup	Cross functional working group under the IT and Clinical supporting data analysis	Subset of IT Committee	As needed
Data Exchange Workgroup	Working group under IT to address issues of sharing data	Subset of IT Committee	As needed
Clinical/Process Redesign Committee	Technical Committee on issues related to establishing procedures and protocols for care coordination, case management, and other wrap-around supportive services	Operations and clinical leadership from appropriate partner organizations, preferably CMO	As needed, and at a minimum, quarterly

Organizational Chart:



At the initial meeting of the Steering Committee, participating entities will develop a work plan for review/approval by the Executive Committee. Our intention is to hold meetings in person if possible, but will also leverage conference call and webinar capabilities. The Executive Committee will also request a standing reporting line on the monthly Sacramento County Medi-Cal Managed Care Advisory Committee, allowing WPC activities to be known throughout all sectors engaging Medi-Cal beneficiaries.

To create opportunities for public feedback, the City will create WPC section on the City's website, where pertinent program documents will be accessible to the public. In addition, the City will create an e-Gov system whereby interested parties can sign up for email alerts on the WPC program, and provide direct feedback to the City. On at least an annual basis, the Program Director will prepare an annual report to be presented to the City Council in open session. All health care partners, those who have signed up on the City's e-Gov list and the general public will be invited to attend and provide comment on the annual report to the Council.

2.3 Target Population(s)

City of Sacramento WPC Pilot will serve Medi-Cal beneficiaries with repeated incidents of avoidable ED use and/or hospital admissions, and those who are currently experiencing homelessness or are at risk of homelessness.

As of September 2016, Sacramento County has a Medi-Cal population of 472,000. Based on a zip code level assessment of county Medi-Cal eligibility data, we estimate 300,000 (64%) of the county's Medi-Cal beneficiaries are in the City of Sacramento.⁷ Many will need housing supports to ensure they can remain healthy and stable in the community. To be eligible for this pilot, beneficiaries must reside in Sacramento County, be Medi-Cal enrolled or eligible, and have two or more ED visits or inpatient hospitalizations OR one ED visit and two or more comorbid conditions requiring care coordination and case management.

Based on eligibility criteria, we further refine this population to focus on the homeless or those at risk of homelessness, as this population: 1) face a myriad of challenges maintaining their health and have multiple comorbid conditions to manage, which is further exacerbated by unstable housing, 2) has significant unmet health needs, and 3) is a population the City currently engages with. From the 2015 homeless Point-in-Time count, we estimate that 0.18% of the total County population is homeless at a given point in time (2,659 individuals), and that, over the course of a year, approximately twice as many people will experience homelessness. Applying these same assumptions to the City-only population, we estimate that at least 882 people are homeless in the City of Sacramento at any point in time and that, over the course of a year, 1,764 people experience homelessness in the City. This is the larger pool from which our WPC pilot will target outreach and referral services.

We will work with plans to develop a target list of potential pilot enrollees. This includes working with each managed care plan (MCP) to pull data on our target population on a quarterly basis that includes information on existence of a mental illness, substance use disorder (SUD), or chronic physical health conditions, in addition to other pertinent patient information, such as location (if available), primary care provider, etc. This data will be scrubbed and analyzed to develop a target list for outreach teams by a WPC Data Review Team, comprising of representatives from the MCP, data manager, clinician and other WPC personnel, operating as a subset of the Data/Population Health Workgroup.

As Sacramento is a Targeted Case Management (TCM) county, the pilot's population will not be eligible for TCM. To ensure no service duplication, the list will be shared with the County's TCM coordinator and with the MCPs to coordinate and prevent the outside possibility of enrolling beneficiaries who may be receiving TCM. We will work with all partners to ensure all applicable privacy laws are followed.

Outreach teams will use target lists provided by the WPC Review Team to locate potential clients. Best practice models, such as motivational interviewing, and State of Change approaches will be reviewed and incorporated to build relationships with clients and overcome barriers to accepting services.

Target Population: Size

The Sacramento WPC pilot is designed to align services based on vulnerability and acuity of need, providing only that which is needed to ensure the health and stability of the population. The pilot focuses services to high utilizers that are also homeless or at risk of homelessness, with the goal of

⁷ State of California, Department of Health Care Services Research and Analytics Studies Division, Medi-Cal Certified Eligible Data Table by County and Aid Code Groups for Month of Eligibility November 2016, Report Date: March 2017. Available online at: <http://www.dhcs.ca.gov/dataandstats/statistics/Pages/Medi-Cal-Certified-EligiblesRecentTrends.aspx>

improving this population's access to care and health outcomes. As indicated in Section 2.1, this population suffers from multiple co-morbid conditions, including behavioral health needs, and access care in expensive acute care settings. The intensive care coordination and case management supports provided through this pilot are designed to help this population manage their chronic conditions and address their health needs in a comprehensive and preventative manner, while addressing social determinants of health, such as housing. Of the above population, we estimate that roughly 1,000 or 20% of the county's total homeless population will be high utilizers of the healthcare system and reasonably meet eligibility criteria for the WPC pilot as not all of the homeless population will:

1. Be eligible and willing to participate in the program; and
2. Be eligible for Medi-Cal; and
3. Have unmet health needs causing them to present at EDs and/or local clinics; and
4. Be able to be found through outreach efforts.

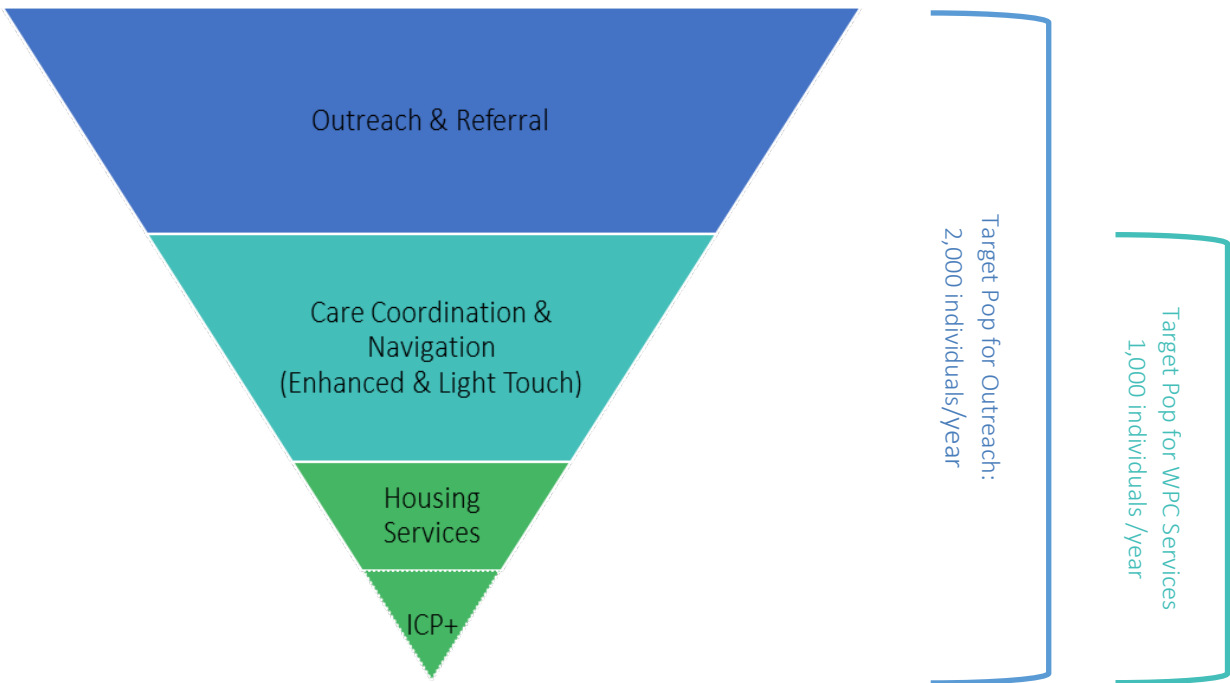
Based on current Medi-Cal beneficiaries estimated to be in the City of Sacramento, counts of beneficiaries currently presenting in the EDs as frequent users, and estimates on counts from current homeless outreach and shelter providers, we will conduct outreach to 350 individuals in PY2 and 2,000 individuals annually in PY3 through PY5, many of whom will require multiple attempts before successful referral and enrollment into the pilot. We estimate needing 800 attempts in PY2 and 5,000 attempts PY3-5 (2-3 attempts per individual, many in hard to reach locations) to find these individuals by the outreach teams, deployed in clinical and community-based settings. Those not eligible for the pilot will be provided light touch referrals to programs addressing unmet needs (coverage, social services, etc.). Of those eligible in the program:

- 1,000 eligible individuals will be identified with unmet case management and care management needs and will be enrolled in the WPC pilot. Of these 1,000 members enrolled in WPC:
 - 500 will need intensive case management and care management services.
 - 500 will need lower level case management and care management services.
- Of these 1,000 members enrolled in WPC, 500 will be experiencing homelessness or be at risk of homelessness, and will be eligible for intensive housing services in addition to their care management services. Based on experience from the homeless continuum of care, we anticipate that approximately half (or 250) will "self-resolve" each year (e.g. move back with friends/family, secure an apartment on their own, etc.).
 - For homeless participants identified in the ED with acute medical needs, but ready for discharge, they may be provided respite care through the ICP+ FFS program, and then connected with permanent housing services upon recovery.

Over the course of the demonstration, our WPC pilot will impact a total of 6,350 individuals through outreach. The outreach component of WPC will touch a broad range of individuals, focusing on those most frequent users of emergency medical services. However, based on experience with this population in other outreach programs, we anticipate that approximately 30% of those contacted will either not be

eligible or will refuse services, leading to delivery of WPC services to a projected 4,386 unduplicated individuals.

These populations are nested as follows:



The Sacramento WPC pilot services are “nested” to both ensure that members can access the depth of services needed for their particular situation and that the program provides only what is needed to ensure long-term health and housing stability. The pilot will tailor the intensity of services to the needs of each client, rather than use a defined formula. This will be achieved by assigning each of the pilot enrollees to a WPC Coordinator, who will serve as a link between outreach teams, providers and MCPs. The WPC Coordinators will also provide higher intensity support services for beneficiaries to access other social services, such as CalFresh, legal aid, etc., such as filing out applications, accompanying them to appropriate appointments, etc.

WPC activities will focus on a group of no more than 1,000 Medi-Cal beneficiaries at a time who are the high users of multiple urgent, emergent, and hospital service systems. This enrollment cap has been identified to ensure appropriate staff to patient ratios for effective care coordination. Once the enrollment cap of 1,000 enrollees is reached, enrollment shall remain at 1,000 at all times during the year. As participants leave the pilot, the next eligible individual on the waiting list will be contacted to enroll in the WPC. There will be no less than 1,000 participants at any given time after PY 2 if a waiting list exists. We estimate this pilot to serve 4,386 unduplicated individuals, assuming 1/2 of the participants stay in the pilot for a year and half stay in the pilot for six months.

Section 3: Services, Interventions, Care Coordination, and Data Sharing

3.1 Services, Interventions, and Care Coordination

The Whole Person Care (WPC) pilot allows the City of Sacramento to seamlessly integrate the spectrum of medical services and social support services into one coordinated service delivery continuum. Homelessness and use of hospital EDs for primary care are symptoms of a larger challenge for WPC enrollees, and the WPC pilot aims to address these underlying social determinants of health that exacerbate conditions and symptoms. Utilizing multiple entries into the WPC Pilot, beneficiaries will receive intensive support matching their unique level of need. As beneficiaries move through the various WPC Pilot interventions they will gain new knowledge of their disease states, how to appropriately access primary care and behavioral health care, increased connection with local community and other social supports, and be housed in safe and healthy environments.

The WPC pilot has four key activities, offered based on the presenting needs of the clients, as shown in the diagram on page 23 and detailed below.

1. Outreach and Referral (FFS, available for all clients)

Outreach navigators embedded in the community, where high utilizers, both homeless and non-homeless are likely to present. Outreach navigators are the “front door” to the WPC pilot, identifying potentially eligible individuals and referring them to a WPC Coordinator for eligibility determination and enrollment into the program. We anticipate multiple attempts will be required for one successful enrollment given the difficulty in reaching and engaging our target population. There are three ways a client may interact with the outreach component:

- o From Health Care Settings: For those potential clients who present in a health care setting, either an ED or a partner FQHC, the on-site outreach navigator will identify and refer that client immediately to the WPC Care Coordinator. The WPC Care Coordinator will ensure that after the client’s immediate, acute health needs are met, and that the individual is assessed for eligibility. If the person is eligible, the WPC Coordinator will enroll him/her into the WPC pilot and ensure wrap-around services are provided to help sustain the client’s health.
- o From Community Settings: The WPC pilot also aims to serve vulnerable clients who are frequent and inappropriate users of emergency services, but do not have access to an established regular source of care, such as a medical home. To help identify these potential clients before they have a medical emergency, the WPC pilot includes outreach components in three systems that are the City’s “front line” for vulnerable populations: Sacramento Police Impact Team, Sacramento Fire Department and the publicly funded emergency shelter system. Each of these systems regularly collects client level data and will submit this data on a weekly basis to the data manager, who

will combine these data sets, confirm eligibility for the WPC pilot and identify those clients who are the most frequent users of not only these systems, but also the health care systems. Newly enrolled participants will be assigned a WPC Coordinator by the data manager and analyst, who will conduct follow-up and needed support services. Referrals from these outreach contacts will not be in “real time”, in that a third party will be responsible for data integration and analysis; as they currently do, should one of these outreach contacts identify a person with an immediate acute care crisis, they will make a referral to the ED, where the person can be captured by the on-site outreach staff for WPC pilot eligibility.

- Warm Hand-off from 211: Recognizing that some vulnerable populations, especially those who are not literally homeless, will not likely present to the Police Impact Team, Fire Department, or at an emergency shelter, the WPC pilot includes outreach components in the community’s 211 call center service. When potential clients call 211 with questions about health care, mental health or substance abuse support, 211 will provide a short assessment to determine possible eligibility and make a referral to the WPC pilot.

Those who receive outreach services, regardless if enrolled in the pilot, will be provided screening and referrals to appropriate health and social service programs to address barriers to care and other social needs. These referrals would include, as appropriate:

- Appropriate health coverage program
- CalFresh
- CalWORKs
- General Assistance
- Housing support
- Local transportation support programs
- Other local support programs

Sacramento’s WPC pilot will also support referral into dental assistance. People who are homeless or at-risk for homelessness frequently have considerable oral health concerns, including the need for dental treatment and oral hygiene education. Intensive case management can help mitigate this need, including mitigation of unnecessary ED visits due to pain and tooth abscesses. By addressing oral health needs, people often experience a renewed self-esteem, can better consume meals, have increased confidence in speaking, and are apt to be more readily employable.

2. Care Coordination (two PMPM bundles, one higher intensity and one lower intensity)

All clients will be provided care coordination and case management services appropriate to their particular needs. Delivery of services will begin upon enrollment, whether the client is unsheltered, in ICP+ beds, in a shelter or housed, and will be designed to be flexible and responsive to the clients’ needs. Services offered through care coordination include:

- Care coordinator
- Street outreach nurse
- Medical legal partnership
- Coordination of behavioral health services
- Coordination of substance abuse services
- Patient health education
- More extensive enrollment supports (filling out forms, accompanying the patient to appointments, etc.)

The WPC Pilot will employ centralized Contracted Care Coordinators, providing services in-person and through telephonic case management services. These care coordinators will collaborate with the client's primary care provider and any existing case managers to develop a Community Care Plan. Focusing on the highest risk patients, the WPC Care Coordination Team will additionally:

- Remove barriers to facilitate timely connections to needed services, which may include medical care, conservatorship, intensive case management, mental health and substance abuse services;
- Ensure other providers are alerted to the client's elevated status;
- Dispatch outreach workers to locate individuals in the streets or pickup wherever they present; and
- Provide case management services and continuously monitor the client until they are fully engaged in care and no longer need supportive services.

There are two bundles for care coordination as described below, one of higher intensity and one of lower intensity. The trigger for both Care Coordination PMPM bundles begins by being enrolled into WPC; intensity level would be determined by the patient's care team and established in their care plan. The acuity of health needs varies during the entire engagement of a client and the intensity can vary depending on the client's present condition. Patients in the **higher intensity care coordination bundle** will be managed by robust case management teams. Patients in this tier have complex medical, behavioral health and housing needs that require long-term intensive and comprehensive case management services. This tier will include any enrollee who is assessed to require enhanced support services to maintain independence in the community, many of whom require housing for medical stability, and their care coordination contains a clinical component.

Patients in the **lower intensity care coordination bundle** also have complex medical needs; however, the drivers for increased inappropriate system utilization are social in nature and therefore will be addressed by the appropriate social case manager and supporting team members. Many of these patients may start in the higher intensity care coordination bundle, and, over time, as their clinical needs are addressed, move to the lower intensity bundle.

As patients in the higher intensity bundle progress in their care management, we anticipate that their acuity levels will lower over time. Patients in both bundles will be assessed periodically (at minimum every three months) for appropriateness of fit, or when the patient's condition changes in a way that warrants a review. As their need for high intensity services reduce, patients in the higher intensity bundle will be placed into the lower intensity care coordination bundle. Should their acuity levels increase, they can be re-enrolled into the higher intensity bundle. Discontinuation of the PMPM bundle eligibility occur when a person has not received any enhanced care coordination services in the last 60 days or when he/she is dis-enrolled and/or no longer a Medi-Cal beneficiary.

In addition to the above services, for WPC clients who are experiencing homelessness, these additional services are available:

3. Interim Care Program + (FFS, available for those enrolled who are homeless and being discharged from an ED with on-going medical needs)
The Interim Care Program + (ICP+) provides short-term residential care for individuals who are homeless and who are recovering from an acute illness or injury and whose condition would be exacerbated by living on the streets, in a shelter, or other unsuitable places. ICP+ services will include 24/7 health monitoring (general oversight of medical condition, monitoring of vital signs, wound care, medication monitoring, etc.); assistance with activities of daily living (bathing, dressing, grooming, wheel chair transfers, etc.); development and monitoring of a comprehensive homeless care support services plan; and coordination with permanent housing providers to support the transition of clients to permanent housing. Recuperative care is an important component of the transition to permanent supportive housing for individuals with complex health and behavioral health conditions who need to recover in a stable environment where they can access medical care and other supportive services.

All clients referred into an ICP+ bed will be linked with a care coordinator to assist with their on-going medical care after stabilization and to refer them to the housing coordination program to help secure permanent housing.

4. Housing Support Services Program (PMPM bundle, available for those enrolled who are homeless or at-risk of homelessness)
For those clients who are homeless or imminently at risk of homelessness, the care coordinator will complete the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT), which is Sacramento's assessment tool for housing placement. The care coordinator will make a referral to the WPC Housing Support Services Program, which will offer an array of housing related supportive services, including:
 - o Housing search
 - o Landlord relations
 - o 24/7 landlord response line
 - o Legal support

- Payment of deposits
- Purchase of furniture
- Administration and payment of damage funds
- Administration of rent subsidies

3.2 Data Sharing

The WPC pilot allows an exceptional opportunity to develop a data sharing platform that will enable care coordination across multiple software platforms. Currently, data tracking beneficiaries care is held in multiple systems including distinct insurance carriers' electronic health records, distinct health care providers' electronic health records, distinct hospital systems' electronic health records, the Sacramento County Homeless Management Information System (HMIS), and many others. Sacramento Covered currently has data sharing agreements with each of the five hospitals in the City of Sacramento to coordinate medical care, and is expanding this system to include measurement of barriers to care. Given that these agreements are already in place, the WPC pilot will support the expansion and operation of the Sacramento Covered system to include all data points necessary to measure the efficacy of the WPC pilot. While the core of the WPC data system will emphasize health outcomes, the system will be set up to also incorporate data from HMIS, Sacramento Police, Sacramento Fire and 211 to integrate social service outcomes and public safety outcomes of the WPC program.

Participating entities will be incentivized to share data through the use of incentive payments through the WPC Pilot. Each participating entity will opt-in to the data sharing system through the use of agreements that list what specific information is expected to be shared from each interaction with WPC Pilot participants. Providers who do not participate in data sharing will not be eligible for any WPC funds.

The participating entities will comply with all state and federal regulatory controls, and will ensure that individual access to the data sharing system will meet HIPAA requirements for securing pilot participant information and personal health information at all times. The data sharing system will be developed in PY2.

As our pilot demonstrates improved outcomes and generates savings, a return on investment (ROI) assessment will be conducted with partnering plans and providers to develop opportunities for future funding. Data governance will be developed through the IT committees in collaboration with partners. The IT committee will be tasked with assessing data sharing approaches and platforms, choosing one that can be aligned and implemented in the tight timeframe of the pilot. Ideally, this approach will find synergy with the broader health information exchange conversation currently taking place in the county. However, should the committee find that those approaches are not feasible or that the local Health Information Exchange (HIE) conversation timeline does not align with our pilot's timeframe, the committee will work to find reasonable alternatives such as secure messaging or online portals.

Section 4: Performance Measures, Data Collection, Quality Improvement and Ongoing Monitoring

4.1 Performance Measures

Our proposed model brings together diverse stakeholders in the region and aligns objectives and approaches to create a streamlined system that includes mutually reinforcing and coordinated set of services to achieve our desired outcomes of reducing avoidable utilization and improving the health outcomes of our homeless population. Working together and across silos is key to serving our target population, which has extremely complex health and social service needs.

Vision for Performance Measurement

Sacramento's WPC pilot will demonstrate performance through a series of progress and outcome measures (collectively, performance measures). Progress measures will track implementation progress to ensure that the pilot is on track to developing infrastructure and processes to achieve outcome measures. Outcome measures will demonstrate the extent that the pilot is successful in achieving pilot goals.

Our chosen universal and variant performance metrics will focus on measuring the combined effect of the series of complementary interventions, rather than looking at the outcomes of individual programs separately. We chose this approach to acknowledge that change can come from the interaction of many strategies that are implemented in a synergistic fashion, and may not be attributable to any single intervention alone. Therefore, many of the measures presented below are proposed to be attributable to the total WPC effort and the interventions that will be implemented by all types of participating entities. As such, the recommended metrics are tied to multiple inputs rather than a single linear effort.

Monitoring approach

We propose collecting and analyzing data for all participants who are enrolled in WPC pilot across service partners, looking at the degree to which new services succeed in filling gaps and meeting beneficiary needs across the larger system. Data for these measures will be collected and analyzed in a systematic and timely way to document the impact and outcomes of this pilot, identify issues and areas for improvement, and inform the refinement of pilot processes and intervention utilizing Plan-Do-Study-Act (PDSA) cycles. We are also interested in learning what is needed for the various program components to maximize ROI, produce cost savings that are evidenced in conjunction with improved health-related quality of life for participants and eventually be able to pay for themselves. Reducing unnecessary hospitalizations through care diversion to less intensive services is expected to result in the most significant cost savings since inpatient stays are among the most expensive of interventions. Ultimately, we want to know if we are comprehensively addressing the multi-faceted needs of the target population in a manner that does not overburden the service delivery system, addresses social determinants of health and root causes of illness, and promotes health equity.

We intend to monitor both short-term process and ongoing outcome measures, as well as provide indicators that will inform the development of PDSA cycles. Responsibility for collecting process and outcome data is shared among the lead entity and participating community partners. A data manager and data analyst will be responsible for developing policies and procedures for data sharing and collection. Through the IT and reporting committee, we will adapt existing data collection tools and protocols for measuring performance over the five-year pilot period with partners in PY2. Each participating entity will collect and report service provision and participant outcome data pertaining to performance metrics and other pertinent indicators (e.g., quantitative and qualitative case and claims data; social determinants of health) to a data manager for this pilot to support care coordination, service delivery, and local monitoring efforts on a quarterly basis at a minimum. Given that the WPC population is expected to change each year as participants come in and out of the system, the overall unit of analysis will remain at the systems level.

4.1.a Universal Metrics

Universal Metric	PY1	PY2	PY3	PY4	PY5	Reporting Entities
U1. Ambulatory Care-Reduce ER Visits (HEDIS)	Establish Baseline	Maintain Baseline	Reduce ER Visits Decrease 5% over Baseline	Reduce ER Visits Decrease 10% over Baseline	Reduce ER Visits Decrease 15% over Baseline	Hospitals
U2. Reduce Inpatient Utilization – General Hospital/Acute Care (HEDIS)	Establish Baseline	Maintain Baseline	Reduce ER Visits Decrease 5% over Baseline	Reduce ER Visits Decrease 10% over Baseline	Reduce ER Visits Decrease 15% over Baseline	Hospitals
U3. Follow Up After Hospitalization for Mental Illness (HEDIS)	Establish Baseline	Maintain Baseline	5% increase from baseline of consumers who have a minimum of four outpatient mental health visits after discharge from hospital	10% increase from baseline of consumers who have a minimum of four outpatient mental health visits after discharge from hospital	15% increase from baseline of consumers who have a minimum of four outpatient mental health visits after discharge from hospital	N/A
U4. Initiation & Engagement of Alcohol and Other Drug Dependence Treatment (HEDIS)	Establish Baseline	Maintain Baseline	Of those enrolled, 5% increase from baseline in the number of referrals to treatment	Of those enrolled, 10% increase from baseline in the number of referrals to treatment	Of those enrolled, 15% increase from baseline in the number of referrals to treatment	N/A
Administrative Metrics						

Universal Metric	PY1	PY2	PY3	PY4	PY5	Reporting Entities
U5. Proportion of participating beneficiaries with a comprehensive care plan, accessible by the entire care team	N/A	Establish policies and procedures for care coordination, case management and referral infrastructure.	Monitor, review and revise policies & procedures as needed. Document PDSA utilization.	Monitor, review and revise policies & procedures as needed. Document PDSA utilization.	Monitor, review and revise policies & procedures as needed. Document PDSA utilization.	All partners engaging in service delivery
U6. Care Coordination, case management, and referral infrastructure	N/A	Establish care coordination, case management and referral policies & procedures Submit and receive approval for policies & procedures from State	50% of partners in compliance with policies & procedures. For those not in compliance, use PDSA, continue to evaluate and determine if any modifications are needed.	60% of partners in compliance with policies & procedures. For those not in compliance, use PDSA, continue to evaluate and determine if any modifications are needed.	70% of partners in compliance with policies & procedures. For those not in compliance, use PDSA, continue to evaluate and determine if any modifications are needed.	All partners engaging in service delivery
U7. Data and information sharing infrastructure	N/A	Establish policies and procedures for data information and sharing infrastructure. Document PDSA utilization.	Monitor, review and revise policies & procedures as needed. Document PDSA utilization.	Monitor, review and revise policies & procedures as needed. Document PDSA utilization.	Monitor, review and revise policies & procedures as needed. Document PDSA utilization.	All partners engaging in service delivery

4.1.b Variant Metrics

Variant metrics were chosen for their impact on care coordination throughout the region, and to help measure the increased health outcomes of WPC Pilot participants. Variant Metric 1 was chosen to ensure ongoing engagement of partners and stakeholders. Variant Metric 2 tracks reduction in avoidable admissions, demonstrating that we are finding our target population and providing appropriate supports to ensure they are healthy in the community and not needing to seek care in EDs. Variant Metrics 3 and 4 demonstrate appropriate uptake in housing supports and allow us to measure the pilot's ability to house and stabilize our target population. Variant Metric 5 allows us to track beneficiary satisfaction with the services received through the pilot and self-reported health status.

List the Numerator and denominator specifically as stated in Attachment MM.

Variant Metric	Numerator	Denominator	PY1	PY2	PY3	PY4	PY5	Reporting Entity
V1: Administrative Metric <i>Engagement Measure</i>	# of meetings held that is documented	Total # of meetings held	Establish meeting frequency	50% of meetings documented (attendance and minutes)	60% of meetings documented (attendance and minutes)	70% of meetings documented (attendance and minutes)	80% of meetings documented (attendance and minutes)	Pilot Project Management Team
V2: Health Outcomes: 30 Day All Cause Readmission	Count of 30-day Readmission	Count of Index Hospital Stay (HIS)	Establish Baseline	Maintain Baseline	Decrease 5% over Baseline	Decrease 10% over Baseline	Decrease 15% over Baseline	Hospitals

Variant Metric	Numerator	Denominator	PY1	PY2	PY3	PY4	PY5	Reporting Entity
V3: Housing: Permanent Housing	# of participants who were homeless at entry and referred to housing supports who were housed in permanent housing within three months of enrollment	# of participants who were homeless at entry and referred to housing supports	Establish Baseline	Maintain Baseline	Increase 5% over Baseline	Increase 10% over Baseline	Increase 15% over Baseline	Sacramento Steps Forward
V4: Housing: Housing Services	# of participants referred to housing services that receive services	# of participants referred to housing services	Establish Baseline	Maintain Baseline	Increase 5% over Baseline	Increase 10% over Baseline	Increase 15% over Baseline	All partners engaging in service delivery

Variant Metric	Numerator	Denominator	PY1	PY2	PY3	PY4	PY5	Reporting Entity
V5: Overall Beneficiary Health	Total score of the Likert scale response of WPC participants who responded to a health status survey during the reporting period	Total number of WPC participants who responded to a health status survey during the reporting period	Establish Baseline	Maintain Baseline	Increase 5% over Baseline	Increase 10% over Baseline	Increase 15% over Baseline	All partners engaging in service delivery

As most of our healthcare partners have never worked with the City on a health initiative before, we will work closely with our partners to develop an appropriate process for tracking and documenting progress. The pilot will also employ a data manager and a data analyst to collect and regularly report on pilot progress. They will be responsible for developing appropriate reports and dashboards to support partners during the pilot to ensure goals are met.

4.2 Data Analysis, Reporting and Quality Improvement

The WPC Pilot participating entities will work in close collaboration during the minimum monthly meetings to review thoroughly the activities, data sharing, reporting, and outcomes. Additional assessments and reports, such as ROI analysis, will be conducted by data personnel and consultants to inform the work and provide key information for pilot improvement processes. Reviewing the ROI will be paramount to establishing successes and identifying challenges throughout the pilot years. The PDSA cycle will be used as a predictive and universal improvement tool for all the participating entities.

Modifications and change will respond to lessons learned in the PDSA cycles, and all modifications will be validated using the same PDSA cycle as well.

The pilot will develop a centralized project management office which will develop and document a data collection, reporting, and analysis procedures. To the extent possible, analysis of ROI will be analyzed using claims and other data in partnership with plan and hospital partners. Data will be collected through the following sources:

Type of Entity	Data Source
Health Care Providers	Admissions and in-patient utilizations Clinical data as appropriate for care coordination and case management
Health Plans	Beneficiary data, claims data
Housing Partners	Housing services and housing placements
Community Partners	Outreach & enrollment data

In PY2 and potentially PY3, data will be collected through standardized reporting templates developed by the data manager and informed by partner feedback. The reporting templates will be designed to collect data aligned with metrics identified above and any additional data needed for managing the pilot. Dashboards will be produced and analyzed to monitor performance, assess gaps and evaluate impact on outcomes.

During PY2, opportunities will be assessed to procure a data system to support collection of relevant data across services, interventions and existing data systems. This may include purchasing licenses for a software solution that can be implemented across agencies or adaptation of an existing data system.

Project managers and data manager will convene a utilization review team to review and inform data analysis and ongoing monitoring of performance. This committee will review data across provider entities, inform pilot activities and address areas for improvement.

4.3 Participant Entity Monitoring

City of Sacramento, as lead entity, will coordinate with the WPC Pilot program manager and other participating entities to ensure the pilot is running smoothly. The minimum monthly meetings will ensure the Pilot participants are being tracked and coordinated, the appropriate data is being shared and used appropriately, and the outcomes are being measured. The lead entity and program manager will work in concert to address challenges, should they arise, around technical assistance and/or corrective actions uncovered in the PDSA improvement cycles.

Participating entities will be established through a contractual agreement that will include the role of the entity in the pilot, services they are expected to provide (if applicable), data reporting requirements and frequency, and requirements for receiving funding through the pilot. Through

our governance structure and through quality improvement (QI) staff, we will meet regularly with each partner to review performance.

Should issues be identified, we will meet privately with the partner entity to understand the issue, develop solutions, and implement a corrective action plan. Any unresolved issues will be elevated through QI to the Leadership Committee for discussion and resolution.

As mentioned above, a data manager and data analyst will support monitoring activity at the partner level, including analyzing data and comparing performance among providers of the same service. This data will be used to understand if there are any issues with a particular intervention or provider.

Providers identified as low performing will be provided with technical support by project managers to make necessary corrections. Our goal is to collaborate with the provider to ensure that course corrections are made in a timely manner. However, if the provider is unable to demonstrate improved performance, additional action may be taken to support the provider, such as Corrective Action Notice requiring response specified timeframes, increased monitoring, and contract terminations should issues remain unresolved or underperformance jeopardizes the pilot.

Section 5: Financing

5.1 Financing Structure

Local funds for the pilot come from the City of Sacramento as well as local community benefit dollars and donations. Agreements will be established between the city and funding partners to transfer funds to the city. The City will transfer funds to the state through the intergovernmental transfer (IGT) process and receive matched funds, as illustrated in Section 5.2.

The City will procure contractors for program management, infrastructure, and service delivery. All payments made through the pilot will be defined through contracts with appropriate entities. Payments will be made in the form of:

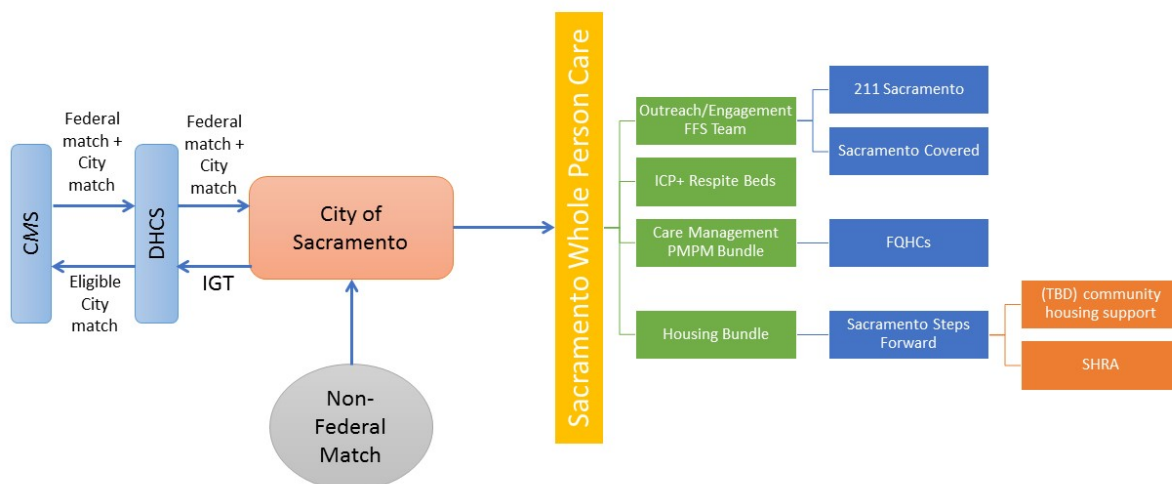
1. Administrative and infrastructure payment based on contracted cost.
2. FFS payments
3. PMPM bundled payments
4. Incentive for participation and for supporting data reporting

Payments will be made on a monthly, quarterly or biannual basis as appropriate, based on invoices and reported deliverables. Contracts will include specific provisions detailing how funds will be distributed, including appropriate triggers. The City's accounting system will track

payments on an ongoing basis. The pilot’s Executive Committee will provide oversight of intake and payment of funds, and contractual agreements made.

Our pilot uses a mix of FFS payments and PMPM bundles approaches, which require health care provider participants to explore provision of services through alternative payment arrangements. An important component of project management and oversight will be supporting case management teams to track and measure efficacy and cost effectiveness of various services and approaches, and the impact of these services to reducing health care cost.

5.2 Funding Diagram



5.3 Non-federal Share

The City of Sacramento, as the lead entity, will be providing the entire non-federal share necessary to match the federal funding. The City will be using City General Funds and community benefit funding from the four health systems as the non-federal share. Community benefit funding is non-federal, local philanthropic dollars administered by the health systems to invest in community-based initiatives and projects.

5.4 Non-Duplication of Payments and Allowable Use of Federal Financial Participation

Pursuant to STC 113, all WPC Pilot interventions will not duplicate services otherwise covered or directly reimbursed by traditional Medi-Cal payment systems. Potentially eligible individuals for the pilot will be screened for Medi-Cal eligibility to ensure Pilot participants are verified Medi-Cal beneficiaries. Those who are enrolled into the pilot will be provided case management services

that will continue to track Medi-Cal eligibility. Sacramento's WPC proposal includes robust outreach and engagement services that all begin with an initial eligibility assessment, which will refer beneficiaries into WPC services and will assist non-beneficiaries using other means. The primary interventions in the WPC pilot – Outreach, Care Coordination, and Housing Navigation – are services not otherwise covered or directly reimbursed by Medi-Cal, and the administrative infrastructure and delivery systems are being newly created to serve the beneficiary target population and support the pilots. Housing stabilization will be a core component of care coordination, but will be specific to non-medical care like assistance in working with landlord, connection to money management of other income supports, and organization of resources.

Contracts with providers will specify that, to be eligible for payment, services will need to be limited to Medi-Cal eligible individuals. As described in the Monitoring portion of the application, all payments to providers will be evaluated for beneficiary eligibility before being processed. Respite payments (ICP+) will be for non-medical care coordination and the community partner's cost of providing the safe place to the beneficiary. The outreach/engagement team will be coordinated with law enforcement and emergency services, but the WPC services consist of street outreach, assessment for homeless assistance, peer support, Care Coordination, and nurse case management to ensure access to appropriate medical care, rather than direct provision of medical care.

Based on initial comparisons, a majority of participants in homeless services in Sacramento self-identify as Medi-Cal beneficiaries or as eligible for Medi-Cal. However, those who are apparently within the target population who are not beneficiaries will be assisted by other community partners to establish eligibility or other assistance.

Protocols will be developed to ensure that WPC pilot funds will not duplicate services currently paid for by Medi-Cal. As new initiatives, such as Health Homes Program, come on board in the County, these protocols will be regularly updated to ensure non-duplication of payments and allowable use of federal financial participation.

Although Sacramento is a Targeted Case Management (TCM) county, the pilot's population and care coordination services will not be eligible for TCM. The enhanced care coordination approach in this pilot departs significantly from the encounter-based structure of TCM, and in the vast majority of cases the encounters between intervention and patients/clients/members would not be eligible for reimbursement under TCM, as the workers either would not meet the education/experience requirements for TCM case workers or the team members would be in a supervisory role and would have few, if any, direct contact with clients. Also, the scope of care support and coordination activities available through WPC is intended to be more robust than available through Medi-Cal TCM. WPC teams will engage in activities such as relationship building, peer support, motivational supports, disease specific education, wellness education, and general reinforcement of health concepts, which are distinct from and outside the TCM benefit. They will also provide direct social and other services that would not be recognized as

TCM, such as tenancy support. For these reasons, we conclude that the vast majority of WPC Pilot activities will not duplicate services available through Medi-Cal TCM.

However, in response to concerns of payment duplication, we have applied a TCM budget adjustment to the two service bundles for care coordination. The TCM budget adjustment can be found in the corresponding service description. As indicated in Section 2.3, to ensure no service duplication, the list will also be shared with the County's TCM coordinator and with the MCPs to coordinate and prevent the outside possibility of enrolling beneficiaries who may be receiving TCM.

5.5 Funding Request

Sacramento's WPC pilot budget consists of an administrative and delivery infrastructure, incentive payments, Per Member per Month (PMPM) bundle, Fee-For-Service (FFS), and Pay for Reporting and Pay for Outcomes. Funds shall be used to establish and operate the program, and incentivize participation and performance for WPC partners.

The structure of the program is to have WPC staff equipped to engage high-utilizing Medi-Cal beneficiaries, including those who are experiencing homelessness and coordinate their needs with multiple health and social providers, and maintain ongoing collaboration with the participant to ensure improved outcomes. The Sacramento WPC aims to serve people who otherwise have difficulty accessing and maintaining services, improving both the health and self-sufficiency of the individual and family, while reducing the impact of these beneficiaries on the health and human service systems of care. With intensive services targeted towards those most vulnerable, the WPC pilot expects participants to achieve a satisfactory level of self-reliance for health and social needs prior to successful program discharge.

Administrative Infrastructure

The items covered in this portion of the budget consist of administrative governance, positions required to run everyday activities of the pilot. The City will retain responsibility for overall fiscal and program management, but will use a team of consultants and subject matter experts to manage the day to day operations of the program. In that the City does not currently operate health programs in the community, use of consultants will allow for quick implementation without the necessity to create in-house capacity.

To ensure that the project management team is accessible to the local providers and vice-versa, the administrative infrastructure includes provisions for office space to house all team members, and include training and meeting locations. The Senior Program Analyst will report directly to the City's Program Director, and will be full time position in PY2, ramping down to part time once the program is fully operational. The Senior Program Analyst will be the lead in communication with community partners and ensuring that program design and policies adhere to the overall project design and City goals. The Senior Program Analyst will work in close coordination with the Senior

Program Manager who will be responsible for all day-to-day aspects of WPC. The Senior Program Manager's duties include:

- Leads development of program policies and procedures
- Evaluates and monitors services and programs
- Formulates administrative controls and quality assurance procedures
- Develops community communication plan

There are also two analysts – a Program Analyst and a Quality Control Analyst - to support the Senior Program Manager. The Program Analyst will be primarily responsible for overseeing provider contracts, program deadlines and milestones, preparing communication to the providers and community and ensuring operational fidelity to program policies. The Quality Control Analyst will be responsible for regular tracking of outcome metrics and PDSA and reporting back to the Senior Program Manager on any data quality or data reporting/analysis issues. The program team will be supported by a data manager and data analyst, who will have responsibility to collect and analyze program data on an on-going basis, and provide technical assistance to providers to ensure that all outcomes are met. The data manager and data analyst will also support development of appropriate data sharing infrastructure in collaboration with provider partners. Finally, the team will include one financial analyst responsible for tracking expenditures in the program, payments for reporting and outcomes and tracking IGT payments. These include consultants to support clinical process redesign, IT, ROI assessment, etc. Staffing estimates (except for consultants) include overhead and benefits (30%). PY2 assumes higher level of staffing as significant work is needed to establish the program, hire project management staff, bring partners together to develop a comprehensive approach, etc.

Staff Roles & Responsibilities

Description/Role	
Program Director	Overall project oversight; reports directly to Steering Committee
Senior Program Analyst	Support the Program Director; responsible for communication to all community partners
Administrative Assistant	Schedule all subcommittee meetings, including preparation of materials, minutes & follow up
Sr. Program Manager	Day to day operational oversight for WPC pilot
Program Analyst	Support to the Program Manager; monitor contract performance, operations and project timeline

Description/Role	
Quality Control Analyst	Support Program Manager, responsible for quality review and improvement activities, including PDSA
Data Manager	Oversee collection, analysis and reporting of data on all metrics
Data Analyst	Support Data Manager
Clinical Subject Matter Expert	Support clinical program design and implementation

In addition, the Administrative Infrastructure budget includes IT for program staff (one time cost) – including \$1500 per staff for 10 staff to provide laptops, related software, peripherals, etc. It also includes funding for office space for program staff (roughly 10 people) which would require roughly 2500 sq. ft. and related office setup of \$50,000 for furniture, printer, conference equipment, etc. (estimates established in consultation with local realtor). We also include funds for meetings that would cover space rental, AV, etc. as we anticipate needing to meet in neutral locations that accommodate for appropriate breakouts. The cost breakdown for these services is detailed below.

Item	Year 2	Year 3	Year 4	Year 5
Program Director	\$83,838	\$41,919	\$41,919	\$41,919
Program Sr. Analyst	\$60,000	\$30,000	\$30,000	\$30,000
Administrative Assistant	\$35,000	\$17,500	-	-
Financial Analyst	\$ 62,500	\$62,500	\$31,250	\$31,250
Sr. Program Manager	\$90,000	\$180,000	\$180,000	\$180,000
Program Analyst	\$55,000	\$110,000	\$110,000	\$110,000
Quality Control Analyst	\$55,000	\$110,000	\$110,000	\$110,000
Data Manager	\$75,000	\$150,000	\$150,000	\$150,000
Data Analyst	\$62,500	\$125,000	\$125,000	\$125,000
Clinical Subject Matter Expert	\$135,000	\$135,000	\$135,000	\$135,000
Meeting Costs (Space, AV, etc.)	\$30,000	\$60,000	\$20,000	\$20,000
IT for Program Staff	\$15,000	-	-	-
Office Setup (furniture, printer, etc.)	\$50,000	-	-	-
Office Space Rental	\$60,000	\$120,000	\$120,000	\$120,000
Indirect Costs (5%)	\$43,442	\$57,096	\$52,659	\$52,659

Delivery Infrastructure

Items included in this portion of the budget consist of those infrastructure items necessary to deliver the actual outcomes expected in this pilot. The care coordination/case management software includes developing and/or purchasing a project management system during program

year two, along with a data aggregation system for sharing of actionable data to establish engagement plans, bi-directional sharing of information, and planning tools. The system built or purchased for year two will consist of a project management tool for WPC team members to input participants, baseline data, and track interactions/interventions, supporting care coordination and bi-directional data sharing across the pilot. The delivery infrastructure also includes the costs of a community resource database, to ensure a community-wide open resource is available to connect beneficiaries to the services they need to stay healthy in the community. We envision this database will be used across the delivery system and by all pilot participants. The estimate for this IT purchase assumes startup, licensing and maintenance for a cloud-based system. These estimates were derived in consultation with health information technology (HIT) experts and sized based on experiences of similar communities.

This budget also includes funds for services related to operationalizing the pilot, including specific expertise needed to ensure program integrity. This includes legal support (negotiating contracts, document prep, risk management, etc.), financial support (setting up billing cycles, support for IGT and other financial transactions, etc.), as well as subject matter experts on HIT, data sharing, HIE, population health management, social/behavioral health experts, and other operational and clinical experts. As the program evolves, the type of subject matter experts needed to support the project will evolve as well. Initially, these subject matter experts will be critical to facilitating and resolving issues that have created barriers to HIE in Sacramento, supporting the implementation of care coordination/case management software with partners, and providing expertise and guidance on best practices and approaches to support the City's implementation. Towards the end of the pilot, we will need technical support for ROI assessments. They will be available as needed throughout the project where their expertise will facilitate the pilot to reach its goals under tight timeframes.

In addition to the software, the PY2 delivery infrastructure includes the purchase of 16 new hospital beds for the ICP+ program. The ICP+ serves members exiting EDs with acute medical needs, and hospital beds are needed to ensure their ability to be discharged from the hospital and receive the necessary care.

Item	Description	PY2 Costs
Care Coordination/Case Management Software	Bi-directional software, allowing input, reporting and analysis of all WPC data	\$1,000,000
Community Resource Database	Allows access for WPC partners to input client level data into the Care Coordination/Case Management software	\$50,000

Item	Description	PY2 Costs
Legal support services	Contract support for WPC pilot, including negotiating contracts, documentation prep, etc.). Reports to Program Director and Deputy City Attorney.	\$115,000
Financial support services	Financial management support for WPC pilot, including IGT support, funds flow, fiscal management & budgeting. Reports to Program Director and the City's appointed financial manager.	\$75,000
Consulting Subject Matter Experts	Subject matter experts supporting the City to address key issues such as HIE, population health, ROI assessments, etc.	\$200,000
Hospital Beds	Beds for the ICP+ Respite Center	\$20,000

Incentive Payments

The City of Sacramento is in a unique position compared to other WPC pilots in California as cities have limited engagement with health care providers and plans due to the role of city vs. county. This WPC pilot is an unprecedented opportunity for a city to develop a comprehensive approach to integrate health and housing, but will require new modes of engagement by all participants.

Therefore, we are using these incentive payments to encourage timely action by participating entities to: 1) engage with the city as a new health care partner, 2) support the City in implementation of this pilot, 3) develop and deploy standardized tools for screening for health and housing, with a focus on social determinants, 4) engage in a comprehensive regional strategy for treating and supporting our target population, 5) share data necessary to achieve desired outcomes, and 6) support reporting. Incentive payments will be used to support partners in the implementation of this pilot and encourage actions critical to achieving the goals of the pilot. Funds will be distributed based on level of engagement and participation defined in contractual agreements between the City and partners, and paid out at the end of the PY.

Maximum incentive payments can be made to partners as follows:

Organization Type	Max Allocation Per Program Year	Max Allocation per Partner
Hospitals (4 entities)	\$400,000	Up to \$100,000
Managed Care Plans (6 entities)	\$600,000	Up to \$100,000
Other Community-Based Organizations (PY2: 5 entities & PY3-5: 4 entities):	PY2: \$1,250,000 PY3: \$1,000,000 PY4: \$ 620,000 PY5: \$ 620,000	PY2: Up to \$250,000 PY3: Up to \$250,000 PY4: Up to \$155,000 PY5: Up to \$155,000
<ul style="list-style-type: none"> Government Agencies Clinics Other non-profits orgs 		

The amounts listed on the table above are maximums to be requested, per PY, based upon the entity's performance, as well as the maximum allocation across all partners in that category. The maximum allocation per partner is earned by meeting incentives listed in the table below, which specifies a number of incentives by type, the corresponding thresholds that the entity must meet, and the specific amount earned by meeting that threshold. Individual unique thresholds and their corresponding dollar allocation by year are numerated. To earn the total amount available to them, the partner must meet all of the incentives and thresholds listed.

For example, across all hospitals in our region, \$400,000 is the maximum allocation per PY that can be distributed by the pilot. A partnering hospital system can earn a maximum incentive payment allocation of \$100,000 per PY. To earn the \$100,000 in PY3, the hospital will need to meet individual incentives identified in the table below and on subsequent pages. In this example, using WPC Governance Participation as the incentive, the hospital would need to participate in Steering Committee meetings and would earn \$5,000 for attending 50% of the meetings and another \$5,000 for hitting the 75% meeting attendance threshold, achieving \$10,000 out of the total \$100,000 available. The hospital would go on to meet other incentives listed to reach their total \$100,000 available incentive payment.

In recognition of the fact that there are market and financial incentives for hospital and plan outside of what is provided by WPC, and many of our community-based partners are government entities or non-profit, mission driven organizations with scarce resources, we included slightly higher amounts for other community-based partners, compared to hospitals and plans, per incentive. Our community-based partners in the Other Community-Based Organization category include government agencies and departments, clinics and other non-profit community-based organizations who are key partners critical to the success of this project. Partners earn incentives through the following ways identified in the table below:

Available Incentive	Incentive Detail	Maximum Amount Per PY		
		Hospital	Managed Care Plan	Other Community-Based Partner
WPC Governance Participation	All PYs: Participate in WPC Steering Committee meetings (all PYs): <ol style="list-style-type: none"> 50% attendance of meetings 75% attendance of meetings 	\$10,000 per entity, as follows: <ol style="list-style-type: none"> \$5,000 \$5,000 	\$10,000 per entity, as follows: <ol style="list-style-type: none"> \$5,000 \$5,000 	\$10,000 per entity, as follows: <ol style="list-style-type: none"> \$5,000 \$5,000
Universal Screening Tool Development & Adoption	PY2: Engage in development & adoption of screening tool <ol style="list-style-type: none"> 75% attendance of Committee meeting Executive Committee adoption of tool PY3-5: Use Screening Tool <ol style="list-style-type: none"> 50% beneficiaries screened annually 75% beneficiaries screened annually 	\$10,000 per entity as follows: <ol style="list-style-type: none"> \$5,000 \$5,000 \$5,000 \$5,000 	\$10,000 per entity, as follows: <ol style="list-style-type: none"> \$5,000 \$5,000 N/A N/A 	\$30,000/entity (PY2), \$25,000/entity (PY3), \$10,000/entity (PY4-5) as follows: <ol style="list-style-type: none"> \$10,000 (PY2) \$20,000 (PY2) \$12,500 (PY3), \$5,000 (PY4-5) \$12,500 (PY3), \$5,000 (PY4-5)
Universal Consent Form Development & Adoption	PY2: Engage in development & adoption of consent form <ol style="list-style-type: none"> 75% attendance of Committee meeting Executive Committee adoption of form PY3-5: Use of Consent Form <ol style="list-style-type: none"> 50% beneficiaries consented annually 75% beneficiaries consented annually 	\$10,000 per entity, as follows: <ol style="list-style-type: none"> \$5,000 \$5,000 \$5,000 \$5,000 	\$10,000 per entity, as follows: <ol style="list-style-type: none"> \$5,000 \$5,000 N/A N/A 	\$30,000/entity (PY2), \$25,000/entity (PY3), \$10,000/entity (PY4-5) as follows: <ol style="list-style-type: none"> \$10,000 (PY2) \$20,000 (PY2) \$12,500 (PY3), \$5,000 (PY4-5) \$12,500 (PY3), \$5,000 (PY4-5)

Available Incentive	Incentive Detail	Maximum Amount Per PY		
		Hospital	Managed Care Plan	Other Community-Based Partner
WPC Clinical Protocols, Policies & Procedures	PY2: Engage in development of clinical protocols, policies & procedures	\$10,000 per entity, as follows:	\$10,000 per entity, as follows:	\$30,000/entity (PY2-3), \$10,000/entity (PY4-5) as follows:
	1. 75% attendance of Committee meeting	1. \$5,000	1. \$5,000	1. \$10,000
	2. Executive Committee adoption of protocols, policies & procedures	2. \$5,000	2. \$5,000	2. \$20,000
	PY3-5: Integrate & deploy new protocols, policies & procedures			
	3. 50% beneficiaries screened annually	3. \$5,000	3. \$5,000	3. \$15,000 (PY3), \$5,000 (PY4-5)
	4. 75% beneficiaries screened annually	4. \$5,000	4. \$5,000	4. \$15,000 (PY3), \$5,000 (PY4-5)
Active Involvement in Barrier Identification & Resolution	PY3-5 Only: Support the early identification and resolution to all identified barriers to program implementation.	N/A	\$20,000 per entity , as follows:	\$40,000/entity (PY3), \$20,000/entity (PY4-5) as follows:
	1. 25% participation		1. N/A	1. \$10,000 (PY3)
	2. 50% participation		2. \$10,000	2. \$10,000 (PY3-5)
	3. 75% participation		3. \$10,000	3. \$10,000 (PY3-5)
	4. 90% participation		4. N/A	4. \$10,000 (PY3)

Available Incentive	Incentive Detail	Maximum Amount Per PY		
		Hospital	Managed Care Plan	Other Community-Based Partner
Referral Support – Target List Development	All PYs: Support target list development	\$25,000 per entity, as follows:	\$25,000 per entity, as follows:	\$80,000/entity (PY2), \$50,000/entity (PY3) \$25,000/entity (PY4-5) as follows:
	<ol style="list-style-type: none"> 1. Participate in at least 75% of target list workgroup meetings 2. Provide referrals to pilot (minimum 5 per month) 	<ol style="list-style-type: none"> 1. \$10,000 2. \$15,000 	<ol style="list-style-type: none"> 1. \$10,000 2. \$15,000 	<ol style="list-style-type: none"> 1. \$10,000 (all PYs) 2. \$70,000 (PY2), \$40,000 (PY3) \$15,000 (PY4-5)
Data Sharing (Planning & Adoption)	<p>PY2: Support pilot to develop data sharing framework & approach</p> <ol style="list-style-type: none"> 1. 75% attendance of Committee meeting 2. Support design, as evidenced by committee recommendations report to Executive Committee for adoption (partners to be identified in the report) 3. Executive Committee adoption of data sharing solution 	<p>\$35,000 per entity, as follows:</p> <ol style="list-style-type: none"> 1. \$10,000 2. \$12,500 3. \$12,500 	<p>\$35,000 per entity, as follows:</p> <ol style="list-style-type: none"> 1. \$10,000 2. \$12,500 3. \$12,500 	<p>\$70,000 per entity, as follows:</p> <ol style="list-style-type: none"> 1. \$10,000 2. \$30,000 3. \$30,000
	<p>PY3-5: Adopt & use data sharing framework, including supporting timely submission and data integrity</p> <ol style="list-style-type: none"> 4. Reach 50% of annual goal 5. Reach 75% of annual goal <p>Annual Goals: 50% of WPC pilot patients have data shared in PY3, 60% in PY4, and 75% in PY5</p>	<ol style="list-style-type: none"> 4. \$17,500 5. \$17,500 	<ol style="list-style-type: none"> 4. \$17,500 5. \$17,500 	<ol style="list-style-type: none"> 4. \$35,000 5. \$35,000

We also structured two incentives at higher amounts to spur quick action by partners to come to agreement on and support a data sharing approach, as well as support the pilot's ability to identify and resolve issues. Specifically:

- o **Data Sharing:** Sacramento currently has several nascent and potentially competing health information exchange conversations. Our incentives for data sharing are intended to spur quick resolution and agreement on approach in PY2, and adoption/utilization for subsequent years. Accurate and timely care coordination data submission is extremely critical to WPC program success. Without accurate and timely data, WPC programs will not be able to provide accurate reporting establishing the benefit of the WPC approach. Tracking of data elements and their associated integrity will be extremely labor intensive. Each partner entity is expected to provide data for all enrolled WPC beneficiaries for whom they have data. Employees from all participating entities will work together with the WPC team to verify shared information and coordinate those items needed to provide the best outcome for the participants. For PY3, after the data sharing platform is deployed, each participating organization is expected to maintain data integrity for WPC beneficiary encounters. For each beneficiary encounter, each participating organization should enter beneficiary encounter data in the care coordination software within 30 days of encounter. Payment requests/issuance for participating organizations that do not enter encounter data for each WPC beneficiary will not be made.
- o **Active involvement in barrier identification and resolution:** Critical to the success of the WPC program is the early identification and resolution to all identified barriers to services. To ensure reporting, we fund incentive payments to our partners for the active involvement in barrier identification, reporting, and resolution of program barriers. WPC is new in our region and we anticipate the need to adjust our approach over time. Failure to address barriers to services will critically hamper the program's ability to fill WPC beneficiary needs, as well as create negative experiences associated with the program. Identification of these barriers is also critical to the PDSA process. During the WPC Pilot Program it is expected that each participating organization identify, capture, and propose solutions to encountered barriers. This will allow for process improvement of the WPC program through the PDSA process. Participation includes capturing and reporting of identified barriers, developing associated solutions, and engaging with other partners at WPC Committee meetings. The WPC Committee will capture participating organization attendance, identified barriers and their associated solutions, in the meeting minutes. These meeting minutes will be reviewed and discussed at each WPC Committee meeting. Each meeting agenda will include a PDSA line item for barrier process improvement. The Committee will review each barrier report; plan strategies for addressing identified barriers; implement corrective actions to address each barrier; monitor the applied corrective actions for efficacy; and adjust each corrective action according to the observed results. Performance for this incentive will be measured

based on attendance to WPC meetings as documented in meeting minutes. Those unable to attend committee meetings who receive prior approval from the Pilot Director and who submit notes and suggestions prior to meeting will be counted as successfully fulfilling this metric.

Fee-For-Service Services

The Sacramento WPC pilot includes two FFS components: one for ICP+ Respite beds and one for Outreach and Referral.

ICP+ FFS: The ICP+ Program provides post-acute respite care, utilizing Registered Nurses and Licensed Vocational Nurses to provide monitoring, medication management, and oversight during homeless Medi-Cal beneficiaries' recuperation. This program operates a short-term sixty to ninety (60-90) day lay-in respite 24-hour shelter-based servicing clients who are currently experiencing homelessness post hospitalization and have no home to which they can be discharged. Beneficiaries have access to food, shelter and a clean environment. ICP+ also provides certified nursing assistants to help beneficiaries with activities of daily living such as bathing, ambulating and toileting that would not otherwise be covered or reimbursed by Medi-Cal. Nurses are available to monitor and help guide clients with medication refills, wound monitoring, and navigating the healthcare system. The ICP+ also has an extension program to avoid future and chronic hospital readmissions for the same disease state.

Budget Item	Annual Unit Cost	# FTEs	Total
Registered nurse supervisor	89,440	1	89,440
Case Manager	33,280	5	166,400
Administrative Coordinator	114,400	1	114,400
Certified Nursing Assistants	33,280	8	266,240
Licensed Vocational Nurses	52,000	5	260,000
Support Staff	31,200	2	62,400
Personnel Subtotal:			958,880
Benefits (30%)			287,664
PERSONNEL TOTAL:			1,246,544
Laptops	1,500	22	33,000
Other Operating Costs, Materials, Equipment & Supplies	150,000	1	150,000
NON-PERSONNEL TOTAL:			183,000
Operating Cost for ICP+:			1,429,544
Overhead 5%:			71,477
TOTAL BUDGET:			1,501,021
Total # of Bed Nights/Year:			5840
FFS Rate:			257

Bed day costs would include bed rent services (space, cafeteria services, laundry services, etc.), and Nursing staff oversight (please see chart below for more information). Beneficiaries temporarily sheltered at the ICP+ will participate in intensive case management during their 60-90 day stay. The ICP+ case managers utilize multiple leased vehicles available for aid in transporting beneficiaries to necessary social support appointments. Additional operating costs, materials, equipment and supplies include office and ICP+ supplies (\$18,000, which include bedding, medical supplies, etc.), equipment maintenance (\$5,000), laundry (\$12,000), staff training/development (\$25,000), insurance (\$20,000), and food/food preparation (\$70,000). The dollars allocated in the WPC pilot budget will fund an average of 16 new ICP+ beds, not the existing beds in the community.

Outreach FFS: The Outreach and Referral FFS will be charged when a patient engages in dialogue in a pre-enrollment period, as evidenced by a navigator connecting with the potential candidate by phone or in-person. The reality of many people living with complex medical conditions is that navigating the complex, layered, and often demanding healthcare system is a serious impediment to care. While they experience functional impairment, they may not always meet medical necessity for the full scope of disability and supportive services that are needed to prevent further decline. It is also not uncommon for beneficiaries living with complex medical conditions to have multiple treatment providers and specialists, further complicating the demand on the beneficiary to navigate multiple systems with little-to-no success. The navigator will serve to educate individuals about the availability of health and social services programs, referring non-WPC eligible clients to those programs, and identify and refer WPC eligible clients in need of more intensive services offered by the WPC care management and housing bundles to the pilot.

The budget for FFS for outreach and referral recognizes the higher level of training and multiple touches needed as our target population is amongst those who are hardest to reach. Contracted costs to the providers listed below include outreach, enrollment, referral services, materials and supplies. This does not include payments for any care coordination services. Additional detail is provided below on our FFS calculation:

Budget Item	Annual Unit Cost	# FTEs/Units	Total
Salvation Army	511,000	1	511,000
Volunteers of America	355,000	1	355,000
211 Sacramento	140,000	1	140,000
Sacramento Covered	120,000	1	120,000
TOTAL BUDGET:			1,126,000
Total # of Estimated Attempts Needed to Reach 2000 Individuals:			5,000
FFS Rate:			225

The Volunteers of America (VOA)'s A Street Men's Shelter and Salvation Army Center of Hope Shelter are the two primary emergency shelters for single adults in Sacramento County. VOA has 80 beds for men and Salvation Army has 132 beds for men and women. Both shelters operate 24/7 and turnover beds, on average, every 60 days. Amounts for VOA above include staffing (1 FTE Program Supervisor, 4 FTE Coordinators, and 8 FTE Shift Monitors), benefits at 32%, and staff training. Amounts for Salvation Army above include staffing (1 FTE Program Supervisor, 6 FTE Coordinators, and 13 FTE Shift Monitors), benefits at 30%, and staff training. The higher rates for Salvation Army and Volunteers of America reflect higher volumes, 24/7 coverage, and shelter staffing patterns. WPC outreach staffing at each shelter will be responsible for assessment for WPC eligibility, data collection and reporting, and referral/connection to WPC care coordinators for eligible clients. Outreach shelter staff is also responsible for communicating with other WPC outreach personnel at clinics, hospitals and with mobile teams on the availability of shelter beds. We estimate roughly 1,500 referrals from the two shelters.

211 Sacramento is a free confidential information and referral service that is available 24 hours a day, seven days a week. Assistance is provided in multiple languages, and services are accessible to people with disabilities. Trained information and referral specialists can refer callers to a variety of services that best meets their need, and are supported by remote home-based agents. 211 Sacramento currently receives over 42,000 calls annually from Medi-Cal patients and over 50,000 calls annually from people seeking housing assistance. It is anticipated that less than 5% of those who call seeking housing assistance (~ 2,000) will be screened and referred to WPC. The amount above reflects staffing (2 FTE information & referral specialists, and 1 FTE remote home-based part time agents), benefits at 32%, training and phone/internet costs.

Sacramento Covered is a non-profit that coordinates broad-based collaborative public private partnerships focused on health insurance outreach, enrollment, retention, and utilization (OERU), enrolling over 75,000 children and adults in the Sacramento region into comprehensive health coverage programs since 1998. They have established a strong outreach network that has focuses on: (1) conduct targeted outreach to identify, educate and enroll eligible individuals and households in health coverage, and (2) assist individuals and families to navigate complex health systems and utilize care in appropriate settings. As part of this second focus, Sacramento Covered has outreach and enrollment navigators providing enrollment and referral supports in local EDs, currently serves 9,600 Medicaid individuals annually, of which we estimate 1,500 are potentially eligible for WPC and will be referred to the pilot. The allocated amount reflects staffing (2.5 FTE navigators), benefits at 30%, and staff training costs.

PMPM Bundle

This budget includes three PMPM bundles to cover the major services being provided to those participants enrolled into the WPC pilot.

Each potential participant in the pilot will be an active Medi-Cal enrollee and have scored within the highest range of a cross-system matching of individuals who: have repeated incidents of avoidable ED use, or hospital admissions or who are currently experiencing homelessness or are at risk of homelessness. Once an individual is identified as a WPC eligible participant, the participant will be assigned to a care coordinator to provide referrals to more intensive services, intensive case management, care coordination, navigation and referrals to community supports. Once the beneficiary is enrolled in the WPC pilot and has an established Primary Care Provider (PCP) and medical home, an assessment will be made in conjunction with their PCP and care team as to the level of intensity of case management service the individual needs. Once that assessment is made, they will be placed into either the higher or lower intensity care coordination and navigation bundle. A clinical review conducted at the 3-month mark to assess and adjust for the appropriate level and intensity of service. WPC participants receiving housing support will also have access to housing subsidies (paid for outside of WPC).

The Care Coordinator will document and provide feedback on developing and executing a plan to achieve designated goals for the participant. A participant is placed with a Care Coordinator once they are formally enrolled in the WPC pilot. At this point, the whole WPC team becomes fully engaged with the participant. It is expected that although some beneficiaries will require long-term assistance, the majority of beneficiaries will remain in the program for approximately 12 months. As a beneficiary is detached from the WPC team, the next qualified beneficiary from the waitlist will be contacted for enrollment. Both case management bundles include a mix of supportive services that can be provided by para-professionals and clinically trained and licensed professionals, as appropriate.

Higher Intensity Care Coordination Bundle: This bundle includes a higher level of intensity and density of services required to support the beneficiary at a 1:20 staff to client ratio, using case managers as the limiting factor. Based on this ratio, we can serve 500 individuals (25 case managers x 20 = 500). We anticipate individual beneficiaries to stay in this bundle three to six months, with a maximum of six consecutive months.

Services provided through this bundle include services like accompanying beneficiary to medical appointments, providing screening, intensive follow-up and supports, etc. Services such as supporting wound care, vital signs and blood glucose checks, and coaching for disease management, medication adherence, and addiction treatment delivered on the street directly to those most in need through street outreach nurses and paraprofessional case managers is also included. Other services include connecting beneficiaries with primary care medical homes, ensuring they receive the appropriate level of care, facilitating connection to specialty care if needed, providing education on how to navigate the health care system, providing therapeutic listening, and linking the client with other needed services such as drug and alcohol treatment, housing assistance, and other social and community resources to address social determinants of health.

The bundle includes clinical case management and care coordination staffing, supervision of personnel, as well as equipment, laptops, cell phones and vehicles to support staff providing services. Laptops are estimated at \$1500 cost to purchase + \$500 maintenance (total \$2,000 per laptop costs per person) divided across the demonstration years (\$500 per year). Equipment and supplies include medical supplies, backpacks and portable equipment for street teams, screenings (i.e. TB tests), hygiene kits, sustenance, etc. (estimated at \$110 per person x 500 served per year). Benefits are estimated at 30% of annual unit cost, and include health, dental, vision, retirement, and other fringe benefits. Case managers and street outreach registered nurses will be providing care coordination services – their salaries are included in the TCM adjustment of 5% reflected in the breakdown table below to provide for any potential duplication. The TCM adjustment of 5% is calculated based on staff cost.

Budget Item	Annual Unit Cost	# FTEs/Units	Total
Registered nurse supervisor	93,600	1	93,600
Therapists (LCSWs)	83,200	5	416,000
Certified Alcohol & Drug Counselors	58,240	3	174,720
Support staff	33,280	4	133,120
Data Coordinator	74,880	0.5	37,440
Case Managers	38,480	25	962,000
Street Outreach Registered Nurses	83,200	5	416,000
Personnel Subtotal:			2,232,880
Benefits (30%)			669,864
PERSONNEL TOTAL:			2,902,744
Laptops	500	43	21,500
Cell phones (Phones + Service)	780	43	33,540
Vehicle (Lease, Insurance + Mileage)	3,600	15	54,000
Equipment & Supplies	55,000	1	55,000
NON-PERSONNEL TOTAL:			164,040
Operating Cost:			3,066,784
Administration 5%:			153,339
TOTAL BUDGET:			3,220,123
Total # of Member Months/Year:			6,000
PMPM Rate for the Bundle:			537
TCM Adjustment of 5%:			-68,900

Lower Intensity Care Coordination Bundle: This bundle assumes a lower level of intensity of supports needed, primarily social in nature, not requiring clinical personnel, at a 1:25 staff to client ratio, using case managers as the limiting factor. Based on this ratio, we can serve 500 individuals (20 case managers x 25 = 500). We anticipate individual beneficiaries to stay in this bundle three to nine months, with a maximum of twelve consecutive months. Similar to above,

case managers and street nurses will be providing care coordination services – their salaries are included in the TCM adjustment of 5% reflected in the breakdown table below to provide for any potential duplication of services. The TCM adjustment of 5% is calculated based on staff cost.

As this is a lower intensity of services, the care coordination team will work closely to ensure the beneficiary is continuing to access primary medical and mental health care, continuing to receive their Medically Assisted Treatments for alcohol and other drug treatment plans, and meet individual long-term health goals such as lowered blood pressure or reduced HgA1C levels. Laptops are estimated at \$1500 cost to purchase + \$500 maintenance (total \$2,000 per laptop costs per person) divided across the demonstration years (\$500 per year). Equipment and supplies include medical supplies, screenings (i.e. TB tests), hygiene kits, sustenance, etc. (estimated at \$40 per person x 500 served per year). Benefits are estimated at 30% of annual unit cost, and include health, dental, vision, retirement, and other fringe benefits.

Budget Item	Annual Unit Cost	# FTEs/Units	Total
Registered nurse supervisor	93,600	1	93,600
Support staff	31,200	4	124,800
Data Coordinator	74,880	0.5	37,440
Case Managers	37,440	20	748,800
Street Outreach Registered Nurses	83,200	2	166,400
Personnel Subtotal:			1,171,040
Benefits (30%)			351,312
PERSONNEL TOTAL:			1,522,352
Laptops	500	27	13,500
Cell phones (Phones + Service)	780	27	21,060
Vehicle (Lease, Insurance + Mileage)	3,600	10	36,000
Equipment & Supplies	20,000	1	20,000
NON-PERSONNEL TOTAL:			90,560
Operating Cost:			1,612,912
Administration 5%:			80,646
TOTAL BUDGET:			1,693,558
Total # of Member Months/Year:			6,000
PMPM Rate for the Bundle:			282
TCM Adjustment of 5%:			-45,760

Housing Bundle: This bundle includes a host of housing support services, such as landlord relationship support, housing search, eviction prevention, dispute resolution, accompanying beneficiary to meetings, etc. Beneficiaries will receive case management specifically focusing on housing assistance and support. Housing case managers will work with beneficiaries to secure safe and healthy housing, coordinating with the local Continuum of Care and housing authorities.

They will work closely with WPC care coordinators to ensure the beneficiaries' health and housing needs are met. Leased vehicles available for staff use to aid in transporting beneficiaries to necessary appointments is included in the budget. Once the beneficiary has secured housing, s/he will receive on-going and sustained tenancy retention case management. Tenancy retention will focus on education and intervention to support long-term successful housing, and avoid behaviors that would jeopardize housing. Beneficiaries receive crisis planning, assistance identifying and intervening with destructive or risky behaviors, and on-going training on what it means to be a good tenant. Tenancy retention will address common first time tenant issues, etiquette, pro-social community behavior, and on-site handyman mentoring and assistance with light repairs.

This bundle also includes resources for a medical-legal partnership, to address legal issues that are creating barriers to care and left untreated, can have debilitating effects on individual and population health, which in turn increases health care utilization and costs. Civil legal needs are particularly acute among populations that most frequently use emergency health care services. The U.S. Department of Veteran Affairs' most recent survey of veterans who are homeless found that five of their top ten needs require legal assistance.⁸ Another pilot study at Lancaster General Health found that 95 percent of the hospital's highest-need, highest-cost patients had two to three unmet civil legal needs, and that addressing those needs not only reduced hospital admissions, but reduced health care costs by 45 percent.⁹ Addressing these civil legal needs that profoundly affect health for high utilizers is critical to ensure our target population's needs are met.

Resources are also allocated for laptops and cell phones to enhance the ability of this team to be mobile and working with our target population in the locations that best support their needs and minimize barriers. Laptops are estimated at \$1500 cost to purchase + \$500 maintenance (total \$2,000 per laptop costs per person) divided across the demonstration years (\$500 per year). Benefits are estimated at 30% of annual unit cost, and include health, dental, vision, retirement, and other fringe benefits. Housing supports are comprised of one-time costs per eligible enrollee who gets housed through this pilot (estimated 300 based on annual new housing slots available), and include deposits (\$850 for first month's rent at fair market value), utility arrears (\$75), furniture (\$525) and other household goods (up to \$250). Funding is also available for additional office supplies (printing fliers, marketing materials, etc.) needed to support this program. Additional details are listed in the table below:

⁸ U.S. Department of Veteran Affairs. "Community Homelessness Assessment, Local Education and Networking Groups (CHALENG) Fact Sheet." June 2016. Available online at: <https://www.va.gov/HOMELESS/docs/CHALENG-2015-factsheet-FINAL-0616.pdf>

⁹ J. Martin, et al. "Embedding Civil Legal Aid Services In Care For High-Utilizing Patients Using Medical-Legal Partnership," Health Affairs Blog, April 2015. Available online at: <http://healthaffairs.org/blog/2015/04/22/embedding-civil-legal-aid-services-in-care-for-high-utilizing-patients-using-medical-legal-partnership/>

Budget Item	Annual Unit Cost	# FTEs/Units	Total
Housing Manager	124,800	1	124,800
Landlord Engagement	89,440	3	268,320
Housing Specialists	52,000	10	520,000
Data Coordinator	74,880	1	74,880
Medical Legal Partnership support	125,000	2	250,000
Personnel Subtotal:			1,238,000
Benefits (30%)			371,400
PERSONNEL TOTAL:			1,609,400
Laptops	500	17	8,500
Cell phones (Phones + Service)	780	17	13,260
Housing Supports (deposits, furniture, etc.)	510,000	1	350,000
Office Supplies	4,000	1	50,000
NON-PERSONNEL TOTAL:			535,760
Operating Cost:			2,145,160
Administration 5%:			107,258
TOTAL BUDGET:			2,252,418
Total # of Member Months/Year:			6,000
PMPM Rate for the Bundle:			375

Pay for Reporting

The WPC budget includes payments for reporting select universal and variant metrics and any additional information requested by the state and/or federal government. These reporting requirements include submission of data to support the following metrics:

Pay for Reporting Metric	PY2	PY3	PY4	PY5
Housing: Permanent Housing	\$350,000	\$300,000	\$300,000	\$300,000
Ambulatory Care – ED Visits (HEDIS)	\$500,000	\$450,000	\$450,000	\$450,000
Reduce Inpatient Utilization – General Hospital/Acute Care (HEDIS)	\$500,000	\$450,000	\$450,000	\$450,000
Health Outcomes: 30 Day All Cause Readmissions	\$500,000	\$450,000	\$450,000	\$450,000
Housing: Housing Services	\$350,000	\$300,000	\$300,000	\$300,000

Tiered payment is available based on timely reporting by the City for each metric. Full payment of this incentive will occur, if all data is submitted timely, as follows:

- 50% of total incentive for timely reporting of mid-year report
- 50% of total incentive for timely reporting of annual report.

Reporting accurate and timely data to DHCS will be critical for measuring progress and for continuously adapting the program to allow for the greatest chance of success through the PDSA process. It is anticipated that the City and its contracted staff will perform a significant amount of coordination among partners to ensure reports and data points not previously tracked are submitted timely and accurately. Payment to the City for performing this function will be made by DHCS in equal installments each for the mid-year and annual progress report upon timely and complete submission to the State of all required data elements to calculate these metrics. Payments earned will be reinvested by the City in systems to facilitate the sharing and reporting of data among partners.

Pay for Outcomes

We included payments for achievement on two outcome measures:

1. **30 Day All Cause Readmissions:** This incentive is available for the City for achieving at least a 5% reduction each year in hospital readmissions.
2. **Supportive Housing:** This incentive is available for the City for increasing the provision of supportive housing services to clients by at least 5% annually.

Available incentives are structured as follows:

Pay for Outcome Metric	PY2	PY3	PY4	PY5
Health Outcomes: 30 Day All Cause Readmissions	\$98,640	\$70,678	\$57,584	\$57,584
Housing Support Services	\$98,640	\$70,678	\$57,584	\$57,584

These modestly valued pay for outcome measures are budgeted for PY3-5, based on meeting improvements from baseline. The full value of the incentive can be earned annually by fully meeting the target as defined in the metric in Section 4.1. Reduced payments are available for partial performance relative to the proportion of the target met (e.g. an 80% payment will be achieved by meeting 80% of the target metric).

Per Attachment MM, WPC Pilots should be able to describe the direction of the changes in the data, noting: 1) improvement, anticipated or not, 2) interventions that are not having the results as predicted, and 3) unintended consequences of the WPC Pilot, both positive and negative. WPC Pilots are to report on all the Universal and Variant metrics, and at this point, should be able to describe early trends based on the strategies and interventions employed by the WPC Pilot. Also, the WPC pilot will need to determine what components of the pilot will be sustained

or expanded past the WPC funding. Based on this information, the WPC pilot will need to determine what aspects of the Pilot need to be adapted, if any, to move toward the predicted and/or desired results, or improve on trends noted. This is a critical part of the Plan-Do-Study-Act process.



Whole Person Care Pilot Application

April 24, 2017

Letters of Support and Participation



April 6, 2017

Sarah Brooks, MSW
Deputy Director
Health Care Delivery Systems
Department of Health Care Services

Dear Ms. Brooks:

Please accept this letter of commitment to participate in the Whole Person Care pilot being developed by the City of Sacramento. We believe the pilot will meet a significant need to build a stronger coordinated system of care and strengthen integration across the entire health delivery system in Sacramento.

Anthem Blue Cross has more than 25 years of experience administering Medicaid and state-sponsored programs in California, during which we have developed long-term, collaborative partnerships with the State and many Counties. Anthem currently provides services to over 1.2 million Medicaid members throughout California, including Sacramento. Our services are provided on a foundation of accountability and responsibility to our members with a person-first philosophy, which includes focusing on the many social and physical determinants of health that impact the Medicaid population.

Anthem is committed to working in partnership with the City of Sacramento, who is acting as the lead entity in the Whole Person Care application. We support their approach and look forward to the opportunity to improve the health outcomes for members through these collaborative efforts. We anticipate that our role in the pilot may include (but is not limited to) participation in planning activities, identification and engagement of members, coordination efforts to ensure members are referred to programs that best meet their needs without duplication of services, and providing health outcomes and utilization data for purpose of program evaluation.

Thank you for the opportunity to provide this letter of participation.

Sincerely,

A handwritten signature in black ink, appearing to read "Beau Hennemann".

Beau Hennemann
Director, GBD Special Programs
Anthem Blue Cross Partnership Plan, Inc.

Anthem Blue Cross is the trade name of Blue Cross of California, Blue Cross Life and Health Insurance Company, and Blue Cross of California Partnership Plan, Inc. with independent licensees of the Blue Cross Association. © ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.



INVESTING IN COMMUNITIES

April 14, 2017

Ms. Sarah Brooks, Deputy Director
Health Care Delivery Systems
Department of Health Care Services
1500 Capitol Avenue Sacramento, CA 95814

Dear Ms. Brooks:

The Sacramento Housing and Redevelopment Agency (SHRA) is a joint powers agency, serving as the Housing Authority for both the City and County of Sacramento. The mission of SHRA is to “revitalize communities, provide affordable housing opportunities and to serve as the Housing Authority for the City and County of Sacramento”, speaking to our commitment to serve the community’s most vulnerable populations. As the Housing Authority, SHRA administers approximately 12,000 Housing Choice Vouchers and almost 3,000 public housing units. On March 21, 2017, under the direction of the City and County, SHRA was authorized to move forward with a plan to house up to 1755 homeless individuals/families over a three year period. These households would likely need supportive services to be successful in housing.

Given this commitment, SHRA is pleased to support the City’s application for the Whole Person Care pilot program. SHRA strives to provide safe and accessible housing to persons in need, and recognizes the value in linking housing units with wrap around services. The City’s application includes an overarching framework that creates a coordinated and collaborative system that identifies those most in need, provides the necessary services to support their physical and social health. Recognizing the importance of housing in long term health, the City’s Whole Person Care pilot program offers intensive, on-going housing support to ensure that clients can both attain and sustain housing.

SHRA’s role in the Whole Person Care pilot includes:

- Participating in the Governance Structure and Communication Process
- Assisting in the development of the WPC pilot, implementation, and evaluation
- Providing data on WPC clients successfully housed
- Supporting the WPC pilot’s efforts to link clients with permanent housing.

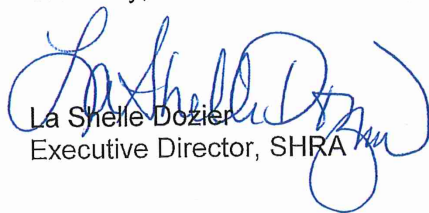


Sacramento Housing & Redevelopment Agency 801 12th Street | (916) 444-9210 | www.shra.org



SHRA looks forward to participating in the Whole Person Care pilot and to the impact that this program could have in our communities. If you have any questions, please feel free to contact me at 916-440-1319.

Sincerely,


LaShelle Dozier
Executive Director, SHRA





**SACRAMENTO
STEPS FORWARD**

Ending Homelessness. Starting Fresh.

April 14, 2017

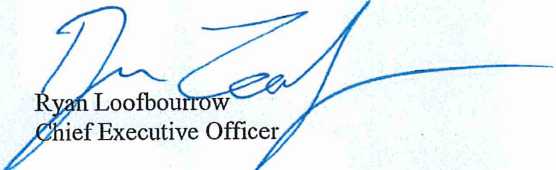
Sarah Brooks, Deputy Director
Health Care Delivery Systems,
Department of Health Care Services

Dear Ms. Brooks,

Sacramento Steps Forward (SSF) is the homeless Continuum of Care (CoC) Lead Agency for Sacramento. Responsible for the annual US Department of Housing and Urban Development CoC Program application process for renewal and new permanent housing projects in this community, SSF recognizes the value of the Whole Person Care (WPC) pilot and fully supports the City of Sacramento's application. Many of Sacramento's most vulnerable, long-time homeless persons require the kind of intensive health, behavioral health and supportive services the WPC pilot will provide to end their homelessness and prevent returns to the system.

Many elements of the WPC pilot align with best practices in homeless services, including navigation services, frequent users model programs, and the essential role of housing in the health and well-being of every person. SSF enthusiastically supports this application. If you have any questions, please contact me at (916) 577-9785 or rloof@sacstepsforward.org.

Sincerely,


Ryan Loofbourrow
Chief Executive Officer

April 10, 2017

Sarah Brooks
Deputy Director
Health Care Delivery Systems
Department of Health Care Services

Dear Ms. Brooks,

It is with the utmost pleasure that I write this letter to support the City of Sacramento in their application for the Whole Person Care (WPC) program, and to confirm our commitment as a participant and partner.

As the Executive Director to 2-1-1 Sacramento, we witness firsthand the consequences to the community when adequate resources are not available. A significant portion of our calls identify with having a mental illness of some severity, and recognize that with proper connections to resources and care, they would be out of crisis and into self-sufficiency.

2-1-1 Sacramento serves the most vulnerable, hardest to reach populations, and are recognized as the primary provider for human services information and referral resources. In a recent study, we took call statistics for a 12-month rolling period. During this period, we assisted 115,724 callers. Of those, 72,494 were residents of the City of Sacramento. Sadly, of those 72,494 callers, 46,930 were unduplicated, first-time callers. With the WPC pilot, those numbers can drastically be reduced.

2-1-1 Sacramento looks forward to actively participating in the WPC pilot by:

- Assisting with identifying the target population of Medi-Cal beneficiaries who are high users of multiple systems.
- Collaborating with other service providers to provide real-time data which ultimately will increase care coordination and ensure appropriate care is accessed.
- Assisting in coordinating services across care sectors to ensure the target population is effectively and efficiently utilizing services.

The program is critical to stabilization and subsequent advancement of our city. If you have any questions, please contact me directly at 916-949-0914 or by email at rabusci@communitylinkcr.org.

Sincerely,



Richard Abrusci
Executive Director

Community Link Capital Region
8001 Folsom Blvd, Suite 100 – Sacramento, CA 95826
(o) 916-447-7063 (f) 916-779-3335



April 12, 2017

**BOARD OF
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3Fold Communications

Gary King
SMUD

Ashley Brand
Dignity Health

Sarah Brooks
Deputy Director
Health Care Delivery Systems
Department of Health Care Systems

Re: Letter of Support – Whole Person Wellness Pilot

Dear Ms. Brooks:

Sacramento Covered programs are focused on educating consumers about health care options, improving health literacy, and providing culturally competent assistance to demographically diverse communities to access the health care system. This is achieved through the deployment of bilingual and bicultural health navigators to address health access barriers for the uninsured and under-insured populations.

We wish to enthusiastically express our commitment to participate in the Whole Person Care Pilot with the City of Sacramento. We are uniquely positioned to play a leadership role to improve care coordination for Medi-Cal members including those that utilize local emergency departments for avoidable reasons and those at risk of or experiencing homelessness. Currently we have nearly 30 FTE health navigators in five local emergency departments, four federally qualified health centers and a myriad of community settings, working to improve consumers' access to the health care system of care, available through the Medi-Cal program. We look forward to participating in WPC in the following ways:

1. Participating in the governance and implementation of the WPC Pilot in Sacramento.
2. Expanding services to the homeless and Medi-Cal members that use emergency departments for avoidable reasons.

Please feel free to contact me at 916-757-2284 or kelly@sacramentocovered.org with any additional questions or for additional information about our commitment to the Whole Person Care Pilot in Sacramento.

Sincerely,

A handwritten signature in blue ink that reads "Kelley Burnett".





2700 Gateway Oaks Drive
Suite 2200
Sacramento, CA 95833

Mailing Address:
P.O. Box 160727
Sacramento, CA 95816-0727

April 13, 2017

Ms. Sarah Brooks
Deputy Director
Health Care Delivery Systems
Department of Health Care Services

Dear Ms. Brooks:

Sutter Health is eager and committed to participate in the City of Sacramento's Whole Person Care (WPC) pilot.

Sutter Health has a long history of enhancing the well-being of people in the communities we serve through a not-for-profit commitment to compassion and excellence in health care services. Sutter Health is a leader in the transformation of health care and strives to achieve the highest levels of quality, access and affordability for the people we serve. Participation in the City's WPC pilot will not only further Sutter Health's mission but it will also provide a collaborative partnership with the City and other stakeholders to deliver additional resources and supportive services for Sacramento's most vulnerable, impacted, and underserved populations.

We are excited for this opportunity to align the hospitals, clinics, and service providers operating in the Sacramento city to develop a comprehensive and holistic approach to improving overall health and reducing homelessness in the City. To that end, Sutter Health is committed to partnering with all participants in the City's WPC pilot, including other health systems, emergency responders, managed care plans and supportive service providers.

Sutter Health looks forward to working with all partners in the Whole Person Care pilot and to make a demonstrable impact in the Sacramento community.

Sincerely,

A handwritten signature in black ink that reads "Keri Thomas".

Keri Thomas
Director, Community Benefit and Government Relations
Sutter Health Health Valley Area

www.sutterhealth.org



3400 Data Drive
Rancho Cordova, CA 95670
dignityhealth.org

April 14, 2017

Ms. Sarah Brooks
Deputy Director
Health care Delivery System
Department of Health Care Services

RE: Letter of Support for the Whole Person Care Pilot

Dear Ms. Brooks:

Please accept this letter of Dignity Health's commitment to participate in the city of Sacramento's Whole Person Care (WPC) pilot. This greatly needed project will address the community need for improved access to appropriate health care services for the most vulnerable populations – high frequency users of the health care who are homeless or high risk for homelessness and who are experiencing serious mental illness, chronic health conditions and/or substance use disorder.

Rooted in Dignity Health's mission, vision, and values, we are committed to delivering compassionate, high-quality, affordable health services, serving and advocating for our sisters and brothers who are poor and disenfranchised, and partnering with others in the community, such as the city of Sacramento, to improve the quality of life. As an organization we are invested in community capacity to improve health – including addressing the social determinants of health.

The WPC pilot offers Dignity Health the opportunity to work in partnership with the city of Sacramento and other stakeholders to establish a system of comprehensive, accessible and holistic health care to vulnerable individuals. The innovative design will enhance the current services that have limited capacity while ensuring that key organizations are working collaboratively with the city including health systems, community clinics, managed care organizations, housing organizations and social service providers.

Enhancing our community's ability to help people navigate through the various service and housing options that are available to meet their needs is crucial to achieving our collective goals of a healthy, safe and thriving community. Dignity Health looks forward to actively participating in this vital pilot, and we believe that together we can create a more integrated delivery system and improve health outcomes for the most vulnerable.

Sincerely,

A handwritten signature in blue ink that reads "Laurie Harting".

Laurie Harting
Senior Vice President Operations
Dignity Health
Greater Sacramento Service Area

UNIVERSITY OF CALIFORNIA, DAVIS

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OFFICE OF THE CHIEF EXECUTIVE OFFICER
UC DAVIS MEDICAL CENTER
2315 STOCKTON BOULEVARD
SACRAMENTO, CALIFORNIA 95817

April 13, 2017

(Sent via e-mail)

Sarah Brooks
Deputy Director
Health Care Delivery Systems
Department of Health Care Services
1500 Capitol Avenue
Sacramento, CA 95814

Dear Deputy Director Brooks:

I am writing on behalf of UC Davis Health to express support for the City of Sacramento's effort to engage in the Whole Person Care (WPC) pilot. We understand that the pilot requires a strong network community partners if it is to significantly improve the health of individuals and families in Sacramento.

UC Davis Health is the region's only academic health system that includes one of the country's best medical schools, a 627-bed acute-care teaching hospital, a 1,000-member physician's practice group and the Betty Irene Moore School of Nursing. It is home to a National Cancer Institute-designated comprehensive cancer center, an international neurodevelopmental institute, a stem cell institute and a comprehensive children's hospital. Other nationally prominent centers focus on advancing telemedicine, improving vascular care, eliminating health disparities and translating research findings into new treatments for patients.

We are supportive of the City's application for the WPC pilot program that allows for coordination of health, behavioral health and social services for Medi-Cal beneficiaries. This pilot will aim to reduce inappropriate use of emergency departments and inpatient hospitalization through the integration and coordination of medical care, housing, and on-going supportive services for targeted populations. The City's application represents a unique collaboration between the City, the region's health systems, managed care plans, the homeless system of care and the housing authority.

We encourage you to consider the City of Sacramento for this pilot program, which will support efforts to help patients maintain and improve their health.

Sincerely,

A handwritten signature in blue ink that reads 'Ann Madden Rice'.

Ann Madden Rice
Chief Executive Officer
University of California, Davis, Medical Center

April 6, 2017

Ms. Sarah Brooks
Deputy Director
Health Care Delivery Systems
Department of Health Care Services

Dear Ms. Brooks:

Kaiser Permanente is pleased to support the City of Sacramento's application for the Whole Person Care (WPC) pilot.

Kaiser Permanente's mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. With our integrated health care delivery model, Kaiser Permanente has been at the forefront of promoting coordinated care, with a focus on the provision of preventive services and a commitment to reducing health disparities.

The City of Sacramento envisions a WPC pilot that partners with local health systems and Federally Qualified Health Centers (FQHC) to provide outreach, navigation, care coordination and housing supports to Medi-Cal clients who are homeless or at risk of homelessness. The City's WPC program will integrate navigation and care management in all the emergency departments, FQHC clinics and outside of the health system in emergency shelters, and with the City's Police and Fire Departments. Care coordination will be provided to help clients maintain and improve their health, link with more intensive behavioral health and/or substance abuse treatment and provide access to permanent, stable housing. The City's application represents a unique collaboration between the City, the four health systems, managed care plans, the homeless system of care and the housing authority.

To this end, we are committed to partnering with the City, other health systems, social service providers and emergency responders to serve Medi-Cal clients who are homeless or at risk of homelessness.

Kaiser Permanente strongly supports this application for the City of Sacramento's WPC pilot program. Given the partnerships in place, the City is well-positioned to serve as the only City to be a lead entity for a WPC pilot program.

Sincerely,



Sandy Sharon, RN, MBA
Senior Vice President and Area Manager
Sacramento Service Area



Patricia Rodriguez, RN, MPH
Senior Vice President and Area Manager
South Sacramento Service Area



February 28, 2017

Sarah Brooks, MSW
Deputy Director
Health Care Delivery Systems
Department of Health Care Services

Dear Ms. Brooks:

Please accept this letter of support to participate in the City of Sacramento's Whole Person Care pilot (WPC), known as the Whole Person Wellness Pilot. The pilot will help us build a more client and community-centered system of care; fill gaps and strengthen integration across the entire health delivery system in the City of Sacramento; and improve the delivery of coordinated care to our community's sickest and most vulnerable residents, including the homeless or those at risk of becoming homeless.

Experience with Coordinated Care

Molina Healthcare of California (Molina) has been providing much needed coordinated care services and complex case management for more than 13,000 dual-eligible beneficiaries through Cal MediConnect and long term care services for 60,000 more beneficiaries through the larger California Coordinated Care Initiative (CCI). Given our experience, we believe Molina is uniquely positioned to partner with the City of Sacramento to achieve the important goals of the WPC pilot program.

We are also working on specific pilot programs like Project 25 in San Diego County to better coordinate whole person care for each member, including addressing shelter, behavioral health needs, and care management. We look forward to leveraging this experience to assist the City of Sacramento in implementing their Whole Person Care pilot program.

Patient Centered Model

Molina employs a patient-centered model of care built around a strong medical home and the establishment of an Interdisciplinary Care Team (ICT). We anchor this team with a Care Manager, either a nurse, social worker, or other healthcare professional, who is the member's main point of contact for assistance and coordination. Working with the Care Manager, our Community Connectors also help connect members to social supports, locate hard-to-reach members, including the homeless population, and assist members in obtaining transportation and assistance at appointments.

In partnership with the member, the care team develops an integrated care plan that addresses the member's needs across multiple dimensions: medical, behavioral, developmental, educational, vocational, and social. In some cases, social service support can also include referrals to or arrangement of supportive housing services. To better integrate behavioral health services into our care management model, Molina employs dedicated psychologists and psychiatrists as part of our care teams allowing them to perform peer-to-peer consultations with community-based providers as needed.

Data Sharing – Critical to Success

In addition, one of the keys to a successful WPC initiative will be the sharing of information to improve coordination of care across the healthcare system. We look forward to working closely with the Whole Person Wellness Pilot team to improve the data sharing infrastructure to help achieve improved care coordination. This should include tracking of Emergency Department visits, primary care appointments and outcomes, behavioral health service utilization and outcomes, and social service referrals such as housing and other supports.

Molina Healthcare of California / 200 Oceangate – Suite 100 / Long Beach, CA 90802



We are excited to serve as a partner and a participating entity in the WPC Pilot. We look forward to sharing our experience and lessons learned in providing integrated medical and behavioral health care to the WPC population as the program design unfolds. Our ongoing participation in the WPC Pilot will be determined by our mutual agreement with the WPC provisions and the requirements of Molina as they develop, including building the WPC Program infrastructure and future expectations of Molina. We anticipate that the requirements and expectations of Molina will be acceptable as we work through the design of the Program. We also believe our collaboration with our WellSpace partners, the County, and other key stakeholders will be extremely important in the success of the WPC Pilot.

We believe that together we can create a more integrated delivery system and improve health outcomes for the sickest and most vulnerable for the City of Sacramento residents.

Sincerely,

A handwritten signature in black ink that reads 'Robert O'Reilly'.

Robert O'Reilly,
Director of Policy, Molina Healthcare of California



Health Net of California, Inc.
1201 K St., Ste. 1815
Sacramento, CA 95814-3923
www.healthnet.com

April 12, 2017

Sarah Brooks, Deputy Director,
Health Care Delivery Systems
Department of Health Care Services
P.O. Box 997413, MS 4722
Sacramento, CA 95899-7413

Subject: Letter of Participation – Sacramento City Whole Person Care

Dear Ms. Brooks:

Health Net is pleased to submit this letter of participation in the Sacramento City Whole Person Care (WPC) pilot. Currently, as the largest Medi-Cal health plan in California, Health Net serves more than 75,000 Medi-Cal beneficiaries in Sacramento County, a large portion of who live within Sacramento City. We are committed to transforming the health of the community, one person at a time. The WPC pilot gives us a new and unique opportunity to look beyond the traditional health care system to address the social determinant of health for Sacramento's most vulnerable.

Sacramento City's WPC pilot is unique in the state as it targets intervention based on local city needs. This targeted approach leverages city resources as well as statewide learnings on how to better service our homeless members. The pilot brings together an array of important local stakeholders including health systems, health plans, city resources and community organizations. The result of combined efforts can strengthen linkages, increase referrals, provide a support system and ultimately enable access to comprehensive care. A multifaceted and systematic approach in providing care for the high-risk, high-utilizer beneficiaries can improve health outcomes, reinforce critical partnerships in patient care and establish a foundation to build future local efforts.

As a participant in the Sacramento City Whole Person Care Pilot, we will work to fulfill the goals and performance measures established for serving Sacramento's vulnerable targeted population. Additionally, we will work closely with our community and healthcare partners to increase integration, coordination and access to care for the most vulnerable Medi-Cal beneficiaries.

Health Net believes the WPC pilot will be a positive step forward to improving the delivery of services for homeless Medi-Cal members across Sacramento City. We look forward to working closely with the Sacramento City's WPC team to establish a comprehensive system of care to reduce inappropriate emergency and inpatient utilization while improving the health and well-being of Medi-Cal beneficiaries.

Sincerely,

A handwritten signature in black ink that reads "Abbie A. Totten". The signature is written in a cursive, flowing style.

Abbie A. Totten
Vice President, Government Programs Policy & Strategic Initiatives



UnitedHealthcare Community Plan of California, Inc.
8880 Cal Center Drive, Suite 300
Sacramento, CA 95826

Ms. Sarah Brooks, Deputy Director
Health Care Delivery Systems
Department of Healthcare Services

April 12, 2017

Letter of Participation for the Whole Person Care Pilot

Dear Ms. Brooks:

UnitedHealthcare will be joining Sacramento's Regional Medi-Cal Market in July of 2017. As a new plan to the market, we appreciate the Department of Health Care Services (DHCS) allowing us the opportunity to join in the Whole Person Care Pilot as a partnering health plan. We look forward to participating in the planning process and understand we will be added to the City of Sacramento's Whole Person Care Pilot as an official health plan once our contract with DHCS is executed.

The City of Sacramento Pilot will advance the vision of a region that is Building Better Health by improving health outcomes among some of our community's most vulnerable populations - high end users of health care who are homeless or at high risk for homelessness and by connecting them to health plan and community services.

The City of Sacramento envisions a WPC pilot that partners with local health systems and Federally Qualified Health Centers (FQHC) to provide outreach, navigation, care coordination and housing supports to Medi-Cal Clients who are homeless or at-risk of homelessness. The City's WPC program will integrate navigation and care management in all the emergency departments, FQHC clinics and outside of the health system in emergency shelters, and with the City's Police and Fire Department. Care coordination will be provided to help clients maintain and improve their health, link with more intensive behavioral health and/or substance abuse treatment and provide access to permanent, stable housing. The City's application represents a unique collaboration between the City, the four health systems, managed care plans, the homeless system of care and the housing authority.

The WPC Pilot offers UnitedHealthcare the opportunity to work in partnership with the City of Sacramento and other stakeholders to establish a system of comprehensive, accessible and holistic health care to vulnerable individuals. In support of the success of the WPC Pilot we will:

- ✓ Assist in the development of the pilot, implementation, evaluation and sustainability plans
- ✓ Provide data necessary to assist in the identification of the target population and the effectiveness of the interventions as they are implemented
- ✓ Authorize a Complex Case Management team to participate in outreach efforts and care integration with WPW Service Integration Teams
- ✓ Explore contributing cost savings from pilot beneficiaries to a local housing pool

Please contact me if any further information is needed regarding our role in this greatly needed project.

Sincerely,

Kevin Kandalaft, CEO
UnitedHealthcare Community Plan of California



April 10, 2017

Ms Sarah Brooks
Deputy Director
Health Care Delivery Systems
Department of Health Care Services

RE: Letter of Participation for the Sacramento City Whole Person Care Pilot

Access Dental Plan, a wholly-owned subsidiary of the Guardian Life Insurance Company of America, is one of the three dental plans that contracts with the department to participate in Sacramento's Dental Managed Care Program for Medi-Cal beneficiaries.

We commend the City of Sacramento for developing this innovative Pilot that includes intensive case management, housing assistance, and referral for vital services, including health care, community-based supports, and dental care to facilitate the target population's wellness.

We are writing today to confirm our willingness to actively collaborate with the City of Sacramento in their efforts to implement the Whole Person Care (WPC) Pilot. We are supportive of Mayor Steinberg's efforts to improve the quality of life, including health and dental outcomes, of individuals who are homeless or at-risk of becoming homeless. We commit to participate in communication processes, and to assist in the identification of the target population and the effectiveness of the interventions as implementation progresses.

We believe in our partnership with the City of Sacramento and are looking forward to comprehensive involvement with the Pilot

Sincerely,

A handwritten signature in black ink, appearing to read "Alisha M. Hightower", is written over a faint, light-colored signature line.

Alisha M. Hightower
Director, Government Programs

CC:
Ms Emily Halcon, Homeless Services Coordinator
Office of the City Manager
City of Sacramento
915 I Street, 5th Floor
Sacramento, CA 95814

Corporate Headquarters
8890 Cal Center Drive, Sacramento, CA 95826 • 916.922.5000 phone • 916.646.9000 fax



April 14, 2017

Ms. Sarah Brooks
Deputy Directory, Health Care Delivery Systems
Department of Health Care Services

RE: Letter of Support and Participation in the City of Sacramento's Whole Person Care Pilot Program

Dear Ms. Brooks:

On behalf of LIBERTY Dental Plan (LIBERTY), we are pleased to submit this Letter of Support and Participation of the City of Sacramento's Whole Person Care (WPC) Pilot Program. We firmly believe that the goal of the program will enhance the lives of many of the city's most vulnerable, low-income, homeless or at risk to become homeless population.

We are a national dental benefit administrator with over 2 million Medicaid members. We participate in several national Exchange programs including Covered California. Since 2005, LIBERTY continues to administer a full array of dental benefits and services to approximately 300,000 Medi-Cal members in the Sacramento GMC dental managed care program as a direct contractor with the State and on behalf of HealthNet health plan. We are also proud to participate and support in the Sacramento County Early Smiles school based dental screening.

We are in support of the WPC pilot program which will partner with local health systems and Federally Qualified Health Centers (FQHC) to provide outreach, navigation, care coordination and housing supports to Medi-Cal clients who are homeless or at-risk of homelessness. The City's goal for the WPC program, to integrate navigation and care management, is one with which we are highly familiar as it has always and continues to be LIBERTY's mission.

Our unwavering commitment to improve the overall well-being of the communities we serve is evident through every aspect of our business. For LIBERTY, oral health care is not an industry—it is a cause we are passionate about. Together, with the City of Sacramento, we can improve the oral health—and general well-being—of WPC participants. That is your commitment to the program.

www.libertydentalplan.com

340 Commerce, Suite 100
Irvine, CA 92602

p: 888.273.2997 f: 949.223.0011

Page 199 of 213



If you have any questions or require additional clarification, please do not hesitate to contact me at (888) 273-2997 ext. 202 or on my mobile phone at (949) 903-1393 or by email at jcarvelli@libertydentalplan.com.

Respectfully,

A handwritten signature in black ink, appearing to read 'John Carvelli'.

John Carvelli
Executive Vice President and Compliance Officer
LIBERTY Dental Plan



April 11, 2017

Ms. Sarah Brooks
Deputy Director
Health Care Delivery Systems
California Department of Health Care Services

Re: Letter of Participation for the Sacramento Whole Person Wellness Pilot

Dear Ms. Brooks:

Capitol Health Network hereby offers its enthusiastic support for, and confirms its eager willingness to participate in, the City of Sacramento's Whole Person Wellness (WPW) Pilot.

Founded in 1998, Capitol Health Network's mission is to support and strengthen community-based health care and to advocate for vulnerable populations in Sacramento and the surrounding region. CHN is a consortium of Federally Qualified Health Centers and other community-based clinical services providers. Combined, in 2016 our members provided more than 600,000 patient encounters to nearly 200,000 patients—64% of whom are covered by Medi-Cal and 24% are uninsured—through 40 care sites.

Consistent with our mission, we believe that the Whole Person Wellness Pilot offers the opportunity for the community to come together and create much-needed solutions to some of our area's most difficult health care challenges—which in turn will lead to improved outcomes for our most vulnerable populations. WPW will enable us to build a more integrated, patient-centered system of care by providing both the people and the infrastructure needed to better coordinate care for our patients. As you know, the patients to whom our members provide care are among the most difficult to serve. WPW will help bring us the additional tools we need to better meet their clinical and social health needs.

We applaud the City of Sacramento for stepping up to take on this Pilot and strongly support its application. Please feel free to contact me if you have any questions.

Sincerely,

Steve Heath
Executive Director



April 12, 107

Sarah Brooks, Deputy Director
Health Care Delivery Systems, Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Re: Letter of Commitment, Whole Person Care Pilot

Dear Ms. Brooks:

Please accept this letter of commitment to participate in the Sacramento Whole Person Care (WPC) pilot project. This project will help us to build a more client direct and community centered system of care; fill gaps and strengthen integration across the entire health system; and deliver coordinated care to Sacramento's most vulnerable residents.

The Sacramento Native American Health Center (SNAHC), a non-profit, urban Indian, Federally Qualified Health Center (FQHC), has played an important role in the safety net; providing wrap around, family based primary care, comprehensive dental, behavioral health, vision and community wellness programs since 2007. In addition, we are accredited by the Accreditation Association of Ambulatory Health Care (AAAHC) and been certified as a Patient Centered Health Home (PCHH) since 2012.

SNAHC has proven that we deliver exceptional quality care that is responsive to the individual social determinants of health as identified by our patient population. This delivery system has been nationally recognized, recently identified as a best practice and has proven to improve health outcomes of even the most non-compliant patient.

SNAHC's role in the WPC pilot will be as follows;

1. Participation in oversight, governance and planning;
2. Provision of health data for whole person participants for case identification, care coordination, population health management, and reporting purposes;
3. Referral to Whole Person Care services for community members that meet participation criteria; and
4. Engagement in coordination activities to ensure appropriate assignment of patients, avoid duplication of effort and support linkages to service;

We look forward to participating in this important pilot project and believe that through this partnership we can create a more integrated delivery system and improve outcomes for our patients and potential patients.

Sincerely,

Britta Guerrero,
Chief Executive Officer



Health And Life Organization, Inc.

dba Sacramento Community Clinics



SOUTHGATE
Sacramento Community Clinic
7275 E Southgate Dr., Ste 204-206
Sacramento, CA 95823
Clinic Phone: (916) 428-3788
Dental Phone: (916) 642-1869

DEL PASO
Sacramento Community Clinic
2200 Del Paso Blvd
Sacramento, CA 95815
Clinic Phone: (916) 924-7988

www.halocares.org

DEL PASO DENTAL
Sacramento Community Clinic
2138 Del Paso Blvd
Sacramento, CA 95815
Dental Phone: (916) 642-1890

ASSEMBLY COURT
Sacramento Community Clinic
5524 Assembly Court
Sacramento, CA 95823
Clinic Phone: (916) 642-1867
Dental Phone: (916) 642-1868

Sarah Brooks, MSW
Deputy Director
Health Care Delivery Systems
Department of Health Care Services

Darrell Steinberg
Mayor, City of Sacramento
915 I Street, 5th Floor
Sacramento, CA 95814

April 12th, 2017

**Re: Letter of Participation and Letter of Support
Sacramento Whole Health Person Care**

Dear Ms. Brooks, Mayor Steinberg, and distinguished panel,

Please accept this Letter of Participation and Support from Health And Life Organization (HALO), Inc. dba Sacramento Community Clinics, for the Whole Person Care (WPC) Project. HALO is a nonprofit 501c3 Federally Qualified Health Center (FQHC) providing Comprehensive Health Care Services to the Medically Underserved Population in the Medically Underserved Area of the City and County of Sacramento. HALO serviced over 35,000 low income Medi-Cal and Medicare Beneficiaries, non-beneficiaries, and uninsured in 2016.

The Whole Person Care Project will help our community fill the gaps in care for the most vulnerable; strengthen integration across the entire health delivery system; deliver coordinated care; reduce fragmented care; improve the continuum of care; and reduce the overall cost in care. The WPC Project will address the community needs for improved health outcomes for the most vulnerable populations- high frequency users of health care systems who are homeless or high risk for homelessness and for those experiencing serious mental illness, chronic health conditions, and/or a substance use disorder.

We look forward to participating in this important project, fully support the Whole Person Care Project, and believe that together we can create a more integrated delivery system and improve health outcomes for the most vulnerable residents.

Respectfully,

Jerry T. Bliatout, JD
Chief Executive Officer

J. Miguel Suarez, MD
Clinic Director



Administration
1860 Howe Ave, Suite 440
Sacramento CA 95825
(916) 569-8484
www.ElicaHealth.org

April 11, 2017

Sarah Brooks
Deputy Director
Health Care Delivery Systems
Department of Health Care Services

Dear Ms. Brooks,

As one of the primary FQHCs serving Sacramento's homeless population at either one of our four standing clinics or through our Wellness Outside Walls program, Elica Health Centers looks forward to participating in Sacramento's Whole Person Care pilot program, should this unique city-only proposal receive funding from the California Department of Health Care Services.

Elica Health Centers has a successful history in partnering with the City of Sacramento through the Mayor's Office and the Police Department to address the needs of the city's homeless population by providing primary care, behavioral health, substance use and wrap-around services. Whether having specially trained SPD officers working with our Street Medicine Teams or having Elica providers delivering care at the City's warming centers, it is our experience that engaging in these collaborative efforts has been significantly more effective at reaching larger numbers of homeless individuals, a notoriously hard to reach population, and connecting them with services that can improve their quality of life. It is precisely this experience that engenders Elica's strong enthusiasm for and willingness to participate in Sacramento's proposed WPC pilot program.

We believe Sacramento's proposed program, which seeks to create a more integrated approach in service delivery for those who are homeless or at risk of becoming homeless, has the potential to significantly improve the level of care and services available to the target group. Also, improvements in care coordination and continuity of care resulting from the proposed pilot would likely achieve greater efficiencies throughout the network of public and private agencies serving the homeless, which would in turn lead to considerable cost savings, particularly for hospitals and the city as the use of ER and emergency services is reduced.

We are proud of the leadership position taken by Mayor Darrell Steinberg to combat homelessness and the human toll it takes on those who experience it as well as the social and economic impact it can have on a city where the prevalence of unsheltered residents is high. Taking the initiative to become the only city-lead participant among the state's WPC pilot programs, along with its intention to involve a broad cross section of entities that provide services to the homeless, demonstrates the City of Sacramento's commitment to finding a humane and sustainable solution to this pervasive problem. Elica Health Centers unequivocally supports the City in this effort.

Sincerely,

Karen Freeman
COO





April 10, 2017

Sarah Brooks
Deputy Director
Health Care Delivery Systems
Department of Health Care Services

Re: Letter of Participation

Dear Ms. Brooks,

The mission of WellSpace Health is achieving regional health through high quality comprehensive care. Since 1953 WellSpace Health has built an organization dedicated to community-based physical health, mental health, and social health services. WellSpace Health operates ten full-time Federally Qualified Health Center (FQHC) community health centers offering primary care, immediate care, women's health, and pediatric medical and dental services in the greater Sacramento region. The community health centers serve over 50,000 patients a year and feature onsite integrated mental health, psychiatry, and addiction/co-occurring treatment services (including withdrawal management, residential rehabilitation, outpatient services, and justice systems programs), and supportive prevention services such as child abuse prevention/home visitation services, and the region's suicide prevention hotline. WellSpace Health's regional reach is furthered by maintaining six satellite health centers throughout the Sacramento area, having a physical presence in Placer County and involvement in Placer County's Whole Person Care pilot program, and expanding services geographically by establishing a health center in Amador County in 2017.

The designation as both 330h and 330e Health Centers by the Health Resources and Services Administration (HRSA) is evidence of the commitment to serving persons experiencing homelessness that WellSpace Health has performed for well over a decade through various programs aimed at serving that vulnerable population. WellSpace Health is well known for its many successful health care coordination programs, including the Interim Care program (ICP), an acclaimed respite care program for discharging homeless patients; Sacramento Violence Intervention Program (SVIP), dedicated to reducing street and gang violence related hospital admissions and building healthy violence-free communities; Triage Transport and Treatment (T3), a frequent Emergency Room user program linking patients to community-based health and behavioral health services; and the Street Outreach Nurse, an innovative new care coordination program that uses Registered Nurses to directly interact on the street

Executive Offices:

777 12th Street | Suite 250 | Sacramento, CA 95814 | p: 916.550.5444 | f: 916.436.5527
wellspacehealth.org



with persons experiencing homelessness. WellSpace Health's care coordination efforts supported by T3, Emergency Department navigators, and community connectors (collectively referred to as our Health Access Resource Team) have successfully provided a blanket of care for those patients experiencing care transitions for well over a decade. WellSpace Health's Health Access Resource Team programs have been shown to have positive effects in reducing unnecessary hospital visits for our regional hospital systems.

The ICP, SVIP and T3 programs have received regional and national acclaim, as has the suicide prevention program for its follow-up intervention with persons after they seek Emergency Room treatment following a suicide attempt. WellSpace Health's mental health, psychiatry, and other FQHC-related services have emerged as a major provider in the region's support system for persons with mental illness. WellSpace Health's quality of care is evidenced by achieving Joint Commission accreditation for Ambulatory Care, Patient Centered Medical Home, and Behavioral Health.

It is with great pleasure that WellSpace Health submits this letter of participation for the City of Sacramento's application for the Whole Person Care pilot program. WellSpace Health commits to participating in the Whole Person Care pilot program by providing non-federal share match funds, participating in governance and planning meetings, and engage in coordination activities. The Whole Person Care pilot program will allow WellSpace Health, the City of Sacramento, and other partners to work collaboratively to truly achieve regional health for Medi-Cal beneficiaries.

Sincerely,

Christie Gonzales, MPA
Director, Behavioral Health Operations
on behalf of

A. Jonathan Porteus, PhD
Chief Executive Officer
WellSpace Health

Executive Offices:
777 12th Street | Suite 250 | Sacramento, CA 95814 | p: 916.550.5444 | f: 916.436.5527
wellspacehealth.org



cares
community
health

1500 21st Street
Sacramento, CA 95811
916.443.3299 916.325.1980 F
carescommunityhealth.org

April 18, 2017

Ms. Sarah Brooks
Deputy Director
Health Care Delivery Systems
Department of Health Care Services

RE: Letter of Support for the Whole Person Wellness Pilot

Dear Ms. Brooks,

As CEO of Cares Community Health, I write this Letter of Support for the County's application for the Whole Person Wellness pilot project.

Cares Community Health fully supports the County's overarching framework of creating a region through initiatives that promote health, safety and a thriving community. People experiencing serious mental illness are some of our region's most vulnerable residents, particularly those who have been unable to connect with services and housing that help them stabilize and promote their health. The Whole Person Wellness pilot project will provide a comprehensive approach to those residents who are high utilizers of a variety of services and have been unable to find stability. We recognize that not all of our highest utilizers have serious mental illness, and the beauty of the Whole Person Wellness pilot is that it will serve people whose mental health issues may not rise to the level of being defined as serious mental illness, and includes those with co-occurring substance use disorders and/or chronic health conditions.

Enhancing our community's ability to help people navigate through the various service and housing options that are available to meet their needs is crucial to achieving our collective goals of a health, safe and thriving community.

Cares Community Health enthusiastically supports this application. If you have any questions, please contact me at 916-914-6240 or at cward@carescommunityhealth.org

Sincerely,

Christy Ward
Chief Executive Officer

CW/db

City of
SACRAMENTO
Police Department

BRIAN LOUIE
Interim Chief of Police

5770 Freeport Blvd., Suite 100
Sacramento, CA 95822-3516

April 11, 2017
Ref: COP 4-7

(916) 808-0800
Fax: (916) 808-0818
www.sacpd.org

Ms. Sarah Brooks, Deputy Director
Health Care Delivery Systems
Department of Health Care Services
1500 Capitol Avenue
Sacramento, CA 95814

Dear Ms. Brooks:

The Sacramento Police Department (SPD) provides services to almost 500,000 people in the city of Sacramento. In 2014, recognizing the impact of unsheltered homelessness on our communities, the City created a special division of the SPD called the Impact Team. The Impact Team works citywide connecting people experiencing homelessness to services to keep them out of the criminal justice system. The Impact Team, consisting of one sergeant and seven officers, has compiled their own community partner team including homeless outreach, medical care, the Veteran's Administration, and a veterinarian. While the Impact Team has done amazing things with the resources available, the need is much greater than their capacity. In 2016, the SPD responded to over 35,000 calls for service related to homeless individuals. The Impact Team intervened in many of these calls, connecting almost 2,000 people in need with services.

The City's Whole Person Care (WPC) pilot application provides the opportunity to formalize the relationships the Impact Team has created, connecting outreach, health care and housing in a holistic and purposeful approach. The Impact Team and the SPD are excited about the possibilities of expanding services to the many vulnerable people we see every day on the streets of Sacramento. The SPD has been at the forefront of breaking down barriers to bring law enforcement, health and housing together, and sees the WPC pilot as a great opportunity to formalize and expand on such partnerships.

The SPD's role in the Whole Person Care pilot includes:

- Participating in the Governance Structure and Communication Process
- Assisting in the development of the WPC pilot, implementation, and evaluation
- Providing data necessary for the identification of the target population, project implementation and operation
- Overseeing the Impact Team partnership with outreach navigators and Street Nurses

The Sacramento Police Department looks forward to participating in the Whole Person Care pilot and seeing the positive effect this program could have on our community. If you have any questions, please feel free to contact me at 916-808-0800.

Sincerely,



Brian Louie
Interim Chief of Police

BL:lf

The Mission of the Sacramento Police Department is to work in partnership with the Community to protect life and property, solve neighborhood problems, and enhance the quality of life in our City.

City of
SACRAMENTO
Fire Department

WALT WHITE
Fire Chief

5770 Freeport Blvd., Suite 200
Sacramento, CA 95822-3516

Ph: (916) 808-1300
Fax: (916) 808-1629
www.sacfire.org

April 11, 2017

Ms. Sarah Brooks, Deputy Director
Health Care Delivery Systems
Department of Health Care Services
1500 Capitol Avenue Sacramento, CA 95814

Dear Ms. Brooks:

The Sacramento Fire Department (SFD) is a full-service department responding to incidents involving fire and medical emergencies throughout the City of Sacramento out of 24 fire stations. In 2016, SFD responded to almost 13,000 calls for service related to people experiencing homelessness, including over 8,600 emergency medical transport (EMT) services (18% of all EMT calls). As a first responder in the City of Sacramento, SFD is at the front line of seeing the impact of untreated medical conditions and lack of primary and preventative care on the homeless population.

Given the impact of inappropriate use of the emergency room on the SFD, we are very excited for opportunities to provide on-going, preventative care and supportive services to this population. SFD has been involved in discussion to incorporate alternative transport and/or alternative care management as part of our EMT services for a while. Whole Person Care provides the opportunity to launch this vision, and to test the efficacy of such interventions both on the health and well-being of the patient and the ability of SFD to deliver better services. SFD already tracks the frequency of transporting high users to the emergency room, overlaying this data with patients who self-identify as homeless, and is happy to have the ability to participate in a program that will also track the impacts of alternative services on these "frequent fliers".

SFD role in the Whole Person Care pilot includes:

- Participation in Governance Structure and Communication Process
- Assisting in the development of the WPC pilot, implementation, and evaluation
- Provision of EMT data on response and transportation necessary for the identification of the target population, project implementation and operation

SFD looks forward to participating in the Whole Person Care pilot and to the impact that this program could have in our communities. If you have any questions, please feel free to contact me at 916-808-1601.

Sincerely,



Walt White, Fire Chief

The mission of the Sacramento Fire Department is to protect our community through effective and innovative public safety services.

DORIS O. MATSUI
6TH DISTRICT, CALIFORNIA
COMMITTEE ON ENERGY
AND COMMERCE

Congress of the United States
House of Representatives
Washington, DC 20515-0506

WASHINGTON OFFICE
2311 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-0506
(202) 225-7163

DISTRICT OFFICE
ROBERT T. MATSUI U.S. COURTHOUSE
501 I STREET, SUITE 12-600
SACRAMENTO, CA 95814
(916) 498-5600
<http://matsui.house.gov>

February 27, 2017

Ms. Jennifer Kent
Director
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

RE: Support of City of Sacramento's Application for Whole Person Care

Dear Director Kent:

I am writing in support of the City of Sacramento's application for the Whole Person Care Pilot. This federally funded pilot program would help address unmet needs in our community, and I believe that there is substantial determination and enthusiasm to implement this project in our region.

I see a significant need for this type of pilot program in the Sacramento region. Our community faces a growing homeless population and limited resources that are being stretched thin to serve them. As Sacramento works to serve our homeless and all of our underserved populations more effectively, this pilot would play a major role in providing avenues for better care coordination across the different agencies and organizations.

The Whole Person Care Pilot addresses many aspects of health care that I have been working on at the federal level, including increasing care coordination and bolstering access to behavioral health services. I believe that this pilot would be successful in Sacramento because the County and City have already fostered numerous successful partnerships across different organizations and agencies aimed at increasing access to care and services. This pilot will build upon ongoing successful efforts to create more channels for meaningful care coordination for vulnerable populations in the Sacramento region.

Our region is dedicated to working together to find ways to better serve our at-risk populations. That is why I strongly support the City of Sacramento's application for the Whole Person Care Pilot.

Sincerely,



DORIS O. MATSUI
Member of Congress

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ELK GROVE, CA 95758
(916) 670-7888
FAX (916) 670-7893

Assembly California Legislature



JIM COOPER
ASSISTANT MAJORITY FLOOR LEADER
ASSEMBLYMEMBER, NINTH DISTRICT

COMMITTEES
BUDGET
GOVERNMENTAL ORGANIZATION
INSURANCE
PRIVACY AND CONSUMER PROTECTION
PUBLIC EMPLOYEES, RETIREMENT, AND
SOCIAL SECURITY

SELECT COMMITTEES
CHAIR: COMMUNITY AND LAW
ENFORCEMENT RELATIONS AND
RESPONSIBILITIES
CAREER TECHNICAL EDUCATION AND
BUILDING A 21ST CENTURY WORKFORCE
CYBERSECURITY
FOSTER CARE
LOCAL EMERGENCY PREPAREDNESS
WINE
YOUTH AND CALIFORNIA'S FUTURE

April 10, 2017

Sarah Brooks
Deputy Director
Health Care Delivery Systems
Department of Health Care Services
Sacramento, CA 95814

Dear Ms. Brooks:

It is with pleasure that I provide this letter of support for the City of Sacramento's application to the California Department of Health Care Services for the Whole Person Care pilot program. The Whole Person Care program provides a unique opportunity to leverage local funds with federal match, dollar for dollar, to provide wrap around supportive services for some of our most vulnerable neighbors. The City of Sacramento's application links key community partners in the medical, social service and housing fields to create a system that will reach our most vulnerable populations, while alleviating the pressures on emergency rooms to provide primary and preventative care.

The Whole Person Care program provides an opportunity to create initiatives that, but for the City's application, would not be available to Sacramento area people in need. The City is stepping up to make a meaningful impact to the lives of hundreds of Sacramento residents. I am proud to provide my strong support for this initiative.

Sincerely,

JIM COOPER
Assemblymember, 9th District



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Assembly California Legislature



KEVIN McCARTY
ASSEMBLYMEMBER, SEVENTH DISTRICT

COMMITTEES
CHAIR: BUDGET SUBCOMMITTEE NO. 2
ON EDUCATION FINANCE
BUDGET
EDUCATION
ENVIRONMENTAL SAFETY AND TOXIC
MATERIALS
LABOR AND EMPLOYMENT
NATURAL RESOURCES
JOINT COMMITTEE
JOINT COMMITTEE ON FAIRS,
ALLOCATION AND CLASSIFICATION

April 20, 2017

Mr. Howard Chan
City of Sacramento
915 I Street, 5th Floor
Sacramento, CA 95814

Dear Mr. Chan:

I am writing to express my support of the City of Sacramento's application for the Whole Person Care Pilot. This federally funded pilot program would help address unmet needs in our community, and I believe that there is substantial determination and enthusiasm to implement this project in our region.

I see a significant need for this type of pilot program in the Sacramento region. Our community faces a growing homeless population and limited resources that are being stretched thin to serve them. As Sacramento works to serve our homeless and all of our underserved populations more effectively, this pilot would play a major role in providing avenues for better care coordination across the different agencies and organizations.

The Whole Person Care Pilot addresses many aspects of health care that I have been working on at the federal level, including increasing care coordination and bolstering access to behavioral health services. I believe that this pilot would be successful in Sacramento because the County and City have already fostered numerous successful partnerships across different organizations and agencies aimed at increasing access to care and services. This pilot will build upon ongoing successful efforts to create more channels for meaningful care coordination for vulnerable populations in the Sacramento region.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in blue ink, appearing to be "Kevin McCarty", with a long horizontal flourish extending to the right.

KEVIN McCARTY
Assemblymember, 7th District



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FAX (916) 914-2179

California State Senate

SENATOR
DR. RICHARD PAN
SIXTH SENATE DISTRICT



April 24, 2017

CHAIR
PUBLIC EMPLOYMENT
& RETIREMENT
BUDGET SUBCOMMITTEE
#3 ON HEALTH AND
HUMAN SERVICES
COMMITTEES
AGRICULTURE
BUDGET & FISCAL REVIEW
EDUCATION
BUSINESS, PROFESSIONS
& ECONOMIC DEVELOPMENT

Howard Chan
City Manager, City of Sacramento
915 I Street, 5th Floor
Sacramento, CA 95814

Dear Mr. Chan:

I write to strongly support the City of Sacramento's application to the California Department of Health Care Services for the Whole Person Care pilot program. The Whole Person Care program provides a unique opportunity to leverage local funds with federal match, dollar for dollar, to provide wrap around supportive services for some of our most vulnerable neighbors. The City of Sacramento's application links key community partners in the medical, social service and housing fields to create a system that will reach our most vulnerable populations, while alleviating the pressures on emergency rooms to provide primary and preventative care.

Throughout my career as a physician and in elected office, protection of public health and safety has always been my top priority. The Whole Person Care program provides an opportunity to create initiatives that, but for the City's application, would not be available to Sacramento area people in need. The City is stepping up to make a meaningful impact to the lives of hundreds of Sacramento residents. I am proud to provide my strong support for this initiative.

It is for all these reasons that I support the City of Sacramento's Application to the California Department of Health Care Services for the Whole Person Care pilot program. If you should have any questions on my position please feel free to reach out to my staff at 916-651-4006.

Thank you for your consideration,

A handwritten signature in black ink, appearing to read "Richard Pan".

Dr. Richard Pan
Senator Sixth District