WPC eligibility is determined by a measure of vulnerability, housing status, and healthcare utilization.

1.1 Policy Guidance:
- Homeless and precariously housed Medi-Cal eligible adults in Marin are candidates for assessment of WPC eligibility.
- WPC LE partners with Marin County Coordinated Entry to target the population of candidates based on scores of Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT).
- Available utilization data from the Medi-Cal organization, Partnership HealthPlan, and Marin County Emergency Medical Services (EMS) are used for determining “epidemiology eligibility.”
- Because Partnership HealthPlan and EMS data are not always complete, housing-based case management agencies can deem other participants eligible who do not qualify as “epidemiology eligible” based on their knowledge of the client’s level of vulnerability and medical complexity.

1.1 Procedures:
- As a part of Marin County Coordinated Entry, outreach workers in several points of entry administer the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) among homeless adults.
- Surveyed people who score 8 or higher on the VI-SPDAT or who are identified as precariously housed are WPC candidates.
- Candidates are rank-ordered based on VI-SPDAT score (higher first) and age (higher first).
- Marin County Health and Human Services (HHS) Epidemiology Program uses Partnership HealthPlan and Marin County EMS data to determine “epidemiology eligibility” if participants meet one of the following criteria:
  - A minimum number of emergency department and/or inpatient hospitalizations in a one-year period
  - A minimum number of EMS calls resulting in transport to a hospital in a one-year period
- Based on program capacity and individual need, a defined number of people who have not yet been determined “epidemiology eligible” can be considered WPC eligible by housing-based organizations.
- See section 1.3 for enrollment procedures.
WPC care coordination is achieved through communication within the secure WPC system from multiple care providers.

1.2 Policy Guidance:
- WPC LE serves as the central communication point among participating entities by providing access to client and program information in the secure Google Suite system, Haylea’s Incredible Short-Term System (HISS).
- WPC care teams access and enter timely data into forms and spreadsheets, and through secure emailing among care teams.
- The points of contact for clients are minimized by reducing redundancies through effective coordination and information sharing.
- WPC Director and Department Analysts facilitate care coordination by responding to questions and requests from partner entities and by acting as database administrators.

1.2 Procedures:
- Established WPC care teams, consisting of housing-based case managers, medical case managers, and other WPC-partnered providers, communicate through the WPC data sharing system, HISS, in several formats:
  - “Comprehensive Care Plan”
  - “WPC Master List and CIN Generator”
  - Recording interactions in the “WPC Interaction Log”
  - Secure emailing
- Within 30 days of enrollment, housing-based case managers and medical case managers complete and update a “Comprehensive Care Plan,” a living, person-centered document which includes client health and housing status, client-identified goals, and plans for overcoming barriers to achieving those goals.
  - “Comprehensive Care Plan” sections and responsible parties:
    - Client Information - Medical case manager/Housing-based case manager
    - Client Care Providers – Medical case manager/Housing-based case manager
    - Section I. Case Manager Alerts – Medical case manager/Housing-based case manager
    - Section II. Referrals – Medical case manager/Housing-based case manager
    - Section III. Client Support – Medical case manager/Housing-based case manager
    - Section IV. Medical Case Management - Medical case manager
    - Section V. Housing-Based Case Management - Housing-based case manager
- Other data relevant to clients’ care are entered from multiple sources into a central spreadsheet, “WPC Master List and CIN Generator,” by:
  - Housing-based case managers
  - Medical case managers
  - HHS Epidemiology Program
  - HHS Social Services & HHS Behavioral Health and Recovery Services
  - Partnership HealthPlan of California
- Care team members communicate about clients using the secure Marin WPC Gmail. Users are only permitted to email to other Marin WPC Gmail accounts, indicated by the suffix, “@marinwpc.org.”
1.3 Policy Statement

WPC enrolls clients, suspends clients, and disenrolls clients in standardized and compliant processes.

1.3 Policy Guidance:

- WPC will enroll clients considered eligible by Medi-Cal enrollment, VI-SPDAT score, and healthcare utilization history.
- WPC suspends clients who are incarcerated for 60 days or longer or admitted to an institution for mental disease (IMD).
- WPC disenrolls clients who ask to be disenrolled, are deceased, or no longer qualify for WPC.

1.3 Procedures:

- WPC WPC LE, in coordination with partner entities, determine whether a homeless or precariously housed person is eligible based on Medi-Cal enrollment, VI-SPDAT score, and healthcare utilization data.
- If they have not signed a WPC release of information (ROI), the WPC eligible person is offered the opportunity to sign an ROI (See section 2.1).
- The WPC candidate is offered enrollment in the program and the opportunity to sign an enrollment form describing WPC services and expectations.
- Once enrolled, the WPC enrollee is assigned and connected with their primary points of contact, a WPC housing-based case manager, and a WPC medical case manager, if applicable.
- The WPC partner entity enters the client’s data and WPC-specific services into the “WPC Master List and CIN Generator.”
- WPC clients are enrolled until suspension, disenrollment, or the termination of WPC.
- If a WPC client is arrested, the case manager can support the client through relevant events, such as interactions with lawyers and probation officers, and court appearances.

If a WPC client is incarcerated, procedures vary by expected length of incarceration:

- If the WPC client is expected to be incarcerated for more than 60 days, the client must be suspended from the program until the client is no longer incarcerated.
- If the WPC client is expected to be incarcerated for 60 days or fewer, the client can remain enrolled in WPC.
- Pending HISS system change, partner entity must note document the incarceration date in HISS.
- If client is incarcerated for 60 or fewer days, there is no requirement for minimum number of direct client interactions during that time period.
- The Per Member Per Month fee is unavailable for those months that a client is suspended.

- If a WPC client is admitted into an IMD, the client is suspended until they are discharged.
  - No longer want to be enrolled in WPC, on the date they decide to be disenrolled.
  - No longer No longer qualify for WPC (moving outside of the county, no longer eligible for Medi-Cal, etc.) on the date they no longer qualify.
  - Is deceased, on the date of their death.
- When a client is disenrolled, all data related to that client are stored in a separate location no longer available to HISS users.
Whole Person Care
Policies & Procedures
April 2018

1.4 Policy Statement

WPC housing-based case management is provided to best support clients given their specific health and lifestyle needs, self-identified goals, and the person-centered information in the WPC system.

1.4 Policy Guidance:

- WPC housing-based case managers promote health and welfare by supporting clients in overcoming barriers to their self-identified goals.
- WPC housing-based case managers use information provided by the client and through WPC to shape the case management they provide each client.
- The "Comprehensive Care Plan" is a person-centered tool used by both the WPC housing-based case manager and the WPC medical case manager to shape the support provided based on the specific needs and goals of the client.

1.4 Procedures:

- Once a client is enrolled in WPC housing-based case management, a participating entity assigns the beneficiary a housing-based case manager considering suitability and availability.
- The assignment of WPC housing-based case manager is documented in the central spreadsheet, “WPC Master List and CIN Generator.”
- WPC housing-based case manager becomes the client’s primary point of contact.
- In initial visits with the client, WPC housing-based case manager builds rapport, conducts an intake, and initiates or updates a “Comprehensive Care Plan.”
- The housing-based case manager is responsible for completing and updating the following "Comprehensive Care Plan" sections, some in conjunction with the medical case manager:
  - Client Information - Medical case manager/Housing-based case manager
  - Client Care Providers - Medical case manager/Housing-based case manager
  - Section I. Case Manager Alerts - Medical case manager/Housing-based case manager
  - Section II. Referrals - Medical case manager/Housing-based case manager
  - Section III. Client Support - Medical case manager/Housing-based case manager
  - Section V. Housing-Based Case Management - Housing-based case manager
- While another care team member could conduct the screening assessments, WPC housing-based case manager should ensure the required assessments are reported. The screening assessments are:
  - Self-reported overall health and emotional/mental health status
  - Patient Health Questionnaire 9-item (PHQ-9) if the beneficiary has major depressive disorder (MDD) or dysthymia, or should undergo an assessment to evaluate their mental health
  - PRAPARE social determinants of health screening tool
  - Generalized Anxiety Disorder 7-item (GAD-7) if the beneficiary has anxiety or should undergo an assessment to evaluate them for anxiety
  - Alcohol Use Disorders Identification Test (AUDIT-C) if the beneficiary reports binge drinking at least once in the past year
  - Drug Abuse Screening Test 10-item (DAST-10) if the beneficiary reports using an illegal drug or using a prescription medication for non-medical reasons at least once in the past year (cont. on next page)
Policy 1.4 Cont.

- Columbia-Suicide Severity Rating Scale (C-SSRS) if the beneficiary has a diagnosis of Major Depressive Disorder (medical case manager must conduct this screening at every visit)
- Following the first month of enrollment, WPC housing-based case manager interacts with the client at least three times per month through enrolled client follow-up visits.
- Visits and activities are shaped by the client’s goals outlined in the “Comprehensive Care Plan” and the client’s specific needs as they arise.
- All interactions are recorded in the “WPC Interaction Log” in HISS.
1.5 Policy Statement

WPC medical case management is provided through gathering health history and status, and facilitating the receipt of medical and mental health care.

1.5 Policy Guidance:

- WPC medical case management promotes medical and mental health improvements to clients with complex medical needs.
- WPC medical case management is led by the clients’ medical home or selected entity to minimize the burden of additional providers.
- WPC medical case managers use self-reported health information, data shared through WPC, and communication with healthcare providers to effectively support clients in meeting their health goals.

1.5 Procedures:

- Once a client is enrolled in WPC is enrolled in WPC medical case management, the client’s health home is designated as the medical case management entity. These currently include two federally qualified health centers (FQHCs):
  - Marin Community Clinics
  - Ritter Center
- A WPC medical case manager is assigned the medical case management entity.
- WPC medical case manager initiates the “Comprehensive Care Plan” if a housing-based case manager has not already done so.
- WPC medical case manager is responsible for completing and updating the following Comprehensive Care Plan sections, some in conjunction with the housing-based case manager:
  - Client Information – Medical case manager/Housing-base case manager
  - Client Care Providers - Medical case manager/Housing-based case manager
  - Section I. Case Manager Alerts - Medical case manager/Housing-based case manager
  - Section II. Referrals - Medical case manager/Housing-based case manager
  - Section III. Client Support - Medical case manager/Housing-based case manager
  - Section IV. Medical case manager/Housing-based case manager
- WPC medical case manager uses the shared data in the WPC system, self-reported health information, and additional health data from medical and mental health providers to generate a plan with the client to improve and maintain client’s health.
- WPC medical case manager assists the client in meeting their health needs. This can include: scheduling and going to appointments, filling medications, adhering to medication instructions, receiving recommended preventive care services, arranging transportation, and other health-promoting activities.
- WPC medical case manager collaborates with the housing-based case manager to ensure screenings are conducted at the required intervals.
- WPC medical case manager is responsible for conducting a suicide risk assessment at every visit with clients who have a diagnosis of Major Depressive Disorder. The WPC suicide risk assessment is the Columbia-Suicide Severity Rating Scale (C-SSRS).
- All interactions are recorded in the “WPC Interaction Log” in HISS.
1.6 Policy Statement

WPC monitors the care coordination, case management, and referral procedures through monthly billing reports, by using Plan Do Study Act (PDSA) cycles, and requesting feedback of each WPC group.

1.6 Policy Guidance:
- WPC Director and Department Analysts lead monitoring efforts of the care coordination, case management, and referral procedures through monthly billing reports.
- Participants in the care coordination, case management, and referral processes can provide feedback about the process at any time.
- Plan-Do-Study-Act (PDSA) processes are used to measure and modify care coordination, case management, and referral procedures.

1.6 Procedures:
- WPC Director or Department Analysts review the central outreach, enrollment, and case management spreadsheets within the HISS system at least once per week to assess the system, measure program activities, and identify any unexpected entries.
- By the 5th of each month, all relevant client interactions and supporting documentation must be present in HISS by COB to support any billable engagements or actions. This includes:
  - Client Interaction Logs
  - ROI Uploads
  - Listings on the ROI Master Spreadsheet
  - Complete Client Move in Fund Supporting Document
- Then by the 14th of each month, the WPC Business Unit will conduct a review of HISS to determine the number of allowable billable units in each of the billable categories.
- The partner entity may submit an invoice at any point thereafter that is consistent with the billing report.
- A spreadsheet, “Requests for System Changes, Updates, or Issues,” is available for any user to provide real-time system feedback.
- WPC LE and partner entities conduct PDSAs to determine the need for and measure system modifications.
- Once per week, WPC Director, WPC Department Analysts, and a representative from a housing-based case management entity participate in a check-in call about system processes, updates and feedback.
- At least once per month, WPC Director or Department Analysts send email updates to inform participants of system changes, reminders, and to request feedback.
2.1 Policy Statement

WPC obtains data sharing consent from WPC candidates through signed releases of information (ROIs).

2.1 Policy Guidance:

- The WPC ROI will be signed by WPC candidates to permit included organizations to share client data for WPC eligibility decisions, case management, and other client support.
- The list of participating entities that are authorized to view client data upon signing the ROI will be updated and available to all signees.
- HHS Compliance Officer approves all versions of the WPC ROI.
- Data sharing excludes Substance Use Disorder (SUD) data subject to 42 CFR Part 2.

2.1 Procedures:

- The person conducting WPC outreach, such as an outreach worker or case manager, presents candidates of the program with the opportunity to sign the WPC ROI and clearly explains the document using a script including:
  - “If you choose to sign the release, you will be authorizing all of the participating agencies to divulge and discuss personal information about you that might otherwise be confidential and non-disclosable.”
- If the WPC candidate chooses to sign the ROI, the ROI is completed with all required information and a signature.
- The signee can choose to set an expiration date different from that listed, and choose to share or prohibit sharing of mental health treatment data and/or results of HIV testing.
- Once signed, the person conducting WPC outreach must upload the ROI into the secure HISS system following a standardized naming convention and enter candidate and ROI data into a tracking spreadsheet.
- If the signee is enrolled in WPC, the ROI is moved into the HISS client folder to be easily accessible by all parties involved in the care of the client.
- If a WPC candidate or client signs multiple ROIs, all signed ROIs is updated and saved in HISS, either in the “AAA ROI Tracking and Parking Lot” or in the client’s folder.
- If a WPC candidate or client signs an ROI version with errors or the form is not completed properly, he or she must sign a valid ROI version. The original, invalid ROI is saved in an archive folder in HISS, either in the “AAA ROI Tracking and Parking Lot” or in the client’s folder.
- WPC LE will conduct a review of ROIs a minimum of once per quarter. This sweep will include comparing names in the “Master List of Signed ROIs” and the actual uploaded ROIs in the “AAA ROI Tracking and Parking Lot” or in the client’s folder, and following up with the appropriate partner entity with any discrepancies.
2.2 Policy Statement

WPC partner entities and the County agree to appropriate use of client data via ROI participation, Health Information Exchange (HIE) Policy Agreements, Business Associate Agreements (BAA) and a Data Sharing Agreement (DSA).

2.2 Policy Guidance:
- All data sharing activities related to personal health information (PHI), including mental health or substance use disorder information, between HHS, other County agencies, and partner entities comply with all applicable state and federal law.
- HHS employees comply with "Confidentiality and Privacy in Health and Human Services."
- A DSA currently in development will be signed by all members of other County agencies and partner entities to articulate clear, shared expectations for protecting PHI.

2.2 Procedures:
- All HHS employees review and sign a “Confidentiality and Privacy in Health and Human Services.” HHS employees must sign the agreement before participating in WPC data sharing.
- Together with HHS Compliance, WPC Director will develop a DSA to articulate clear, shared expectations for protecting PHI, between the County and all members of WPC partner entities.
- The WPC program executed a participation agreement/Data Use Agreement (DUA) with partner entities for the sharing and aggregation of client information including PHI in a manner that complies with all applicable laws and regulations.
- County employees outside of HHS and members of partner entities who will participate in WPC data sharing will be required to sign a DSA. All Partners are bound by the terms of the DSA for such sharing of information related to the WPC program.
- In providing services for the WPC program, partners share information for the following purposes:
  - Identification: Identification of individuals potentially eligible for WPC enrollment. Data may include: demographics, referring entity, insurance coverage, housing status, medical history, and assessments/screenings.
  - Care coordination and client support among housing-based case managers, medical case managers, social services, medical and mental health providers, law enforcement, and others.
  - Reporting to DHCS (including Utilization and Enrollment, and Universal and Variant Metrics reports) and measurement for local evaluation. WPC will collect required data elements from the HISS system and other data sources based on DHCS reporting specifications.
Whole Person Care
Policies & Procedures
April 2018

2.3 Policy Statement

Users of the data management system are granted an appropriate level of access to client data.

2.3 Policy Guidance:
- Users will only have access to WPC data if their organization is on the WPC ROI and they have a role in WPC.
- Based on the role of each user, the user will be granted a level of access to HISS client data using Google Suite Organizational Groups.
- Only the WPC Director, or a WPC Department Analyst can approve the new user and determine their level of access.

2.3 Procedures:
- Partner entities shall be responsible for communicating to the WPC program, in writing, all users that will are authorized to access the System.
- Partner entities will identify an authorized delegate within its organization who will be authorized to request user access to the System. Authorized delegates are responsible for communicating to WPC LE any changes that would affect an authorized user’s right to access Client Data, including but not limited to role changes, access privileges and termination of employment of Authorized Users.
- A request is made to create an account for a new WPC HISS system user who is an employee of an organization on the ROI and has a WPC role.
- The WPC Director or a WPC Department Analyst approves the new user and assigns one of the four access levels:
  o County Staff
  o External Partners
  o External Partners with only access to the ROI list and Gmail
  o Gmail access only
- WPC administrative staff creates a new user with the appropriate level of access, auto-generates an email for the user to reset the account password, and sends a follow-up email introducing the user to the system.
2.4 Policy Statement

Data security and integrity are established through the use of a secure system, additional security features, and user training.

2.4 Policy Guidance:
- A secure Google Suite system, HISS, is used to store, share, and email sensitive data including PHI.
- Additional security features, including alerts of confidentiality and granular levels of permissions, enhance and maintain data security.
- User trainings and training resources sustain appropriate use of the system and security practices.

2.4 Procedures:
- The secure HISS system was designed by WPC staff, Health & Human Services (HHS) Technical Services, and HHS Compliance to store and share actionable data on potential WPC clients and WPC clients to make eligibility decisions, provide effective case management, and record relevant program information.
- As WPC LE continue to expand and modify the HISS system and additional data sources are included, HHS Compliance Officers are updated and involved in data security decisions.
- Every user has an individual account with a Gmail address for secure emailing, and for those who will access shared documents, access to a set of folders within the HISS system.
- Users must change their password the first time they login and are instructed to keep their password confidential.
- Users are trained to use the secure HISS system through in-person or web-based trainings. Training resources are available including guides, flowcharts, and checklists. The WPC program is developing a training form that will ensure the training requirement is met for all users of the system.
- An alert is triggered upon entry into spreadsheets containing sensitive client data. The alert states, “You are about to log in to a confidential system where sensitive data resides. By logging in you are acknowledging and accepting the terms of the Whole Person Care Acceptable Use Policy and the HHS Confidentiality Statement. You understand the data shall only be used for the purposes described in the Marin County Whole Person Care Pilot Project. Please report any suspicious activity connected with this system to the Marin County HHS Compliance Program. HHSCompliance@marincounty.org.”
- Records WPC clients who disenroll for any reason are stored in a separate location within the HISS system, of which only necessary staff can access.
- To maintain data integrity, the WPC Director or Department Analysts review spreadsheets with client data, back-up data in a secure HHS Epidemiology Program drive at least once per month, and ensure users only have access to information pertinent for their work in WPC.
- HISS is a temporary system to enable electronic data sharing and care coordination until a long-term system is identified and procured. During implementation of a case management system in Q3 2018, Marin County HHS will review and update all procedures for protecting client information.
WPC team will monitor the data and information sharing procedures through PDSAs, tracking ROI signatures, and receiving approval from the Compliance Team before making changes.

2.5 Policy Guidance:
- WPC Director and Department Analysts lead monitoring efforts of the data and information sharing procedures.
- Participants of the data and information sharing can provide feedback about the process at any time.
- PDSAs User trainings and training resources sustain appropriate use of the system and security practices.
- HHS Compliance Officers are notified of or asked questions about any data and information sharing procedure modifications that have compliance implications.

2.5 Procedures:
- WPC LE reviews the central outreach, enrollment, and case management spreadsheets within HISS at least once per week to monitor data sharing processes.
- A spreadsheet for “Requests for System Changes, Updates, or Issues,” is available for any user to provide real-time system feedback.
- WPC Director and Department Analysts conduct PDSAs to determine the need for and measure system modifications.
- HHS Compliance Officers approve all compliance-related documents, such as the WPC ROI and data sharing contracts with partner entities.
- WPC staff members request information and approval from HHS Compliance about potential modifications to the data sharing system, user permissions, and any other information-sharing decisions that may have compliance implications.