PATH CITED Round 1 Application

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Applicant Organization Name	Ventura County Health Care Agency
Point of Contact Name	Deanna Handel
Point of Contact Title	Director, Complex Care Coordination and Systems Integration
Point of Contact Telephone Number	(805) 339-1120
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Mailing Address	Street Address: 800 S. Victoria Avenue, Lower Plaza City: Ventura State: California Zip Code: 93009

Please select the box that best describes your organization.	County, city and local government agency
Please describe your experience providing Enhanced Care Management (ECM) and/or Community Supports (or equivalent services) prior to the start of CalAIM and since CalAIM	Ventura County Health Care Agency (VCHCA) implemented equivalent services through the PRIME waiver in 2016 by providing nine projects to improve care coordination, reduce health inequities, reduce inappropriate resource over-utilization, and improve quality. In 2017, VCHCA launched a Whole Person Care Pilot Program that focused on a target population of high-utilizing Managed Care Plan (MCP) adult beneficiaries with at least four emergency department (ED) visits and/or two inpatient visits annually. Services included complex care management through field-based care coordinators, a centralized technology infrastructure, and a mobile outreach team. Behavioral health and social services were also provided, such as housing support, food/clothing, benefits navigation, and job training. As the Whole Person Care Program evolved, services were refined to include recuperative care, street medicine, and mobile shower pods for persons experiencing homelessness. Since CalAIM began in 2022, VCHCA is the only entity currently contracted in Ventura County through Gold Coast Health Plan (GCHP), the county's MCP, to operate Enhanced Care Management (ECM) and Community Supports (CS). VCHCA functions as the County's implementation hub for CalAIM facilitating a collaborative process for the provision of direct services, through contracted county agencies and community-based organizations (CBOs), and service providers using leveraged funding sources, as follows: ECM: - January 2022: High utilizers, individuals/families experiencing homelessness, severe mental illness (SMI)/substance use disorder (SUD), and the recently incarcerated —provided by Ventura County Ambulatory Care (VCAC) a VCHCA department - October 2022: Ventura County Behavioral Health (VCBH) a VCHCA department to lead ECM for the SMI/SUD population of focus CS: - January 2022: Housing navigation, tenancy sustaining, housing deposits—VCAC; recuperative care—National Health Foundation (NHF); housing suite—Ventura County Human Services Agency (VCHSA), a non-funded partner using alternative funding sources for services; medically-tailored meals—Ventura County Area Agency on Aging (VCAAA) - July 2022: Short-term post-hospitalization housing—NHF

began in 2022.	
Applicants are required to attach to this application the signature page of an existing contract from an MCP or other organization to provide ECM/ Community Support services for Medi-Cal beneficiaries, or have a signed	A signature page of an existing contract from an MCP or other organization to provide ECM / Community Support services

attestation letter from an MCP, county, delegated provider or other entity authorized to contract with the Applicant that they intend to contract with the Applicant to provide ECM/Community Supports in a timely manner. Please indica

te below the type of attachment included in this application.	
Please upload a copy of the signature page of your existing contract or signed attestation here.	03.03.22 GCHP_CS_Housing.pdf 03.03.22_GCHP_CS_Medically Tailored Meals.pdf 03.03.22_GCHP_CS_Recup_Care.pdf 07.25.22 GCHP CS_ Recup_Care_Amend_1.pdf 12.30.21 ECM Agreement.pdf
Adult populations of focus (select all that apply)	Individuals and families experiencing homelessness High utilizers Adults with Serious Mental Illness (SMI) or Substance Use Disorder (SUD) Individuals transitioning from incarceration Individuals at risk for institutionalization and eligible for long-term care services Nursing facility residents who want to transition to the community
Children and youth populations of	Children experiencing homelessness High utilizers Children with Serious Emotional Disturbance (SED) or identified to be at Clinical High Risk (CHR) for psychosis or experiencing a first episode of psychosis Children enrolled in California Children's Services (CCS) / CCS Whole Child Model (WCM) with additional needs beyond the CCS qualifying condition

focus (select all that apply)	Children involved in, or with a history of involvement in, child welfare (including foster care up to age 26)
If applicable, please indicate which Community Support services are currently provided or will be provided by your organization.	Housing transition navigation services Housing deposits Housing Tenancy and Sustaining Services Short-term post-hospitalization housing Recuperative care (medical respite) Caregiver respite services Nursing facility transition / diversion to assisted living facilities Community transition services / nursing facility transition to a home Personal care and homemaker services Environmental accessibility adaptations (home modifications) Medically supportive food / meals / medically tailored meals Sobering centers Asthma remediation
Is this application for more than one county	No
Funding Amount	$ 5,816,378.00

Start Date:	01-01-2022
End Date:	12-31-2024
What is the county you are requesting funding for?	Ventura County
Which of the following allowable uses does your organization's funding request best fit into?	Increasing the provider workforce Modifying purchasing and/or developing the necessary referral, billing, data reporting or other infrastructure and IT systems, to support integration into CalAIM Providing upfront funding needed to support capacity and infrastructure necessary to deliver ECM and Community Supports services Evaluating and monitoring ECM and Community Supports service capacity to assess gaps and identifying strategies to address gaps Developing a plan to conduct outreach to populations who have traditionally been under-resourced and/or underserved to engage them in care Other (please describe)
If Other, please describe.	Indirect expenses 5%
Provide a justification of why CITED	GCHP, in collaboration with VCHCA, has coordinated a comprehensive NEEDS ASSESSMENT PROCESS over the last 12 months with the Ventura County CalAIM Steering Committee to determine goals and objectives for the next stage of transition from Whole Person Care to CalAIM. The GCHP Needs Assessment and Gap-Filling Plan was reviewed to identify prioritized needs that must be integrated into service planning, which includes: 1) Community needs assessment and strategies to identify and engage members at highest

funding is needed to support the delivery of and/or bolster capacity to support ECM and/or Community Support services. Applicants should include a description of the anticipated breadth of impact of the requested CITED funding.	risk, including groups disproportionately experiencing homelessness 2) HIE/CIE participation and data sharing 3) Adoption of a single care management platform and certified EHR technology 4) Supports for integrated care team interaction and frequent engagement 5) Strategies to increase authorizations for each year 1 ECM population of focus and Community Supports 6) Workforce retention and expansion strategies and plan 7) TA for providers on claim/encounter submission cultural competency, compliance, and data sharing 8) Coordination meetings across ECM and CS and leadership to support a cohesive strategy 9) Increase behavioral health workforce Local health care and housing/homeless needs assessments and strategic plans also played a role by providing data about county trends that must be addressed when planning for long-term infrastructure. The VCHCA 2021-2023 Strategic Plan determined that the top health needs were asthma, food insecurity and poor nutrition, mental health, drug abuse, and housing and homelessness. Priorities for county health care partners were established as follows: 1) improve access to health services, 2) reduce the impact of behavioral health issues, 3) improve health and wellness for older adults, and 4) address social needs. Finally, the planning collaborative brought the results and observations from their own programs to further establish local needs. This process enabled the steering committee to determine that infrastructure and capacity-building development must address the following populations for ECM and CS services: PROPOSED ECM - January 2023: At-risk for institutionalization, nursing home to community—provided by VCAAA - July 2023: Children—Ventura County Public Health (VCPH), a VCHCA department PROPOSED CS - January 2023: Respite care, personal care/homemaker services, environmental accessibility/home modifications, community transition services/nursing home to home, nursing facility diversion—VCAAA - July 2023: Asthma remediation—VCPH BREADTH OF IMPACT The funding will allow VCHCA to: 1) Hire 27 new employees through the VCAAA to provide ECM for aging/LTC eligible populations who are at-risk for institutionalization or transitioning from a nursing home to the community 2) Within the aging/LTC populations, annually serve at least 300 through respite care, 300 through personal care/homemaker, 300 through environmental accessibility/home modifications, 20 through community transition services/nursing home to home, and 20 through nursing facility diversion Community Supports

	3) Launch the ECM population for children, hiring 6 new employees through VCPH 4) Serve at least 50 children annually through asthma remediation through VCPH 5) Support CalAIM launch and expansion efforts through retroactive funding that reflect VCHCA's intention in CY 2022 to serve 2,010 individuals through ECM including 535 individuals/families experiencing homelessness, 735 high utilizers, 722 persons with SMI/SUD
Provide a high-level description of how the requested CITED funding will be used to support the delivery of ECM and/or Community Supports, including how funding request aligns with the goals of CalAI	INCREASING PROVIDER WORKFORCE 1) ECM/CS staff hiring, recruitment, training, and retention to support aging/LTC and child populations UPFRONT FUNDING TO SUPPORT CAPACITY/INFRASTRUCTURE 2) Develop infrastructure for children, at-risk for institutionalization, and nursing home to community ECM; and asthma remediation, personal care/homemaker services, respite services, nursing home transition, and nursing facility diversion CS MODIFYING/DEVELOPING INFRASTRUCTURE/IT SYSTEMS 1) Develop Cerner alert system for medically-tailored meals/train area hospitals about referrals 2) Develop workflow/accelerated pathway for housing referrals 3) Develop matrix to identify overlapping /exclusionary programs, develop a data exchange 4) Develop universal assessment to facilitate populations of focus assignment at intake 5) Establish ECM billing infrastructure and Cerner improvements for ECM populations launched in 2023 6) Complete the Ventura County CalAIM IT Plan goals to finalize infrastructure development EVALUATING ECM/CS TO ASSESS GAPS AND DEVELOP STRATEGIES 1) Assess children and aging/LTC ECM/CS for disparities in access 2) Evaluate ECM/CS statistics/results in Needs Assessment DEVELOPING AN OUTREACH PLAN 1) Develop and outreach plan for children and aging/LTC ECM/CS to address disparities and reach traditionally underserved populations CalAIM GOAL ALIGNMENT CITED-funded strategies will assist VCHCA in developing the capacity to provide CalAIM care management through comprehensive assessment, intake, and assignment to ECM/CS providers to utilize a whole person care approach. Refined IT/billing systems, improved coding to better identify populations of focus, developed data exchange/warehousing technologies to identify overlapping/exclusionary programs, and data sharing of medically-tailored meal needs through alert/referral systems will improve quality outcomes, reduce health disparities, and transform the delivery system for Medi-Cal's most at-risk individuals. Development of a universal assessment and multi-disciplinary, multi-agency case conference to assign a population of focus at intake and high-risk member case review will enable CalAIM providers to be directly connected to members quickly to streamline services and provide a for a seamless system for them to navigate.

M. Note: administrative or "indirect" costs are not permitted to exceed 5% of total requested funds.	
Describe your initial approach to sustaining activities/items funded via CITED after CITED funding ends.	Since many of the requested budget items are one-time expenditures to build the program/infrastructure, ongoing sustainability is not needed for these items. These budget items are building blocks to ramp the program capacity to better serve members. For example, one-time technology modifications and updates include to develop: 1) Cerner EHR population identification algorithms for aging/LTC ECM populations of focus and asthma remediation CS 2) Data mining capacities to incorporate the medically-tailored meal needs alert/referral orders 3) A matrix and data exchange to identify overlapping/exclusionary programs per data source 4) A universal assessment to identify populations of focus at intake 5) ECM billing systems and IT improvements for the populations of focus launching in January, 2023 Ongoing maintenance and updating of technology will be part of the VCHCA IT budget and will be integrated with their existing IT maintenance program, policies, and costs. Evaluation of children and aging/LTC populations of focus in the context of PATH CITED are specifically designed for quality improvements of the developed infrastructure of the EMC and CS services after launch to identify disparities in access. Assessment of disparities in access for the populations of focus will be conducted in subsequent years through the quality improvement activities, statewide needs assessments, and the VCHCA strategic planning process that requires systemwide comprehensive needs assessments to follow the process to ultimate goal and objective decision making and strategy assignment. VCHCA will ensure that the needs assessment process aligns with CalAIM populations of focus to properly evaluate its patient base.

	Developing an outreach plan to conduct outreach to the child and aging/LTC populations is a one-time plan, but the outreach itself must be conducted on a continual basis. Once the plan is developed, it is anticipated that providers of services for those populations who are traditionally underserved will become an integral part of EMC outreach implementation, including providing enrollment materials, contacts, and navigation for patients in the population of focus. These providers are expected to include the VCAAA and VCHCA systemwide clinics. Providing upfront funding to support capacity and infrastructure has some need for ongoing funding or sustainability to ensure that the ECM/CS services are continued at a quality level for CalAIM members. Developing the ECM for children, individuals at-risk for institutionalization, and nursing home to community; and for asthma remediation, personal care/homemaker, respite, nursing home to community transition, and nursing home diversion CS services will be supported by up-front funding. Ongoing funding for the ECM/CS services and the children and aging/LTC ECM staffing are expected to be provided through CalAIM reimbursements and leveraged funding through other sources, such as VCHSA. Notably, until funding levels are determined it is difficult to project revenue percentages by funding source. Most importantly, much of the sustainability is expected through the savings in the reduced/avoidable use of costly resources, such as emergency rooms, hospital stays, and nursing homes, which the CalAIM system is designed to address through the whole person care approach to comprehensive care management.
Describe how your organization intends to coordinate with other stakeholders (including MCPs) to ensure CITED funding is aligned	Operating as the PATH CITED hub organizing entity, VCHCA coordinates with other stakeholders through the Ventura County CalAIM Steering Committee. VCHCA is contracted (see attached) by GCHP to operate ECM and CS services. As the hub, VCHCA operates these services through direct services, leveraging funding from several sources, as well as subcontracting services with county agencies and community-based organizations with expertise and efficiencies in specific service areas. During weekly leadership meetings including GCHP, CalAIM planning is effectively being managed to drive development and infrastructure building during the transition period. CalAIM collaborating providers will develop an Incentive Payment Program (IPP)/PATH CITED crosswalk matrix that differentiates various programs to ensure that there is no duplication or supplantation of existing programs. The process will involve listing IPP and PATH proposals related to CalAIM and implementation of ECM and CS services, then identifying the strategies and funding allocations linked to each program. Specific funding that serves similar populations will be analyzed to determine if duplication of services is possible through the program infrastructure that is planned. Adjustments to the planned program services will be made if misalignment is discovered, and safeguards will be put in place to ensure that there is no unintended crossover. The accomplishment of this funding alignment is a PATH CITED milestone in this application and is also a budgeted activity. As the evolution of CalAIM continues, this crosswalk matrix will be reviewed and updated at least twice a year with coordinating planning council providers to ensure ongoing alignment with requirements from multiple funders and legislation. VCHCA will coordinate with GCHP to ensure funding alignment through maintenance and collaborative review of this matrix as newly funded activities are rolled out.

with, but does not duplicate or supplant reimbursement from other sources.	
Milestones (select + to add more milestones)	<table><tr><th>Milestone</th><th>Metrics</th><th>Anticipated Date</th></tr><tr><td>See attached</td><td></td><td></td></tr></table>
Milestone Documentation, if necessary	Ventura County PATH CITED Milestones 093022 1230.docx
Describe to what extent your organization serves populations that are historically marginalize	VCHCA is a division under the County of Ventura government which provides an integrated, “safety-net” health care system with a focus on the social determinants of health. VCHCA served 106,109 patients through 356,670 visits in 2021, 7% of which were provided to uninsured residents, 64% to Medi-Cal recipients, 12% to LGBTQ+ patients, and 16% to disabled patients (2019). The VCHCA provides a regional network of 18 FQHC medical care clinics, five specialty clinics, seven mental health clinics, six alcohol and drug clinics, two acute care hospitals (Designated Public Hospitals), seven urgent care facilities, and two public health clinics. In 2021, the VCHCA patients served versus countywide population race/ethnicity percentages were: 59%/44% Hispanic/LatinX, 24%/44% white, 3%/8% Asian, 3%/2% black/African American, 2%/2% American Indian/Alaskan Native, and 9%/4.1% some other race or refused to report. More than 6,000 patients were individuals experiencing homelessness. To drive equity throughout VCHCA and to integrate it into the services it provides, the Health Care Agency Advisory Council (HEAC) has been created and is comprised of eight community members at large and seven VCHCA staff, each appointed to two- or three-year terms. The

d or underserved.	purpose of HEAC is to establish a working group, that meets no less than quarterly, of healthcare subject matter experts and community stakeholders to advocate for equity for historically underserved communities. The Council convenes to evaluate the delivery of healthcare services for underserved populations, including allocation of resources and personnel practices, and recommend strategies for improvement where gaps are identified. The implementation of HEAC is one example of a direct-action item stemming from the Ventura County Board of Supervisors 11/10/2020 resolution declaring racism a public health crisis and making a commitment to promote equity, inclusion, and diversity in housing, employment, economic development, public safety, and health care in the County of Ventura.
Has your organization received, or applied for, funding from MCPs through the Incentive Payment Program? If yes, please describe the amount of funding received or requested, when funding was received or reque	VCHCA has received Round 1 Incentive Payment Program (IPP) funding of $3,792,857. GCHP and VCHCA collaboratively developed a Gap Filling Plan that was submitted to DHCS in December 2021, which described how the parties would work together to meet the DHCS-established infrastructure development goals, objectives, and measures in each of the three priority areas in order to advance the quality of life and health outcomes for persons who are eligible for Medi-Cal. DHCS launched the CalAIM IPP on January 1, 2022 with the intent of providing advance payments to MCPs (Gold Coast Health Plan) to allow them to fund infrastructure development and capacity building goals and objectives. Subsequently, GCHP and VCHCA are developing the Scope of Work for Round 2 IPP funding, in a proposed amount of $2,872,400, for IPP Quality Improvement (QI) activities to ramp progression toward meeting the needs of CalAIM patients. The Round 1 IPP Scope of Work includes: DELIVERY INFRASTRUCTURE 1) Exchange of care plan information across the care team 2) EHR technology 3) Community Health Improvement Collaborative participation including participation in HIE/CIE platform evaluation 4) Joint development of a technology road map with MCP ECM PROVIDER CAPACITY BUILDING 1) Increase ECM line staff, uptake, authorizations, and providers 2) Develop reporting capacity for race and ethnicity data for members who are eligible for ECM benefits and ECM providers 3) Actively engage justice involved members 4) Outreach plan to imbed CHWs in community locations 5) Workforce retention and capacity building plan 6) Plan to engage persons experiencing homelessness with a focus on racial and ethnic groups disproportionally experiencing homelessness COMMUNITY SUPPORTS PROVIDER CAPACITY BUILDING 1) Expand CS offerings to include short-term post-hospitalization housing by 7/1/2022 2) Establish baseline, collect data, and report on CS enrollees by sub-population 3) Report on CS provider capacity and barriers to expanding access 4) Annual community supports demographic summary and proposal for expansion of medically-tailor meals to other chronic conditions 5) CS workforce development plan

sted, the activities that funding is supporting or is intended to support, and the MCP that provided this funding.	The Round 2 IPP Scope of Work, currently being finalized, includes: ECM PROVIDER CAPACITY BUILDING 1) Quality measure achievement to DHCS standards of increases in depression screening and blood pressure control 2) Equity-focused outcome analysis and planning for improvements in service delivery to address disparities for populations launched in 2022 3) Develop algorithm for EHR and claims data to identify individuals at risk of institutionalization 4) Develop algorithm and map data for EHR and other data sources to identify individuals transitioning from nursing home to the community CS PROVIDER CAPACITY BUILDING AND TAKE-UP 1) Provide successful outreach to members for CS services 2) Launch of five new Community Supports relevant to the aging/LTC population of focus This PATH CITED application builds upon the work started through IPP by developing the next steps to further infrastructure/capacity building advancement to better serve CalAIM members.
Does your organization participate in a PATH-funded Collaborative Planning and Implementation group? If so, please describe	The PATH-funded Collaboration Planning and Implementation group process has not yet begun, but VCHCA has registered on the website as a participant. VCHCA has served as the Ventura County hub organization in the current PATH CITED collaborative planning process since Spring, 2021 by bringing together County agencies and CBO stakeholders, hosting/facilitating meetings, setting agendas, ensuring goal accomplishment, distributing data/documents, monitoring progress, developing budgets, and driving collaborative decision making. VCHCA will actively participate to discuss and resolve topical implementation issues and identify how PATH, IPP, and other CalAIM funding initiatives may be strategically used to address implementation gaps and improve outcomes.

which group your organization participates in, when it began participating, and how this application was coordinated with other participants in the collaborative planning group.	
Is any portion of this request seeking retroactive funding for investments made	Yes

in infrastructure and capacity from January 1, 2022 until the release of applications for the first round of CITED funding?	
Dollar Amount	$ 874,469.00
Start Date	01-01-2022
End Date	06-30-2022
Purpose:	Retroactive funding requested to support CalAIM launch and expansion efforts reflects VCHCA's intention in CY 2022 to serve 2,010 individuals through ECM including 535 individuals/families experiencing homelessness, 735 high utilizers, 722 persons with SMI/SUD. As of September 1, 2022, VCHCA has provided ECM services to 961 persons including 597 individuals/families experiencing homelessness, 271 high utilizers, and 85 persons with SMI/SUD and 8 recently incarcerated persons. INCREASING PROVIDER WORKFORCE 1) HCA Hub BH Clinic Administrator II, Heather Te, $72,162: Served in the leadership role for ECM team; recruited and onboarded RN, LVN, CSW/CHW workforce to reach anticipated expanded capacity needs for CalAIM ECM; facilitated out-placement of ECM staff at five Ambulatory Care clinics. 2) HCA Hub Education and Training Assistant, Lizette Guzman, $43,536: Trained existing staff in changed workflows and documentation requirements (in-person and virtual).

3) Director of Complex Care Coordination and Systems Integration (Project Director), Deanna Handel, $107,546: Led the hub involved with the planning collaborative and GCHP; convened collaborative members; developed and collected information for decision making processes; evaluated needs assessments; prioritized and determined the timing and costs of planned ECM/EC infrastructure development activities; established infrastructure development needs; queried information for programs about populations of focus, funding sources, and services to determine if they duplicative or supplanting with existing programs developing the matrix.

MODIFYING, PURCHASING, DEVELOPING IT SYSTEMS
1) Cerner HealtheCare license monthly costs, $224,622: Developed IT infrastructure for CalAIM IT Plan.
2) Cerner HealtheCare Electronic Data Warehouse costs, $100,800: Data warehouse initial software purchase to manage population data, tracking, billing, referral, and reporting infrastructure development.
3) Manifest Medex HIE, $20,000: Health Information Exchange platform to support CalAIM requirements.
4) HCA Reporting Warehouse monthly costs, $12,000: Electronic data warehouse used to export data program electronic health records for reporting purposes.
5) IT Consultant, $35,000: IT Project Manager to oversaw the development of HealtheCare Population Identification Algorithms for Homeless, High Utilizing, and SMI/SUD Populations of Focus.
6) Solutions Architect, $16,500: Extracted Cerner EHR data into PDF authorization forms utilized by the MCP.
7) CMIO, $500: Developed MTM alert, referral order specifications.
8) Director of Data Analytics, $18,000: Identified technology solutions for referral work list, authorization form automation, and bed board; supervised assigned consultants.
9) IT Director of Project Management, $10,000: Developed a Responsible, Accountable, Consulted, Informed (R ACI) chart for HCA/GCHP IT coordination.
10) Project Manager/Business Analysist, $31,500: Developed project scope statement, researched automated options for internal workflows, followed up on action items and data sharing transactions, facilitated stand-up meetings daily with Gold Coast.
11) IT Manager, $4,944: Developed automated work list for outreach to prompt and track staff outreach to meet timelines.
12) Analytics/Reporting Team Lead, $36,400: Extracted information from the Cerner EHR and HealtheCare care management system into the data warehouse to generate reports that identify the potentially eligible population, listed the assigned care team and contact info, identified actively enrolled population and care plans.
13) Informatics Analyst, $3,270: Updated charge master with CalAIM rates for ECM and CS launched in January, 2022.

PROVIDING UPFRONT FUNDING TO SUPPORT CAPACITY AND INFRASTRUCTURE
1) HCA Clinical Nurse Manager, Rosa Lee Gutierrez, $96,048: Oversaw care coordination workflows, conducted weekly case conferences, liaised with clinical staff, facilitated clinical review of care plans.

OTHER
1) Indirect costs – 5% of total budget, $41,641: Indirect expenses that supported the

	implementation of the overall project through the HCA implementation HUB, including centralized costs such as fiscal, IT support, etc.
Receipts, invoices or other documents for retroactive funding requests:	J. Currie - HCA Billing.xlsx ALKU BATCH1_190498_MA_GSA_HOLLANDSQUARFY22MA01_1.pdf Cerner EDW Inv_102089906.pdf Cerner EDW Inv_102113856.pdf Cerner EDW Monthly Costs Sales Order OPT-0243884.pdf Cerner HealtheCare Monthly Costs Sales Order 1-6OMVHPL.pdf Cerner HealtheCare Retro Inv_102019791.pdf Cerner HealtheCare Retro Inv_102058278.pdf Cerner HealtheCare Retro Inv_102059694.pdf Cerner HealtheCare Retro Inv_101940838.pdf LUMINOUS DB PO.pdf LUMINOUS DW PO.pdf LUMINOUS PAYMENTS RECAP.xlsx LUMINOUS PO.pdf LUMINOUS RESOURCES UTILIZATION as of 2022-06-30 - CalAIM PATH 1.xlsx Manifest Medex Invoice_INV-1717_1641576126929.pdf Manifest Medex Invoice_INV-1764_1649268068314.pdf PATH CITED Retro Salaries_PR Recap.pdf
CITED Budget Upload	Ventura County PATH CITED Budget Template 093022 1540.xlsx
Do you have any additional documentation?	No
Please sign	Deanna Handel
Date of Signature	09/30/2022