



State Demonstrations Group

October 21, 2016

Mari Cantwell
Chief Deputy Director
Department of Health Care Services
Director's Office, MS 0000
P.O. Box 997413
Sacramento, CA 95899-7413

Dear Ms. Cantwell:

This letter is to inform you that the following updated attachment to the Special Terms and Conditions (STCs) for California's section 1115(a) demonstration, entitled "California Medi-Cal 2020 Demonstration" (11-W-00193/9), is approved as submitted by the state and as modified through our discussions to incorporate the final menu of variant metrics:

- WPC Pilot Requirements and Metrics (Attachment MM)

CMS finds this protocol to be in accordance with the STCs for the demonstration, and has no further questions or comments at this time.

A copy of the approved attachment is enclosed and will replace the corresponding attachment in the STCs.

We look forward to continuing to work with you and your staff on the California Medi-Cal 2020 Demonstration. If you have any questions, please contact your project officers, Ms. Mehreen Rashid, at either 410-786-0938 or by email at Mehreen.Rashid@cms.hhs.gov.

We appreciate your cooperation throughout the review process.

Sincerely,

/s/

Angela D. Garner
Director Division of System Reform Demonstrations

Enclosure

cc: Henrietta Sam-Louie, ARA Region IX

Attachment MM
Whole Person Care Pilot Requirement and Metrics

- I. WPC Pilot Performance.** All WPC pilots will report universal and variant metrics mid-year and annually, unless otherwise specified below. Universal metrics will be a same set of metrics required of all WPC pilots; Variant metrics will differ between pilots and will be tailored to the unique strategies and target population(s) of each individual WPC Pilot. Data reported during WPC Program Year (PY) 1 shall be for a time period prior to implementation and will establish a baseline. WPC Pilot metric performance may be calculated by the State or WPC Pilot, as specified by the State in a reporting template with instructions.

When utilizing and reporting Plan Do Study Act (PDSA) for purposes of Universal and Variant metrics, WPC pilots shall utilize a template developed by the State, which may be modified as appropriate when reporting on its target population(s) and interventions (as approved by the State). The template shall also demonstrate a change-management plan, including a mechanism for identifying needed adjustments, a process for carrying out the change, a process for observing and learning from the implemented change(s) and their implications, and a process to determine necessary modifications to the change based on the study results and implement them. It shall include requirements pertaining to when new versions of policies and procedures shall be submitted as a result of use of PDSA. The template shall also provide an opportunity for WPC pilots to document when additional changes are not needed based on study results, as approved by the State. The PDSA approach shall be measured within the timelines set forth below for each measure in this Attachment and approved in the application. Reporting including supporting documentation of all measures will be included in and submitted with the mid-year and annual reports as specified in Attachment GG. Health outcomes metrics rates shall be measured annually, however, progress and supporting documentation shall be submitted semi-annually. Administrative Metrics shall include a written description of the structure, barriers and challenges, and activities, if any, relating to the operationalization of them during PY 1; for all other program years PDSA reporting will occur.

- II. Universal Metrics.** Universal metrics will assess the success of all WPC pilots in achieving the WPC goals and strategies as specified in STCs 110 and 112. They will be reported by all WPC Pilots for the duration of the demonstration and shall include:
- i. Health Outcomes: Ambulatory Care – Emergency Department Visits (HEDIS) including utilization of PDSA with measurement and necessary changes a minimum of quarterly.
 1. Children (as applicable)
 2. Adults (as applicable)
 3. Total
 - ii. Health Outcomes: Inpatient Utilization-General Hospital/Acute Care (IPU) (HEDIS) including utilization of PDSA with measurement and necessary changes a minimum of quarterly.

1. Children (as applicable)
 2. Adults (as applicable)
 3. Total
- iii. Health Outcomes: Follow-up After Hospitalization for Mental Illness (FUH) (HEDIS)
1. Children (ages 6 – 17) (as applicable)
 2. Adults (as applicable)
 3. Total
- iv. Health Outcomes: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) (HEDIS)
1. Adolescents (ages 13 – 17) (as applicable)
 2. Adults (as applicable)
 3. Total
- v. Administrative: Proportion of participating beneficiaries with a comprehensive care plan, accessible by the entire care team, within 30 days of:
1. Enrollment into the WPC Pilot
 2. The beneficiary’s anniversary of participation in the Pilot (to be conducted annually)
- Utilization of PDSA with measurement and necessary changes a minimum of quarterly to determine any necessary changes to meet the timelines and ensure care plans are comprehensive in nature and accessible by the entire care team.
- vi. Administrative: Care coordination, case management, and referral infrastructure.
1. Measured by:
 - a. Submission of documentation demonstrating the establishment of care coordination, case management, and referral policies and procedures across the WPC Pilot lead and all participating entities which provide for streamlined beneficiary case management. Upon completion, and within a timeline approved by the State, the policies and procedures will be submitted to the State for review and approval.
 - i. The WPC lead entity may serve as the central communication point across all participating entities. However, all participating entities must have access to and be provided with timely access and updates to beneficiary information for care coordination and case management purposes.
 - ii. The policies and procedures shall establish a communication structure for participating beneficiaries. The number of participating entities for purposes of the Pilot as points of contact for beneficiaries shall be minimized.

- b. Monitoring procedures for oversight of how the policies and procedures set forth in iv.1(a) are being operationalized – including a regular review to determine any needed modifications.
 - i. Utilization of PDSA with measurement and necessary changes a minimum of semi-annually.
 - c. A method to compile and analyze information and findings from the monitoring procedures set forth in iv.1(b). And a process to modify the policies and procedures set forth in iv.1(a) in a streamlined manner and within a reasonable timeframe.
- vii. Administrative: Data and information sharing infrastructure
 - 1. Measured by:
 - a. Submission of documentation demonstrating the establishment of data and information sharing policies and procedures across the WPC Pilot lead and all participating entities that provide for streamlined beneficiary care coordination, case management, monitoring, and strategic improvements, to the extent permitted by applicable state and federal law. Upon completion, and within a timeline approved by the State, the policies and procedures will be submitted to the State for review and approval.
 - i. The WPC lead entity may serve as the central data and information sharing entity across all participating entities. However, all participating entities must have access to and be provided with timely access and updates to necessary beneficiary data and information to the extent permitted by applicable state and federal law for streamlined beneficiary care coordination, case management, monitoring, and strategic improvements.
 - b. Monitoring procedures for oversight of how the policies and procedures set forth in v.1(a) are being operationalized – including a regular review to determine any needed modifications.
 - i. Utilization of PDSA with measurement and necessary changes a minimum of semi-annually.
 - c. A method to compile and analyze information and findings from the monitoring procedures set forth in v.1(b), and a process to update as appropriate the policies and procedures set forth in v.1(a) in a streamlined manner and within a reasonable timeframe in accordance with PDSA.

III. Variant Metrics. Variant metrics will assess the success of individual WPC pilots in achieving the WPC goals and strategies as specified in STCs 110 and 112. These metrics shall be specific to the WPC Pilot target population(s), strategies, and

interventions. Variant metrics may vary by PY, though some metrics shall be consistent across all PYs of the Pilot. The metrics may include process and/or outcome measures and will utilize PDSA as is set forth above in this Attachment. Variant metrics shall be approved by the State in the WPC Pilot application. The State may request modifications or changes be made to proposed application metrics. Additional documentation may be requested and reviewed for approval by the State for Variant Administrative metrics. WPC Pilots must utilize the attached WPC Variant Metrics menu for purposes of selecting variant metrics.

1. Each WPC Pilot shall report on a minimum of:
 1. i. Four Variant metrics for each PY, including at a minimum items 1, 2, 3, and 4 below (or for pilots implementing a housing component, five Variant metrics for each PY, including at a minimum items 1, 2, 3, 4, and 5): One administrative metrics in addition to the Universal care coordination and data sharing metrics.
 2. One standard health outcomes metrics (e.g., HEDIS) applicable to the WPC Pilot population across all five program years for each target population.
 3. WPC Pilots utilizing the PHQ-9 shall report the Depression Remission at Twelve Months (NQF 0710) metric; all other Pilots shall report one alternative health outcomes metric.
 4. WPC Pilots including a severely mentally ill (SMI) target population shall report the Adult Major Depression Disorder (MDD): Suicide Risk Assessment (NQF 0104) WPC Pilots; all other Pilots shall report one alternative health outcomes metric.
 5. WPC Pilots implementing a housing component shall report a fifth metric specific to this intervention.
2. Variant metrics must be created through the following standardized process:
 - i. Conduct an assessment of:
 1. The target population(s) characteristics and needs (utilizing available data resources); and
 2. Gaps in the WPC Pilot service area infrastructure to meet the identified needs of the target population(s).
 - ii. Define specific objectives/strategies that provide for process improvement pertaining to the identified needs and gaps.
 - iii. Conduct the following steps based on the identified objectives/strategies:
 1. A literature review including identification of any existing metrics used on a national level to measure outcomes pertaining to the WPC Pilot target population(s)
 2. Consider metrics that are already being captured by one or more participating entities for local programs
 - iv. Select metrics that measure progress towards the objectives/strategies, using the following guidelines:
 1. Select metrics that measure changes in infrastructure, processes, and/or outcomes

- IV. Annual performance accountability.** Universal and Variant metric performance may be assessed according to directional change relative to the initial baseline data and assessment. Performance of individual metrics may also be measured and calculated based on established thresholds as compared to other WPC Pilot performance (adjustments for target population(s), structure, geographic area, and other factors, may be made as needed). For health outcomes metrics, the following measurement process shall be used:
1. PY 1: Approved WPC Pilots shall gather and report baseline data on their target population(s) against which changes in future years will be assessed. Data should only include time periods prior to the beginning of the WPC Pilot interventions. Partial data for PY 1 shall be reported for time periods after the WPC Pilot is implemented, as applicable.
 2. PYs 2-3: WPC Pilots will report on all Universal and Variant metrics, and describe in their mid-year and annual reports early trends, potential explanations, and plans to incorporate lessons into a continual cycle of performance improvement (using a PDSA methodology).
 3. PYs 4-5: WPC Pilots will report on all Universal and Variant metrics, including discussing the direction of the changes shown in the data. If changes are in the predicted direction, WPC Pilots shall comment on what they believe contributed to the improvement. If changes are not in the predicted direction, WPC Pilots shall comment on what may be hindering improvement, and how interventions will be adapted to improve performance.

For administrative metrics, the following measurement process shall be used:

- a. PY 1: Approved WPC Pilots shall report on Universal and Variant administrative metrics including activities relating to establishing the infrastructure to implement them. A description of the infrastructure and/or processes for the time period prior to the beginning of the WPC Pilot interventions shall be included.
- b. PYs 2-5: WPC Pilots will report on all Universal and Variant administrative metrics and describe in their mid-year and annual reports early trends, potential explanations, and plans to incorporate lessons into modifications to the supporting infrastructures for the administrative metrics. If the State determines a WPC Pilot does not demonstrate appropriate performance pertaining to administrative metrics as set forth, DHCS may impose corrective action or discontinue operation of the Pilot.

Whole Person Care Variant Metrics Menu

Metric ID:	Variant Metric 1	Variant Metric 2 Options				
Target Population:	All	All target populations across all program years	All target populations across all program years	All target populations across all program years	All target populations across all program years	All target populations across all program years
Measure Type:	Administrative	Health Outcomes: 30 day All Cause Readmissions	Health Outcomes: Decrease Jail Recidivism	Health Outcomes: Overall Beneficiary Health	Health Outcomes: Controlling Blood Pressure	Health Outcomes: HbA1c Poor Control <8%
Description:	To be developed and submitted by each WPC Pilot Applicant and approved by DHCS	30 day All Cause Readmissions	Decrease Jail Recidivism	Improve self reported health status and reported quality of life at prior assessment	Controlling High Blood Pressure	Comprehensive diabetes care: HbA1c Poor Control <8%
Numerator:	--	Count of 30-day readmission	Total number of incarcerations of WPC participants during the reporting period	Total score of the Likert scale response of WPC participants who responded to a health status survey during the reporting period	Within the denominator, whose BP was adequately controlled during the measurement year based on the following criteria: <ul style="list-style-type: none"> • Members 18–59 years of age whose BP was <140/90 mm Hg. • Members 60–85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg. • Members 60–85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg 	Within the denominator, who had HbA1c control (<8.0%)
Denominator:	--	Count of index hospital stay (HIS)	Total number of WPC participants during the reporting period	Total number of WPC participants who responded to a health status survey during the reporting period	Members 18–85 years of age who had a diagnosis of hypertension (HTN)	Members 18–75 years of age with diabetes (type 1 and type 2)

Whole Person Care Variant Metrics Menu

Metric ID:	Variant Metric 3	Variant Metric 4	Variant Metric 5 Options		
Target Population:	PHQ-9/depression	SMI population	Homeless/ at-risk for homelessness	Homeless/at-risk for homelessness	Homeless/at-risk for homelessness
Measure Type:	Health Outcomes: Required for Pilots using PHQ-9	Health Outcomes: Required for Pilots w/SMI Target Population	Housing : Permanent Housing	Housing: Housing Services	Housing: Supportive Housing
Description:	NQF 0710: Depression Remission at 12 Months	NQF: 0104 Suicide Risk Assessment	Percent of homeless who are permanently housed for greater than 6 months	Percent of homeless receiving housing services in PY that were referred for housing services	Percent of homeless referred for supportive housing who receive supportive housing
Numerator:	Adults who achieved remission at twelve months as demonstrated by a twelve month (+/- 30 days) PHQ-9 score of less than five	Patients who had suicide risk assessment completed at each visit	Number of participants in housing over 6 months	Number of participants referred for housing services that receive services	Number of participants referred for supportive housing who receive supportive housing
Denominator:	Adults age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score greater than nine during an outpatient encounter	All patients aged 18 years and older with a new diagnosis or recurrent episode of Major Depressive Disorder	Number of participants in housing for at least 6 months	Number of participants referred for housing services	Number of participants referred for supportive housing