

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Center for Medicaid and CHIP Services
Children and Adults Health Programs Group

NOV 19 2012

Toby Douglas, Director
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95889-7413

Dear Mr. Douglas:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the California Department of Health Care Services' (DHCS) Supplement 1 of Attachment P and Supplement 1 of Attachment Q to the State of California's Medicaid section 1115 demonstration, entitled "Bridge to Health Reform" (project number 11-W-00193/9).

The demonstration's Special Term and Condition (STC) 35(c) requires the state develop and obtain CMS approval when establishing a Category V HIV Transition Projects as part of the demonstration's Delivery System Reform Incentive Pool (DSRIP). The DSRIP is available to the state to develop health reform programs and hospital system improvements that support California's public/safety net hospitals' efforts in enhancing the quality of care and the health of the patients and families they serve. Category V HIV Transition Projects are available to the participating hospitals in order to develop programs that support efforts to provide access to high-quality, coordinated, integrated care to patients diagnosed with HIV, particularly Low Income Health program (LIHP) enrollees who previously received services under programs funded by the Ryan White HIV/AIDS Treatment Extension Act of 2009.

Our review indicates that Supplement 1 (DSRIP Category 5 HIV Transition Projects) of Attachment P "DSRIP Payment Mechanics" and Supplement 1 (DSRIP Metrics Category 5 – HIV Transition Projects) of Attachment Q "DSRIP Protocol" complies with the requirements outlined in STC 35(c).

If you have any questions regarding the terms of this approval, please contact your project officer, Ms. Alexis E. Gibson. She can be reached by phone at (410) 786-2813, or by email at Alexis.gibson@cms.hhs.gov

Sincerely,

A handwritten signature in black ink, appearing to read "Angela D. Garner", with a long horizontal flourish extending to the right.

Angela D. Garner, Deputy Director
Division of State Demonstrations and Waivers

Attachments

**cc: Gloria Nagel, ARA, CMS San Francisco Regional Office
Alexis E. Gibson, Esquire, CAHPG**

Attachment P – Supplement 1
DSRIP Category 5 HIV Transition Projects

The purpose of this Attachment P–Supplement 1 is to set forth the mechanics for each DPH system that chooses to participate in DSRIP Category 5 HIV Transition Projects (Category 5). All components of this Supplement are specific to only those DPHs that participate.

I. Review Process

A. DHCS Review Process

For each DPH system that chooses to participate in Category 5 of the DSRIP, the DHCS will review their proposed modifications to their 5-year SNCP Delivery System Reform Incentive Pool (DSRIP) plan prior to submission to CMS for final approval according to the following timeline:

1. By **November 15, 2012**, each DPH system that has chosen to participate in Category 5, will submit a proposed modification to their 5-year DSRIP plan to DHCS, which includes the Category 5 projects, related performance measures, and shared learning objectives for review. The DSRIP Plan Modification Guidelines provide guidance on documentation formatting for submission.
2. DHCS shall review each proposed plan modification to verify that it conforms to the requirements for Category 5, as described in Section II of this Attachment P - Supplement 1, Key Elements of Proposed Plans. Included in the DHCS review will be a state-level stakeholder review of the local stakeholder engagement process. By **November 21, 2012**, DHCS will complete its review of each proposed plan modification, and will respond to each DPH system in writing with any questions, concerns or problems identified.
3. The DPH system will respond to DHCS' questions and concerns in writing by **November 28, 2012**.
4. By **December 3, 2012**, DHCS will approve each DPH system's proposed plan modification for Category 5 and submit it to CMS for final review and approval as described in section I.B of this Attachment P – Supplement 1.

B. CMS Review Process

The following review process for DPH system proposed modifications that have been reviewed and approved by California DHCS will result in approval by CMS within 30 days of receipt from DHCS.

1. CMS will review each DPH system's plan modifications to their 5-year DSRIP plan for Category 5 upon receipt of the proposed modifications as approved by DHCS pursuant to I.A.4 of this Attachment P Supplement 1. CMS' review will assess whether each proposed modified 5-year DSRIP plan as approved by DHCS has the following elements:
 - a. The proposed modification is in the format as described in the applicable DSRIP program description within these special terms and conditions.
 - b. Category 5 projects must clearly identify goals, milestones and expected results. Plans must identify, by six-month period, the applicable milestones in accordance with the descriptions and examples identified in Attachment Q - Supplement 1.
2. By **January 4, 2013**, CMS will complete a review of each DPH system's proposal for DSRIP Category 5 HIV Transition Projects and will either notify DHCS of approval of the proposed DSRIP Category 5 HIV Transition Project plan (HIV Transition Project plan) or that approval will not be granted for the proposed plan. Notice will be in writing.

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If approval has not been granted, the notice will include any questions, concerns or problems identified in the proposed plan. DHCS will collaborate with the DPH system and respond to the CMS notice within 3 business days.

II. Key Elements of Proposed Plans

1. Participating DPH systems will submit modifications to their 5-year DSRIP plans that include projects for Category 5. The DPH system submission will describe how the projects included in the modifications to their plan are related to each other and how, taken together, they support delivery system reform relevant to the applicable patient population.
2. Each modified DPH system 5-year DSRIP plan will include an Introduction that includes, but is not limited to, the following sections:
 - a. A Background section on the DPH system(s) covered by modifications to the 5-year DSRIP plan that includes an overview of the applicable patients served by the DPH system(s); and
 - b. An Executive Summary section for modifications to the 5-year plan that summarizes the high-level challenges the DSRIP plan is intended to address and target goals and objectives included in the plan.
 - c. A description of their stakeholder engagement process
3. The DPH system modified 5-year plan will include sections on Category 5 as specified in Attachment Q - Supplement 1.
4. Category 5– HIV Transition - Category 5a – Improvements in Infrastructure and Program Design
 - a. Each plan will include projects and milestones that are designed to improve how care is delivered to HIV patients with an emphasis on ensuring efficient coordination of services among providers.
 - b. Each DPH system plan must select three (3) and only three (3) projects for Category 5(a) in accordance with the Category 5a Projects in Attachment Q - Supplement 1, which lists the acceptable projects, measures, metrics, and data sources, provided that some milestones must be achieved in DY 8 and some must be achieved in the first half of DY 9.
 - c. For each project selected for Category 5a, DPH system plans must include a narrative that includes the following subsections:
 - i. The Goal(s) for the project, which describes the challenge(s) faced by the DPH system and the major delivery system solution(s) identified to address those challenge(s) by implementing the particular project; the starting point of the DPH system(s) related to the project and based on that, the target goal and the significance of that goal to the DPH system(s) and its patients. As part of this subsection, each DPH system will provide its reasons for selecting the project, milestones, and metrics based on relevancy to the DPH system’s population and circumstances, community need, and DPH system priority and starting point; and
 - d. Category 5a. - Milestones and Metrics Table:
 - i. All projects must include milestones based on projects, measures, metrics, and data sources in accordance with the Category 5a Projects in Attachment Q - Supplement 1.
 - ii. The milestones shall be designated by project in six (6) month intervals in table format.
5. Category 5 HIV Transition - Category 5b – Improvements in Clinical and Operational Outcomes

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- a. Each DPH system plan must include the six (6) required Category 5b core clinical performance measures set forth in Group 1, Category 5b in Attachment Q - Supplement 1.
- b. Each DPH system plan must include an additional four (4) and only four (4) performance measures from within the superset of Category 5b performance measures in Groups 2 and 3, and the Medical Case Management Group, Category 5b in Attachment Q - Supplement 1. Plans must indicate the reasons for choosing the four (4) additional performance measures selected, including their significance for the DPH system and its patients.
- c. Improvement Targets will be established for each required measure within the Category 5b activities, as pursuant to Category 5b in Attachment Q - Supplement 1.
- d. The DPH system plan will include the following subsections for each Category 5b performance measure selected:
 - i. A Key Challenge(s) subsection that describes the key challenge(s) the project is designed to address;
 - ii. A Major Delivery System Solution(s) subsection that describes the performance measure selected by the DPH system and the target goals and objectives; and
 - iii. A Milestones and Metrics table that includes the milestones per measure per six-month period based on the measures specified in or otherwise in accordance with Category 5b in Attachment Q - Supplement 1.
- e. Category 5 Milestones and Metrics Table:
 - i. All projects must include milestones based on projects, measures, metrics, data sources, and improvement targets in accordance with the Category 5b in Attachment Q - Supplement 1.

III. Reporting, Assessment and Modification Process

During the term of Category 5, all of the reporting and plan modification requirements set forth in section IV of Attachment P shall be applicable for Category 5, excluding Section IV.B. – Midpoint Assessment, which is not applicable to Category 5 reporting requirements.

IV. Disbursement of Category 5 Pool Funds

1. Each DPH system will be individually responsible for progress towards and achievement of its milestones in Category 5 in order to receive its potential incentive funding from the pool. Every 6 months, eligible DPH systems will be able to receive incentive payments related to achievement within milestones.
2. In order to receive incentive funding related to any milestone, the DPH system must submit the required Semi-Annual Report as described above in Attachment P section IV(A)(1).
3. Available Funding – Coinciding with the term of the LIHP component of the Demonstration, a total of \$110 million (total computable) in DSRIP Category 5 HIV Transition project payments will be available for SFY 2012-13, and \$55 million (total computable) will be available for the July 1, 2013-December 31, 2013, six (6) month period. The total available payments will be consistent with the Demonstration budget neutrality limit.
4. The available DSRIP Category 5 funding for each of the two (2) periods will be allocated to DPH systems based on the relative numbers of HIV patients who will be transitioned and the necessary extent of delivery system reform efforts to be undertaken by an LIHP within the DPH county (using the estimated amounts of AIDS Drugs Assistance Program expenditures as a proxy, adjusted by the income eligibility limit of the county's LIHP program as of July 1, 2012). The

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allocation of the available funding in this manner will ensure that dollars rewarded reflect the impact of the transition of ADAP and Ryan White services to the LHHP in a DPH county.

5. Each DPH system's total allotment of funding will be allocated equally between Category 5a (50%) and Category 5b (50%).
6. As described in Attachment Q – Supplement 1, each participating DPH system is required to undertake three projects within Category 5a, and report data on ten performance measures within Category 5b. Projects within Category 5a will be equally weighted and projects within Category 5b will be equally weighted. Thus, each of the three Category 5a projects for a DPH system will be weighted such that full achievement of the particular project's milestones will result in incentive payments equal to one-sixth of the DPH system's total allocated Category 5 DSRIP amount. With respect to each of the ten (10) Category 5b performance measures for which it reports, a DPH system will receive an incentive payment equal to one-twentieth of its total allocated Category 5 DSRIP amount.
7. Payment amounts will be disbursed semi-annually, as set forth below.

a. Category 5a

All Category 5a projects will include milestones that are measurable. Given the varied nature of the projects and the hospital systems, the metrics will be determined by each specific DPH system in its HIV Transition Plan, consistent with the guidelines set forth in the DSRIP Category 5 sections in Attachment Q – Supplement 1. DPH system HIV Transition Project plans will specify the milestones by improvement project for each six-month period. Each DPH system will be individually responsible for progress towards and achievement of its milestones in order to receive its potential Category 5a incentive funding.

Every six months, DPH systems will be able to receive incentive payments related to achievement of milestones. To receive funding related to any milestone, the DPH system must submit the required Semi-annual Report as described in section IV.A.1 of Attachment P. The amount of the incentive funding paid to a DPH system will be based on the amount of progress made toward each milestone, pursuant to the application of achievement values described in section VI.6 of Attachment P.

b. Category 5b

Category 5b activities consist of reporting data for the selected ten (10) performance measures, each of which are equally weighted for purposes of receiving incentive payments. The performance measures will be consistent with the guidelines set forth in the DSRIP Category 5 sections in Attachment 1 – Supplement 1. Data reporting and submission requirements as well as the incentive payment structure for Category 5b are set forth below in Table 1. DPH systems will be required to collect and report baseline performance data within six (6) months of the HIV Transition Project plan, and develop performance targets and report on progress in achieving performance targets, as further delineated in Table 1 below.

Payment for Category 5b activities is available semi-annually, as set forth in Table 1. To receive funding, the DPH system must submit the required Semi-annual Report as described in section IV.A.1 of Attachment P.

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DSRIP Category 5 HIV Transition Projects**

Table 1: Category 5b Milestones Data, Reporting and Payment Structure*

Milestone	Incentive Plan Reporting Period	Dates of numerator	Dates of denominator	Date data submitted	Share of Incentive Payment (100% = total 5b funding <i>per metric</i> for all three reporting periods) with each six month period weighted equally in total incentive funding
Report Baseline data to the State	Period 1: July 1, 2012 – December 31, 2012	Any continuous 12 months during calendar years 2011 and 2012	Same as numerator	12/31/2012 (claimed as completed milestone for incentive payment 3/31/2013)	100%/3/2 = 16.67%
Develop performance improvement target	Period 1: July 1, 2012 – December 31, 2012	n/a	n/a	3/31/2013 (with semi-annual report)	100%/3/2 = 16.67%
Report Interim data to the State	Period 2: January 1, 2013 – June 30, 2013	7/1/2012 – 6/30/2013	7/1/2012 – 6/30/2013 –	9/30/2013 (with semi-annual report)	100%/3 = 33.33%
Report Final data to the State to demonstrate achievement of performance improvement targets	Period 3: July 1, 2013 – December 31, 2013	1/1/2013 – 12/31/2013	1/1/2013 – 12/31/2013	3/31/2014 (with semi-annual report)	100%/3 = 33.33%

***Note: each of ten 5b metrics are weighted equally (1/10th of applicable payment due.)**

DSRIP Category 5 project payments are intended to support and reward DPH systems for improvements in their delivery systems that meet the special needs of enrollees diagnosed with

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HIV/AIDS. As such, the payments are not direct reimbursement for expenditures incurred by the DPH systems in implementing reforms, and are not reimbursement for health care services that are recognized under the Special Terms and Conditions or under the State Plan. The Category 5 project payments are not considered patient care revenue and should not be offset against the certified public expenditures incurred by DPH systems for health care services, Disproportionate Share Hospital or administrative activities as defined under the STCs and/or under the State plan.

8. *Achievement Value for Milestone (For All Categories)*

Achievement values for milestones for Category 5 shall be determined in accordance with all Categories in the aggregate as set forth in section VI.6. of Attachment P.

9. *Progress and Payment Reconciliation*

Progress and Payment Reconciliation for Category 5 shall be determined in accordance with the terms set forth in section VI.6. of Attachment P.

10. *Category 5 Funding Impact on Funding for Other DSRIP Categories*

Available funding to DPH systems for meeting Category 5 milestones shall be separate from and have no effect on the incentive payment formulas and guidelines set for in Attachment P Sections VI 3, 4 and 5.

VI. Carry-Forward/Reclamation/Reallocation

If a DPH system does not fully achieve a milestone that was specified in its plan for completion in a particular demonstration year, it will be able to carry forward the available incentive funding associated with that milestone until the end of the Demonstration during which the hospital system may complete the milestone and receive full payment.

Any funding related to Category 5 milestones that is not claimable due to less than full achievement of the related milestones will be forfeited and either remains unclaimed or, using the authority in STC #37 entitled Restricted Use of SNCP Funds, could be rolled over for use in other SNCP categories subject to CMS approval.

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Delivery System Reform Incentive Pool (DSRIP) Metrics
Category 5 – HIV Transition Projects

Introduction

Ryan White-eligible persons diagnosed with HIV have been enrolled in coordinated systems of care in California since 1991. People diagnosed with HIV living in California have received coordinated medical outpatient care (primary and specialty) through Ryan White Parts A, B, C and D, with pharmaceuticals provided largely from the California AIDS Drug Assistance Program (ADAP), funded by Ryan White Part B, State general funds and rebates. In addition, persons diagnosed with HIV have received case management, and a variety of other Ryan White services, including, but not limited to, dental, substance abuse treatment or counseling, home health, and mental health services.

As part of the Demonstration, California has implemented the Low Income Health Program (LIHP), as such, is one of the early adopters in the country of the early Medicaid expansion available under the Affordable Care Act. In the summer of 2011, HRSA provided guidance to California regarding the Ryan White statutory “payer of last resort” requirement in relationship to the LIHP. Specifically, HRSA has stated that Ryan White HIV/AIDS Treatment Extension Act of 2009 Sections A, B, C, and D, including ADAP, must be considered payer of last resort, so these programs cannot pay for any LIHP-covered services for a person who is eligible for and enrolled in the local LIHP. Additionally, such low-income persons diagnosed with HIV who otherwise meet LIHP eligibility standards may not be excluded by the LIHP. This means that low-income persons diagnosed with HIV previously covered by a Ryan White system of care, will, upon enrollment in a LIHP, be required to receive covered outpatient medical care, pharmaceuticals, and mental health services from providers within their County LIHP network. All other remaining services not covered by the LIHP could continue to be provided through Ryan White, where available. Beginning January 1, 2014, these low-income persons diagnosed with HIV will be served through a combination of Medi-Cal (Medicaid expansion) or California Health Benefits Exchange, and Ryan White.

HIV care is complex, and if transitions in coverage and care provision are not managed carefully, poor patient outcomes and increased health system costs can result. As a result, it is critical that Designated Public Hospital (DPH) systems, as primary providers of care to LIHP enrollees, focus delivery system reforms so as to build the infrastructure needed to optimally coordinate services for this vulnerable population. Incentivizing such investments will help support the ongoing transformation of ambulatory care services, including an emphasis on prevention and continuity of care, within the DPH systems.

These DSRIP Category 5 HIV Transition projects will assure that persons diagnosed with HIV make the transitions of coverage from Ryan White to California’s LIHPs without loss of core medical or other critical services. DPH systems with approved 5 year Delivery System Reform Incentive Pool (DSRIP) plans under the Demonstration will be able to establish “Category 5” HIV Transition projects to develop programs of activity that support efforts to provide continual access to high-quality, coordinated, integrated care to patients diagnosed with HIV, particularly those LIHP enrollees who previously received services under the Ryan White program. These projects must be in addition to any other DSRIP projects and must establish new or enhance existing programs.

As a core element of the DSRIP Category 5 projects, each participating DPH system will develop its own HIV Transition Project plan that is specifically designed to strengthen the ability of its directly-operated health care delivery systems to serve persons diagnosed with HIV, with a particular focus on outpatient medical services. This Category 5 HIV Transition Project will provide funding for incentives for delivery system reform and is not intended to provide direct payment for services. Regardless of the current participation in the Ryan White program, delivery system reforms, including the example initiatives proposed below, are needed across the diverse set of DPH system providers in California. Through

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Category 5 – HIV Transition Projects

Careful development of tailored plans addressing infrastructure, program design and improvements in clinical and operational outcomes, DPHs can align their proposed Category 5 projects with the most pressing needs within their system of care for patients diagnosed with HIV, and align Category 5 projects to the priorities in local Ryan White service plans.

Any DPH system with an approved DSRIP 5 year plan as of July 1, 2011, which is located within a County operating a LIHP, and is a participating provider thereof, may propose a Category 5 HIV Transition project. Participating DPH systems must modify their existing DSRIP 5 year plans to include Category 5 HIV Transition projects. DPHs will report progress on their HIV Category 5 projects according to Attachment P – Supplement 1, Section III, Reporting, Assessment and Modification Process, of the Standard Terms and Conditions that governs reporting for Category 5 of the DSRIP.

DSRIP Category 5 project payments are intended to support and reward DPH systems for improvements in their delivery systems that meet the special needs of enrollees diagnosed with HIV/AIDS. As such, the payments are not direct reimbursement for expenditures incurred by the DPH systems in implementing reforms, and are not reimbursement for health care services that are recognized under the Special Terms and Conditions or under the State Plan. The Category 5 project payments are not considered patient care revenue and should not be offset against the certified public expenditures incurred by DPH systems for health care services, DSH or administrative activities as defined under the STCs and/or under the State plan.

Participating DPH systems will engage with local HIV/AIDS stakeholders regarding their DSRIP Category 5 plan. DPH systems will be expected to describe their stakeholder engagement process in their plan modification narrative. The participating DPH systems will submit to DHCS a description of their local stakeholder process.

DHCS, in collaboration with the State Office of AIDS (OA), California Department of Public Health (CDPH), will review this information, and provide the plan modification summaries and stakeholder process descriptions to a representative subgroup of stakeholder members participating in the state-level OA/DHCS LIHP Stakeholder Advisory Committee (SAC) for review also. The OA/LIHP SAC was convened by DHCS and CDPH OA to advise on program transition issues and communication processes related to the Ryan White program and LIHP. The OA/LIHP SAC meets on a bi-weekly basis and includes representatives from HIV provider groups, HIV advocate organizations, LIHP entities, and HIV-care consumers. The DSRIP Category 5 Transition Projects proposal status is a standing agenda item for this committee. A representative subset of OA/LIHP SAC members will review the plan modification summaries and descriptions of the local stakeholder engagement process, and provide comments to DHCS and State Office of AIDS on whether the local process included appropriate local stakeholder and clinical expertise involvement. The state-level stakeholder review process will occur within the review period established for DHCS review of plan modifications pursuant to Attachment P Supplement 1. The OA/LIHP SAC Subgroup will be active on a flow basis, as the DPH plan modifications are submitted to DHCS. The Subgroup will have a two-day review cycle for each plan modification. The comments provided by the Subgroup may be considered by DHCS in its review and approval of the DSRIP plan modifications for the Category 5 HIV Transition projects. In addition, the Subgroup will report back to the larger OA/LIHP SAC on the review process.

DSRIP Category 5 Description

Following is a description of the proposed HIV Transition project component structure within the DSRIP plans, including lists of projects from which the DPH systems will select. Category 5 Plans will highlight

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Category 5 – HIV Transition Projects

the infrastructure, programs, and services that must be put in place to ensure that persons diagnosed with HIV can be cared for in an integrated and coordinated system of care. DPH systems must ensure the projects proposed are consistent with nationally recognized/accredited standards of HIV care. In addition, requesting or handling of protected health information (PHI) or personal information (PI) must be consistent with the PHI/PI requirements outlined in the LIHP contract and governing law. By ensuring that all providers serving patients diagnosed with HIV have the necessary set of capabilities, the HIV Transition Project will provide essential support in the continued development of a robust, broad, and high-quality delivery system for patients diagnosed with HIV, despite the effects of coverage shifts. In doing so, the HIV Transition Project is critical to sustaining a high level of service delivery for patients diagnosed with HIV as they transition from Ryan White to the LIHP and ultimately to Medi-Cal in 2014.

Each participating DPH system will submit a Category 5 HIV Transition Project plan oriented to meet the goals of quality care, care continuity, care coordination and seamless coverage transition. Category 5 plans will include appropriate projects with milestones for each applicable Demonstration year (or portion thereof), i.e., Demonstration Year 8 and the first 6 months of Demonstration Year 9. While milestones may apply to more than one period, the Category 5 plans must uniquely specify the particular progressive improvement (and metric) for that period. DPH systems will specify the Category 5 metrics to be used to measure progress in each reporting period in table format.

Milestones should help to better coordinate and integrate health care services and improve the quality of care delivered for persons diagnosed with HIV through, for example, building physical and IT infrastructure, promoting innovation in the way care is delivered, and building the skills and capabilities of staff serving patients diagnosed with HIV. Based on the progress made toward achieving the milestones, DPH systems will receive DSRIP payments associated with that particular milestone. Because each DPH system has distinct local needs and resources, plans will vary and identified milestones will likely differ.

Each plan will include projects and milestones for the following categories:

1. **Category 5a – Improvements in infrastructure and program design:** Each plan will include projects and milestones that are able to improve how care is delivered to HIV patients with an emphasis on ensuring efficient coordination of services among providers.
2. **Category 5b – Improvements in clinical and operational outcomes:** Each plan will also include projects and milestones that measure HIV patients' health and health care.

Additionally, each plan will include activities related to shared learning, such as participating in learning collaboratives/initiatives, training and education, and identifying and communicating best practices so that effective interventions and models can be more rapidly and broadly disseminated.

Below are the projects, within each category, from which the selections are to be made. Associated milestones that may be selected within each category are also provided. These milestones are not meant to be adopted by every DPH system, but rather serve to demonstrate a comprehensive array of potential improvement activities and metrics through which progress can be measured. Therefore, in designing their HIV Transition Project plans, DPH systems may select from the milestones included here or may propose other milestones that accomplish the Category 5 HIV Transition aims and are better suited to meet their particular needs. However, it is important to note that the overall undergirding of the projects (i.e., the models and constructs) will be similar across the DPH systems in that each HIV Transition Project plan must include activities under both categories as well as shared learning. Importantly, DPH systems may not propose projects that are to be performed as a part of Categories 1-4 of their existing DSRIP plan.

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Delivery System Reform Incentive Pool (DSRIP) Metrics
Category 5 – HIV Transition Projects

Category 5a: Infrastructure & Program Design

The infrastructure and programmatic efforts that are undertaken in this category are foundational. These activities will be designed to enhance the ability of DPH systems to provide care within patient-centered medical homes, an essential building block to ensuring delivery of high-quality medical care for patients diagnosed with HIV. Listed below are seven projects of which each participating DPH must select three (3), allowing each DPHs' proposed plan to be tailored to their system's needs. For the purposes of participation in DSRIP Category 5a HIV Transitions Projects, a DPH must select three (3) and only three (3) of the below listed Category 5a projects. Any additional projects that a DPH elects to implement will not be eligible for any DSRIP Category 5 Incentive Payments. For each selected project, each DPH must complete all associated milestones listed below unless the DPH indicates in their project proposal that a particular milestone is not relevant/applicable, provides suitable rationale, and proposes an alternative milestone as a substitute. DPHs are responsible for determining the timeline along which they will achieve each Category 5a milestone; however each DPH must have milestones that are achieved in the first six (six) months of the Incentive Program and milestones that are achieved in the final twelve (12) months of the Incentive Program.

Category 5a Projects:

1. Empanel patients into medical homes with HIV expertise, which may include, as applicable, Ryan White and non-Ryan White providers.
2. Implement a Disease Management Registry module suitable for managing patients diagnosed with HIV.
3. Build clinical decision support tools to allow for more effective management of patients diagnosed with HIV.
4. Develop retention programs for patients diagnosed with HIV who inconsistently access care.
5. Enhance data sharing between DPHs and County Departments of Public Health to allow for systematic monitoring of quality of care, disease progression, and patient and population level health outcomes.
6. Launch electronic consultation system between HIV primary care medical homes and specialty care providers.
7. Ensure access to Ryan White wrap-around services for new LIHP enrollees.

Further detail and milestones of these projects are provided below.

Empanel patients into medical homes with HIV expertise which may include, as applicable, Ryan White and non-Ryan White providers: While all LIHPs must assign enrollees to medical homes, empanelment into medical homes specifically equipped to care for patients diagnosed with HIV is a critical component of care provision for this population. The purpose of this DSRIP Category 5a Project is for the DPHs to determine the optimal staffing models and work activities that are needed to provide a medical home for persons diagnosed with HIV. Medical homes specifically suited to care for patients diagnosed with HIV may differ from non-HIV medical homes in a number of ways, e.g.:

- HIV-focused medical homes utilize clinicians with HIV expertise.
- Nurses in HIV-focused medical homes often take on additional roles, such as screening for medication adherence challenges.
- Panel Management has a greater level of complexity and depth than is often the case for traditional medical homes. Panel managers must track and follow-up traditional HIV disease indicators (e.g., CD4 counts, Viral Load, Lipids, LFTs, other STIs, vaccine status, etc.) as well as serve an expanded health coach role to include HIV transmission risk reduction strategies; such

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Category 5 – HIV Transition Projects

intensive services often requires a more intensive staffing models than in medical homes that do not focus on patients diagnosed with HIV.

- Retention programs, such as that described in the milestone below, may be a supplemental service offered within HIV-focused medical homes.
- In cooperating with other stakeholders and funders, HIV-focused medical homes coordinate or directly provide a high-level of wrap-around services (e.g., nutrition support, pharmacy support, behavioral health/psychiatric support, substance abuse services, social work services, care navigation, wellness services) essential to patients diagnosed with HIV.

To adequately prepare for implementation of medical homes that are able to care for HIV patients, clinics will need to determine the optimal staffing model for provision of multi-disciplinary team-based care to optimize access, retention, and treatment adherence and improve health outcomes and self-management. DPH systems shall include in the Plan Modification a narrative setting forth the experience and qualifications of the clinical staff utilized to care for the HIV population. Unique panel weighting / patient risk-adjustment methodologies could be developed for building panels of patients diagnosed with HIV; such methodologies will necessarily differ from panel weighting methodology for non-HIV patients in traditional primary care medical homes. For example, patients may be weighted according to consideration of factors such as: 1) prior utilization patterns of HIV care services; 2) prior history of difficulty in adhering to treatment plans; 3) time since HIV diagnosis; 4) existence and management of other co-morbid conditions and 5) persistently poor health status. Specific milestones related to this project are listed below.

- Select/develop optimal staffing model(s) for use in medical homes that care for patients diagnosed with HIV.
- Define the roles and responsibilities of team members.
- Implement a staffing model appropriate for LIHP patients empanelled in a medical home with HIV expertise, including pharmacy and medication adherence services for patients with advanced disease and co-morbidities.
- Develop patient weighting/ risk-adjustment algorithms for assigning patients diagnosed with HIV to medical homes.
- Empanel patients into medical homes.

Implement a Disease Management Registry module suitable for managing patients diagnosed with HIV: Disease Management Registries (DMR) are able to track clinical quality and health outcomes for patients empanelled in medical homes. Many DMRs have optional HIV modules. These specialized clinical modules will allow HIV providers to effectively monitor and deliver key aspects of HIV care that are known to be associated with improved health outcomes among HIV-positive populations. HIV modules can be configured with the ability to track clinical performance measures that allow the HIV provider team to identify and focus intensive clinical services and interventions on those patients who are not meeting treatment goals. Specific milestones related to this project are listed below.

- Identify/develop HIV DMR module.
- Pilot use of HIV DMR module in clinics.
- Implement HIV DMR module in all clinics that serve as a medical home for HIV-positive patients.
- Document ongoing evaluation of clinical performance measures and use of data for performance improvement activities.

Build clinical decision support tools to allow for more effective management of patients diagnosed with HIV: Clinical decision support tools allow clinicians to better manage HIV patient panels through the use of disease-specific rules and queries that allow providers to identify patients in the medical home who are

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not meeting a prioritized set of HIV care goals consistent with national treatment guidelines and standards of care. Rules will allow providers and the care team to identify patients who, for example, (1) are out of care or inconsistently/sub-optimally accessing care, (2) qualify for antiretroviral therapy (ART) but are not receiving it, (3) are on ART but not achieving viral suppression and full benefit of therapy, and (4) are in need of screening or treatment for other co-morbidities or preventive health services. After relevant patient populations are identified, specific tools will help guide the clinician toward proper diagnostic or therapeutic decisions. Tools may be built into the DMR to facilitate appointment planning, reminders, and outreach services or care coordination. The use of these tools will result in achieving more timely, patient-responsive, and efficient delivery of care to empanelled HIV patients. Specific milestones related to this project are listed below.

- Define full set of clinical decision support tools that will be available.
- Deploy Information Technology (IT) programming and resources to develop clinical decision support tools.
- Pilot, refine, and fully implement clinical decision support tools within medical homes that care for patients diagnosed with HIV.
- Establish and implement protocols and procedures for tracking use of clinical decision support tools and evaluating impact on disease management, service provision, and clinical health outcomes.
- Ensure that protocols are consistent with DHHS guidelines (<http://www.aidsinfo.nih.gov/guidelines/>) as feasible, considering IT and other technical constraints.
- Ensure that protocols for co-morbidities (e.g. care and treatment of diabetes, hypertension) are consistent with established guidelines.

Develop Retention Programs for patients diagnosed with HIV who inconsistently access care: Patients diagnosed with HIV must regularly access and engage with their medical homes in order to enjoy optimal health outcomes. Failure to engage in consistent HIV care is a significant challenge for many DPH systems and is associated with suboptimal adherence to ART, virologic treatment failure, increased rate of community viral resistance, increased secondary HIV transmission, and poorer survival rates. To address the need to successfully re-engage patients lost to HIV care and improve subsequent retention in consistent HIV care, DPH systems may implement clinic-based Retention Programs. Patients identified as being out of regular medical care including those who are recently diagnosed will be referred to the Program which will utilize investigative techniques to locate lost-to-care patients and offer them client-centered interventions to improve their linkage and retention in HIV medical care. Specific milestones related to this project are listed below.

- Define criteria for enrolling patients in Retention Program.
- Identify staffing models for implementation of Retention Program.
- Implement Retention Program in medical homes for patients diagnosed with HIV.
- Track effectiveness of Retention Program along pre-defined outcome metrics.

Enhance data sharing between DPH system providers and the County Departments of Public Health: Improved health information exchange will allow for more systematic monitoring of quality of care, disease progression, and patient and population level health outcomes among HIV cohorts. This includes developing an electronic data interface (EDI) between the Designated Public Hospital systems and Department of Public Health data systems in order to facilitate collection of standardized performance measures and key utilization and health outcome data (e.g., HIV viral load, CD4 cell counts) across the population of individuals diagnosed with HIV in each County. As HIV patients transition from Ryan White to the LIHP and ultimately to Medicaid in 2014 under the ACA, robust data sharing and exchange are critical to ensuring that access and high-quality care remains uninterrupted and that all patients,

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regardless of payer, are cared for according to the same high standards and goals of care. Improved data sharing will also enhance public health efforts to track and improve population health, reduce morbidity and mortality, and reduce forward transmission in order to stem the local HIV epidemic. When possible, programs will use existing HIV databases to obtain clinical information to help develop clinically appropriate primary care plans for HIV patients. Specific milestones related to this project are listed below.

- Identify and map domains for data exchange.
- Develop and implement Electronic Data Interface.
- Establish and implement protocols and procedures for ongoing monitoring and use of data to improve quality of care and population health.

Launch electronic consultation system between HIV primary care medical homes and specialty care providers: Implementation of an electronic consultation (eConsult) system will permit secure web-based dialog between referring HIV primary care providers and selected specialists on a specific patient requiring specialty services. eConsult has been demonstrated in other county health systems to reduce unnecessary face-to-face specialty visits, improve the effectiveness of visits when they are necessary, enhance primary care provider satisfaction with patient care, and meet standards for timely access to specialty care. Electronic consultation improves coordination of care between specialists and primary care providers, which reduces redundant, inappropriate, and over use of specialty services, and enhances the timeliness and effectiveness of specialty care delivery. This system also fundamentally transforms the relationship between specialists and primary care providers such that they see themselves as part of the same, as opposed to different, patient care teams. This transformation in relationship and documentation of communication is expected to reduce medical-legal liability and improve provider morale. Moreover, electronic consultation will greatly enhance the efficiency of the specialists' time and effort. Specific milestones related to this project are listed below.

- Establish Specialty – Primary Care workgroups for priority specialties to develop shared approaches, including referral protocols and guidelines for management of specific conditions, to common and important medical conditions for patients diagnosed with HIV.
- Develop and implement Electronic Data Interface for e-Consultations between primary care medical homes for patients diagnosed with HIV and select sub-specialties.
- Develop mechanism to track referral volume, demand, and appropriateness of referrals over time.

Ensure access to Ryan White wrap-around services for new LIHP enrollees: HIV ancillary services will continue to be available for RW-eligible clients regardless of the payer of their medical care. Referrals for new LIHP enrollees will be coordinated through the initial eligibility screening process, and services may be promoted through existing service sites, through outreach programs, and through electronic media to expand client awareness of available programs. Care coordination services comprised of multidisciplinary teams located within the medical home have been shown to improve access and retention, while addressing other factors that may create barriers to continued, effective engagement in medical care, such as housing, mental health services, substance use treatment, treatment adherence counseling, transportation, and oral health services. Specific milestones related to this project are listed below.

- Establish a mechanism such as an MOU between the DPH and LIHP with the local Ryan White system of care to ensure that transitioned HIV patients are assessed for wrap-around services.
- Ensure care coordination within each medical clinic designated as a medical home for patients diagnosed with HIV. Care coordination staff will work with the primary care team to assess patient need, develop care plans to promote engagement and retention in medical care, and address cofactors that may create barriers to such care.

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Category 5b: Clinical and Operational Outcomes

Activities under this category will be designed to drive DPH systems to select and commit to achieving discrete patient outcomes across several clinical domains. In doing so, DPH systems can help assure they are making concrete gains in patient quality and operational effectiveness that will have lasting benefits for patients who choose to make DPH systems their permanent medical home.

All DPH systems will be required to report data on six (6) Health Resources and Services Administration HIV/AIDS Bureau (HRSA HAB) HIV Core Clinical Performance Measures for individuals enrolled in the local LIHP who access care within the DPH system; DPHs will also select four (4) and only four (4) additional Performance Measures on which they will report data Lists of required measures and the menu of optional measures are listed below. Documentation of each performance measure from the HRSA HAB website as of July 2012 is included in this Attachment Q – Supplement 1 (HRSA HAB website: <http://hab.hrsa.gov/deliverhivaidscares/habperformmeasures.html>).

Group 1: Required Core Clinical Performance Measures – DPHs to report on each of the following:

- CD4 T-Cell Count (defined as of July 2008)
- HAART (defined as of July 2008)
- Medical Visits (defined as of July 2008)
- PCP Prophylaxis (defined as of July 2008)
- Viral Load Monitoring (defined as of November 2011)
- Viral Load Suppression (defined as of November 2011)

Additional Performance Measures – DPHs to report on four (4) and only four (4) additional metrics from Groups 2, 3 and Medical Case Management, with at least one (1) metric from each group:

Group 2 Defined as of August 2008 unless otherwise noted	Group 3 Defined as of April 2009	Medical Case Management Defined as of November 2009
<ul style="list-style-type: none"> • Adherence Assessment and Counseling • Cervical Cancer Screening • Hepatitis B Screening (defined as of November 2011) • Hepatitis B Vaccination • Hepatitis C Screening • HIV Risk Counseling • Lipid Screening • Oral Exam • Syphilis Screening • TB Screening 	<ul style="list-style-type: none"> • Chlamydia Screening • Gonorrhea Screening • Hepatitis/HIV Alcohol Counseling • Influenza Vaccination • MAC Prophylaxis • Mental Health Screening • Pneumococcal Vaccination • Substance Use Screening • Tobacco Cessation Counseling • Toxoplasma Screening 	<ul style="list-style-type: none"> • Care Plan • Medical Visits

For each metric, DPH systems will measure and report as described on the HRSA HAB website (<http://hab.hrsa.gov/deliverhivaidscares/habperformmeasures.html>; July 2012) their baseline performance as set forth in Table 1 above. Data collection shall be consistent with the sampling methodology set forth in Attachment Q Category 3 Appendix A “Sampling Approach”. Each Plan Modification, where applicable, will provide explanations on how data will be collected, frequency of data collection, and how each DPH will review and adjust, if needed, its performance targets. After the baseline data is collected,

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each DPH system will be responsible for achieving a performance improvement target by the end of the transition program in order to receive the incentive funding associated with each measure. The target improvement is determined after the baseline data is reported by the DPH after taking into account input from DHCS and CMS and shall be consistent with the requirements set forth in Table 1 in Supplement 1 to Attachment P. Where available, DPHs' will tie their performance improvement target to National Goals, Targets, or Benchmarks for Comparison, as defined in each HAB HIV Performance Measure.

Other Elements Required for DSRIP Category 5 HIV Transition Projects

Each DPH must also develop and include activities that promote shared learning in their DSRIP Category 5 HIV Transition Projects plan. These may include the following actions:

- Participate in a collaborative.
- Share learnings from implementing process improvements, e.g., through presentations and reporting.
- Share data, promising practices, and/or findings with peer groups and/or a quality improvement entity to foster shared learning and/or to conduct benchmarking activities.
- Collaborate in the dissemination/implementation of best practices with HIV/AIDS agencies and public health departments, LIHPs in which the DPH system participates, other public agencies and/or other relevant non-profit or private organizations.

Other key elements of DSRIP Category 5 HIV Transition project proposals will be developed and defined to provide the broader context and rationale. These key elements include the overall goal and the significance of that goal to HIV patients and the DPH, the reasons for selecting the milestones, metrics, improvements and targeted goals based on relevancy to the HIV population and circumstances, community need and priority, and DPH starting point. Such key elements will be tailored to the individual DPH system in consultation with DHCS, and with input from stakeholders and frontline workers from the HIV/AIDS community. Examples of key elements which must be included are:

- Specific challenge(s) the projects are seeking to address.
- Solution(s) identified to address the challenge(s), including an explanation of how each proposed project will work to fill the gap/need or solve the issue.
- Detailed description of proposed project and corresponding milestones for each six (6) month interval.
- Evidence-based justification for the specific milestone or target selected (e.g., outcomes milestones set in accordance with published standards of HIV care). Where available, milestones must be aligned with nationally recognized/accredited standards of HIV care and, where relevant, must be aligned with the Federal Implementation Plan of the National HIV/AIDS Strategy. All clinical guidelines and standards must be referenced.
- Baseline measurement for each County related to each proposed project, with specific performance targets and strategies to move from baseline to target.
- Expected results of the projects and how those align with the goals of the Federal Implementation Plan of the National HIV/AIDS Strategy.
- Description of how achievement of the proposed milestone will improve coordination and integration of services for patients diagnosed with HIV, and align with the continuum of Ryan White supported programs in the locality.
- Interrelationship of proposed projects and milestones.
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