



Performance Measures Matrix
Performance Measures TWG Webinar
 February 21, 2017

Categories	Title V	1115 Waiver	Whole Child Model (WCM) SB 586	California Children's Services (CCS) Plan & Fiscal Guidelines
Target Population	Children With Special Health Care Needs [CSHCN] (July 2016) ~ 234,329	Health Plan of San Mateo [HPSM] (December 2016) ~ 1,639	21 counties ~ 33,000	~186,000
Medical Home	- Percent of children with and without SHCN having a medical home (# of CCS clients with a primary care physician [PCP])*			- Number of CCS clients with a PCP
Eligibility/Enrollment		- Percent of newly enrolled and Average length of enrollment	- Rate of new CCS enrollment	- Number of cases determined eligible (for CCS Program) within 30 days of receipt of documentation
Special Care Center (SCC) Referral		Under Access to Care -Referral of a child to a Special Care Center (SCC)	- Percentage of CCS-eligible children requiring a referral to SCC - Percentage of those discharged from hospital requiring a SCC referral	- Number of children with SCC authorization and seen at least annually - Number of children with medical conditions requiring SCC services who received authorization
Transition Services	- Percent of adolescents (ages 12-17) with and without SHCN who			Aging Out Transition Planning

*Title V Mandatory National Performance Measure for 2016-2020
 Department of Health Care Services | Health Care Delivery Systems

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	received services necessary to make transitions to adult health care*			- Number of CCS clients 14 years and older who require long-term transition planning, with transition planning checklist completed within 12 months
Family Participation	-Percent of county CCS programs with family members providing input in medical home and transition policies -Family delegate/leader		- Family-centered outcome-based approach to care planning	1) Family satisfaction 2) Family participation on advisory com./task forces 3) Family participation in SCC team and/or transition plan 4) Family advocates with CSHCN expertise
Access to Care	- Percent of CSHCN with select conditions who have a documented SCC visit within 90 days of referral	1) Percent of children and young adults 12 months-20 years of age who had a PCP visit 2) Referral of a child to a SCC 3) Screening for depression and follow-up plan	- Facilitate timely access to primary care, specialty care, pharmacy, and other health services	
Quality of Care		1) Childhood immunization status 2) Subspecialty care for diabetes HbA1c testing 3) Lung function cystic fibrosis patients	- Evaluation of quality of care/utilization management	

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Care Coordination		1) Family experiences with care coordination (FECC) survey 2) Utilization of emergency room, inpatient, outpatient, pharmacy and mild/moderate mental health services for CCS children	- Coordination of primary and preventive services with specialty care services -Percent with at least 1 follow-up visit 28 days post discharge	
Continuity of Care			- Continuity of care up to 12 months with current provider, with ability to extend beyond 12 months	
Client/Provider Satisfaction		1) Surveys of family and provider satisfaction 2) Number of reported grievances and/or appeals (age, gender, ethnicity, type, resolution)	1) Evaluation of patient experience 2) Timely resolution of grievance and appeals	
Total Cost of Services and Care		- Assess costs treating members, including professional, facility, inpatient, outpatient, pharmacy, lab, radiology, ancillary, and behavioral services		