NYS DSRIP Glossary

A

Achievement Value: Points received by a Performing Provider System for reaching a specified performance target/milestone during a specific reporting period. Achievement values are either expressed as 0=not meeting benchmark or 1=meeting benchmark. Achievement Values are used to determine incentive payments based on performance.

Advanced Primary Care (APC): Leading model for efficient management and delivery of quality health care services that builds on the principles embodied by the NCQA-certified medical home. An APC practice utilizes a team approach, with the patient at the center. The care model emphasizes prevention, health information technology, care coordination and shared decision-making among patients and their providers. The APC model is designed to leverage the strengths of New York State's emerging NCQA-certified medical homes while laying out a graduated path for all practices to advance toward integrated care.

Agency for Healthcare Research and Quality (AHRQ): Federal agency charged with improving the quality, safety, efficiency, and effectiveness of and effectiveness of health care for all Americans.

Attachment I: An attachment to the NY DSRIP Special Terms and Conditions that contain the Program Funding and Mechanics Protocol. Attachment I describes the review and valuation process for DSRIP project plans, incentive payment methodologies, reporting requirements, and penalties for missed milestones.

Attachment J: An attachment to the NY DSRIP Special Terms and Conditions that contain the Strategies Menu and Metrics Attachment J details the specific delivery system improvement strategies and metrics that are eligible for DSRIP funding. The strategies are listed in Part I and the metrics are listed in Part II.

Attribution: A formula used to determine how a population is assigned to an affiliated group of providers responsible for the care of the population. For DSRIP, attribution will be done utilizing a hierarchical geographic and service loyalty methodology, to ensure that a beneficiary is only assigned to one Performing Provider System.

Avoidable Hospital Use: This term is used to designate all avoidable hospital service use including avoidable emergency department use, avoidable hospital admissions and avoidable hospital readmissions within 30 days. This can be achieved through better aligned primary care and community based services, application of evidence based guidelines for primary and chronic disease care, and more efficient transitions of care through all care settings.

B

Baseline Data: A set of data collected at the beginning of a study or before intervention has occurred. For DSRIP, Performing Provider System improvement targets will be established annually using the *baseline data* for DY 1 and then annually thereafter for DY2-5. The state must use existing data accumulated prior to implementation to identify performance goals for performing providers.

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Behavioral Interventions Paradigm in Nursing Homes (BIPNH): As an additional behavioral heath measure for provider systems, this strategy uses SNF skilled nurse practitioners and psychiatric social workers to provide early assessment, reassessment, intervention and care coordination to reduce transfer of patients from a SNF facility to an acute care hospital by early intervention strategies, to stabilize patients before crisis levels occur.

C

Center for Medicare and Medicaid Services (CMS): Federal agency responsible for administering Medicare and overseeing state administration of Medicaid.

Clinical Improvement Milestones: Noted under Domain 3, these milestones focus on a specific disease or service category, e.g., diabetes, palliative care, that is identified as a significant cause of avoidable hospital use by Medicaid beneficiaries. Milestones can either relate to process measures or outcome measures and can be valued either on reporting or progress to goal, depending on the metric. Every Performing Provider System must include one strategy from behavioral health. Payment for performance on these outcome milestones will be based on an objective demonstration of improvement over baseline, using a valid, standardized method.

Coalition: Partnerships that are formed between providers to apply collectively as a single Performing Provider System (PPS). Coalitions must designate a lead coalition provider who will be held responsible for ensuring that the PPS meets all the requirements of the DSRIP program. Coalitions will be evaluated on performance on DSRIP milestones collectively as a single Performing Provider System.

Consumer Assessment of Healthcare Providers and Systems (CAHPS): Surveys that ask consumers and patients to report on and evaluate their experiences with health care. The surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services. The CAHPS program is funded and overseen by the U.S. Agency for Healthcare Research and Quality (AHRQ).

D

Designated State Health Programs (DSHP): State health programs not normally eligible for matching federal funds. Under the 1115 Partnership Waiver, CMS has the authority to match funding for state health programs in which CMS recognizes as providing a vital service to Medicaid beneficiaries.

Delivery System Reform Incentive Payment Program (DSRIP): As part of New York's Medicaid Redesign Team (MRT) Waiver Amendment, DSRIP's purpose is to fundamentally restructure the health care delivery system by reinvesting in the Medicaid program, with the primary goals stabilizing the safety-net system and reducing avoidable hospital use by 25% over 5 years. DSRIP is the largest piece of the MRT Waiver Amendment with a total allocation of $6.9 billion.

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Domain: Overarching areas in which DSRIP strategies are categorized. Performing Provider Systems must employ strategies from the domains two through four in support of meeting project plan goals and milestones. Domain one is encompasses project process measures and does not contain any strategies. The Domains are:

- Domain 1: Overall Project Progress
- Domain 2: System Transformation
- Domain 3: Clinical Improvement
- Domain 4: Population-wide Strategy Implementation

DSRIP Plan Checklist: Criteria used to review submitted DSRIP Plans to ensure completeness. The checklist will be utilized as a robust review process for each submitted DSRIP Project.

DSRIP Project: Individual method created by a Performing Provider System to transform the delivery of care that support Medicaid beneficiaries and uninsured as well as address the broad needs for the population the performing provider system serves. DSRIP projects will be designed to meet and be responsive to community needs while meeting 3 key elements: appropriate infrastructure, integration across settings and assumes responsibility for a define population.

DSRIP Project Plan: Detailed plans that Performing Provider Systems submit to the state detailing DSRIP strategies they have selected to be directly responsive to the needs and characteristics of the their community in order to DSRIP's objectives.

DSRIP Strategies: A cluster DSRIP projects grouped together because they address the same issue within a given Domain. For each collection of strategies, there is a set of metrics that the performing provider system will be responsible for if they do any one of the projects within that strategy.

E

Evaluation Plan: Part of the DSRIP pre-implementation activities, the state must submit an evaluation plan for DSRIP, including the budget and adequacy of approach to meet the scale and rigor of the requirements of Special Terms and Conditions (STC's), and also provide the identification of the selected Independent Evaluator.

F

Federal Financial Participation (FFP): The portion of Medicaid health program expenditures that are paid by a Federal Government.

G

H

Health Resources and Services Administration (HRSA): An agency of the U.S. Department of Health and Human Services, HRSA is the primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable. HRSA's grantees provide health care to uninsured people, people living with HIV/AIDS, and pregnant women, mothers, and children. HRSA also supports the training of health

professionals, the distribution of providers to areas where they are needed most, and improvements in health care delivery.

Healthcare Effectiveness Data and Information Set (HEDIS): Tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. Altogether, HEDIS consists of 75 measures across 8 domains of care. The NCQA collects HEDIS data directly from Health Plan Organizations and Preferred Provider Organizations for multiple purposes and the data collected are maintained in a central database with strict controls to protect confidentiality.

High Performance Fund: A portion of the Public Hospital Transformation Fund and Safety Net Performance Provider System Transformation Fund will be set aside to reward Performing Provider Systems that exceed their metrics and achieve high performance by exceeding a preset higher benchmark for reducing avoidable hospitalizations or for meeting certain higher performance targets for their assigned behavioral health population.

I

Independent Assessor: An independent entity, with expertise in delivery system improvement, whose role is to conduct a transparent review of all proposed/submitted DSRIP project plans and make project approval recommendations to the state using CMS-approved criteria. In addition, the independent assessor will also assist with the mid-point assessment and any other ongoing reviews of DSRIP project plan.

Independent Evaluator: An independent entity, with expertise in delivery system improvement, who's role is to assist with continuous quality improvement within DSRIP.

Index Score: An evaluation or score assigned to DSRIP projects, based on five elements (1. Potential for achieving system transformation, 2. Potential for reducing preventable event, 3. % of Medicaid beneficiaries affected by project, 4. Potential Cost Savings and 5. Robustness of Evidence Based suggestions). Project index scores are set by the state and are released prior to the application period.

Integrated Delivery System (IDS): An organized, coordinated, and collaborative network of various healthcare providers that care connected with the aim to offer a coordinated, continuum of services to a particular patient population or community. A goal of an efficient Integrated Delivery System is to be accountable, both clinically and fiscally, for the clinical outcomes and health status of the population or community served, and has systems in place to manage and improve them.

INTERACT Project: INTErventions to Reduce Acute Care Transfers is a quality improvement program that focuses on inpatient transfer avoidance for SNF, the management of acute change in a resident's condition to stabilize the patient and avoid transfer to an acute care facility. The program includes clinical and educational tools and strategies for use in every day practice in long-term care facilities. The current version of the INTERACT Project was developed by the Interact interdisciplinary team under the leadership of Dr. Ouslander, MD with input from many direct care providers and national experts in projects based at Florida Atlantic University (FAU) supported by the Commonwealth Fund. There is significant potential to further increase the

impact of INTERACT by integrating INTERACT II tools into nursing home health information technology through a standalone or integrated clinical decision support system.

Intergovernmental Transfer (IGT): IGT entities are entities that are eligible to contribute allowable governmental funds for use by the state for the non-federal share of DSRIP payments for a Performing Provider System. They include government-owned Hospitals and other government entities such as counties.

Interim Access Assurance Fund (IAAF): Temporary, time limited, funding available from an IAAF to protect against degradation of current access to key health care services and avoid gaps in the health delivery system. New York is authorized to make payments for the financial support of selected Medicaid providers.

J

K

L

Lead Coalition Provider: Provider that is primarily responsible for ensuring that the coalition partnerships meet all requirements of performing provider systems (PPS), including reporting to the state and CMS.

Learning Collaborative: Learning collaboratives are required forums for Performing Provider Systems to share best practices and get assistance with implementing their DSRIP projects. The state will support regular learning collaboratives regionally and at the state level (with at least one face -to-face statewide collaborative annually), and may be organized either geographically, by the goals of the DSRIP, or by the specific DSRIP projects. Learning collaboratives should primarily be focused on learning (through exchange of ideas at the front lines) rather than teaching (i.e. large conferences).

Learning Collaborative Local Health Information Exchange/RHIO/SHIN-NY: This term can be considered the same as “SHIN-NY via a Qualified Entity”. Based upon pending regulation which is expected to be finalized early 2015, “Statewide Health Information Network for New York” or “SHIN-NY” means a set of agreements (and the transactions, relations and data that are created by and through such set of agreements) between the department, the state designated entity, QEs and QE Participants to make possible the exchange of clinical information among QE Participants for authorized purposes to improve the quality, coordination and efficiency of patient care, reduce medical errors and carry out public health and health oversight activities, while protecting privacy and security. Pursuant to such agreements, the state designated entity, the QEs and the QE Participants agree to be bound by policy and technical requirements in SHIN-NY policy standards that has been created through the statewide collaboration process. Existing RHIOs and other such health information exchange organizations may apply to become qualified health IT entities (QEs). To become a QE and to

maintain that designation, an organization must adhere to policies, such as the SHIN-NY Policy Standards, that enable widespread interoperability among disparate health information systems, including electronic health records, personal health records and public health information systems, while protecting privacy and security.

M

Maximum Application Valuation: Represents the highest possible financial value placed on a Performing Provider System's final DSRIP plan. The Maximum Application Valuation is the sum of the of all the maximum project valuation for each of the projects within a Performing Provider System DSRIP application.

Maximum Project Valuation: Represents the highest possible financial value placed on an individual project within a Performing Provider System's final DSRIP plan.

Meaningful Use (MU): The American Recovery and Reinvestment Act of 2009 authorizes the Centers for Medicare & Medicaid Services (CMS) to provide incentive payments to eligible professionals (EPs) and hospitals who adopt, implement, upgrade, or demonstrate meaningful use of certified electronic health record (EHR) technology. Meaningful Use is defined by the use of certified EHR technology in a meaningful manner (for example electronic prescribing); ensuring that the certified EHR technology is connected in a manner that provides for the electronic exchange of health information to improve the quality of care; and that in using certified EHR technology the provider must submit to the Secretary of Health & Human Services (HHS) information on quality of care and other measures.

Measure Steward: An individual or organization that owns a measure and is responsible for maintaining the measure.

Metric Specification Guide: A state developed guide that will provide additional information on the metrics and measures, data sources for each measure (whether the measure is collected by the state or the provider), the reference for the data steward for each metric (i.e. the National Quality Forum reference number, etc.) and the high performance level for each pay-for-performance metric.

Mid-point assessment: As part of the DSRIP review and ongoing funding, during DY3 of DSRIP, the state's independent assessor shall assess Performing Provider Systems performance to determine whether their DSRIP project plans merit continued funding and provide. Based on the findings, the independent assessor makes a recommendation to the state. The state then uses the assessor's recommendations to determine whether a project plan should be continued, discontinued or continued with alterations to the project plan.

Milestone: DSRIP project actions or activity goals, achieved over time.

MRT Waiver Amendment: An amendment allowing New York to reinvest $8 billion in Medicaid Redesign Team generated federal savings back into NY's health care delivery system over five years. The Waiver amendment contains three parts: Managed Care, State Plan Amendment and DSRIP. The amendment is essential to implement the MRT action plan as well as prepare for ACA implementation.

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N

National Committee for Quality Assurance NCQA: A private, not-for-profit organization dedicated to improving health care quality. Since its founding in 1990, NCQA has been a central figure in driving improvement throughout the health care system, helping to elevate the issue of health care quality to the top of the national agenda. NCQA has helped to build consensus around important health care quality issues by working with large employers, policymakers, doctors, patients and health plans to decide what's important, how to measure it, and how to promote improvement.

New York State Health Innovation Plan (SHIP): - In April 2013, the New York State Department of Health was awarded a State Innovation Models (SIM) grant by the Centers for Medicare and Medicaid Innovation (CMMI) to develop a State Healthcare Innovation Plan (hereafter "the Plan") and is the roadmap to achieve the "Triple Aim" for all New Yorkers: improved health, better health care quality and consumer experience, and lower costs. The intent and goal of the Plan is to identify and stimulate the spread of promising innovations in health care delivery and finance that result in optimal health outcomes for all New Yorkers.

P

Partnership Plan (NY): – As part of Section 1115 of the Social Security Act, the Partnership Plan Section 1115(a) Demonstration for New York, uses a managed care delivery system to create efficiencies in the Medicaid program and enable the extension of coverage to certain individuals who would otherwise be without health insurance. CMS has approved New York's request for an amendment to New York's Partnership Plan, authorizing the creation of a Delivery System Reform Incentive Payment (DSRIP) Fund.

Patient Centered Medical Home (PCMH): A way of organizing primary care that emphasizes care coordination and communication to provide patients with timely, well-organized and integrated care, and enhanced access to teams of providers within a health care organization.

Pay-for-Performance (P4P): Payment model that rewards providers for meeting certain pre-established performance targets or measures for quality and efficiency.

Pay-for- Reporting (P4R): Payment model that rewards providers for reporting on certain pre-determined metrics.

Percentage Achievement Value (PAV): The ratio of the actual Achievement Value (AV) points earned by a Performing Provider System for meeting performance metrics during a reporting period to the total possible achievement value points that could have been earned by the Performing Provider System during the reporting period.

Performing Provider Systems (PPS): Entities that are responsible for performing a DSRIP project. DSRIP eligible providers, which include both major public general hospitals and safety net providers, collaborating together, with a designated lead provider for the group.

Plan Application Score: Each Performing Provider System's final plan application will receive a score (out of 100 possible points) base on the application's fidelity to the project description,

likelihood of achieving DSRIP objectives by implementing the project. The plan application score is one variable used in calculating the maximum value of a project.

Population-wide Project Implementation Milestones: Also known as Domain 4, DSRIP performing provider systems responsible for reporting progress on measures from the New York State Prevention Agenda. These metrics will be measured for a geographical area denominator of all New York State residents, already developed as part of the Prevention Agenda: http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/index.htm

Potentially Preventable Emergency Room Visits (PPVs): Part of the nationally recognized measures for avoidable hospital use. The measures identify emergency room visits that could have been avoided with adequate ambulatory care.

Potentially Preventable Readmissions (PPRs): Part of the nationally recognized measures for avoidable hospital use. PPRs measure readmissions to a hospital following a prior discharge from a hospital and that is clinically-related to the prior hospital admission.

Prevention Agenda: As Part of Domain 4, Population-wide Strategy Implementation Milestones, the Prevention Agenda refers to the "blueprint for state and local action to improve the health of New Yorkers in five priority areas and to reduce health disparities for racial, ethnic, disability, socioeconomic and other groups who experience them", as part of New York State's Health Improvement Plan . Further information: http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/index.htm

Prevention Quality Indicators – Adults (PQIs): Part of the nationally recognized measures for avoidable hospital use PQIs are a set of measures that can be used with hospital inpatient discharge data to identify quality of care for "ambulatory care sensitive conditions." These are conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease. The PQIs are population-based and can be adjusted for covariates for comparison purposes. Additionally there are similar potentially preventable hospitalization measures for the pediatric population referred to as PDIs.

Prevention Quality Indicators – Pediatric (PDIs): Part of the nationally recognized measures for avoidable hospital use that can be used with hospital inpatient discharge data to provide a perspective on the quality of pediatric healthcare. Specifically, PDIs screen for problems that pediatric patients experience as a result of exposure to the healthcare system and that may be amenable to prevention by changes at the system or provider level. Similarly the PDIs are population based and can be also be adjusted for covariates for evaluation.

Project Advisory Committee (PAC): is a state mandated, internal advisory entity within every Performing Provider System (PPS) that offers recommendations and feedback on PPS initiatives. The PAC should be involved in the various facets of developing a PPS' DSRIP Project Plan and then engaged in the implementation and oversight of the Project Plan. PAC meetings/conference calls serve as forum to share and review proposals as well as discuss ideas that will affect the PPS and its workforce. PACs should meet no less than once a month during the DSRIP planning phase and no less than once a quarter during the implementation phase.

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Project Design Grants: As part of the DSRIP pre-implementation activities, the state will provide allotted amounts to providers for DSRIP Design Grants from a designated Design Grant Fund. These grants will enable providers to develop specific and comprehensive DSRIP Project Plans. Applicants who receive project design grants are expected to submit a DSRIP project plan or they will have to refund DSRIP Project Design Grant awards.

Project Progress Milestones: Also known as Domain 1, measures the investments in technology, tools, and human resources that strengthen the ability of the performing provider systems (PPS) to serve target populations and pursue DSRIP project goals. The Project Progress milestones include monitoring of the project spending and post-DSRIP sustainability. In addition, submission of quarterly reports on project progress specific to the PPS DSRIP project and it's Medicaid and low-income uninsured patient population.

Project Toolkit: A state developed guide that will provide additional information on the core components of each DSRIP strategy, how they are distinct from one another, and the rationale for selecting each strategy (i.e. evidence base for the strategy and it's relation to community needs for the Medicaid and uninsured population). In addition, the strategy descriptions provided in the toolkit will be used as part of the DSRIP Plan Checklist and can serve as a supplement to assist providers in valuing projects.

Project Valuation: Process by which the state assigns monetary value to Performing Provider Systems' final project plans.

Public Hospital Transformation Fund: A DSRIP funding pool, available to Performing Provider System applicants led by a major public hospital system.

Q

Quality Strategy: A requirement of the 1115 Waiver, delineates the goals of the NYS Medicaid managed care program and the actions taken by the New York State Department of Health (NYS DOH) to ensure the quality of care delivered to Medicaid managed care enrollees. The Strategy has evolved over time as a result of programmatic changes, member health needs, clinical practice guidelines, federal and state laws, lessons learned, and best practices; it has been successful as it has documented improvement in the quality of health care being provided to enrollees.

R

Rapid Cycle Evaluation: As part of the DSRIP Project Plan submission requirements, the Performing Provider Systems must include in its' plan, an approach to rapid cycle evaluation, which informs the system in a timely fashion of its progress, how that information will be consumed by the system to drive transformation and who will be accountable for results, including the organizational structure and process to be overseen and managed.

Review Tool: As part of the DSRIP project plan application review, the state, in collaboration with the independent assessor, will develop and use a standardized review tool used to review DSRIP project plans and ensure compliance with the DSRIP Special Terms and Conditions (STC's) and associated protocols. The review tool will define the relevant factors, assign weights to each factor, and include a scoring for each factor. Each factor will address the anticipated impact of the project on the Medicaid and uninsured populations consistent with the overall purpose of the DSRIP program.

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S

Safety Net Performance Provider System Transformation Fund: A DSRIP funding pool, available to non-public DSRIP eligible providers (includes hospitals, nursing homes, clinics including FQHCs, behavioral health providers….).

Safety Net Provider (SNP): Entities that provider care to underserved and vulnerable populations. The term "safety net" is used because for many low-income and vulnerable populations, safety net providers are the “invisible net of protection” for individuals whose lack of health coverage or other social and economic vulnerabilities limits their ability to access mainstream medical care.

Below is the DSRIP specific definition of safety-net provider:

The definition of safety net provider for hospitals will be based on the environment in which the performing provider system operates. Below is the safety net definition:

- A **hospital** must meet one of the three following criteria to participate in a performing provider system:
    1. Must be either a public hospital, Critical Access Hospital or Sole Community Hospital, or

    2. Must pass two conditions:
        A. At least 35 percent of all patient volume in their outpatient lines of business must be associated with Medicaid, uninsured and Dual Eligible individuals.
        B. At least 30 percent of inpatient treatment must be associated with Medicaid, uninsured and Dual Eligible individuals; or

    3. Must serve at least 30 percent of all Medicaid, uninsured and Dual Eligible members in the proposed county or multi-county community. The state will use Medicaid claims and encounter data as well as other sources to verify this claim. The state reserves the right to increase this percentage on a case by case basis so as to ensure that the needs of each community’s Medicaid members are met.

- **Non-hospital based providers**, not participating as part of a state-designated health home, must have at least 35 percent of all patient volume in their primary lines of business associated with Medicaid, uninsured and Dual Eligible individuals.

- **Vital Access Provider Exception**: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are:
    - A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
    - Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
    - Any state-designated health home or group of health homes.

- **Non-qualifying providers** can participate in Performing Providers Systems. However, non-qualifying providers are eligible to receive DSRIP payments totaling no more than 5 percent of a project's total valuation. CMS can approve payments above this amount if it is deemed in the best interest of Medicaid members attributed to the Performing Provider System.

SHIN-NY via a Qualified Entity: This term can be considered the same as "local health information exchange/RHIO/SHIN-NY". Based upon pending regulation which is expected to be finalized early 2015, "Statewide Health Information Network for New York" or "SHIN-NY" means a set of agreements (and the transactions, relations and data that are created by and through such set of agreements) between the department, the state designated entity, QEs and QE Participants to make possible the exchange of clinical information among QE Participants for authorized purposes to improve the quality, coordination and efficiency of patient care, reduce medical errors and carry out public health and health oversight activities, while protecting privacy and security. Pursuant to such agreements, the state designated entity, the QEs and the QE Participants agree to be bound by policy and technical requirements in SHIN-NY policy standards that has been created through the statewide collaboration process. Existing RHIOs and other such health information exchange organizations may apply to become qualified health IT entities (QEs). To become a QE and to maintain that designation, an organization must adhere to policies, such as the SHIN-NY Policy Standards, that enable widespread interoperability among disparate health information systems, including electronic health records, personal health records and public health information systems, while protecting privacy and security.

Special Terms and Conditions (STC): Describes the general rules and requirements of the Delivery System Reform Incentive Payment (DSRIP) Program.

Statewide Accountability: New York State meeting overall state milestones as described in the STCs and Attachment I. Statewide achievement of performance goals and targets must be achieved and maintained for full access to the funding level as specified in the STCs.

Statewide Planning and Research Cooperative System (SPARCS): A comprehensive data reporting system established in 1979 as a result of cooperation between the health care industry and government. Initially created to collect information on discharges from hospitals, SPARCS currently collects patient level detail on patient characteristics, diagnoses and treatments, services, and charges for every hospital discharge, ambulatory surgery patient, and emergency department admission in New York State.

Supportive Housing: is a type of affordable rental housing operated by non-profit organizations, in which all members of the tenant household have easy, facilitated access to a flexible and comprehensive array of supportive services designed to assist the tenants to achieve and sustain housing stability and to live more productive lives in the community. Supportive housing units are intended to meet the needs of people with special needs who are homeless or would be at-risk of homeless-or cycling through institutional care-were it not for the integration of affordable housing and support services.

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System Transformation Milestones: Also known as Domain 2, these are outcomes based on a community needs assessment, which reflect measures of inpatient/outpatient balance, increased primary care/community-based services utilization, rates of global capitation, partial capitation, and bundled payment of providers by Medicaid managed care plans and measures for patient engagement.

T

3M: A company that provides software for analysis of potentially preventable events.

Total Achievement Value: The sum of all Achievement Value (AV) points a Performing Provider System has obtain for meeting performance metrics during a reporting period.

U

V

Valuation Benchmark: An external benchmark expressed in a per capital value that is based on a similar delivery reforms and used in the project valuation process. The valuation benchmark is set based on the overall scope of applications received with a maximum statewide value on $15.

Vital Access Provider (VAP) Program: Funding available to qualified healthcare providers for supplemental financial assistance to improve community care in support of ensuring financial stability and advance ongoing operational change to improve community care.

W

Q, Y, Z