



The New York State, Department of Health is pleased to provide a Summary of the DSRIP Project Plan Application comments and feedback for public review. DOH received over 500 comments from over 75 organizations and individuals. The document that follows provides a list of the organizations and individuals and a summary of the comments that required change.

List of Organizations and Individuals

1199 SEIU – United Healthcare Workers East	Leading Age
Adirondack Health Institute	Manatt, Phelps & Phillips, LLP
Bassett Health Plan	Medicaid Matters NY
Broadway Pharmacy Inc.	Montefiore Health System
Catholic Health Services of Long Island	Mount Sinai PPS Team
Centro Medico Dominicano	New York eHealth Collaborative (NYeC)
CHCANYS	New York Presbyterian
Children's Home of Jefferson County	New York Therapeutic Communities, Inc.
Commission on the Public's Health Systems	North Country Family Health Center/ North
Community Radiology NY	Country Behavioral Healthcare Network
Community Service Society	Northeast Group
Continuing Care Leadership Coalition	NY Immigration Coalition
Daughters of Jacob Nursing Home	NYC Department of Health and Mental Hygiene
David Alpern	NYeC
Dileivis Gomez	NYS Nurses Association
District Council 37, AFSCME, AFL-CIO	NYTC Programs
DSRIP FingerLakes	Optimus Health Analytics
Ebstein, Becker, Green	Preventative Diagnostics
Family Planning Advocates of New York State	Primary Care Development Corporation (PCDC)
FDRHPO	Qua, Inc.
Fernando T. Taveras, MD	R.A.I.N.
Friends and Family Home Care Services	Rapid Care Solutions
GNVHA	Refuah Community Health Collaborative (RCHC)
Gwendolyn Kennely	Robert Jones
Hailu Assefa	Rochester Reagional Health Systems
HANYS	Rosa Perpnan
Harlem East Life Plan	Sabirah Greene
Health Management Associates	Salcare Home Health Services, Inc.
Health People	Samaritan Medical Center Addiction Services
Hudson Valley DSRIP Collaborative (HVDC)	Selina Norwood
Jim Scordo, LMSW, CASAC	Southern Tier Independence Center (STIC)
Juan Hilrado	St. Mary's Healthcare – Amsterdam
Judy Wessler	Summit Home Health Care
Kevin Holmes	The Center of Excellence in Culturally
Kormos and Company LLC	Competent Mental Health
Latisha Gibbs	

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Transitional Living Services of Northern New
York
UB Primary Care Research Institute
UHS Binghamton General Hospital
Vanetta McFadden
Westchester Medical Center and its Center for
Regional Healthcare Innovation (CRHI)
Williamsburg Physical Therapy P.C.
xG Health Solution

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Comment Number	Theme	Section	Comment	Who	Response
1	Org App	PAC	There is no membership requirement detailed, including how representative the membership is. Details of expectations of representation should be included, by type of CBO, race, ethnicity, disability and more.		Will update "Organizational Application" to reflect the change, mirroring request from governance structure for "sufficient representation with respect to all of the providers and community organizations included within the PPS network."
2	Org App	Executive Summary	DOH should remove the COPA and ACO boxes from the Application	Manatt	Will update application to reflect this change
3	Org App	CAN	The application asks for a succinct summary of the current assets and resources that can be mobilized and employed to help achieve many of the DSRIP projects. This question should specifically ask PPSs which partners will play what roles within each project and should be asked consistently across projects. Additionally, applicants should be required to discuss how they plan to serve special populations, identify the systems of care that are already in place for these populations and describe how PPS services will be integrated with and build on these existing systems of care.	CHCANYS	The CNA needs to explain the needs and gaps in a PPS region, and the needs for particular projects. The project selection was to give DOH an initial sense on the expected needs of the community, and is expected to expand upon the narrative in the general Community Needs Assessment. Yes, there are slight differences in the project requirements and metrics to be used across the projects. That said, some Project metrics are being revised in the Final DSRIP Application.



4	Org App	Governance	<p>This section's financial and organizational structure component references establishment of a compliance program in accordance with New York State law. That law requires Medicaid providers to establish compliance programs to ensure appropriate billing and payment. we believe that the application should simply require the PPS to indicate that it will develop a compliance program that meets the requirements of State Social Service law as part of its managed care contracting strategy.</p>	GNYHA	<p>The Social Services Law text correction has been noted</p>
5	Org App		<p>The word limits on application sections (often 500-1500 words) will make it difficult for lead PPSs to provide details that demonstrate meaningful inclusion of partners in the PPS design, structure, and payment.</p>	CHCANYS	<p>Some word limits in certain projects are being revised based on public comments.</p>
6	Org App	CNA	<p>In the Community Needs Assessment section, Community Resources Supporting PPS Approach, Commenter requested that DOH, the Office of Mental Health, the Office of Alcoholism and Substance Abuse Services, and other state agencies, "provide a directory of these resources, because these agencies should have access to more comprehensive information than PPSs."</p>	HANYS	<p>A list of safety net providers, as well as a listing of pending-safety net community based organizations is available on the DOH DSRIP web site at. This list is not exhaustive and therefore should be used with that understanding. Each PPS should engage in outreach to develop partnerships with other community based organizations not listed, yet active, in providing services to</p>



					Medicaid recipients in the PPS service area.
7	Domain 1	Data Source	<p>“Sample of Transactions to Public Health Registries” DOH should at minimum strike the word “public” from the requirement if the project requirement does not explicitly require submission of data to a public health agency. We also recommend DOH consider removing this as a Domain 1 metric altogether, keeping metrics focused on goals and objectives and allowing the PPS the flexibility</p>	Multiple: Manatt, NYeC	Will update Project Requirements and/or Domain 1 Requirements to reflect change if considered appropriate
8	Domain 1		<p>Delete “DURSA certification” as a data source for the project requirement of “[e]nsure that EHR systems used by participating providers meet Meaningful Use and PCMH Level 3 standards.” Meaningful use certification from CMS or NYS Medicaid should be the definitive information source for this standard.</p> <p>Use “QE participant agreement” instead of the existing reference to a DURSA as evidence of participation in the SHIN-NY</p>	NYeC	Will update Project Requirements and/or Domain 1 Requirements to reflect change as appropriate
9	Domain 1	Metric	<p>“All Practices Meet NCQA Level 3 PCMH and/or ACPM Standards” DOH should insert the word “eligible” before “practices” as NCQA has a strict set of requirements to determine which types and specialties of</p>	Manatt	Will update Project Requirements and/or Domain 1 Requirements to reflect change as appropriate



			practice are eligible to participate in the accreditation program.		
10	Domain 1		Modify the metric for use of the SHIN-NY from “PPS uses alerts and secure messaging functionality” to “PPS uses Directed exchange (secure messaging), alerts and patient record look up”	NYeC	Will update Project Requirements and/or Domain 1 Requirements to reflect change as appropriate
11	Project		Recommendation: instead of using RHIO Consent Form to measure actively engaged, the measurement could be the number of patients served by the PPS PCMHs	HANYS	Clarification was made to the definition of “actively engaged”
12	Project	2.a.i	If the goal is to get 100% RHIO consent forms throughout the network all providers in a PPS must be equipped to do so and must have patient consent. PPS scores should not be impacted if patients decide to opt out of the RHIO. A better measure would be documentation of the number of attempts to get patient consent to join the RHIO	Multiple: STIC, HANYS	Clarification was made to the definition of “actively engaged”
13	Project	2.b.i	Clarify the data source listed for the project	GNVHA	Project and data source were corrected
14	Project	2.b.ii	Clarify the correct title and project index score for project	Health Management Associates	Project and index score were corrected



15	Project		Clarify the correct data source to the project	FDRHPO	Project and data source were corrected
16	Project	2.b.iv	Recommendation: The project description uses the term "case manager" to perform certain functions enumerated in the same section. GNYHA recommends that the PPS determine the staff or team members who will deliver the required functions to meet the project's goals and objectives	GNYHA	Will update project description to reflect this change
17	Project		Patients will have to give consent for information sharing. If patients do not give that consent DSRIP project success will be impacted as communication within the PPS is key to DSRIP project success. Project Requirements and Metrics and Milestones should be amended as a result of this. Another concern is that regulatory waivers may not exceed the life of the DSRIP project.	STIC	Clarification was made to the definition of "actively engaged"
18	Project	2.b.vii	<p>Recommendation to modify project requirements to specify that the INTERACT 3.0 or 4.0 toolkit can be used</p> <p>Recommendation to modify project requirements to specify "implementation" of care pathways rather than "development"</p>	GNYHA	Will update project to reflect these changes



19	Project	3.a.i	Removal of the phrase "all practice hours" because certain markets have unique challenges, such as rural areas and their workforce recruitment	GNYHA	Will update Project Requirements and/or Domain 1 Requirements to reflect change as appropriate
20	Project	3.c.i	Revise the project title. The project is a practice-based intervention rather than a community supports based intervention.	Manatt	Will update project title to reflect this change
21	Project	Clarification/ Definition	"Co-location;" "co-location during all practice hours"	Multiple: FDRHPO, Health Management Associates, Samaritan Medical CAS, HANYS, Transitional Living Services of Northern NY	Changes were made to clarify the definition of these terms
22	Project		Specific definition of relationship between PPSs and CBOs needed	Multiple: Commission on the Public's Health Systems, Judy Wessler, Health People	



23	Project		"Actively engaged"	Adirondack Health Institute	
24	Project		"Number committed"	xG Health Solutions	
25	Project		"Immediate" "timely"	DSRIP Fingerlakes	
26	Project		"Targeted population"	Manatt	
27	Project		"Safety net provider"	Manatt	
28	Project		"DSRIP Year" vs. "Demonstration Year"	Adirondack Health Institute	