



**New York State Department Of Health  
Delivery System Reform Incentive Payment Project**

**DSRIP PPS Organizational Application**

**CNY DSRIP Performing Provider System (PPS ID:8)**

**SECTION 1 – EXECUTIVE SUMMARY:**

**Section 1.0 - Executive Summary - Description:**

**Description:**

The DSRIP PPS Organizational Application must include an executive summary clearly articulating how the PPS will evolve into a highly effective integrated delivery system. This section will also include questions about any application(s) for regulatory relief the PPS is pursuing.

**Scoring Process:**

This section is not factored into the scoring of the PPS application. This response will be reviewed for completeness and a pass/fail determination will be made.

**Section 1.1 - Executive Summary:**

**\*Goals:**

Succinctly explain the identified goals and objectives of the PPS. Goals and objectives should match the overall goals of the NY DSRIP waiver and should be measurable.

#	Goal	Reason For Goal
1	Build an integrated health care delivery system for Medicaid members and the low-income uninsured.	To effectively and efficiently meet the needs of Medicaid and low-income uninsured individuals in CNY by delivering accessible evidence-based high quality care in the right setting at the right time, at the appropriate cost. Also to educate, align, and support providers and community organizations in a structured collaborative with the purpose, staff and resources to transform care services and to respond to changes in the market through right sizing and re-purposing to better meet population needs based on a comprehensive needs assessment.
2	Build, improve, and integrate primary care and behavioral health access and coordination.	To improve and sustain the regional ability to maintain health, prevent acute disease, and reduce the morbidity associated with chronic illness through improved access, prevention and disease management strategies.
3	Ensure access and transform care, systems, coordination, and transitions of care across sectors.	To reduce gaps and inefficiencies in care, coordination, communications, and service delivery among providers and community organizations, improving the experience of care, compliance with therapies and prevention, and reducing by 25% the preventable emergency visits and hospital admissions.
4	Engage the workforce in understanding and accessing health care transformation opportunities.	To foster awareness of job changes in the health system and to develop the workforce for anticipated changes in services, skill requirements, and opportunities.
5	Assure a sustainable network.	To create a representative governance structure to provide a sustainable organization that is effective, ethical, compliant, accountable, and responsive to community needs and that matures into an ACO-like organization to establish value-based payment arrangements and align provider compensation to patient outcomes.
6	Implement a comprehensive population health management strategy.	To provide a new model of care which will deliver appropriate preventive, routine services to the population at large, and evidence-based care to medically complex patients.

**\*Formulation:**

Explain how the PPS has been formulated to meet the needs of the community and address identified healthcare disparities.

Initially, Auburn Community Hospital, Faxton St. Luke's Healthcare, St. Joseph's Hospital Health Center, and Upstate University Hospital led 4 separate PPSs with overlapping networks, separate PACs, and independent Projects.

PPS Partners, PAC Members, DOH, KPMG, and others advised against separate PPSs, encouraging cooperation. The PPS leads listened to the community and their Partners and established a single PPS on October 22. This collaboration demonstrates a common vision to make significant differences in the lives of the most vulnerable populations in CNY.



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The co-leads developed a governance model for representative decision-making, network accountability effective performance, and sustainability. The bylaws assure balanced decision-making, a robust committee structure, inclusive communications and transparency, joint planning and strong oversight of network performance.

One CNY PPS ensures adequate representation and participation by Partners, more engagement of the community, increased access to care, smoother transitions of care across settings, and an increased ability to target efforts where most needed to address healthcare disparities and community needs.

**\*Steps:**

Provide the vision of what the delivery system will look like after 5 years and how the full PPS system will be sustainable into future.

CNYCC's vision is to transform the systems of care for Medicaid beneficiaries and low-income uninsured.

CNYCC will provide the structure and technical support, as well as the resources and operating systems for engaging providers, employees, and community-based organizations in practical service delivery change across a six-county region.

With providers in regional groupings, CNYCC will improve both access and coordination involving primary care, behavioral health, preventive health services, and community supports.

CNYCC will use professional staff, peer supports, subject matter experts, along with technology and resource availability, to develop a cohesive and sustainable infrastructure that assures DSRIP goals are achieved, both in the areas of population health and in a cumulative 25% reduction in preventable emergency and hospital use over five years.

Beyond DSRIP, CNYCC will develop the knowledge, analytical infrastructure, and professional expertise to accept Medicaid post-FFS payment methodologies.

**\*Regulatory Relief:**

Is the PPS applying for regulatory relief as part of this application? Yes

For each regulation for which a waiver is sought, identify in the response below the following information regarding regulatory relief:

- Identify the regulation that the PPS would like waived (please include specific citation);
- Identify the project or projects in the Project Plan for which a regulatory waiver is being requested and outline the components of the various project(s) that are impacted;
- Set forth the reasons for the waiver request, including a description of how the waiver would facilitate implementation of the identified project and why the regulation might otherwise impede the ability of the PPS to implement such project;
- Identify what, if any, alternatives the PPS considered prior to requesting regulatory relief; and
- Provide information to support why the cited regulatory provision does not pertain to patient safety and why a waiver of the regulation(s) would not risk patient safety. Include any conditions that could be imposed to ensure that no such risk exists, which may include submission of policies and procedures designed to mitigate the risk to persons or providers affected by the waiver, training of appropriate staff on the policies and procedures, monitoring of implementation to ensure adherence to the policies and procedures, and evaluation of the effectiveness of the policies and procedures in mitigating risk.

***PPS' should be aware that the relevant NYS agencies may, at their discretion, determine to impose conditions upon the granting of waivers. If these conditions are not satisfied, the State may decline to approve the waiver or, if it has already approved the waiver, may withdraw its approval and require the applicant to maintain compliance with the regulations.***

#	Regulatory Relief(RR)	RR Response
1	14 NYCRR § 599.3(d), 599.4(r) & (ab), 599.5(f) and 599.12	2.a.i, 3.a.i: The cited regulations require licensure by DOH of mental health providers if the provision of medical services exceeds a certain percentage of total annual visits, licensure by OMH of certain Article 28 providers that provide mental health visits, prior approval for changes to existing operating certificates and the submission of a plan to be approved by OMH prior to