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

DSRIP Implementation Plan Project

Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

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Quarterly Report - Implementation Plan for Finger Lakes Performing Provider Systems, Inc.

Year and Quarter: DY1, Q3 **Quarterly Report Status:** Adjudicated

Status By Section

Section	Description	Status
Section 01	Budget	Completed
Section 02	Governance	Completed
Section 03	Financial Stability	Completed
Section 04	Cultural Competency & Health Literacy	Completed
Section 05	IT Systems and Processes	Completed
Section 06	Performance Reporting	Completed
Section 07	Practitioner Engagement	Completed
Section 08	Population Health Management	Completed
Section 09	Clinical Integration	Completed
Section 10	General Project Reporting	Completed
Section 11	Workforce	Completed

Status By Project

Project ID	Project Title	Status
2.a.i	Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management	Completed
2.b.iii	ED care triage for at-risk populations	Completed
2.b.iv	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions	Completed
2.b.vi	Transitional supportive housing services	Completed
2.d.i	Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care	Completed
3.a.i	Integration of primary care and behavioral health services	Completed
3.a.ii	Behavioral health community crisis stabilization services	Completed
3.a.v	Behavioral Interventions Paradigm (BIP) in Nursing Homes	Completed
3.f.i	Increase support programs for maternal & child health (including high risk pregnancies) (Example: Nurse-Family Partnership)	Completed
4.a.iii	Strengthen Mental Health and Substance Abuse Infrastructure across Systems	Completed
4.b.ii	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer	Completed

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Section 01 – Budget

IPQR Module 1.1 - PPS Budget Report (Baseline)

Instructions :

This table contains five budget categories. Please add rows to this table as necessary in order to add your own sub-categories. The budget categories used in this table should reflect the budget categories you used in your application. If budget entered varies from PPS application or previous implementation plan submission, please describe changes and justifications in the box provided.

Budget Items	DY1 ($)	DY2 ($)	DY3 ($)	DY4 ($)	DY5 ($)	Total ($)
Waiver Revenue	84,539,692	90,091,526	145,689,305	129,007,323	84,539,692	533,867,539
Cost of Project Implementation & Administration	**12,680,954**	**13,513,730**	**21,853,397**	**19,351,099**	**12,680,954**	**80,080,134**
Cost of Project Implementation	9,686,256	10,066,742	15,694,155	13,560,428	8,560,637	57,568,218
Cost of Administration	2,994,698	3,446,988	6,159,242	5,790,671	4,120,317	22,511,916
Revenue Loss	**8,453,969**	**9,009,152**	**14,568,930**	**12,900,732**	**8,453,969**	**53,386,752**
Internal PPS Provider Bonus Payments	**0**	**0**	**0**	**0**	**0**	**0**
Cost of non-covered services	**8,453,969**	**9,009,152**	**14,568,930**	**12,900,732**	**8,453,969**	**53,386,752**
Other	**54,950,800**	**58,559,492**	**94,698,048**	**83,854,760**	**54,950,800**	**347,013,900**
Payments to Partners for Contracted Project Work	54,950,800	58,559,492	94,698,048	83,854,760	54,950,800	347,013,900
Total Expenditures	**84,539,692**	**90,091,526**	**145,689,305**	**129,007,323**	**84,539,692**	**533,867,538**
Undistributed Revenue	**0**	**0**	**0**	**0**	**0**	**1**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

FLPPS budget categories submitted in the June 1 submission do not align with the categories in the current MAPP tool module 1.1. The crosswalk for FLPPS used to complete this submissions is as follows: Cost of Project Implementation = Administration and Operational Costs (15%); Cost of non-covered services=Sustainability (10%); Revenue Loss=Contingency and Revenue Loss (10%); Other=Partner Share of Funds (65%). The Internal PPS Provider Bonus Payments is the same as the original submission and still TBD based on actual high performance dollar drown for the PPS. The total net project value in the MAPP tool is also off by $1 when compared to the amount from the award letter. Please note that our original DY projections did not align with those included in the MAPP tool due to precision of decimal points in determining the % of funds from total award per DY.

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Module Review Status

Review Status	IA Formal Comments
Pass & Complete	

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IPQR Module 1.2 - PPS Budget Report (Quarterly)

Instructions :

Please include updates on budget items for this quarterly reporting period. Reported actual spending will be compared to baseline projections and deviations will be evaluated.
Any explanations regarding deviations from baseline projections must be included within the textbox, not as narrative within uploaded documentation.

Benchmarks

Waiver Revenue DY1	Total Waiver Revenue	Undistributed Revenue YTD	Undistributed Revenue Total
84,539,692	533,867,539	66,006,355	515,334,202

Budget Items	DY1 Q3 Quarterly Amount - Update	Cumulative Spending to Date (DY1 - DY5)	Remaining Balance in Current DY	Percent Remaining in Current DY	Cumulative Remaining Balance	Percent Remaining of Cumulative Balance
Cost of Project Implementation & Administration	**3,075,276**	**6,678,500**	**6,002,454**	**47.33%**	**73,401,634**	**91.66%**
Cost of Project Implementation	2,527,476					
Cost of Administration	547,800					
Revenue Loss	**0**	**0**	**8,453,969**	**100.00%**	**53,386,752**	**100.00%**
Internal PPS Provider Bonus Payments	**0**	**0**	**0**		**0**	
Cost of non-covered services	**0**	**0**	**8,453,969**	**100.00%**	**53,386,752**	**100.00%**
Other	**11,854,837**	**11,854,837**	**43,095,963**	**78.43%**	**335,159,063**	**96.58%**
Payments to Partners for Contracted Project Work	11,854,837					
Total Expenditures	**14,930,113**	**18,533,337**				

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 1.3 - PPS Flow of Funds (Baseline)

Instructions :

In the table below, please detail your PPS's projected flow of DSRIP funds for the next five years, splitting out the flow of funds by provider type. The provider types match the categories used for the Speed & Scale portion of your Project Plan Application.

- This table requires your funds flow projections on an annual basis. Subsequent quarterly reports will require you to submit your actual distribution of funds to these provider categories on a quarterly basis.
- These quarterly submissions of actual funds distribution will ultimately be required at the provider level (as opposed to the provider type level required here)

Funds Flow Items	DY1 ($)	DY2 ($)	DY3 ($)	DY4 ($)	DY5 ($)	Total ($)
Waiver Revenue	84,539,692	90,091,526	145,689,305	129,007,323	84,539,692	533,867,539
Practitioner - Primary Care Provider (PCP)	7,591,601	8,090,151	13,082,790	11,584,760	7,591,601	47,940,903
Practitioner - Non-Primary Care Provider (PCP)	5,791,843	6,172,201	9,981,223	8,838,335	5,791,843	36,575,445
Hospital	5,975,398	6,367,811	10,297,549	9,118,441	5,975,399	37,734,598
Clinic	10,030,335	10,689,040	17,285,520	15,306,262	10,030,335	63,341,492
Case Management / Health Home	645,442	687,829	1,112,306	984,942	645,442	4,075,961
Mental Health	6,350,333	6,767,368	10,943,683	9,690,590	6,350,333	40,102,307
Substance Abuse	3,074,793	3,276,719	5,298,866	4,692,125	3,074,793	19,417,296
Nursing Home	6,381,927	6,801,037	10,998,131	9,738,803	6,381,927	40,301,825
Pharmacy	2,504,713	2,669,201	4,316,433	3,822,185	2,504,713	15,817,245
Hospice	2,624,491	2,796,845	4,522,849	4,004,965	2,624,491	16,573,641
Community Based Organizations	1,141,241	1,216,188	1,966,728	1,741,530	1,141,241	7,206,928
All Other	11,292,651	12,034,255	19,460,900	17,232,553	11,292,651	71,313,010
PPS PMO	12,680,954	13,513,730	21,853,397	19,351,099	12,680,954	80,080,134
Total Funds Distributed	**76,085,722**	**81,082,375**	**131,120,375**	**116,106,590**	**76,085,723**	**480,480,785**
Undistributed Revenue	**8,453,970**	**9,009,151**	**14,568,930**	**12,900,733**	**8,453,969**	**53,386,754**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

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Module Review Status

Review Status	IA Formal Comments
Pass & Complete	

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IPQR Module 1.4 - PPS Flow of Funds (Quarterly)

Instructions :

Please include updates on flow of funds for this quarterly reporting period. Reported actual fund distribution will be compared to baseline projections and deviations will be evaluated.
Any explanations regarding deviations from baseline projections must be included within the textbox, not as narrative within uploaded documentation.

Benchmarks

Waiver Revenue DY1	Total Waiver Revenue	Undistributed Revenue YTD	Undistributed Revenue Total
84,539,692	533,867,539	69,609,579	518,937,426

Funds Flow Items	DY1 Q3 Quarterly Amount - Update	Total Amount Disbursed	Percent Spent By Project										DY Adjusted Difference	Cumulative Difference
			Projects Selected By PPS											
			2.a.i	2.b.iii	2.b.iv	2.b.vi	2.d.i	3.a.i	3.a.ii	3.a.v	3.f.i	4.a.iii	4.b.ii		
Practitioner - Primary Care Provider (PCP)	407,895	407,895	20.2	19.9	7.2	2.8	16.7	12.9	2.8	0	10.6	2.8	4.1	7,183,706	47,533,008
Practitioner - Non-Primary Care Provider (PCP)	0	0	0	0	0	0	0	0	0	0	0	0	0	5,791,843	36,575,445
Hospital	9,724,471	9,724,471	9.2	9.2	9.1	9	9	9.2	9	9.1	9.1	9	9.1	-3,749,073	28,010,127
Clinic	1,213,677	1,213,677	11.2	11	11	9.4	10.8	11.1	2.5	.8	10.1	10.9	11	8,816,658	62,127,815
Case Management / Health Home	3,000	3,000	25	0	0	0	0	25	25	0	0	25	0	642,442	4,072,961
Mental Health	174,393	174,393	14.4	12.1	8	7.2	10.9	12	10.9	6.1	.4	10.7	7.3	6,175,940	39,927,914
Substance Abuse	108,528	108,528	16.7	9.6	10.4	7.3	8.9	11.3	10.7	2.1	1.6	16.7	4.7	2,966,265	19,308,768
Nursing Home	25,966	25,966	37.49	4.8	20.2	2.9	0	0	31.7	0	0	0	2.9	6,355,961	40,275,859
Pharmacy	3,000	3,000	33.3	0	33.3	0	0	0	0	0	0	0	33.3	2,501,713	15,814,245
Hospice	0	0	0	0	0	0	0	0	0	0	0	0	0	2,624,491	16,573,641
Community Based Organizations	99,882	99,882	24.1	8.7	16.8	10.3	19.3	2	9.2	.8	2	3.1	3.7	1,041,359	7,107,046
All Other	94,025	94,025	18.29	14.5	16.1	6.5	12.3	4.9	4.9	3.5	3.3	4.2	11.5	11,198,626	71,218,985
PPS PMO	3,075,276	3,075,276	9	9	9	9	9	10	9	9	9	9	9	9,605,678	77,004,858
Total Funds Distributed	**14,930,113**	**14,930,113**													

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

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For PPS to provide additional context regarding progress and/or updates to IA.

Module Review Status

Review Status	IA Formal Comments
Pass (with Exception) & Ongoing	The amounts and percentages reported in the Provider Import/Export Tool does not align with the amounts and percentages reported in MAPP. Please update all amounts and percentages to ensure alignment and accuracy during the DY1, Q4 reporting period.

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IPQR Module 1.5 - Prescribed Milestones

Instructions :

Please provide updates to baseline target dates and work breakdown tasks with target dates for required milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement. Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Complete funds flow budget and distribution plan and communicate with network	In Progress	Funds Flow Budget and Distribution Plan, signed off by your Finance Committee, including details of your approach to funds flow on a whole-PPS and project-by-project basis; evidence of involvement of provider network in developing funds flow methodology.	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	YES
Task Develop a model to evaluate each partner's maximum valuation potential based on their selected projects and eligible metrics by provider type	Completed	Develop a model to evaluate each partner's maximum valuation potential based on their selected projects and eligible metrics by provider type	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop a funds flow model based on maximum potential valuation linked to achievement metrics	Completed	Develop a funds flow model based on maximum potential valuation linked to achievement metrics	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop PowerPoint that introduces concepts of impacts – example of volume changes, perhaps example by provider type, possible options for PPS to move towards value-based reimbursement	In Progress	Develop PowerPoint that introduces concepts of impacts – example of volume changes, perhaps example by provider type, possible options for PPS to move towards value-based reimbursement	04/01/2015	03/31/2020	10/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task Distribute deck via email to partners and ask for interest in a session on financial impacts on DSRIP	In Progress	Distribute deck via email to partners and ask for interest in a session on financial impacts on DSRIP	04/01/2015	03/31/2020	10/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task Hold virtual discussion/webinar, hold a dedicated session, or have speakers at each NOCN meeting in 2015 to have PPS partners start thinking about impacts of the DSRIP program	In Progress	Hold virtual discussion/webinar, hold a dedicated session, or have speakers at each NOCN meeting in 2015 to have PPS partners start thinking about impacts of the DSRIP program and key aspects of payment reform	04/01/2015	03/31/2020	10/01/2015	03/30/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
and key aspects of payment reform									
Task Develop a schedule and detailed plan for FLPPS PMO to lead quarterly sessions with providers to discuss: current PPS performance against metrics (process, reporting, and performance) and budget; Current PPS status on any contract negotiations (to be replaced in future on progress against medical budgets under shared savings or capitation); Current summary of PPS partner quarterly financial reporting (i.e. if 1 or 2 facilities were being monitored, if any others are expected to be monitored) – the health of the network; Any new impacts expected (ED triage ramping up to full scale commitment, ambulance triage process now changed to include urgent care, etc.)	In Progress	Develop a schedule and detailed plan for FLPPS PMO to lead quarterly sessions with providers to discuss: current PPS performance against metrics (process, reporting, and performance) and budget; Current PPS status on any contract negotiations (to be replaced in future on progress against medical budgets under shared savings or capitation); Current summary of PPS partner quarterly financial reporting (i.e. if 1 or 2 facilities were being monitored, if any others are expected to be monitored) – the health of the network; Any new impacts expected (ED triage ramping up to full scale commitment, ambulance triage process now changed to include urgent care, etc.)	04/01/2015	03/31/2020	10/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task Develop recommendations based on a number of approved alternate mechanisms for mitigation will be submitted to Finance Committee for review.	In Progress	Develop recommendations based on a number of approved alternate mechanisms for mitigation will be submitted to Finance Committee for review.	04/01/2015	03/31/2020	10/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task PMO staff provides the resources to carry out the mitigation steps.	In Progress	PMO staff provides the resources to carry out the mitigation steps.	04/01/2015	03/31/2020	10/01/2015	03/30/2016	03/31/2016	DY1 Q4	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

NYS Confidentiality – High

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Complete funds flow budget and distribution plan and communicate with network	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	

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IPQR Module 1.6 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 1.7 - IA Monitoring

Instructions :

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Section 02 – Governance

IPQR Module 2.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.
Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation. Note some milestones include minimum expected completion dates.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize governance structure and sub-committee structure	Completed	This milestone must be completed by 9/30/2015. Governance and committee structure, signed off by PPS Board.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task Establish governance structure and sub-committee structure	Completed	Establish governance structure and sub-committee structure	04/01/2015	05/01/2015	04/01/2015	05/01/2015	06/30/2015	DY1 Q1	
Task Populate interim committee membership based on PAC nominations, ensuring representation across the PPS geography and provider types including behavioral health, CBOs, and recipient represetntation	Completed	Populate interim committee membership based on PAC nominations, ensuring representation across the PPS geography and provider types including behavioral health, CBOs, and recipient represetntation	04/01/2015	05/01/2015	04/01/2015	05/01/2015	06/30/2015	DY1 Q1	
Task Review interim committee/workgroup membership for representation of provider types and geographies across PPS such as: --IT Committee --Finance Committee --Clinical Quality Committee and --Behavioral Health Subcommittee of the Clinical Quality Committee --Project Advisory Committee --Workforce Workgroup --Cultural Competency/Health Literacy Workgroup --Transportation Workgroup	Completed	Review interim committee/workgroup membership for representation of provider types and geographies across PPS such as: --IT Committee --Finance Committee --Clinical Quality Committee and --Behavioral Health Subcommittee of the Clinical Quality Committee --Project Advisory Committee --Workforce Workgroup --Cultural Competency/Health Literacy Workgroup --Transportation Workgroup --Housing Workgroup	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
--Housing Workgroup									
Task Recruit and onboard clinical Subject Matter Experts to serve on the 11 project workgroups, the IDS, and clinical quality committee to ensure communication and information flow across projects and committees.	Completed	Recruit and onboard clinical Subject Matter Experts to serve on the 11 project workgroups, the IDS, and clinical quality committee to ensure communication and information flow across projects and committees.	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Clinical Quality Committee Co-Chairs to review Committee Membership to ensure committee representation that includes behavioral health, CBOs, etc.	Completed	Clinical Quality Committee Co-Chairs to review Committee Membership to ensure committee representation that includes behavioral health, CBOs, etc.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Add or replace new members to interim committees as necessary	Completed	Add or replace new members to interim committees as necessary	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Board vote, adopt, and sign off on structure and membership	Completed	Board vote, adopt, and sign off on structure and membership	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project	Completed	This milestone must be completed by 12/31/2015. Clinical Quality Committee charter and committee structure chart	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Appoint Clinical Quality Committee Co-Chairs and Clinical Quality Committee Membership	Completed	Appoint Clinical Quality Committee Co-Chairs and Clinical Quality Committee Membership	04/01/2015	05/01/2015	04/01/2015	05/01/2015	06/30/2015	DY1 Q1	
Task Establish a Clinical Quality committee that provides oversight of the clinical aspects of DSRIP project implementation as part of the FLPPS Governance structure	Completed	Establish a Clinical Quality committee that provides oversight of the clinical aspects of DSRIP project implementation as part of the FLPPS Governance structure	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Establish 11 project workgroups to serve as clinical quality committee for each DSRIP project using representation of PPS geographies and provider types to form cross-functional workgroups	Completed	Establish 11 project workgroups to serve as clinical quality committee for each DSRIP project using representation of PPS geographies and provider types to form cross-functional workgroups	04/01/2015	05/01/2015	04/01/2015	05/01/2015	06/30/2015	DY1 Q1	
Task	Completed	Review project workgroup membership, revise members	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Review project workgroup membership, revise members where necessary to ensure representation by geography and provider type		where necessary to ensure representation by geography and provider type							
Task Create a process for regular meetings and updates to the clinical quality committee.	Completed	Create a process for regular meetings and updates to the clinical quality committee.	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop charters for 11 project workgroups to provide Subject Matter Expertise and recommendations to the Clinical Quality Committee	Completed	Develop charters for 11 project workgroups to provide Subject Matter Expertise and recommendations to the Clinical Quality Committee	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Utilize Clinical SMEs to establish a process for determining clinical guidelines and protocols and clinical excellence (metrics) expectations for implementation, selected from Attachment J from each project.	Completed	Utilize Clinical SMEs to establish a process for determining clinical guidelines and protocols and clinical excellence (metrics) expectations for implementation, selected from Attachment J from each project.	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Establish tool for project workgroup tracking to be used by the Clinical Quality Committee in evaluating metric performance	Completed	Establish tool for project workgroup tracking to be used by the Clinical Quality Committee in evaluating metric performance	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable	Completed	This milestone must be completed by 9/30/2015. Upload of bylaws and policies document or committee guidelines.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task Draft BOD bylaws and committee guidelines ("charters") to serve as guidelines for PPS Governance.	Completed	Draft BOD bylaws and committee guidelines ("charters") to serve as guidelines for PPS Governance.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Review and revise Board of Directors bylaws and policies and committee guidelines ("charters"), where necessary	Completed	Review and revise Board of Directors bylaws and policies and committee guidelines ("charters"), where necessary	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Adopt and obtain BOD approval for bylaws and Committee charters to serve as guidelines for PPS Governance	Completed	Adopt and obtain BOD approval for bylaws and Committee charters to serve as guidelines for PPS Governance	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task	Completed	Obtain Board of Directors approval of any changes made to	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	

Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Establish a process for periodic review workgroup charters & update as needed		the bylaws and committee guidelines ("charters") as changes are made following the initial approval process							
Task Obtain Board of Directors approval of any changes made to the bylaws and committee guidelines ("charters") as changes are made following the initial approval process	Completed	Obtain Board of Directors approval of any changes made to the bylaws and committee guidelines ("charters") as changes are made following the initial approval process	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Review final charters when necessary as changes are adopted with committee & workgroup members	Completed	Review final charters when necessary as changes are adopted with committee & workgroup members	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #4 Establish governance structure reporting and monitoring processes	Completed	This milestone must be completed by 12/31/2015. Governance and committee structure document, including description of two-way reporting processes and governance monitoring processes	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Establish a regular meeting schedule for all governing committees and workgroups	Completed	Establish a regular meeting schedule for all governing committees and workgroups	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Standardize communication workflows among governance committees	Completed	Standardize communication workflows among governance committees	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Provide ongoing status updates on the governance structure reporting and monitoring processes as appropriate.	Completed	Provide ongoing status updates on the governance structure reporting and monitoring processes as appropriate.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #5 Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	In Progress	Community engagement plan, including plans for two-way communication with stakeholders.	04/01/2015	12/31/2015	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Recruit, hire and on-board Provider Relation Associate (PRA) team, including one FTE dedicated to CBO engagement.	Completed	Recruit, hire and on-board Provider Relation Associate (PRA) team, including one FTE dedicated to CBO engagement.	04/01/2015	07/01/2015	04/01/2015	07/01/2015	09/30/2015	DY1 Q2	
Task Provide outreach to all attested providers, including CBOs, public and non-provider	Completed	Provide outreach to all attested providers, including CBOs, public and non-provider organizations, through digital communications, direct mail and PRA follow-up	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
organizations, through digital communications, direct mail and PRA follow-up									
Task Segment CBO partners by potential roles and responsibilities within each DSRIP project to ensure adequate and specific bi-directional communication across all CBO partners	In Progress	Segment CBO partners by potential roles and responsibilities within each DSRIP project to ensure adequate and specific bi-directional communication across all CBO partners	08/01/2015	12/31/2015	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task CBO PRA and Communications Director to create and develop the CBO (community) engagement plan for all non-safety net organizations	In Progress	CBO PRA and Communications Director to create and develop the CBO (community) engagement plan for all non-safety net organizations	04/01/2015	03/31/2020	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task CBO PRA and Communications Director to finalize CBO (community) engagement plan for all non-safety net organizations and obtain FLPPS Leadership approval for this plan	In Progress	CBO PRA and Communications Director to finalize CBO (community) engagement plan for all non-safety net organizations and obtain FLPPS Leadership approval for this plan	04/01/2015	03/31/2020	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Develop communications tools to support engagement, including web resources, hard & soft copy collateral materials	In Progress	Develop communications tools to support engagement, including web resources, hard & soft copy collateral materials	04/01/2015	03/31/2020	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Establish a process for ongoing outreach, support, and feedback through PRA team and NOCN workgroups	In Progress	Establish a process for ongoing outreach, support, and feedback through PRA team and NOCN workgroups	04/01/2015	03/31/2020	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #6 Finalize partnership agreements or contracts with CBOs	In Progress	Signed CBO partnership agreements or contracts.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Develop contract template, inclusive of payment methodology/arrangements (where appropriate) and contract start dates, to be executed with PPS partners, including CBOs	In Progress	Develop contract template, inclusive of payment methodology/arrangements (where appropriate) and contract start dates, to be executed with PPS partners, including CBOs	04/01/2015	12/31/2015	04/01/2015	02/28/2016	03/31/2016	DY1 Q4	
Task Obtain FLPPS Leadership and BOD approval for contract template to be distributed to partners	Completed	Obtain FLPPS Leadership and BOD approval for contract template to be distributed to partners	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	In Progress	Use CBO provider assessments and prior attestation lists to	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Use CBO provider assessments and prior attestation lists to determine the appropriate CBOs to contract with		determine the appropriate CBOs to contract with							
Task Execute initial round of contracting with select group of CBO assets serving the population	In Progress	Execute initial round of contracting with select group of CBO assets serving the population	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Distribute approved template to PPS partners for review, negotiation, and signature	In Progress	Distribute approved template to PPS partners for review, negotiation, and signature	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Provide regular updates to FLPPS Leadership and the BOD regarding the status of executed agreements (and contract start dates) with PPS partners and CBOs.	In Progress	Provide regular updates to FLPPS Leadership and the BOD regarding the status of executed agreements (and contract start dates) with PPS partners and CBOs.	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	In Progress	Agency Coordination Plan.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Meet with state and local public sector agencies (local DOHs, county mental health agencies, etc.) in all 13 FLPPS counties and request that they select a region-specific Board Member and other key individuals to participate in project workgroups.	In Progress	Meet with state and local public sector agencies (local DOHs, county mental health agencies, etc.) in all 13 FLPPS counties and request that they select a region-specific Board Member and other key individuals to participate in project workgroups.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Contact all public sector agencies in the FLPPS region as part of the initial PRA outreach to establish and better understand the FLPPS network.	In Progress	Contact all public sector agencies in the FLPPS region as part of the initial PRA outreach to establish and better understand the FLPPS network.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Identify the public agencies, based on PRA outreach efforts, who are key to the success of each of the 11 DSRIP projects.	In Progress	Identify the public agencies, based on PRA outreach efforts, who are key to the success of each of the 11 DSRIP projects.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task	In Progress	Develop a plan for engagement and specific outreach to	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Develop a plan for engagement and specific outreach to these agencies directly if they are not already involved in the FLPPS network.		these agencies directly if they are not already involved in the FLPPS network.							
Task For those agencies not already involved in project workgroups or FLPPS committees, engage via regularly occurring meetings	Completed	For those agencies not already involved in project workgroups or FLPPS committees, engage via regularly occurring meetings	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Define collaborative roles, responsibilities, goals and objectives for public agencies and FLPPS to achieve DSRIP goals.	In Progress	Define collaborative roles, responsibilities, goals and objectives for public agencies and FLPPS to achieve DSRIP goals.	05/01/2015	03/31/2016	05/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Invite PRA member to each NOCN workgroup meeting to establish outreach, communication, and partner relationships with FLPPS	In Progress	Invite PRA member to each NOCN workgroup meeting to establish outreach, communication, and partner relationships with FLPPS	05/01/2015	03/31/2016	05/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Milestone #8 Finalize workforce communication and engagement plan	In Progress	Workforce communication & engagement plan, including plans for two-way communication with all levels of the workforce, signed off by PPS workforce governance body (e.g. workforce transformation committee).	04/01/2015	03/31/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Workforce vendor to identify key stakeholders who will identify internal champions who will drive messaging to front line staff	On Hold	Workforce vendor to identify key stakeholders who will identify internal champions who will drive messaging to front line staff	04/01/2015	12/31/2015	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Use Workforce vendor analysis to identify employees and union representatives who may have roles in the Workforce communication and engagement process.	On Hold	Use Workforce vendor analysis to identify employees and union representatives who may have roles in the Workforce communication and engagement process.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Create engagement model for employees and union representatives who have roles in the Workforce communication and engagement process.	On Hold	Create engagement model for employees and union representatives who have roles in the Workforce communication and engagement process.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Based on the engagement model, develop a process for facilitating communication and information sharing between all levels of	On Hold	Based on the engagement model, develop a process for facilitating communication and information sharing between all levels of management and front line staff/union representatives of partner organizations with FLPPS.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
management and front line staff/union representatives of partner organizations with FLPPS.									
Task Engage leaders within partner organizations to develop standard messaging tailored to different provider and staff types.	On Hold	Engage leaders within partner organizations to develop standard messaging tailored to different provider and staff types.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Hold periodic feedback sessions to review the reach and effectiveness of the engagement model for facilitating communication and implementation activities.	On Hold	Hold periodic feedback sessions to review the reach and effectiveness of the engagement model for facilitating communication and implementation activities.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Perform stakeholder and internal champion assessment through Workforce vendor to identify leaders within partner organizations who will drive messaging to frontline staff.	Completed	Perform stakeholder and internal champion assessment through Workforce vendor to identify leaders within partner organizations who will drive messaging to frontline staff.			10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Identify key messages for engagement with, and communication to, workforce.	In Progress	Identify key messages for engagement with, and communication to, workforce.			10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Identify communication channels to delivery key messages for engagement with, and communication to, workforce.	In Progress	Identify communication channels to delivery key messages for engagement with, and communication to, workforce.			10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Create workforce engagement model, approved by workforce governing body.	In Progress	Create workforce engagement model, approved by workforce governing body.			10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Develop communication plan including key messaging that facilitates communication and information sharing with workforce (e.g. front line staff and union representatives of FLPPS partner organizations).	In Progress	Develop communication plan including key messaging that facilitates communication and information sharing with workforce (e.g. front line staff and union representatives of FLPPS partner organizations).			10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Begin execution on engagement model for facilitating communication and implementation activities.	In Progress	Begin execution on engagement model for facilitating communication and implementation activities.			10/01/2015	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Define Framework for quarterly review of the reach and effectiveness of engagement and communication plan with workforce governing body.	In Progress	Define Framework for quarterly review of the reach and effectiveness of engagement and communication plan with workforce governing body.			10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Develop framework for Continuous Quality Improvement to refine workforce engagement model and communication plan.	In Progress	Develop framework for Continuous Quality Improvement to refine workforce engagement model and communication plan.			10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #9 Inclusion of CBOs in PPS Implementation.	In Progress	Explain your plans for contracting with CBOs and their continuing role as your PPS develops over time; detail how many CBOs you will be contracting with and by when; explain how they will be included in project delivery and in the development of your PPS network.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Develop Phase I contract methodology for Safety Net and Non Safety Net CBOs	Completed	Currently finalizing contracting methodologies for safety nets and will begin development for non-safety nets soon after.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Execute Phase I contracts with Safety Net and Non Safety Net CBOs	Completed	Contracting execution planned to begin 8/15/15 for safety net partners and then non –safety net	08/15/2015	12/31/2015	08/15/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Gap analysis for essential resources from CBOs for project success	In Progress	FLPPS stakeholders will identify additional CBO resources that will be essential for project success	10/01/2015	12/31/2015	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Develop Phase II contract process for safety net and non-safety net CBOs per identified resources and gaps that are essential to project success	In Progress	FLPPS will develop a Phase II process that will focus on CBO specific roles per project for DY2 – DY5.	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
Finalize governance structure and sub-committee structure	If there have been changes, please describe those changes and upload any supporting documentation as necessary.	Please state if there have been any changes during this reporting quarter. Please state yes or no in the corresponding narrative box.
Finalize bylaws and policies or Committee Guidelines where applicable	If there have been changes, please describe those changes and upload any supporting documentation as necessary.	Please state if there have been any changes during this reporting quarter. Please state yes or no in the corresponding narrative box.

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Finalize governance structure and sub-committee structure	oswaldos	Baseline or Performance Documentation	9_MDL0203_1_3_20160203151344_DY1Q3_S1_M1_Meeting_Schedule-Finance_Committee_160121.xlsx	DY1Q3 S1 M1 Meeting Schedule-Finance Committee 160121	02/03/2016 03:13 PM
	oswaldos	Baseline or Performance Documentation	9_MDL0203_1_3_20160203151325_DY1Q3_S1_M1_Meeting_Schedule-Board_of_Directors_160121.xlsx	DY1Q3 S1 M1 Meeting Schedule-Board of Directors 160121	02/03/2016 03:13 PM
	oswaldos	Baseline or Performance Documentation	9_MDL0203_1_3_20160203151249_DY1Q3_S1_M1_Governance_Committee_Template_160121.xlsx	DY1Q3 S1 M1 Governance Committee Template 160121	02/03/2016 03:12 PM
	oswaldos	Baseline or Performance Documentation	9_MDL0203_1_3_20160203150755_DY1Q3_S1_M1_Reporting_Package_160121.pdf	DY1Q3 S1 M1 Reporting Package 160121.pdf	02/03/2016 03:07 PM
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	oswaldos	Baseline or Performance Documentation	9_MDL0203_1_3_20160203193028_DY1Q3_S2_M2_Meeting_Schedule-Clinical_Committee_160121.xlsx	DY1Q3 S2 M2 Meeting Schedule-Clinical Committee 160121	02/03/2016 07:30 PM
	oswaldos	Baseline or Performance Documentation	9_MDL0203_1_3_20160203192914_DY1Q3_S2_M2_Clinical_Governance_Committees_Template_160121.xlsx	DY1Q3 S2 M2 Clinical Governance Committees Template 160121	02/03/2016 07:29 PM
	oswaldos	Baseline or Performance Documentation	9_MDL0203_1_3_20160203192818_DY1Q3_S2_M2_Reporting_Package_160121.pdf	DY1Q3 S2 M2 Reporting Package 160121.pdf	02/03/2016 07:28 PM
Finalize bylaws and policies or Committee Guidelines where applicable	oswaldos	Baseline or Performance Documentation	9_MDL0203_1_3_20160203195759_DY1Q3_S2_M3_Reporting_Package_160121.pdf	DY1Q3 S2 M3 Reporting Package 160121.pdf	02/03/2016 07:57 PM
Establish governance structure reporting and monitoring processes	oswaldos	Baseline or Performance Documentation	9_MDL0203_1_3_20160203202752_DY1Q3_S2_M4_Supporting_Document_160122.pdf	DY1Q3 S2 M4 Supporting Document 160122.pdf	02/03/2016 08:27 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize governance structure and sub-committee structure	DY1Q3 S2 Milestone 1 Narrative: Uploaded the following documents to substantiate ongoing quarterly report updates (updates to the governing body and subcommittees): • Updated organization charts for the governing body and for each subcommittee, as applicable when changes to members occur.

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	• Updated contact information for Governance and subcommittees members including: the names of members, their roles, and responsibilities for the governing body and subcommittees (template "Governance Committee Template"). • Evidence of Committee meeting agendas, attendance/sign-in sheets, and committee meeting minutes (template, "Meeting Schedule Template").
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	DY1Q3 S2 Milestone 2 Narrative: Please see the attached "DY1Q3 S2 M2 Reporting Package 160121.pdf", "DY1Q3 S2 M2 Clinical Governance Committees Template 160121", and "DY1Q3 S2 M2 Meeting Schedule-Clinical Committee 160121" files showing achievement of the Milestone.
Finalize bylaws and policies or Committee Guidelines where applicable	DY1Q3 S2 Milestone 3 Narrative: Uploaded the following document to substantiate ongoing quarterly report updates: "DY1Q3 S2 M3 Reporting Package 160121.pdf".
Establish governance structure reporting and monitoring processes	DY1Q3 S2 Milestone 4 Narrative: Please see the attached "DY1Q3 S2 M4 Supporting Document 160122.pdf" file showing achievement of the Milestone.
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	Narrative still needs to be included.
Finalize partnership agreements or contracts with CBOs	
Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	
Finalize workforce communication and engagement plan	Narrative text needs to be added here.
Inclusion of CBOs in PPS Implementation.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass & Complete	
Milestone #3	Pass & Complete	
Milestone #4	Pass & Complete	
Milestone #5	Pass & Ongoing	

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	

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IPQR Module 2.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 2.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing your governance structure and processes and achieving the milestones described above, as well as potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

It is anticipated that FLPPS will encounter little risk in the implementation of the governance structure, since the new non-profit corporation has been functioning with committees and a Board since November, 2014.

1. Risk/challenge: There will continually be a risk of ensuring full PPS representation from all geographic areas and provider types in all levels of the governance structure.

Mitigation: Continually review committee rosters, the geographic representation of committee members, and their professional background. Membership will be altered as necessary to maintain a balance over time.

2. Risk/Challenge: Due to the unclear nature of the mechanism of funds flow and the value proposition for partner organizations, there might be a risk that members representing the diverse FLPPS partnership of the governing body become disengaged and/or less supportive of PPS mission and vision

Mitigation: Organize a communication and provider engagement team to establish and maintain relationships across PPS partnership through transparent communication process that is aligned with PPS culture and vision.

3. Risk/Challenge: FLPPS geography is large and contains both rural and urban areas which introduces the challenge of attending meetings and may create a cultural divide between representatives from various areas of the region.

Mitigation: FLPPS has established a well-functioning web-conferencing process by which members who live further from the meeting location can connect and be engaged in conversations. In addition, the leadership team in Rochester, NY organizes quarterly trips to each of the 4 sub-regions to ensure a larger partnership is represented and engaged within their geographical area.

IPQR Module 2.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

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IT Systems: As part of developing data reporting mechanism to manage the provider data base and performance and process reporting, the full governance structure will need to ensure the appropriate measures are captured as part of the reporting process and appropriate analytics are built in over time to allow for real-time dashboard reporting. Each specific committee, especially the NOCNs will need to do outreach and education on IT systems and how FLPPS central office will leverage technology for PPS reporting. IT Systems may be a key source of success for document retention, both for project development, but also for access to Governance structure documents such as meeting minutes and supporting materials in a central location, accessible to all various committee representatives.

Workforce: As part of the workforce strategy the full governance structure would need to consider the impact of DSRIP on current and future workforce individuals. As key leaders within their respective organizations, it will be vital to the success of the PPS that workforce issues that need to be elevated to committees and the PPS board are identified and addressed through established governance principals.

Finance: Is a key operational committee with significant responsibility to all PPS partners and the Board. The smooth operation and transparency of work of this committee is an integral success factor for the PPS governance structure. From policies regarding funds flow, contracting, and eventually payment, the Finance committee is a foundational committee for provider satisfaction and fiduciary responsibility. The State's availability of data will impact funds flow and therefore will need to be considered by the State and PPS as it becomes more clear.

Cultural Competency and Health Literacy: Members of the governance structure will need to be in full support of efforts of this workgroup, and as key leaders in their own organizations ensure that culture change is occurring within their organization to verify that all attested partners are practicing culturally competent care.

Performance reporting: Governance relies on accurate and timely reporting for informed decisions. The ability of the PPS to obtain accurate reporting from Partners will directly impact the success of the overall DSRIP initiative. Financial health reporting protocols will need to be standard across the PPS in order for the lead organization to be able to make accurate assessment of the overall PPS health. The development of strategies to establish the appropriate reporting structure will be approved by the Finance Committee before being finalized.

Population Health Management: The full governance structure, specifically the Board will need to ensure consistent review and understanding of population health management activates occurring in the PPS as well as review dashboards that show where the PPS is being successful in implementing change and where it is not. For areas that proper population health management is not occurring, the Board and full governance structure will need to address and handle these situations as part of the formal governance polices and protocols.

Practitioner engagement: Serving as the leaders of the PPS, the governance structure will need to ensure that all attested providers, specifically clinical practitioners are engaged, satisfied, and helping to drive the work necessary to achieve DSRIP projects goals. Each committee and the board will help provide strategic visions and workflows for the successful engagement of all practitioners across the PPS for five years and beyond DSRIP.

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IPQR Module 2.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for the development of your governance structure and processes and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
FLPPS Central Office - Staff and Leadership	Finger Lakes PPS Performing Provider System	Staff committees, workgroups, and project teams, support co-chairs; drive engagement and communication strategy.
Lead Applicants and Sole Corporate Members	Strong Memorial Hospital (UR Medicine) and Rochester General Hospital (RRHS) Regional Health System & Medical Center/Hospital	Support PPS through leadership activities
PPS Governing Board - Chair	Kathleen Parrinello, Ph.D., University of Rochester Medicine Academic Medical Center/Hospital	The Bylaws and decision making process for the Board of Directors follow those of a typical non-profit health corporation with corporate members, with some decisions reserved for members, others decided through a super-majority and others requiring a simple majority of the Board of Directors. As the governing body for FLPPS, they hold the ultimate decision-making authority, are responsible for strategy, and must approve all significant ventures of the organization.
PPS Governing Board - Vice-Chair	Bridgette Wiefling, MD, Rochester Regional Health Regional Health System	The Bylaws and decision making process for the Board of Directors follow those of a typical non-profit health corporation with corporate members, with some decisions reserved for members, others decided through a super-majority and others requiring a simple majority of the Board of Directors. As the governing body for FLPPS, they hold the ultimate decision-making authority, are responsible for strategy, and must approve all significant ventures of the organization.
PPS Governing Board - Treasurer	Thomas Crilly, Rochester Regional Health Regional Health System	The Bylaws and decision making process for the Board of Directors follow those of a typical non-profit health corporation with corporate members, with some decisions reserved for members, others decided through a super-majority and others requiring a simple majority of the Board of Directors. As the governing body for FLPPS, they hold the ultimate decision-making authority, are responsible for strategy, and must approve all significant ventures of the organization.
PPS Governing Board - Secretary	Mary Zelazny, Finger Lakes Community Health Community Health Centers	The Bylaws and decision making process for the Board of Directors follow those of a typical non-profit health corporation with corporate

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		members, with some decisions reserved for members, others decided through a super-majority and others requiring a simple majority of the Board of Directors. As the governing body for FLPPS, they hold the ultimate decision-making authority, are responsible for strategy, and must approve all significant ventures of the organization.
PPS Governing Board	Adam Anolik, University of Rochester Academic Medical Center/Hospital	The Bylaws and decision making process for the Board of Directors follow those of a typical non-profit health corporation with corporate members, with some decisions reserved for members, others decided through a super-majority and others requiring a simple majority of the Board of Directors. As the governing body for FLPPS, they hold the ultimate decision-making authority, are responsible for strategy, and must approve all significant ventures of the organization.
PPS Governing Board	Marc Berliant, University of Rochester Academic Medical Center/Hospital	The Bylaws and decision making process for the Board of Directors follow those of a typical non-profit health corporation with corporate members, with some decisions reserved for members, others decided through a super-majority and others requiring a simple majority of the Board of Directors. As the governing body for FLPPS, they hold the ultimate decision-making authority, are responsible for strategy, and must approve all significant ventures of the organization.
PPS Governing Board	Mary Beer, Ontario County Public Health Health Department	The Bylaws and decision making process for the Board of Directors follow those of a typical non-profit health corporation with corporate members, with some decisions reserved for members, others decided through a super-majority and others requiring a simple majority of the Board of Directors. As the governing body for FLPPS, they hold the ultimate decision-making authority, are responsible for strategy, and must approve all significant ventures of the organization.
PPS Governing Board	Thomas Campbell, University of Rochester Academic Medical Center/Hospital	The Bylaws and decision making process for the Board of Directors follow those of a typical non-profit health corporation with corporate members, with some decisions reserved for members, others decided through a super-majority and others requiring a simple majority of the Board of Directors. As the governing body for FLPPS, they hold the ultimate decision-making authority, are responsible for strategy, and must approve all significant ventures of the organization.

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PPS Governing Board	James Cummings, Oak Orchard Health Community Health Center	The Bylaws and decision making process for the Board of Directors follow those of a typical non-profit health corporation with corporate members, with some decisions reserved for members, others decided through a super-majority and others requiring a simple majority of the Board of Directors. As the governing body for FLPPS, they hold the ultimate decision-making authority, are responsible for strategy, and must approve all significant ventures of the organization.
PPS Governing Board - Non Voting Director	Trilby de Jung, Finger Lakes Health Services Agency (FLHSA) Regional Health Planning Agency	The Bylaws and decision making process for the Board of Directors follow those of a typical non-profit health corporation with corporate members, with some decisions reserved for members, others decided through a super-majority and others requiring a simple majority of the Board of Directors. As the governing body for FLPPS, they hold the ultimate decision-making authority, are responsible for strategy, and must approve all significant ventures of the organization.
PPS Governing Board	Steven Goldstein, University of Rochester Academic Medical Center/Hospital	The Bylaws and decision making process for the Board of Directors follow those of a typical non-profit health corporation with corporate members, with some decisions reserved for members, others decided through a super-majority and others requiring a simple majority of the Board of Directors. As the governing body for FLPPS, they hold the ultimate decision-making authority, are responsible for strategy, and must approve all significant ventures of the organization.
PPS Governing Board	Andrea Haradon, S2AY Rural Health Network Rural Health Network	The Bylaws and decision making process for the Board of Directors follow those of a typical non-profit health corporation with corporate members, with some decisions reserved for members, others decided through a super-majority and others requiring a simple majority of the Board of Directors. As the governing body for FLPPS, they hold the ultimate decision-making authority, are responsible for strategy, and must approve all significant ventures of the organization.
PPS Governing Board	Janice Harbin, Anthony L. Jordan Health Center Federally-Qualified Health Center	The Bylaws and decision making process for the Board of Directors follow those of a typical non-profit health corporation with corporate members, with some decisions reserved for members, others decided through a super-majority and others requiring a simple majority of the Board of Directors. As the governing body for FLPPS, they hold the ultimate decision-making authority, are

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		responsible for strategy, and must approve all significant ventures of the organization.
PPS Governing Board	Brian Hart, Chemung County Mental Health County Mental Health Program	The Bylaws and decision making process for the Board of Directors follow those of a typical non-profit health corporation with corporate members, with some decisions reserved for members, others decided through a super-majority and others requiring a simple majority of the Board of Directors. As the governing body for FLPPS, they hold the ultimate decision-making authority, are responsible for strategy, and must approve all significant ventures of the organization.
PPS Governing Board	Robert Lambert, Arnot Health Regional Health System	The Bylaws and decision making process for the Board of Directors follow those of a typical non-profit health corporation with corporate members, with some decisions reserved for members, others decided through a super-majority and others requiring a simple majority of the Board of Directors. As the governing body for FLPPS, they hold the ultimate decision-making authority, are responsible for strategy, and must approve all significant ventures of the organization.
PPS Governing Board	Michael Nazar, Rochester Regional Health Regional Health System	The Bylaws and decision making process for the Board of Directors follow those of a typical non-profit health corporation with corporate members, with some decisions reserved for members, others decided through a super-majority and others requiring a simple majority of the Board of Directors. As the governing body for FLPPS, they hold the ultimate decision-making authority, are responsible for strategy, and must approve all significant ventures of the organization.
PPS Governing Board	Robert Nesselbush, Rochester Regional Health Regional Health System	The Bylaws and decision making process for the Board of Directors follow those of a typical non-profit health corporation with corporate members, with some decisions reserved for members, others decided through a super-majority and others requiring a simple majority of the Board of Directors. As the governing body for FLPPS, they hold the ultimate decision-making authority, are responsible for strategy, and must approve all significant ventures of the organization.
PPS Governing Board - Vice Treasurer	Martin Teller, Finger Lakes Addictions Counseling & Referral Agency (FLACRA) Mental Health Organization	The Bylaws and decision making process for the Board of Directors follow those of a typical non-profit health corporation with corporate members, with some decisions reserved for members, others decided through a super-majority and others requiring a simple

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		majority of the Board of Directors. As the governing body for FLPPS, they hold the ultimate decision-making authority, are responsible for strategy, and must approve all significant ventures of the organization.
PPS Governing Board	Hugh Thomas, Rochester Regional Health Regional Health System	The Bylaws and decision making process for the Board of Directors follow those of a typical non-profit health corporation with corporate members, with some decisions reserved for members, others decided through a super-majority and others requiring a simple majority of the Board of Directors. As the governing body for FLPPS, they hold the ultimate decision-making authority, are responsible for strategy, and must approve all significant ventures of the organization.
PPS Governing Board	Karen Merrell, Medicaid Recipient Medicaid Member	The Bylaws and decision making process for the Board of Directors follow those of a typical non-profit health corporation with corporate members, with some decisions reserved for members, others decided through a super-majority and others requiring a simple majority of the Board of Directors. As the governing body for FLPPS, they hold the ultimate decision-making authority, are responsible for strategy, and must approve all significant ventures of the organization.
Finance Committee Co-chair	Tom Crilly, RRHS Regional Health System	Co-chair committee, facilitate meetings, report to Executive Steering Committee, provide relevant committee responsibility strategy to PPS
Finance Committee Co-chair	Adam Anolik, UR Medicine Medical Center/Hospital	Co-chair committee, facilitate meetings, report to Executive Steering Committee, provide relevant committee responsibility strategy to PPS
IT Committee Co-chair	Gary Scialdone, UR University/College	Co-chair committee, facilitate meetings, report to Executive Steering Committee, provide relevant committee responsibility strategy to PPS
IT Committee Co-chair	Michael Larche, RRHS Regional Health System	Co-chair committee, facilitate meetings, report to Executive Steering Committee, provide relevant committee responsibility strategy to PPS
Clinical/Quality Committee Co-chair	Dr. Marc Berliant, UR Medicine Medical Center/ Hospital	Co-chair committee, facilitate meetings, report to Executive Steering Committee, provide relevant committee responsibility strategy to PPS
Clinical/Quality Committee Co-chair	Dr. Michael Nazar, RRHS Regional Health System	Co-chair committee facilitate meetings, report to Executive Steering Committee, provide relevant committee responsibility strategy to PPS

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Workforce Workgroup Co-Chiar	Kathy Rideout, UR Medicine Medical Center/Hospital	Co-chair workgroup facilitate meetings, report to Executive Steering Committee, provide relevant workgroup responsibility strategy to PPS
Workforce Workgroup Co-Chiar	Dan Ornt, RIT University/College	Co-chair workgroup facilitate meetings, report to Executive Steering Committee, provide relevant workgroup responsibility strategy to PPS
Cultural Competency/Health Literacy Workgroup Chair	Colin Garwood, Starbridge	Co-chair workgroup facilitate meetings, report to Executive Steering Committee, provide relevant workgroup responsibility strategy to PPS
Transportation Workgroup	Patrick Rogers, Institute for Human Services Non-Profit Management Services Org	Co-chair workgroup facilitate meetings, report to Executive Steering Committee, provide relevant workgroup responsibility strategy to PPS
Transportation Workgroup	William McDonald, Medical Motors Non-Profit Transportation Services	Co-chair workgroup facilitate meetings, report to Executive Steering Committee, provide relevant workgroup responsibility strategy to PPS
Finger Lakes NOCN Co-Chair	Mary Zelazny, Finger Lakes Community Health Community Health Centers	Co-chair workgroup facilitate meetings, report to Executive Steering Committee, provide relevant workgroup responsibility strategy to PPS. Workgroup includes representation of provider types across sub-region of PPS and includes a Medicaid Member.
Finger Lakes NOCN Co-Chair	Marty Teller, FLACRA Treatment and Counseling Center	Co-chair workgroup facilitate meetings, report to Executive Steering Committee, provide relevant workgroup responsibility strategy to PPS. Workgroup includes representation of provider types across sub-region of PPS and includes a Medicaid Member.
Monroe NOCN Co-Chair	Bob Lebman, Huther Doyle Treatment and Counseling Center	Co-chair workgroup facilitate meetings, report to Executive Steering Committee, provide relevant workgroup responsibility strategy to PPS. Workgroup includes representation of provider types across sub-region of PPS and includes a Medicaid Member.
Monroe NOCN Co-Chair	Dr. Janice Harbin, Anthony Jordan Health Center Health Center	Co-chair workgroup facilitate meetings, report to Executive Steering Committee, provide relevant workgroup responsibility strategy to PPS. Workgroup includes representation of provider types across sub-region of PPS and includes a Medicaid Member.
Southeastern NOCN Co-Chair	Hannah Smith, Arnot Health Regional Health System	Co-chair workgroup facilitate meetings, report to Executive Steering Committee, provide relevant workgroup responsibility strategy to PPS. Workgroup includes representation of provider

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		types across sub-region of PPS and includes a Medicaid Member.
Southeastern NOCN Co-Chair	Rosemary Anthony, Arnot Health Regional Health System	Co-chair workgroup facilitate meetings, report to Executive Steering Committee, provide relevant workgroup responsibility strategy to PPS. Workgroup includes representation of provider types across sub-region of PPS and includes a Medicaid Member.
Southern NOCN Co-Chair	Eva Benedict, Jones Memorial Medical Center/Hospital	Co-chair workgroup facilitate meetings, report to Executive Steering Committee, provide relevant workgroup responsibility strategy to PPS. Workgroup includes representation of provider types across sub-region of PPS and includes a Medicaid Member.
Southern NOCN Co-Chair	Andrea Haradon S2AY Rural Health Network Rural Health Network	Co-chair workgroup facilitate meetings, report to Executive Steering Committee, provide relevant workgroup responsibility strategy to PPS. Workgroup includes representation of provider types across sub-region of PPS and includes a Medicaid Member.
Western NOCN Co-Chair	Dan Ireland, UMMC Medical Center/Hospital	Co-chair workgroup facilitate meetings, report to Executive Steering Committee, provide relevant workgroup responsibility strategy to PPS. Workgroup includes representation of provider types across sub-region of PPS and includes a Medicaid Member.
Western NOCN Co-Chair	Jim Cummings, Oak Orchard Health Center	Co-chair workgroup facilitate meetings, report to Executive Steering Committee, provide relevant workgroup responsibility strategy to PPS. Workgroup includes representation of provider types across sub-region of PPS and includes a Medicaid Member.

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Module 2.6 - IPQR Module 2.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS with regard to your governance structure and processes.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
UR Medicine	One of the largest health systems in the FLPPS region and a corporate sponsor of FLPPS Inc.	Provide key governing members to the board and other committees and workgroups
Rochester Regional Health System	One of the largest health systems in the FLPPS region and a corporate sponsor of FLPPS Inc.	Provide key governing members to the board and other committees and workgroups
Arnot Health	Third largest health system in the FLPPS region	Provide key governing members to the board and other committees and workgroups
PPS Partners	Participate in Committees, PAC and project implementation	Participate in review and execution of committee and board deliverables as active members of those groups
External Stakeholders		
Community stakeholders	Inform PPS governance structure and community engagement	Review, provide comments and recommendations to the PPS By-laws, membership and other community-based activities
Local Government Stakeholders	Collaboration partners to the PPS (e.g., public agencies, OMH, OASAS, OPWDD)	Collaborate with FLPPS leadership to ensure that the FLPPS governance model and vision are aligned with Local Governments
Neighboring PPSs	leadership of neighboring PPS lead organizations	Collaborate with FLPPS leadership to ensure that governance models and vision for overlapping counties are aligned
DOH	Guiding body	Provides roadmaps to success in governance structure to ensure it is in line with DSRIP goals

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IPQR Module 2.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support this particular workstream and your ability to achieve the milestones described above.

Effective governance of FLPPS requires a robust IT infrastructure. At the highest level of governance, the Board of Directors and committees will require dashboards to monitor multiple dimensions of program performance and gauge progress against milestones for governance so that they can appropriately allocate financial and operational resources and identify and address risks. Our business intelligence tools including the Participant Data Management System will enable tracking of individual participant organizations, their level of engagement, their ability to meet governance milestones such as posting of minutes, agendas and other such documents into a provider portal , and their associated outcomes, in addition to overall PPS performance.

The Board and committees will have the ability to query key performance indicators for the PPS, by partner type, project and key metrics, both defined within DSRIP and those defined as critical to performance management by each committee. The performance management capability will enable committee members to define key indicators, thresholds (goal charts) and frequency of data collection to elicit through manual submission or automated data pulls key information to monitor partner performance and stability. With relation to DSRIP performance, the FLPPS Rapid Cycle Evaluation (RCE) process will be driven by the data collected and informed by input from the committees and project leads, to ensure timely process improvement initiatives can be put into place to address potential areas of risk. While performance reporting we be largely informed by claims data, real time, or near real-time, data will be accessed and utilized for RCE activities and utilization management to enable timely feedback loops and course corrections so that improvements aren't limited to quarterly data feeds or otherwise historical data.

Likewise, Clinical Quality committees for each DSRIP project ("project workgroup" will be fully informed by reports showing performance on relevant clinical process and outcome measures. These reports will be made possible by multiple components of our data infrastructure, from data-supplying EHRs throughout the PPS, to our RHIO partner, to the FLPPS data warehouse and population health analytics platform. Reports that are appropriate to share publicly will be provided to public agencies in our region, including to local Public Health Officers increasingly interested in population health information to inform targeted public health initiatives.

CBO engagement and contracting will also benefit from the FLPPS IT infrastructure. In collaboration with the RHIO and/or independently, FLPPS will implement a data normalization service to consume non-standard data produced by existing CBO systems. FLPPS will also provide technical assistance and group purchasing to CBOs interested in adopting certified EHRs that can supply data in a standardized manner. In either case, CBOs will be provided with Direct accounts to enable care coordination and referrals management between them and partnering organizations, as well as access to other IT services through the FLPPS user portal. The FLPPS IT infrastructure will also support efficient and data-driven outreach to CBOs and other community partners including non-provider organizations.

Finally, the policy process elements of the IT work stream overlap with the work of the Governance work stream. Successful execution of IT policy and process tasks will inform the development of a comprehensive governance framework for the PPS that includes robust data governance components such as data access, data security, and other IT-related policy elements.

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IPQR Module 2.8 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

The success of FLPPS governance will be measured on the basis of the success of the work and commitment of FLPPS providers.

Meeting minutes and outcomes will be regularly communicated to the PPS partnership and historical records of this data will be maintained and revisited during the governance evolution process. A running log of PPS-wide risks has been developed and will be managed by FLPPS PMO lead. With a formal risk elevation process underway the mitigation steps taken per risk will be revisited at weekly committee and monthly board meetings to discuss updates and make decisions on next steps. This risk log will be transferred to a cloud-based dashboard for easy access and usability. Updated committee charters and membership will be published on FLPPS website quarterly to allow for public comment and discussion. Comments will be brought to the appropriate committees for discussion and next steps. FLPPS committees/workgroups and the Board of Directors will review progress towards goals on a monthly basis at a minimum to identify areas of risk.

IPQR Module 2.9 - IA Monitoring

Instructions :

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Section 03 – Financial Stability

IPQR Module 3.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.
Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation. Note some milestones include minimum expected completion dates.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize PPS finance structure, including reporting structure	Completed	This milestone must be completed by 12/31/2015. PPS finance structure chart / document, signed off by PPS Board.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Establish regular meeting schedule and meeting agenda template for the Finance Committee	Completed	Meeting agenda template and schedule established and available.	04/01/2015	06/01/2015	04/01/2015	06/01/2015	06/30/2015	DY1 Q1	
Task Establish process for nominating and electing finance committee members, to replace current interim members, ensuring representation from different provider types and NOCNs	Completed	Process has not yet been established and approved, need to identify official versus interim members according to this process.	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop policies and procedures for Finance Committee and Board Approval of the Revenue Loss and Sustainability and Contingency Funding buckets, Funds flow methodology, budget	Completed	Currently working through approval of all items mentioned according to policies and procedures approved by finance committee and Board.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Hire Finance Director to lead the development of appropriate finance leadership and staff members and develop reporting structure and process from staff to PPS governing committee	Completed	Currently in the interview and hiring process of a full time finance director. Interim finance director currently in place to cover duties	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task FLPPs finance staff, including Finance Director, to establish Funds Flow process with requirements for payments to partners and	Completed	Currently developing Phase I funds flow to partners methodologies. Working to identify most equitable approach based on available information at this stage	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
develop partner to PPS reporting process and timeline. Finance Committee will approve funds flow methodologies, and upon Finance Committee approval, approval from FLPPS Board of Directors will be requested.									
Task FLPPS finance staff, including Finance Director, will develop a process for review and approval by Finance Committee prior to making any partner payments based on achievement as defined by funds flow requirements. Upon approval from Finance Committee, Board of Directors approval will be requested.	Completed	Process for review and approval of payments to partners will be established once funds flow methodology for Phase I has been completed.	08/15/2015	12/31/2015	08/15/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Finance Director and Finance Committee, working with external auditor, will develop internal controls standards and processes consistent with a commonly accepted standard, such as the COSO framework	Completed	Finance Director and Finance Committee, working with external auditor, will develop internal controls standards and processes consistent with a commonly accepted standard, such as the COSO framework	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	In Progress	This milestone must be completed by 3/31/2016. Network financial health current state assessment (to be performed at least annually). The PPS must: - identify those providers in their network that are financially fragile, including those that have qualified as IAAF providers; -- define their approach for monitoring those financially fragile providers, which must include an analysis of provider performance on the following financial indicators: days cash on hand, debt ratio, operating margin and current ratio; -- include any additional financial indicators that they deem necessary for monitoring the financial sustainability of their network providers	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES
Task Develop criteria for assessing financial health of PPS partners.	Completed	Finance committee working to identify essential information required from partners to include in assessment	07/01/2015	08/20/2015	07/01/2015	08/20/2015	09/30/2015	DY1 Q2	
Task Develop standardized tools and/or information request forms for quarterly financial data	In Progress	To be developed when information requirements are identified	04/01/2015	03/31/2020	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
submission									
Task Release data request to the PPS and collect financial ratio data for current state assessment	On Hold	Request will be released once requirements are identified and template developed	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Compare current state assessment data to criteria approved by Finance Committee to identify providers deemed financially fragile.	In Progress	Analysis will be completed after all data requests are complete and data becomes available	04/01/2015	03/31/2020	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Develop a baseline "health of the PPS" status report including identifying those partners deemed potentially financially fragile	In Progress	Pending completion of all previous steps related to financial assessment	04/01/2015	03/31/2020	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Develop a reporting structure and quarterly monitoring schedule for partners deemed potentially financially fragile	In Progress	Finance committee members will develop structure and schedule based on baseline results	04/01/2015	03/31/2020	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Develop supplemental information request process to collect necessary financial details from potentially financially fragile partners, at a minimum, on a quarterly basis, that will be used for quarterly "health of the PPS" status report to FLPPS finance leadership and committee.	In Progress	Dependent on baseline results	04/01/2015	03/31/2020	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Develop the Comprehensive Financial Analysis and Forecast (CFAF) for potentially financially fragile providers by working with provider board and executive leadership, FLPPS finance staff, and with experts from FLPPS finance committee.	In Progress	Dependent on identified criteria and providers considered financially fragile	04/01/2015	03/31/2020	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task After initial CFAF completion and assessment, Finance leadership and committee will review options and make recommendations to FLPPS Board of Directors on the type of support (financial and/or other) FLPPS should provide to identified fragile providers.	In Progress	Dependent on completion of previous step	04/01/2015	03/31/2020	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d	Completed	This milestone must be completed by 12/31/2015. Finalized Compliance Plan (for PPS Lead).	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Develop onboarding/orientation handbook for new employees, governing members, executives, contractors and PPS partners to include compliance training	Completed	Compliance training content has been developed and is planned to be rolled out to all affected individuals by 9/30/2015	04/01/2015	04/30/2015	04/01/2015	04/30/2015	06/30/2015	DY1 Q1	
Task Develop communication channels such as e-mail, hotline, or regularly scheduled sessions for all affected individuals to report on compliance issues anonymously	Completed	Compliance Hotline, hosted by external vendor, has been implemented. Compliance training also includes communication channels	04/01/2015	04/30/2015	04/01/2015	04/30/2015	06/30/2015	DY1 Q1	
Task Develop and adapt self-assessment tool and develop a schedule for regular evaluation of PPS compliance risk areas. Compliance manager will be directly involved in development of tool and schedule.	Completed	The Compliance Program was initially assessed by The Bonadio Group as part of the engagement to assist in the development of an effective compliance program. The Compliance Program will be assessed annually on an ongoing basis as part of the annual compliance program certification process to the OMIG	04/01/2015	04/30/2015	04/01/2015	04/30/2015	06/30/2015	DY1 Q1	
Task Identify an experienced compliance auditor and develop a schedule for systematic compliance audits of PPS's compliance program	Completed	The Bonadio Group will work with the Compliance Officer in Q2-Q3 to develop and operationalize the auditing and monitoring process.	04/01/2015	11/15/2015	04/01/2015	11/15/2015	12/31/2015	DY1 Q3	
Task Train staff on compliance policies and procedures	Completed	Compliance Training is planned to be rolled out to all affected individuals by 9/30/2015	07/01/2015	11/15/2015	07/01/2015	11/15/2015	12/31/2015	DY1 Q3	
Task Disseminate policies and procedures to employees, contractors and agents	Completed	The dissemination of compliance policies to all affected individuals will be rolled out in conjunction with the planned roll out of compliance training by 9/30/2015.	07/01/2015	11/15/2015	07/01/2015	11/15/2015	12/31/2015	DY1 Q3	
Task Identify a vendor to evaluate and assist PPS in forming a compliance program	Completed	The Bonadio Group was engaged to assist in the development of the FLPSS compliance program	04/01/2015	04/30/2015	04/01/2015	04/30/2015	06/30/2015	DY1 Q1	
Task Identify and/or hire a compliance officer for the PPS trained on managing a reporting process that is carried out anonymously and confidentially in good faith	Completed	The HR director is currently functioning as the Compliance Officer until a full-time Compliance Officer is hired. The position of Compliance Officer has been posted and candidates are currently being identified	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Develop policies and procedures that describe the elements outlined by NYDOH Mandatory Compliance Program under Social Services Law 363-d:	Completed	The policies are scheduled to be rolled out to staff by 9/30/2015.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop a process to implement and maintain written policies and procedures	Completed	The policies will be reviewed by the compliance officer and compliance committee on an annual basis prior to submitting the OMIG compliance program certification in December each year	04/01/2015	04/30/2015	04/01/2015	04/30/2015	06/30/2015	DY1 Q1	
Task Develop employee evaluation process to assess progress on carrying out compliance responsibilities	Completed	The Employee survey will be administered in November 2015 for the first time and then annually thereafter.	04/01/2015	07/24/2015	04/01/2015	07/24/2015	09/30/2015	DY1 Q2	
Task Develop a schedule and protocol for reporting compliance program activities to Finance Committee and Board of Directors, which include Finance Director and Executive Director participation.	Completed	An annual report will be developed by the Compliance Officer with Collaboration from the Compliance Committee. This report will be presented to the senior leadership and Board on an annual basis.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop an employee handbook to include the compliance training materials	Completed	Employee handbook completed. Compliance training materials completed. Training material incorporated into the compliance program.	04/01/2015	05/20/2015	04/01/2015	05/20/2015	06/30/2015	DY1 Q1	
Task Develop a training schedule to train all affected individuals on compliance policies and procedures. This includes and is not limited to employees, executives, governing body, vendors/contractors, and PPS providers.	Completed	Compliance training content has been developed and is planned to be rolled out to all affected individuals by 9/30/2015	04/01/2015	04/30/2015	04/01/2015	04/30/2015	06/30/2015	DY1 Q1	
Milestone #4 Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy.	In Progress	This milestone must be completed by 3/31/2016. Value-based payment plan, signed off by PPS board	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES
Task Administer survey to providers and potential MCOs to evaluate current value-based contracting arrangements between PPS partners	On Hold	Will begin working with Finance committee members to develop draft survey for review and approvals prior to sending out to partners.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
and MCOs									
Task Collect and analyze provider survey data	On Hold	Pending on step above	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Develop materials to educate partnership on various types of value-based payments and State's goals with MCO contracts	In Progress	FLPPS has started development of educational materials based on currently available information related to VBP expectations and will update as educational needs are further defined per initial survey	11/01/2015	12/31/2015	11/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Hold information sessions as appropriate and share summary of survey results to educate PPS partners about existing VBP structure and future vision for the PPS.	On Hold	Dependent on previous step completion	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Administer a secondary provider information request to evaluate provider readiness for transition to next level of value-based payment arrangements and understand revenue aligned with current VBP arrangements.	On Hold	Will begin to develop information request based on identified requirements and future needs from the PPS and communication from the State	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Develop Value-based payment assessment report for Finance Committee review and approval	On Hold	Dependent on previous step completion	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task The PPS plans to develop a comprehensive MCO engagement strategy at the Board governance level. This planning strategy will take place over the remainder of DY1 with full implementation beginning DY2 Q1. In the short-term, the PPS intends to engage Managed Care Organizations ("MCOs") in the region through a collaborative, clinical and data-driven approach. As the clinical and data analysis processes at the PPS mature, MCO clinical leadership (e.g. medical directors) will be invited to participate in defined value-added roles as part of the Clinical Quality Committee ("CQC") and in other governance and planning efforts as they become	On Hold	The PPS plans to develop a comprehensive MCO engagement strategy at the Board governance level. This planning strategy will take place over the remainder of DY1 with full implementation beginning DY2 Q1. In the short-term, the PPS intends to engage Managed Care Organizations ("MCOs") in the region through a collaborative, clinical and data-driven approach. As the clinical and data analysis processes at the PPS mature, MCO clinical leadership (e.g. medical directors) will be invited to participate in defined value-added roles as part of the Clinical Quality Committee ("CQC") and in other governance and planning efforts as they become defined. At this time, a clinical representative from Excellus Blue Cross Blue Shield participates in the CQC.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
defined. At this time, a clinical representative from Excellus Blue Cross Blue Shield participates in the CQC. The PPS understands the importance of wider representation/MCO engagement and intends to include a more comprehensive representation in the near future. In tandem to this engagement effort, the PPS has contracted with Clinical Consultants (formerly referred to as Subject Matter Experts) to provide advisory to the PPS on clinical matters. These Clinical Consultants, in coordination with PPS clinical leadership will help craft the specific role and type of engagement with the MCOs. The PPS anticipates that this clinical and data-driven approach to MCO engagement will naturally lend itself to more advanced discussion as it relates to Value-Based Payment ("VBP") in the wider region. From a VBP perspective, the PPS intends to identify the major MCO organizations with whom the PPS Partners will be contracting. The PPS will engage with MCO organization leadership in initial discussions surrounding VBP Partner education efforts and potential VBP strategies. The PPS will explore opportunities to create synergies and common systems and processes, along with risk-sharing and value-based reimbursement models that rewards improvements in quality of care, population health outcomes, member satisfaction, and overall annual member cost savings.		The PPS understands the importance of wider representation/MCO engagement and intends to include a more comprehensive representation in the near future. In tandem to this engagement effort, the PPS has contracted with Clinical Consultants (formerly referred to as Subject Matter Experts) to provide advisory to the PPS on clinical matters. These Clinical Consultants, in coordination with PPS clinical leadership will help craft the specific role and type of engagement with the MCOs. The PPS anticipates that this clinical and data-driven approach to MCO engagement will naturally lend itself to more advanced discussion as it relates to Value-Based Payment ("VBP") in the wider region. From a VBP perspective, the PPS intends to identify the major MCO organizations with whom the PPS Partners will be contracting. The PPS will engage with MCO organization leadership in initial discussions surrounding VBP Partner education efforts and potential VBP strategies. The PPS will explore opportunities to create synergies and common systems and processes, along with risk-sharing and value-based reimbursement models that rewards improvements in quality of care, population health outcomes, member satisfaction, and overall annual member cost savings.							
Milestone #5 Finalize a plan towards achieving 90% value-based payments across network by year 5 of the	On Hold	This milestone must be completed by 12/31/2016. Value-based payment plan, signed off by PPS board	07/01/2015	12/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
waiver at the latest									
Task Develop value-based contracting principles and objectives based on network baseline assessment	On Hold	Pending completion of baseline assessment of PPS knowledge of VBP and existing VBP arrangements	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Develop measures for evaluating success under a risk-based contract using PPS baseline assessment results	On Hold	Pending completion of baseline assessment of PPS knowledge of VBP and existing VBP arrangements	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Conduct initial meetings with MCOs to develop joint contracting principles and VBP timeline based on integrated MCO/PPS goals	On Hold	Pending completion of baseline assessment of PPS knowledge of VBP and existing VBP arrangements	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Develop the final plan which will be a standard MCO contract template and meeting schedule for Finance Committee review and approval	On Hold	Pending completion of baseline assessment of PPS knowledge of VBP and existing VBP arrangements	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Develop communication plan with key stakeholders from PPS partner network regarding value-based payment strategy and MCO negotiations	On Hold	Pending completion of baseline assessment of PPS knowledge of VBP and existing VBP arrangements	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Milestone #6 Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation	On Hold		04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES
Milestone #7 Contract 50% of care-costs through Level 1 VBPs, and >= 30% of these costs through Level 2 VBPs or higher	On Hold		04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES
Milestone #8 >=90% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and >= 70% of total costs captured in VBPs has to be in Level 2 VBPs or higher	On Hold		04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES

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IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Finalize PPS finance structure, including reporting structure	oswaldos	Baseline or Performance Documentation	9_MDL0303_1_3_20160203140250_DY1Q3_S3_Milestone_1_Supporting_Document_160202.pdf	DY1Q3 S3 Milestone 1 Supporting Document 160202.pdf	02/03/2016 02:02 PM
Finalize Compliance Plan consistent with New York State Social Services Law 363-d	oswaldos	Baseline or Performance Documentation	9_MDL0303_1_3_20160203134112_DY1Q3_S3_Milestone_3_Supporting_Document_160202.pdf	DY1Q3 S3 Milestone 3 Supporting Document 160202.pdf	02/03/2016 01:41 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize PPS finance structure, including reporting structure	Please see the attached "DY1Q3 S3 Milestone 1 Supporting Document 160202.pdf" file showing achievement of the Milestone.
Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	
Finalize Compliance Plan consistent with New York State Social Services Law 363-d	Please see the attached "DY1Q3 S3 Milestone 3 Supporting Document 160202.pdf" file showing achievement of the Milestone.
Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy.	
Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest	DY1Q3 S3 Milestone 5 Narrative: FLPPS is placing this this milestone On Hold given that all tasks underneath it were On Hold.
Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation	
Contract 50% of care-costs through Level 1 VBPs, and >= 30% of these costs through Level 2 VBPs or higher	
>=90% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and >= 70% of total costs captured in VBPs has to be in Level 2 VBPs or higher	

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Complete	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	

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IPQR Module 3.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 3.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing these cross-cutting organizational strategies, including potential impacts on specific projects and, crucially, any risks that will undermine your ability to achieve outcome measure targets.

1) Risk/challenge: Being able to reliably receive quarterly results from providers to monitor for financial health within a month after closing of reporting period. Will be a large volume of materials coming in to review and FLPPS will need to create a standardized submission and review process.
a. Mitigation: Will develop an online quarterly survey tool focused on collecting financial ratios from providers that will be compared to Finance Committee established benchmarks to make initial screen as efficient as possible so more in-depth work can be done on those not meeting pre-set screening ratios

2) Risk/challenge: If a provider is experiencing revenue loss due to DSRIP project implementation, there exists a challenge in evaluating loss due to DSRIP quantified vs. loss due to other reasons and the level of due diligence necessary by FLPPS in evaluating requests for funding to cover Revenue Loss.
a. Mitigation: Process must include conversations with providers to understand why financials may be trending one way or another. There may be unique seasonality at a provider or changes to financial statements may be due to something other than DSRIP.

3) Risk/Challenge: There's a need to establish confident estimates of future awards when making financial decisions such as adding PMO staff and setting annual budgets.
a. Mitigation: Work closely with FLPPS IT/BI and PMO to continually assess progress against goals for estimating potential awards and progress.

4) Risk/Challenge: Ability to contract with MCOs and get 80-90% of payments under value-based payment methodologies
a. Mitigation: Work in close collaboration with the State in incentivizing MCOs to negotiate and work with FLPPS. Engage FLPPS providers to obtain buy-in for supporting VBP transition efforts.

5) Risk/Challenge: Performance is hard to define or isn't available initially so payments are based on missing or inaccurate data. In addition, accurate data is required for project attribution for initial valuation of provider commitments.
Mitigation: Evaluation mechanism to ensure speed and scale commitments are realistic and achievable and work with FLPPS IT/BI to make sure commitments are measurable and performance data accurate, including provider attribution, so that performance can be measured efficiently and fairly.

6) Risk/Challenge: Inability for PPS to set up appropriate IT platform and support to collect and analyze financial trends data early in DY1.
Mitigation: establish clear communication strategy with performing providers and carry out a simplified reporting procedure until all essential reporting functions are established.

7) Risk/Challenge: Ability to establish a timely funds-flow mechanism by PPS may result in delays in incentive payments to providers in supporting their efforts in meeting PPS milestones and metrics for the following period.

Mitigation: PPS has built a contingency pool that can be potentially used for financially fragile providers unable to make the upfront investment in implementing the appropriate projects. While the terms and conditions of tapping into this funding pool are still in development, it may serve to temporarily support certain partners.

IPQR Module 3.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

IT Systems: As part of developing data reporting mechanism to manage the provider database and performance and process reporting, the finance team would need to ensure the appropriate measures are captured as part of the reporting process and appropriate analytics are built in over time to allow for real-time dashboard reporting. FLPPS Finance and Clinical work streams are heavily dependent on the capital request. FLPPS will need to work with State to revaluate the options and deliverables if IT funds are not awarded through the capital project.

Workforce: As part of the workforce strategy budget, the finance work stream would need to consider the impact on the PPS and potential mitigation strategies (i.e. tapping into reserve funds to ensure this work stream is successful).

Governance: Finance Committee is part of the formal governance structure. A number of elements requiring integration are CBO contracting and an evolving governance model.

Cultural Competency and Health Literacy: As part of the training or change management programs that the PPS sets out to achieve, integration around cost of those services and monitoring of them brings an essential collaborative opportunity between the two work streams.

Performance reporting: Financial health reporting protocols will need to be standardized across the PPS in order for the lead organization to be able to make accurate assessment of the overall PPS health with consideration that partners are at different levels of reporting capabilities. The development of strategies to establish the appropriate reporting structure that supports partners in training and technical assistance and costs associated with those services will be approved by the Finance Committee before being finalized.

Population Health Management: As part of performing provider contracts, outcome measures will drive the majority of the incentive payments earned in the last years of DSRIP. The strategy for population health management and roadmap development must align with the performance contracting process and principles.

Practitioner engagement: as part of performing provider contracts, provider engagement early in the contracting process and throughout DSRIP period is key to ensure the contractual obligations are met.

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IPQR Module 3.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
FLPPS Treasurer	Tom Crilly, RRH	Financial oversight of the PPS
Finance Committee Co-Chairs	Adam Anolik, URMC & Tom Crilly, RRH	Chair the Finance Committee; approval of meeting agendas and minutes as well as Finance Committee work plan
Finance Committee Members	See FLPPS.org	Attend monthly finance committee meetings, review materials between meetings as necessary, assist in development of CFAFs and recommendations for at risk providers and provide input and approval of key financial reports as outlined in the Financial Sustainability implementation plan
Director of Finance	John Pennell, FLPPS	Establishes and runs finance functions of FLPPS; Prepares quarterly reports for Finance Committee including "health of the PPS" and budget vs. actual expenditures. Provides oversight to PPS funds flow process. Reviews and updates PPS budget for operational management of FLPPS corporation and project budgets for the PPS
PPS Compliance Officer	Maria Magans, FLPPS	Establish and run PPS compliance program
Contracting Manager	TBD, will be hiring at FLPPS	Responsible for developing, executing and tracking PPS Performance-based contracts. This individual will ensure the funds flow align with the contractual requirements and reporting requirements are met.
Director of IT	Jose Rosario, FLPPS	This position will carry the functions of baseline assessments, ongoing data collection and analysis for PPS financial health and VBP
External Auditor	Dejoy Knauf & Blood LLP	Auditors will be involved in multiple areas of the organizational work stream both to ensure funds are allocated appropriately and compliance requirements are met.

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IPQR Module 3.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Janet King	PPS PMO	Responsible to ensure all functions within FLPPS PMO are carried out
PPS Project Managers (multiple)	PPS PMO	Leads working with the FLPPS PMO who manage the project implementation and the relationships with PPS Partnership for their respective projects.
Collene Burns	FLPPS HR Lead	Responsible for recruiting,, interviewing and hiring qualified staff for key positions, temporarily overseeing compliance
Board of Directors	Governing board of the non-profit corporation formed for the PPS	Approve and inform progress of certain milestones and deliverables of the PPS
PPS Project teams	Management of project-specific requirements pertaining to areas of focus in MCO engagement strategy and operational/ clinical design of projects	Inform the financial sustainability strategy
PPS Partners	Provide the necessary information for the PPS to meet its operational milestones related to finance	Respond to surveys, sign contracts, inform PPS implementation plan and milestones required to succeed in this organizational work stream
External Stakeholders		
Community	Inform DSRIP Project implementation	Review, provide comments and recommendations to the implementation plan. It is essential to engage community representatives throughout the DSRIP program to ensure buy-in.
County Services	Support and inform DSRIP Project implementation	Inform construction/renovation of capital to repurpose facilities to align with DSRIP project implementation needs
Outreach Centers	Support community and other stakeholder engagement efforts	Work directly with FLPPS Inc. to connect with appropriate stakeholders in the community
MCOs	Engagement with PPS to inform the transformation to value-based payments	Participate in meetings and VBP contract negotiations with PPS and PPS partners
DOH	Guidance in meeting the financial sustainability milestones	Provide Roadmaps, templates and other tools for PPSs to utilize in carrying out the financial sustainability strategy

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IPQR Module 3.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support this particular workstream.

The FLPPS IT infrastructure will support long-term financial sustainability through two parallel tracks, one indirect (enabler) and one direct (functional/operational). The infrastructure in and of itself will enable management of PPS and DSRIP project performance across the entire PPS and the multiple work streams. Work from the Executive Director and finance team will be completed along multiple dimensions relevant to financial operations, value-based payments, and PPS sustainability, through PPS-wide data sharing platforms such as the provider portal and Customer Relationship Management tools. The IT infrastructure will allow tracking of performance metrics across all DSRIP metrics and milestones to help inform the Financial sustainability work stream as they strategize how best to incentivize behaviors among PPS members. This work will lead to achievement of quality care, patient satisfaction, and shared financial goals. The Executive Director and finance team will utilize this capability to develop specific reports that will provide insight into the performance of the PPS from a financial sustainability perspective to drive strategy, as well as compute appropriate payments to PPS members based on the findings from these reports. They will also be able to monitor dashboards to identify high-cost centers within the PPS and to assess financial risks to the organization. In addition, member organizations will submit reports and data relating to DSRIP business and financial operations electronically to the PPS finance team. These reports and data will enable PPS leadership and appropriate committees the ability to understand how DSRIP projects are impacting overall utilization, associated Medicaid payments and organizational costs; allowing for the identification of appropriate business strategies, utilization management initiatives or other efforts to mitigate any unintended consequences. While it is expected that some providers will experience decreased volume, the intent is to achieve this in an incremental and controlled manner, which will allow providers to adapt over time during DSRIP and adjust to new volumes, financial incentives and re-align operating models. Additionally, through the development and use of an integrated IT platform that is geared to monitoring performance and improving outcomes, the PPS will be well suited to continue its growth and long-term strategy to sustain a value based payment and practice system.

FLPPS is working to establish a customer relations management tool and project management software to track all reporting functions of the PPS and all contracts. This may include the reporting of financial metrics on a quarterly basis. The data will be self-reported through an easy-to use portal system. The PPS data warehouse containing information from RHIO, providers and payers will serve an essential purpose in evaluating value-based payment options as the PPS matures. The PPS will also be able to share reports and performance measures along all dimension, both financial and non-financial, across the PPS through provider portals, the PPS website, CRM, and care management platforms to help drive the entire network towards improving performance and long-term financial sustainability.

Through the direct, operational impacts, the IT infrastructure will provide analytic and decision support tools to streamline patient care and access, standardize referral guidelines and specialty guidelines, reduce variation and avoidable utilization, as well as better tie financial incentives to quality, outcomes and value. Through these methods, the PPS will provide the tangible tools and information necessary to PPS partners that they can utilize in their organizations to better manage patient care and ultimately reduce total costs of care by delivery more coordinated, cost-effective care.

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IPQR Module 3.8 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

Once the implementation plan is complete, the plan and progress against its milestones will be reviewed by Finance Committee monthly during the first demonstration year when the majority of the milestones are set to be completed. Moving forward, starting DY2, the review schedule will be altered to every other month or every quarter. Success will be measured by tracking results of each commitment in the plan.
The success of Financial Sustainability Plan will be achieved through a number of key elements:

- Evolving Financial Governance structure and Finance Committee membership representative of key stakeholders from the PPS service area
- FLPPS Finance Department to ensure each partner's financial well-being is monitored as it relates to DSRIP project implementation
- Regular review of the committed implementation plan milestones and progress towards meeting the requirements by the FLPPS finance team with a report out to the committee on identified areas of risk and potential mitigation strategies to address them.
- Strong PMO structure to facilitate integration with other work streams such as IT to ensure financial data is appropriately gathered and reported in real time and accurately.

IPQR Module 3.9 - IA Monitoring

Instructions :

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Section 04 – Cultural Competency & Health Literacy

IPQR Module 4.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement. Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation. Note some milestones include minimum expected completion dates.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize cultural competency / health literacy strategy.	Completed	This milestone must be completed by 12/31/2015. Cultural competency / health literacy strategy signed off by PPS Board. The strategy should: -- Identify priority groups experiencing health disparities (based on your CNA and other analyses); -- Identify key factors to improve access to quality primary, behavioral health, and preventive health care -- Define plans for two-way communication with the population and community groups through specific community forums -- Identify assessments and tools to assist patients with self-management of conditions (considering cultural, linguistic and literacy factors); and -- Identify community-based interventions to reduce health disparities and improve outcomes.	05/13/2015	12/31/2015	05/13/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. Identify Cultural Competence and Health Literacy vendor to support the development and implementation of FLPPS CC/HL milestones	Completed	1. Identify Cultural Competence and Health Literacy vendor to support the development and implementation of FLPPS CC/HL milestones	05/13/2015	08/10/2015	05/13/2015	08/10/2015	09/30/2015	DY1 Q2	
Task 2. Identify tools to assess baseline CC and HL measures among FLPPS provider and providers in PPS network.	Completed	2. Identify tools to assess baseline CC and HL measures among FLPPS provider and providers in PPS network.	04/01/2015	03/31/2020	10/01/2015	11/01/2015	12/31/2015	DY1 Q3	
Task 3. Conduct a gap assessement at the provider level to establish baseline measures of FLPPS	Completed	3. Conduct a gap assessement at the provider level to establish baseline measures of FLPPS network relative to CC and HL competencies, including: the identification of	04/01/2015	03/31/2020	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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network relative to CC and HL competencies, including: the identification of cultural strengths and assets of an organization, areas for improvement, assessment of infrastructure which supports the delivery of culturally appropriate and relevant services, baseline workforce diversity at all levels, access to culturally and linguistically appropriate services, and assessing appropriateness of critical patient care documents in terms of patient comprehension and cross-cultural resources		cultural strengths and assets of an organization, areas for improvement, assessment of infrastructure which supports the delivery of culturally appropriate and relevant services, baseline workforce diversity at all levels, access to culturally and linguistically appropriate services, and assessing appropriateness of critical patient care documents in terms of patient comprehension and cross-cultural resources							
Task 4. Identify priority groups experiencing health care disparities based on your community needs assessment and other analyses - Identify current data sources, such as Salient Medicaid claims data, Census data and community health and behavioral reports, stratified, where possible, by race, ethnicity, preferred language, housing, income, education, family dynamics and disability - Identified groups will be vetted with the Cultural Competence Workgroup and the 5 regional Naturally Occurring Care Networks (NOCN) for prioritization	Completed	4. Identify priority groups experiencing health care disparities based on your community needs assessment and other analyses - Identify current data sources, such as Salient Medicaid claims data, Census data and community health and behavioral reports, stratified, where possible, by race, ethnicity, preferred language, housing, income, education, family dynamics and disability - Identified groups will be vetted with the Cultural Competence Workgroup and the 5 regional Naturally Occurring Care Networks (NOCN) for prioritization	04/01/2015	03/31/2020	10/01/2015	10/30/2015	12/31/2015	DY1 Q3	
Task 5. Cultural Competence and Health Literacy workgroup will develop a process for policy, procedure and desired CC and HL standards. These will be operationalized at the FLPPS central and provider level	Completed	5. Cultural Competence and Health Literacy workgroup will develop a process for policy, procedure and desired CC and HL standards. These will be operationalized at the FLPPS central and provider level	04/01/2015	03/31/2020	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. A process will be developed to allow for the weaving of CC and HL elements into all project strategies that will be embedded into the organizational infrastructure of FLPPS and support DSRIP outcomes.	Completed	6. A process will be developed to allow for the weaving of CC and HL elements into all project strategies that will be embedded into the organizational infrastructure of FLPPS and support DSRIP outcomes.	06/30/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Task 7. Develop a process to design, implement, monitor and evaluate a Health Literacy plan to be operationalized throughout the FLPPS administration and its provider network. The plan will focus on key groups experiencing health disparities. A key aspect of the plan will be the development of a process for FLPPS to support partner organizations in the revitalizing of key patient care documents and patient education materials.	Completed	7. Develop a process to design, implement, monitor and evaluate a Health Literacy plan to be operationalized throughout the FLPPS administration and its provider network. The plan will focus on key groups experiencing health disparities. A key aspect of the plan will be the development of a process for FLPPS to support partner organizations in the revitalizing of key patient care documents and patient education materials.	04/01/2015	03/31/2020	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8. Develop a plan for FLPSS to inform the community on progress related to disparities in health and healthcare, social and behavioral determinants, and access to care, and quality of care in order to promote transparency.	Completed	8. Develop a plan for FLPSS to inform the community on progress related to disparities in health and healthcare, social and behavioral determinants, and access to care, and quality of care in order to promote transparency.	04/01/2015	03/31/2020	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 9. Establish a process to create a multimode repository of community-based organizations to increase access to care.	Completed	9. Establish a process to create a multimode repository of community-based organizations to increase access to care.	06/30/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 10. FLPPS will identify culturally driven key factors to improve access to quality primary, behavioral health, and preventive health care - Key factors to define access must be culturally driven. Definitions will consider cultural, linguistic, geographic, health literacy, and literacy factors. Key factors relating to social determinants must be accounted for in this analysis. - Within the Cultural Comptency and Health Literacy Committee, input from our stakeholders and the community will be used to help define the metrics to assess access to services and associated factors (e.g., phone hold times, availability of same-day appointments, travel	Completed	10. FLPPS will identify culturally driven key factors to improve access to quality primary, behavioral health, and preventive health care - Key factors to define access must be culturally driven. Definitions will consider cultural, linguistic, geographic, health literacy, and literacy factors. Key factors relating to social determinants must be accounted for in this analysis. - Within the Cultural Comptency and Health Literacy Committee, input from our stakeholders and the community will be used to help define the metrics to assess access to services and associated factors (e.g., phone hold times, availability of same-day appointments, travel times, waiting lists, lack of services that are culturally and or linguistically relevant and appropriate especially for identified priority and marginalized groups etc.), this will be done in conjunction with the Clinical and population health projects	04/01/2015	03/31/2020	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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times, waiting lists, lack of services that are culturally and or linguistically relevant and appropriate especially for identified priority and marginalized groups etc.), this will be done in conjunction with the Clinical and population health projects - Once defined, strategy will include a process to establish performance thresholds for each metric and to generate, share and discuss reports with NOCNs and individual providers when they hit threshold levels. - Strategies and interventions for addressing the underlying causes will be reviewed at the FLPPS organizational level and at the regional/provider levels - strategy will also include a process to work with providers of services on a regional basis to develop outreach plans for cultural groups to include racial/ethnic groups, disabled, elderly, LGBT, deaf etc. - Select culturally appropriate strategies to provide community education. Will work collaboratively with workforce development.		- Once defined, strategy will include a process to establish performance thresholds for each metric and to generate, share and discuss reports will be generated, shared and discussed with NOCNs and individual providers when they hit threshold levels. - Strategies and interventions for addressing the underlying causes will be reviewed at the FLPPS organizational level and at the regional/provider levels - strategy will also include a process to work with providers of services on a regional basis to develop outreach plans for cultural groups to include racial/ethnic groups, disabled, elderly, LGBT, deaf etc. - Select culturally appropriate strategies to provide community education. Will work collaboratively with workforce development.						
Task 11. Define plans for two-way communication with the population and community groups through specific community forums: - Develop a process to communicate/gain information to and from our stakeholders. In particular, how will we engage patients and families in helping us to formulate our plans and establish performance metrics - Providers - Develop plan for provider network dashboard including metrics that describe healthcare disparities and allow for progress to be tracked over time at the regional, sub-	Completed	11. Define plans for two-way communication with the population and community groups through specific community forums: - Develop a process to communicate/gain information to and from our stakeholders. In particular, how will we engage patients and families in helping us to formulate our plans and establish performance metrics - Providers - Develop plan for provider network dashboard including metrics that describe healthcare disparities and allow for progress to be tracked over time at the regional, sub-regional, and provider-specific levels - Community – identify and form plan to engender strategic alliances with community centers, community based	06/15/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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regional, and provider-specific levels - Community – identify and form plan to engender strategic alliances with community centers, community based organizations, for various cultural groups, leveraging existing cultural groups and natural places of community gathering (barber shops, places of worship) - Develop plan for community educational outreach efforts with bi-directional communication underpinnings – mutual learning experience for community as well as FLPPS		organizations, for various cultural groups, leveraging existing cultural groups and natural places of community gathering (barber shops, places of worship) - Develop plan for community educational outreach efforts with bi-directional communication underpinnings – mutual learning experience for community as well as FLPPS							
Task 12. Identify assessments and tools to assist patients with self-management of conditions (considering cultural, linguistics and literacy levels): - Brief tools for providers will be identified to assess patient culture (including spiritual orientation, gender identity, and other cultural nuances as identified through the CNA), health literacy and preferred language to facilitate needs assessment and service delivery – including implementation of effective patient self-management programs - Create a process to educate patients, primarily identified priority groups experiencing disparities about their culture and health and ways in which they can engage the direct care service providers on these dimensions so that the encounter will be beneficial to them. - Identify and share existing best practice. For example, Wellness Self- Management tools will be shared with providers for use with their clients. Each tool will be reviewed for its cultural competency and health literacy, and with permission from its authors, will be modified	Completed	12. Identify assessments and tools to assist patients with self-management of conditions (considering cultural, linguistics and literacy levels): - Brief tools for providers will be identified to assess patient culture (including spiritual orientation, gender identity, and other cultural nuances as identified through the CNA), health literacy and preferred language to facilitate needs assessment and service delivery – including implementation of effective patient self-management programs - Create a process to educate patients, primarily identified priority groups experiencing disparities about their culture and health and ways in which they can engage the direct care service providers on these dimensions so that the encounter will be beneficial to them. - Identify and share existing best practice. For example, Wellness Self- Management tools will be shared with providers for use with their clients. Each tool will be reviewed for its cultural competency and health literacy, and with permission from its authors, will be modified accordingly. - Develop a plan to provide resource repository - housed on the FLPPS website, for providers to access culturally relevant and appropriate best and promising self-management practices and resources including culturally, linguistically, and health literacy appropriate patient educational materials. Explore opportunities to make these resources more readily	04/01/2015	03/31/2020	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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accordingly. - Develop a plan to provide resource repository - housed on the FLPPS website, for providers to access culturally relevant and appropriate best and promising self-management practices and resources including culturally, linguistically, and health literacy appropriate patient educational materials. Explore opportunities to make these resources more readily available to providers through applications accessible via phone or tablet so they can be more readily incorporated into routine care processes.		available to providers through applications accessible via phone or tablet so they can be more readily incorporated into routine care processes.							
Task 13. Identify community-based interventions to reduce health disparities and improve outcomes - Develop a process to Identify disparities in key indicators / outcomes as measures by existing data, CNA, Medicaid claims and encounter data (Salient) and other data sources available to FLPPS - Develop a process to identify guidelines around the standardization and collection, analysis and reporting of data to better identify and address health care disparities including measures of patient engagement and retention - Work with CC and HL committee, seek provider, community and patient input to identify questions around care and expected outcomes that will drive the analysis of data Incentivize provider organization to "act" on the identified disparities - Seek anecdotal information from community through town hall meetings and meetings targeted to specific cultural groups - Develop a process to incentivize providers who	Completed	13. Identify community-based interventions to reduce health disparities and improve outcomes - Develop a process to Identify disparities in key indicators / outcomes as measures by existing data, CNA, Medicaid claims and encounter data (Salient) and other data sources available to FLPPS - Develop a process to identify guidelines around the standardization and collection, analysis and reporting of data to better identify and address health care disparities including measures of patient engagement and retention - Work with CC and HL committee, seek provider, community and patient input to identify questions around care and expected outcomes that will drive the analysis of data Incentivize provider organization to "act" on the identified disparities - Seek anecdotal information from community through town hall meetings and meetings targeted to specific cultural groups - Develop a process to incentivize providers who demonstrate cultural competency in their outcomes and that demonstrate progress in closing disparity gaps. - Develop a process to identify and support community programs shown to be effective, for example, community health workers, translators, case managers, cultural brokers,	04/01/2015	03/31/2020	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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demonstrate cultural competency in their outcomes and that demonstrate progress in closing disparity gaps. - Develop a process to identify and support community programs shown to be effective, for example, community health workers, translators, case managers, cultural brokers, cultural relevant lifestyle and HTN programs		cultural relevant lifestyle and HTN programs							
Task 14. Develop a plan for public transparency of provider level data to drive public accountability and motivate providers to adopt effective CC and HL measures that are directly tied to patient data outcomes	Completed	14. Develop a plan for public transparency of provider level data to drive public accountability and motivate providers to adopt effective CC and HL measures that are directly tied to patient data outcomes	04/01/2015	03/31/2020	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 15. Review strategies deployed in other PPS's to address issues related to CC and HL to identify promising practices and benefit from lessons learned.	Completed	15. Review strategies deployed in other PPS's to address issues related to CC and HL to identify promising practices and benefit from lessons learned.	04/01/2015	03/31/2020	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 16. Establish a process to engender PDSA cycles to evaluate the effectiveness of the strategy and resulting data outcomes to devise further innovations and improvements to the strategy	Completed	16. Establish a process to engender PDSA cycles to evaluate the effectiveness of the strategy and resulting data outcomes to devise further innovations and improvements to the strategy	04/01/2015	03/31/2020	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	In Progress	This milestone must be completed by 6/30/2016. Cultural competency training strategy, signed off by PPS Board. The strategy should include: -- Training plans for clinicians, focused on available evidence-based research addressing health disparities for particular groups identified in your cultural competency strategy -- Training plans for other segments of your workforce (and others as appropriate) regarding specific population needs and effective patient engagement approaches	06/29/2015	06/30/2016	06/29/2015	06/30/2016	06/30/2016	DY2 Q1	YES
Task 1. Based on the FLPPS and Provider assessment data, identify the targeted provider	Completed	1. Based on the FLPPS and Provider assessment data, identify the targeted provider groups for training and implementation support.	06/29/2015	12/31/2015	06/29/2015	12/31/2015	12/31/2015	DY1 Q3	

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groups for training and implementation support.									
Task 2. Identify cultural competency 'champions' in providers throughout the FLPPS network and corresponding points of contact in CBO partners	In Progress	2. Identify cultural competency 'champions' in providers throughout the FLPPS network and corresponding points of contact in CBO partners	07/20/2015	06/30/2016	07/20/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 3. Identify training modules to address identified gaps in order to reduce health care disparities and reduce avoidable hospitalization.	On Hold	3. Identify training modules to address identified gaps in order to reduce health care disparities and reduce avoidable hospitalization.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 4. Work with internal and external stakeholders; provider network; community-based organizations; local departments of health and human services, practitioners and providers to get input into the identification of curriculum modules. Use data disparities reports to help identify areas for professional development	On Hold	4. Work with internal and external stakeholders; provider network; community-based organizations; local departments of health and human services, practitioners and providers to get input into the identification of curriculum modules. Use data disparities reports to help identify areas for professional development	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 5. Create the approach for multidisciplinary training teams available for regional partner deployment to conduct needed CC and HL trainings with a train the trainer approach with the support of a workforce vendor	On Hold	5. Create the approach for multidisciplinary training teams available for regional partner deployment to conduct needed CC and HL trainings with a train the trainer approach with the support of a workforce vendor	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 6. Identify avenues or available education resources for professional development including training to support effective teamwork among culturally diverse team members that will be available to FLPPS partners	On Hold	6. Identify avenues or available education resources for professional development including training to support effective teamwork among culturally diverse team members that will be available to FLPPS partners	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 7. Develop the process to engage and educate religious and spiritual leaders around the goals of DSRIP and FLPPS, CC and HL implications, mutual benefits to both FLPPS and Congregants.	On Hold	7. Develop the process to engage and educate religious and spiritual leaders around the goals of DSRIP and FLPPS, CC and HL implications, mutual benefits to both FLPPS and Congregants.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 8. Develop the process to engage colleges and (universities) to add CC and HL Training	On Hold	8. Develop the process to engage colleges and (universities) to add CC and HL Training modules to their required courses for professional practice preparation	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

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modules to their required courses for professional practice preparation - To include being aware of the disparities existing in healthcare in their local communities so that they can help in garnering resources to address disparities		- To include being aware of the disparities existing in healthcare in their local communities so that they can help in garnering resources to address disparities							
Task 9. Create a plan to assess community-wide infrastructure that will focus on career ladders as a means of creating a diverse workforce and helping people to advance where they are at. This will be done in conjunction with FLPPS workforce vendor.	On Hold	9. Create a plan to assess community-wide infrastructure that will focus on career ladders as a means of creating a diverse workforce and helping people to advance where they are at. This will be done in conjunction with FLPPS workforce vendor.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Finalize cultural competency / health literacy strategy.	oswaldos	Baseline or Performance Documentation	9_MDL0403_1_3_20160314135554_DY1Q3_S4_M1_Remediation_Submission_160314.pdf	DY1Q3 S4 M1 Remediation Submission 160314	03/14/2016 01:55 PM
	oswaldos	Baseline or Performance Documentation	9_MDL0403_1_3_20160203152455_DY1Q3_S4_M1_Meeting_Schedule-CC&HL.xlsx	DY1Q3 S4 M1 Meeting Schedule-CC&HL	02/03/2016 03:24 PM
	oswaldos	Baseline or Performance Documentation	9_MDL0403_1_3_20160203152402_DY1Q3_S4_M1_Supporting_Document_160203.pdf	DY1Q3 S4 M1 Supporting Document 160203.pdf	02/03/2016 03:24 PM

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize cultural competency / health literacy strategy.	DY1Q3 S4 Milestone 1 Remediation Narrative: Please see the attached "DY1Q3 S4 M1 Remediation Submission 160314" file, showing that the Cultural Competency and Health Literacy Strategy was approved by the PPS board. DY1Q3 S4 Milestone 1 Narrative: Please see the attached "DY1Q3 S4 M1 Supporting Document 160203.pdf" and "DY1Q3 S4 M1 Meeting Schedule-CC&HL" file showing achievement of the Milestone. Completed per requirements: Cultural competency / health literacy strategy signed off by PPS Board, that: - Identifies priority groups experiencing health disparities (based on your CNA and other analyses); - Identifies key factors to improve access to quality primary, behavioral health, and preventive health care - Defines plans for two-way communication with the population and community groups through specific community forums - Identifies assessments and tools to assist patients with self-management of conditions (considering cultural, linguistic and literacy factors); and - Identifies community-based interventions to reduce health disparities and improve outcomes.
Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass & Ongoing	

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IPQR Module 4.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 4.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing your cultural competency / health literacy strategy and addressing the specific health disparities you are targeting (based on your CNA), and achieving the milestones described above - including potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

Risk - Financial: Organizations may be hesitant to implement needed activities and protocols around meeting CC & HL standards due to financial constraints and limited resources.

Mitigation Strategy: FLPPS will coordinate strategically with organizations to ascertain their level of readiness, feasibility of implementation given current resources, conservative approaches to implementation as needed and providing as much support for successful implementation of CC & HL activities including financially supporting centrally coordinated cultural competency training.
FLPPS will also develop standardized tools and processes that can be easily modified for use with providers.

Risk - Provider Collaboration with Community based organizations: Primary care providers, physicians and clinicians often are not aware of the value of community based care or may even devalue the importance of collaborations with community based organizations, including partnerships with faith based organizations, and programs / services available through local departments of health and human services as necessary for transforming the current health care to a more culturally competent one.
Mitigation Strategy:
i. Educating providers about the importance of cultural activation and cultural assessments of patients.
ii. Robust cultural competence training and implementation support for providers
iii. FLPPS will coordinate and work with the identified Work Groups to establish guidelines, MOUs and similar type of agreement documents to provide support to providers as to how best to establish needed partnerships.
iv. FLPPS will host learning/engagement sessions.

Risk - Patient Culture and behavior: The FLPPS region contains minority groups with established history of distrust for health care entities and may be resistant to becoming engaged and going to referred providers even with improvements in CC and HL standards of care.
Mitigation Strategies
i. Working with community based organizations with established trust in the community to identify cultural brokers and gatekeepers that can be leveraged to conduct needed outreach and education
ii. Hosting "town hall" sessions in communities where access has been an identified concern
iii. Encouraging providers to build the practice that will be welcoming, respectful and engaging to patients.

Risk: Provider Culture and Behavior:
i. Providers are typically in charge and often assume they know what's best for the patient.
ii. Provider stigma surrounding Medicaid and Medicaid patients.
iii. Providers not making training a priority due to lack of awareness or competing demands on their time.
Mitigation Strategies
i. Educating providers about the importance of cultural activation of patient.
ii. Robust cultural competence training for providers including topics such as the dynamics of power and privilege and its impact on the patient's

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health outcomes particularly health disparities as well demystifying negative perceptions of Medicaid beneficiaries.
iii. Creating processes that incentivize providers to train staff and FLPPS hiring and designating culturally knowledgeable staff to enforce provider training
iv. Requiring that providers select 2 disparities from their data; come up with strategies for intervention; track the outcome of disparities if increasing or decreasing over time and present this information at the quarterly forums to be hosted by FLPPS.

Risk: Challenges experienced with past cultural competence activities in the community and opportunities for training.
Mitigation Strategies
i. Including recipients of care representative of patient population in PPS region in developmental strategies of CC and HL design and implementation
ii. Have focus groups with various provider types
iii. Having patients as members of the cultural competence training team.

IPQR Module 4.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

Cultural Competence and Health Literacy should not be a stand-alone process or outcome but should be integrated into all levels of the organization. There will be varying levels of interdependencies among the different projects.

IT Systems and Processes - IT will be one of the key drivers. A fundamental step in identifying which populations are most at risk is to collect, analyze and report out data on race, ethnicity, English-language proficiency and SES. This guarantees subsequent actions in terms of analysis of quality of care data to identify health care needs and actions to reduce health care disparities that are found. Standardization of data across the network, its availability, how and in what format it is disseminated and the timeliness will be critical to success.

Workforce - efforts should be made to hire a workforce that is reflective of and has experience working with marginalized populations. Paying particular attention to job requirements to ensure that the applicant pool is very diverse and that individuals from cultural groups are not subconsciously blocked from getting into the workforce, for example, look for individuals who have experience working with the population but do not have academic qualifications that are not necessary in treating the patient.
Practitioner engagement – CC and HL division of FLPPS will work closely with the Provider/ Practitioner engagement branch of FLPPS to ensure that cultural competency education and training of providers is performed and evaluated periodically. Activities that serve to build the relationship between providers and FLPPS as initiated by Director of Provider Relations will be reviewed through the cultural lens of the cultural competence committee for recommendations, while the FLPPS Manager of CC and HL operations will ensure that activities are adhering to established FLPPS governing CC and HL policies and procedures under the guidance of the director of this division.

Population Health Management – The identification of key priority groups experiencing disparities as initiated through the CC and HL division will form a core component of high risk groups targeted for the domain 4 population health management projects. In addition, CC and HL will overlap

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with strategies and interventions implemented that provider patients and the wider community with greater access and education of linguistic and culturally appropriate self-management and wellness tools, and primary and preventative care services with staff that have undergone FLPPS approved cultural competency training and verified health literacy measures.

Clinical Integration – The CC and HL division will also work with the clinical oversight branch of FLPPS to inform clinical protocols particularly in the areas of care coordination and discharge procedures that take into consideration the cultural nuances of patients in PPS region to a reasonable extent, for e.g. the inclusion of connection of patients to an identified faith based leader or group to receive care and support upon discharge.

Patient Engagement and Activation (Project 2di)- Given the importance of CC to patient engagement and activation, the CC and HL branch of FLPPS will work closely with the project manager and associated patient advisory groups to conduct coordinated patient and wider community education around the importance of ownership of health care, health insurance and knowledge about local primary and preventative care resources

Communication - Both outward and inward facing communication documents, materials and correspondences should adhere to CC and HL policies and procedures. Public communication forums, broadcasts and materials as initiated through FLPPS division will be influenced by recommendations from the CC and HL committee.

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IPQR Module 4.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Executive Director and Head of Cultural Competence and Health Literacy Workgroup	Carol Tegas, FLPPS and Identified Vendor Consultant - In process of being selected	Providing leadership and guidance to ensure that FLPPS cultural competence and health literacy milestones are met. To oversee the operationalization of implementation plan and to ensure desirable integration CC and HL outcomes Works with quality assurance and quality improvement FLPPS division to ensure incorporation of CC and HL policies and procedures in FLPPS clinical efforts and outcomes.
Manager of Cultural Competency and Health Literacy Operations	Juanita Lyde (Interim), FLPPS	To coordinate the efforts in engaging the project managers and administration around the operationalization of the implementation plan. Interprets and implements the CC and HL policies and procedures at the administration level. Oversees process for CC and HL milestone reporting Internal CC and HL champion/ advocate between FLPPS and providers, serving as a liaison with the executive director and CC and HL committee and working groups Has authority to make decisions that impact CC and HL integration into project delivery including the management of CC and HL budget.
Manager of training and education	To be hired, FLPPS	Lead the development of and facilitate the implementation of the PPS's cultural competency training and education programs for providers, patients and community at large
Data Analyst	Twylla Dillion, FLPPS	Supports the data analysis components of strategic plan and work with expertise in CC and HL to identify patterns of success in provider data and areas needed for improvement.
IT Director	Jose Rosario, FLPPS	Identify or Designs and develops needed IT platform needed to facilitate bidirectional information between PPS, providers and community. Oversees data collection and facilitates its acquisition from providers.
Head of Literacy Workgroup (subcommittee of CC / HL workgroup)	Juanita Lyde (Interim), FLPPS and CCSI (Vendor Consultant)	Lead the development of the PPS's health literacy campaign and facilitate the implementation of centrally coordinated health literacy initiatives

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Chair of Cultural Competence and Health Literacy Committee	Colin Garwood , Starbridge Community Based Organization	Liaison between the executive body and the Cultural Competence and Health Literacy committee
Cultural Competence and Health Literacy Committee (Free-standing with its own mission and membership)	Providers and Patients representative of the PPS region	Meets regularly to contribute personal and professional experience and expertise to the initiative; Speak up for and faithfully represent community, professional, and constituency perspectives; Provide the cultural and health literacy lens to FLPPS Dedicated to addressing culture-related issues integrated within the organization, reviews services, programs with respect to CC and HL issues; works with Quality Assurance/Quality Improvement; participates in planning; directly transmits recommendations to the executive level via the Chair of committee.
Cultural Competency and Health Literacy Patient Advisory Group	Representative consumers/ patients being served by PPS Network	Meets regularly to provide sustained and regular guidance on all CC and HL strategic plan development and implementation activities as the voice of the consumer and to ensure that activities are culturally relevant and appropriate, patient centered and representative of the cultural and linguistic profile of those in FLPPS region.
Provider Relations Associate	Juanita Lyde, FLPPS	Facilitates operationalization of CC and HL by directly engaging providers in PPS network - collecting data, monitoring submission of provider performance data and educating providers around FLPPS driven CC and HL activities that are relevant to their patient outcomes data

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IPQR Module 4.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Downstream providers in network	Recipients of education and training programs Participate in organizational cultural competence and health literacy assessments and data reporting. Participate and execute individualized cultural competence strategic plans.	Commit to and undertake cultural competency transformation
Local Departments of health and human services	Helps to inform and facilitate education and training programs for PPS providers Participate in organizational cultural competence and health literacy assessments and data reporting	Support and commit to PPS cultural competency transformation processes
Naturally Occurring Care Network workgroups	Provide regional support to providers in the implementation of the CC and HL strategic plan	Support PPS cultural competency transformation processes
External Stakeholders		
Contracted CBOs	Provide assistance in the development and execution of CC and HL work stream including entre into communities with high rates of disparity and serving as cultural brokers	Subject matter expert & patient liaison
Office of Mental Health and Community based Mental Health and Substance Abuse Providers	Provide assistance in the development and execution of CC and HL work stream including entire into communities with high rates of disparity and serving as cultural brokers, Helps to inform and facilitate education and training programs for PPS providers, Ensures integration of mental and behavorial components/ considerations in development and implementation of CC and HL plan	Support PPS cultural competency transformation processes
Patients & Families	Recipient of improved services; contributor to design of cultural competency / health literacy initiatives through consultation	Feedback on consultations
Community at large	Recipient of improved services; contributor to design of cultural competency / health literacy initiatives through consultation	Feedback on consultations

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IPQR Module 4.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support the development and implementation of your cultural competency / health literacy strategy and the achievement of the milestones described above.

The development of a shared IT infrastructure will enable the following processes that are critical to Cultural Competence and Health Literacy strategy:
- Define granular data elements to be collected on a FLPPS wide capacity, including CC and HL metrics as well as data on healthcare disparities.
- Standardize data collection across the network.
- Development of IT solutions or platforms that facilitate bidirectional communication between PPS providers, FLPPS PMO, community health care centers/ entities and wider community.
- Create the data repository and accompanying data reporting tools needed to share this information among various FLPPS partners and stakeholders.
- Create dashboard that effectively tracks progress toward the elimination of disparities in key areas of focus.
- Provide technical assistance to providers who do not have the infrastructure to collect and analyze and use the data

IPQR Module 4.8 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

The success of our Cultural Competency / Health Literacy strategy will be measured by the following:
a. Completion of individualized provider organizational Cultural Competence and Health Literacy assessments and ensuing organizational CC and HL strategic plans
b. Improvements in the Health Literacy and Cultural Competency of our attributed population will support our achievement of targets for reductions in avoidable emergency visits/ admissions through more effective use of the health system: Specifically the process by which we will monitor the success of our work will entail
i. Examining regional, sub-regional, and individualized provider performance on key metrics such as:
1. avoidable ED use;
2. inpatient utilization;
3. timely connection to outpatient care, housing, and other needed services following inpatient treatment
4. engagement in outpatient care
5. access to care
6. Performance in these areas will be tracked for priority cultural and socio-demographic groups
ii. Completion of provider staff trainings by target completion date including reports by number and type of staff trained; and

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iii. Patient involvement in specific community engagement initiatives
c. Annual refresh of the Community Needs Assessment, that is the FLPPS performance score card, will allow the FLPPS PMO to make an annual assessment of any change in the health disparities between sub-populations identified in the CNA and assess the extent to which this change is as a result of the implemented CC and HL strategy
d. Identify culturally informed programs that increase access to care for patients and reduce healthcare disparities in the PPS region
e. Examining trends in workforce diversity

IPQR Module 4.9 - IA Monitoring

Instructions :

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Section 05 – IT Systems and Processes

IPQR Module 5.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.
Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	In Progress	Detailed IT current state assessment. Relevant QEs (RHIOs/HIEs) should be involved in performing this assessment.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Step 1: Under the direction and oversight of the PPS Director of IT & Analytics, develop a current state assessment plan, including: - List of PPS participant organizations to be queried - Scope of areas to assess and how (i.e. On & Off-Premise HW/SW) - Major components of the plan will be EMR adoption, RHIO connectivity, interoperability capabilities and gaps	Completed	NOTE for this Milestone: Subsequent quarterly reports will require updates on the key issues identified and plans for developing the PPS's IT infrastructure.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2: Conduct data collection for assessment (methods to include structured interviews and online/email surveys)	Completed	Step 2: Conduct data collection for assessment (methods to include structured interviews and online/email surveys)	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 3: Conduct IT gap analysis	In Progress	Step 3: Conduct IT gap analysis	04/01/2015	03/31/2020	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 4: Review results (gaps, vendor distribution, etc.) to inform IT strategic plan, change management strategy, and total cost of	In Progress	Step 4: Review results (gaps, vendor distribution, etc.) to inform IT strategic plan, change management strategy, and total cost of ownership/investment required to meet short and long term system integration, data sharing and reporting	04/01/2015	03/31/2020	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
ownership/investment required to meet short and long term system integration, data sharing and reporting requirements.		requirements.							
Task Step 5: Review and approval by FLPPS leadership	Not Started	Step 5: Review and approval by FLPPS leadership	04/01/2015	03/31/2020	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #2 Develop an IT Change Management Strategy.	In Progress	IT change management strategy, signed off by PPS Board. The strategy should include: -- Your approach to governance of the change process; -- A communication plan to manage communication and involvement of all stakeholders, including users; -- An education and training plan; -- An impact / risk assessment for the entire IT change process; and -- Defined workflows for authorizing and implementing IT changes	09/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Step 1: Define strategic vision for IT change management	Not Started	NOTE for this MIlestone: Subsequent quarterly reports will require an update on the implementation of this IT change management strategy.	04/01/2015	03/31/2020	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 2: Establish IT governance structure and change management oversight process aligned with overall PPS Governance	In Progress	Step 2: Establish IT governance structure and change management oversight process aligned with overall PPS Governance	04/01/2015	03/31/2020	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 3: Identify required changes based on IT Current State Assessment	In Progress	Step 3: Identify required changes based on IT Current State Assessment	04/01/2015	03/31/2020	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 4: Develop IT Change Management Strategy including: - Approach to data governance, communication, education and training, risk management, and workflows - Incorporation of input from PPS partners through community listening sessions and solicitation of comments on draft strategy - Formation of a "PPS IT Partners Round Table" group, to be facilitated by PPS Director of IT and RHIO, which will be used to share the change	Not Started	Step 4: Develop IT Change Management Strategy including: - Approach to data governance, communication, education and training, risk management, and workflows - Incorporation of input from PPS partners through community listening sessions and solicitation of comments on draft strategy - Formation of a "PPS IT Partners Round Table" group, to be facilitated by PPS Director of IT and RHIO, which will be used to share the change management vision, exhcange experiences, monitor future progress, and consult partners on implementation	04/01/2015	03/31/2020	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
management vision, exhcange experiences, monitor future progress, and consult partners on implementation									
Task Step 5: Review and approval by FLPPS leadership	Not Started	Step 5: Review and approval by FLPPS leadership	04/01/2015	03/31/2020	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	In Progress	Roadmap document, including current state assessment and workplan to achieve effective clinical data sharing and interoperable systems where required. The roadmap should include: -- A governance framework with overarching rules of the road for interoperability and clinical data sharing; -- A training plan to support the successful implementation of new platforms and processes; and -- Technical standards and implementation guidance for sharing and using a common clinical data set -- Detailed plans for establishing data exchange agreements between all providers within the PPS, including care management records (completed subcontractor DEAAs with all Medicaid providers within the PPS; contracts with all relevant CBOs including a BAA documenting the level of PHI to be shared and the purpose of this sharing).	08/03/2015	09/30/2016	08/03/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Step 1: Develop framework for data sharing and interoperability roadmap, including resources responsible for key components, informed by the IT Current State Assessment	In Progress	NOTE for this Milestone: Roadmap to also include the following: -- Multiple levels and iterations of systems integration testing Subsequent quarterly reports will require updates on your implementation of this roadmap and an update on any changes to the contracts / agreements in place.	08/03/2015	09/30/2016	08/03/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Step 2: Develop draft plan for IT standards and infrastructure, including outreach/communication and training methods	In Progress	Step 2: Develop draft plan for IT standards and infrastructure, including outreach/communication and training methods	04/01/2015	03/31/2020	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Step 3: Develop governance and policy framework for data sharing and shared IT infrastructure, including draft data exchange agreements, and data governance plan including partner and project data sharing needs	In Progress	Step 3: Develop governance and policy framework for data sharing and shared IT infrastructure, including draft data exchange agreements, and data governance plan including partner and project data sharing needs	04/01/2015	03/31/2020	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Step 4: Solicit stakeholder input on plan for IT standards and infrastructure, including from RHIO, and revise as needed	In Progress	Step 4: Solicit stakeholder input on plan for IT standards and infrastructure, including from RHIO, and revise as needed	04/01/2015	03/31/2020	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Step 5: Solicit stakeholder input on draft governance and policy framework, including data exchange agreements, and revise as needed	In Progress	Step 5: Solicit stakeholder input on draft governance and policy framework, including data exchange agreements, and revise as needed	03/01/2016	05/31/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Step 6: Map IT standards and infrastructure plan to finalized IT Current State Assessment	In Progress	Step 6: Map IT standards and infrastructure plan to finalized IT Current State Assessment	04/01/2015	03/31/2020	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Step 7: Review and approval by FLPPS leadership of roadmap, including governance and policy framework, plan for IT standards and infrastructure, and guidance to participants	Not Started	Step 7: Review and approval by FLPPS leadership of roadmap, including governance and policy framework, plan for IT standards and infrastructure, and guidance to participants	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	Not Started	PPS plan for engaging attributed members in Qualifying Entities, signed off by PPS Board. The plan should include your approach to outreach into culturally and linguistically isolated communities.	06/01/2016	09/30/2016	06/01/2016	09/30/2016	09/30/2016	DY2 Q2	NO
Task Step 1: Develop draft member engagement plan informed by Qualifying Entities stakeholders and current member needs, with methods for ongoing communication/outreach strategies and tactics to track changing member needs	Not Started	NOTE: PPS plans to store PHI information in Microsofts Azure cloud computing environment that meets the following compliance standards: ISO 27001, HIPAA-HITECH, FedRAMP, SOC 1 and SOC 2, and ISO/IEC 27018. It is also the intention of FLPPS to implement 2-factor authentication, and incorporate controls to ensure compliance with: Identity Assurance [NYS IT Policy.: NYS-P10-006], Identity Assurance Standard [NYS IT Policy No.: NYS-S13-004], and Authentication Tokens Standard [NYS IT Policy.: NYS-S14-006]. As part of this process FLPPS will adhear to all the requirements of the DEAA security assessment affidavit, and until such time not share any DOH Medicaid claims data with downstream partners. The Director of Compliance (FLPPS Security Officer) will be a major stakeholder in implementing, monitoring and governing	04/01/2015	03/31/2020	06/01/2016	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		the above policies and procedures.							
Task Step 2: Refine draft plan based on stakeholder input and findings in IT Current State Assessment	Not Started	Step 2: Refine draft plan based on stakeholder input and findings in IT Current State Assessment	04/01/2015	03/31/2020	07/01/2016	08/30/2016	09/30/2016	DY2 Q2	
Task Step 3: Review and approval by FLPPS leadership	Not Started	Step 3: Review and approval by FLPPS leadership	04/01/2015	03/31/2020	09/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #5 Develop a data security and confidentiality plan.	In Progress	Data security and confidentiality plan, signed off by PPS Board, including: -- Analysis of information security risks and design of controls to mitigate risks -- Plans for ongoing security testing and controls to be rolled out throughout network.	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Step 1: Define data security and confidentiality guiding principles	Not Started	NOTE for this Milestone: Complete Identity Validation Attestation for two FLPPS user who will receive claiims data w/ PHI from DOH. PPS plans to store PHI information in Microsofts Azure cloud computing environment that meets the following compliance standards: ISO 27001, HIPAA-HITECH, FedRAMP, SOC 1 and SOC 2, and ISO/IEC 27018. It is also the intention of FLPPS to implement 2-factor authentication, and incorporate controls to ensure compliance with: Identity Assurance [NYS IT Policy.: NYS-P10-006], Identity Assurance Standard [NYS IT Policy No.: NYS-S13-004], and Authentication Tokens Standard [NYS IT Policy.: NYS-S14-006]. As part of this process FLPPS will adhear to all the requirements of the DEAA security assessment affidavit, and until such time not share any DOH Medicaid claims data with downstream partners. The Director of Compliance (FLPPS Security Officer) will be a major stakeholder in implementing, monitoring and governing the above policies and procedures.	04/01/2015	03/31/2020	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Step 2: Incorporate data security guiding principles into draft governance and policy framework and draft IT standards and infrastructure plan	Not Started	Step 2: Incorporate data security guiding principles into draft governance and policy framework and draft IT standards and infrastructure plan	04/01/2015	03/31/2020	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 3: Establish PPS-wide protocols for protected data, including data collection, data exchange, data use, data storage, and data disposal policies	In Progress	Step 3: Establish PPS-wide protocols for protected data, including data collection, data exchange, data use, data storage, and data disposal policies	04/01/2015	03/31/2020	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Step 4: Conduct analysis of information security risks of the technical and policy components of the IT Data Sharing and Interoperability Roadmap	Not Started	Step 4: Conduct analysis of information security risks of the technical and policy components of the IT Data Sharing and Interoperability Roadmap	04/01/2015	03/31/2020	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 5: Develop plan for risk mitigation and ongoing security testing and controls	Not Started	Step 5: Develop plan for risk mitigation and ongoing security testing and controls	04/01/2015	03/31/2020	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop a data security and confidentiality plan.	rosarioj	Policies/Procedures	9_MDL0503_1_3_20160314123139_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(AT_Family)_FLPPS-160311.docx	IA Resubmission of AT-Security Workbook	03/14/2016 12:31 PM
	rosarioj	Policies/Procedures	9_MDL0503_1_3_20160314122929_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(IR_Family)_FLPPS-160311.docx	IA Resubmission of IR-Security Workbook	03/14/2016 12:29 PM
	rosarioj	Policies/Procedures	9_MDL0503_1_3_20160314122454_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(PS_Family)_FLPPS-160311.docx	IA Resubmission of PS-Security Workbook	03/14/2016 12:24 PM

NYS Confidentiality – High

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	rosarioj	Policies/Procedures	9_MDL0503_1_3_20160314114506_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(AU_Family)_FLPPS-160311.docx	IA Resubmission of AU-Security Workbook	03/14/2016 11:45 AM
	rosarioj	Policies/Procedures	9_MDL0503_1_3_20160314114111_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(PE_Family)_FLPPS-160311.docx	IA Resubmission of PE-Security Workbook	03/14/2016 11:41 AM
	rosarioj	Policies/Procedures	9_MDL0503_1_3_20160203121025_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(IR_Family)_FLPPS-160201.docx	System Security Plan (SSP) Workbook - Incident Response	02/03/2016 12:10 PM
	rosarioj	Policies/Procedures	9_MDL0503_1_3_20160203120935_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(AU_Family)_FLPPS-160201.docx	System Security Plan (SSP) Workbook - Audit & Accountability	02/03/2016 12:09 PM
	rosarioj	Policies/Procedures	9_MDL0503_1_3_20160203120631_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(AT_Family)_FLPPS-160201.docx	System Security Plan (SSP) Workbook - Awareness & Training	02/03/2016 12:06 PM
	rosarioj	Policies/Procedures	9_MDL0503_1_3_20160203120516_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(PE_Family)_FLPPS-160201.docx	System Security Plan (SSP) Workbook - Physical and Environmental Protection	02/03/2016 12:05 PM
	rosarioj	Policies/Procedures	9_MDL0503_1_3_20160203120319_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(PS_Family)_FLPPS-160201.docx	System Security Plan (SSP) Workbook - Personnel Security	02/03/2016 12:03 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	
Develop an IT Change Management Strategy.	
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	
Develop a specific plan for engaging attributed members in Qualifying Entities	
Develop a data security and confidentiality plan.	DY1Q3 S5 Milestone 5 Remediation Narrative: Please see the attached resubmitted Workbook files. The attachments address the following IA Remediation Request: Across all workbooks, several control descriptions did not properly address all listed items in the associated requirements. Since FLPPS uses a CSP, it is very important to have the CSP provide

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	relevant details on the parts of the environment they are supporting or hosting and that the provided information is as complete as possible. Several artifacts that were referenced in the control descriptions existed on a file share within the PPS environment and couldn't be accessed by our review team. These attachments cannot be credited until they are attached to the submitted workbooks or otherwise provided to DOH. In other cases, additional artifacts may be helpful to demonstrate that controls were in place, as required. Needed for remediation: address the issues identified above, and be sure that submitted artifacts address all listed items in the associated control requirements, as well.

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	

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IPQR Module 5.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 5.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in creating and implementing your IT governance structure, your plans for data sharing across your network, your approach to data security and confidentiality, and the achievement of the milestones described above, including the potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

Risk: This is a tight timeframe to meet FLPPS and DSRIP timelines.
Mitigation Strategy: Effective program management.

Risk: Dependencies on governance and workforce could impact this work stream.
Mitigation Strategy: Effective program management and communication across work streams.

Risk: Multi-stakeholder policy development is always a challenging and time-consuming process.
Mitigation Strategy: Engage stakeholders early and often to develop an environment of trust and a vested interest in FLPPS success. Leverage FLPPS sub-regional infrastructure (NOCNs) to engage participants at the local level.

Risk: It can be challenging to develop consensus on policies to handle specific classes of sensitive patient data such as data governed by 42.CFR.2.
Mitigation Strategy: Ensure the FLPPS team has access to experts in the field to provide guidance.

Risk: It may be challenging for the RHIO to scale up its operations to meet FLPPS needs and timelines for bi-directional connectivity with participating organizations. Related risk in managing RHIO relationship.
Mitigation Strategy: Overlap in stakeholders on Boards of both organizations will promote alignment over the course of this project. FLPPS will support outreach and onboarding efforts to the RHIO.

Risk: PPS participants use a variety of IT systems that are not currently connected.
Mitigation Strategy: The FLPPS centralized IT infrastructure leverages the RHIO to enable data mobility from source systems to the PPS, while developing advanced data normalization services to enable connectivity with non-traditional partners such as CBOs.

Risk: 2.a.i requires a broad spectrum of clinical and non-clinical providers (CBOs) to engage in various forms of IT adoption, care coordination and information sharing, which poses a significant financial and operational burden (change) on these providers they may not perceive the value of this effort.
Mitigation Strategy: Engage in early partner education and change management; consider deploying centralized technical assistance, hands-on support and meaningful financial incentives for incremental change and planning engagement.

Risk: Lack of compliance with PPS data security policies and procedures.
Mitigation Strategy: FLPPS will develop guidelines and educational content on data security policies and procedures, that will be thoroughly presented to participant staff as part of their onboarding and go-live processes. FLPPS will also conduct data security audits on a quarterly basis with a random set of participating organizations.

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IPQR Module 5.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

The IT work stream is specifically dependent on the Workforce and Clinical Strategy work stream and co-dependent with the Governance work stream and Finance committee. The Workforce Strategy will dictate the availability of the specific engineers and IT subject-matter experts who will be responsible for executing the IT Systems and Processes work stream, while the Clinical committee will inform project requirements, functional needs and priorities for workflow improvements; as well as data elements for capture, reporting and sharing. The policy process elements of the IT work stream overlap with the work of the Governance work stream. A successful governance model and process will allow data access, data security, and other policy elements to be developed in a time-effective manner, and with a wide degree of stakeholder buy-in across partners and RHIO(s). Similarly, successful execution and completion of the IT policy and process tasks under the purview of this work stream will impact the capability of the Governance work stream to provide a comprehensive governance framework for the PPS as a whole that includes robust data governance components. Most other work streams are highly dependent on the success of this work stream as it will lay the IT infrastructure upon which the others will operate, particularly the Performance Reporting, Population Health Management, and Clinical Integration work streams. The Finance committee will provide the contractual support and incentive for the IT strategy as an "enforcer" to align partners around standard, clear performance expectations, resource requirements and available funding. The funds flow work stream will directly impact availability of funds for IT, both in terms of timing and overall amount, which will require that the IT committee, in partnership with appropriate stakeholders appropriately vet priorities for investment. Limitations or delays in funds may significantly impact the IT strategy, which necessitates that the IT committee have fallback plans and work-arounds to achieve critical functionality and core solutions to address scale and speed requirements.

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IPQR Module 5.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Oversight and accountability for delivery of performance reporting capability	FLPPS CIO (or Director of IT, Jose Rosario - FLPPS)	Performance reporting infrastructure (design, planning and implementation) Coordination with NYDOH, PPS partners and other sources for data collection Development of dashboards to enable performance management and rapid cycle evaluation Management and oversight of performance reporting and data collection staff and project leads, including engagement of committees and governance leads to inform process
Responsible for informing development of performance tools, monitoring performance of partners and PPS, informing process improvement and corrective action	FLPPS Executive Director, Carol Tegas	Inform identification of key indicators and operational, clinical, financial, quality and other performance metrics Responsible for informing development of dashboards, performance thresholds, reviewing data/reports and making recommendations to Governing Board on necessary actions
Responsible for determining appropriate actions to ensure PPS performance based on available information	FLPPS Governing Board	Responsible for reviewing dashboards and performance recommendations from leadership and committees and making decisions for PPS to ensure necessary process improvements, corrective actions, etc.
Operational leadership and Performance management oversight	FLPPS Director of IT, Jose Rosario	Development of performance management and reporting tools Development of dashboards as needed by PPS leadership, committees and providers IT implementation plan management; daily oversight of project teams and vendors Lead development of technical assistance and resources with vendors, project teams, etc.

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IPQR Module 5.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Reporting Manager	Collect submitted data to track measure and visualize performance (month over month)	Author reports and dashboards for Project Manager and Leadership to monitor the performance of provider outcomes being reported
Data Analyst	Conduct detailed analysis on provider reporting, claims and clinical data	Author reports that provide insightful visualizations, interpretations, segmentation and correlations on data collected from multiple sources.
PPS Partners	Submit data and review dashboards	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
External Stakeholders		
NYDOH	Provision of statewide/PPS dashboards and performance data	Provide data, including claims data, consolidated reports and web-based dashboards for PPSs for performance management; provide templates for DSRIP performance reporting; provide common operational definitions for metrics and milestones and reporting requirements; provide guidance on performance improvement opportunities and evidence-based guidance and PPS benchmark data
Patients, Advocates and Caregivers (consumers)	Member Satisfaction and loyalty	Provide direct and indirect feedback to FLPPS. Direct feedback through patient satisfaction surveys, HCAHPS, CAHPS, etc. as well as indirect feedback through utilization patterns - preferred providers will have higher demand. Planning process will include engagement of consumer input in design of services, user engagement/activation tools and marketing, outreach and education
MCOs	Provision of benchmark data and support in development of population health analytic tools	Coordinate with PPS in provision of benchmark data to support performance management; potential for contract negotiation based on improved total cost management

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IPQR Module 5.7 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

The IT work stream leadership will develop a comprehensive implementation plan, supplemented by a GANTT chart outlining quarterly milestones based on performance requirements (DSRIP) and implementation milestones for the PPS IT strategy. The implementation plan will provide a measurable guide for progress that will be regularly shared with Leadership and collaborating committees to ensure provision of deliverables, services and functionality in line with PPS scale and speed, and overall PPS IT requirements. In addition to IT implementation progress tracking and management, the committee will engage in PPS partner feedback requests through surveys and discussion forums to ensure solutions and services continually meet partner needs, expectations and deliver value. Progress reporting will encompass the tracking of partner progress toward key milestones, including status of MU, PCMH level-III, HIE Connectivity, bidirectional data sharing and ability to engage in alerts/messaging. This information will be tracked within the FLPPS CRM tool, which will capture such metrics and tie directly to State reporting tools and performance management systems within FLPPS. As more advanced reporting capabilities are established, the IT committee will define the minimum necessary, most basic means to enable interim reporting for the first 6-12 months of DSRIP to enable data collection and tracking of key activities and metrics while the long term progress reporting solutions are developed. These tools will tie directly to the responsibilities defined within contractual agreements and status updates will be provided to leadership as a means of providing PPS-wide progress updates, risk mitigation and process improvement for DSRIP implementation.

IPQR Module 5.8 - IA Monitoring

Instructions :

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Section 06 – Performance Reporting

IPQR Module 6.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.
Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	In Progress	Performance reporting and communications strategy, signed off by PPS Board. This should include: -- The identification of individuals responsible for clinical and financial outcomes of specific patient pathways; -- Your plans for the creation and use of clinical quality & performance dashboards -- Your approach to Rapid Cycle Evaluation	04/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Step 1: Identify FLPPS resources responsible for clinical and financial outcomes	In Progress	Step 1: Identify FLPPS resources responsible for clinical and financial outcomes	04/01/2015	03/31/2020	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 2: Identify performance data-sets to be defined / provided by NYSDOH and those that will need to be generated by FLPPS directly	In Progress	Step 2: Identify performance data-sets to be defined / provided by NYSDOH and those that will need to be generated by FLPPS directly	04/01/2015	03/31/2020	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 3: Define metrics to track and report on processes and outcomes in collaboration with local stakeholders and NYSDOH	In Progress	Step 3: Define metrics to track and report on processes and outcomes in collaboration with local stakeholders and NYSDOH	04/01/2015	03/31/2020	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 4: Define dashboard technologies that will be used by FLPPS staff and participants to monitor outcomes and guide targeted quality improvement interventions	Not Started	Step 4: Define dashboard technologies that will be used by FLPPS staff and participants to monitor outcomes and guide targeted quality improvement interventions	04/01/2015	03/31/2020	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 5: Establish framework for facilitating rapid cycle improvement informed by continuous outcomes monitoring	Not Started	Step 5: Establish framework for facilitating rapid cycle improvement informed by continuous outcomes monitoring	04/01/2015	03/31/2020	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	In Progress	Finalized performance reporting training program.	04/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3	NO
Task Step 1: Develop draft plan for performance reporting training program	In Progress	Step 1: Develop draft plan for performance reporting training program	04/01/2015	03/31/2020	10/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task Step 2: Solicit stakeholder input on draft plan	Not Started	Step 2: Solicit stakeholder input on draft plan	04/01/2015	03/31/2020	04/01/2016	03/01/2017	03/31/2017	DY2 Q4	
Task Step 3: Review and approval by FLPPS leadership	Not Started	Step 3: Review and approval by FLPPS leadership	04/01/2015	03/31/2020	04/01/2016	05/29/2017	06/30/2017	DY3 Q1	
Task Step 4: Identify clinical and administrative "champions" from among FLPPS participants to assist in training	In Progress	Step 4: Identify clinical and administrative "champions" from among FLPPS participants to assist in training	04/01/2015	03/31/2020	10/01/2015	09/29/2017	09/30/2017	DY3 Q2	
Task Step 5: Partner with Provider Relations and Marketing Communications teams to engage providers by NOCN groupings on training.	In Progress	Step 5: Partner with Provider Relations and Marketing Communications teams to engage providers by NOCN groupings on training.	04/01/2015	03/31/2020	10/01/2015	09/29/2017	09/30/2017	DY3 Q2	
Task Step 6: Establish an early adopters group to pilot reporting and communication requirements and refine structure based on feedback and level of success	In Progress	Step 6: Establish an early adopters group to pilot reporting and communication requirements and refine structure based on feedback and level of success	04/01/2015	03/31/2020	10/01/2015	12/01/2017	12/31/2017	DY3 Q3	
Task Step 7: Implement training program	In Progress	Step 7: Implement training program	04/01/2015	03/31/2020	10/01/2015	12/31/2017	12/31/2017	DY3 Q3	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Establish reporting structure for PPS-wide performance reporting and communication.	
Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	

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IPQR Module 6.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 6.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing performance reporting structures and processes and effective performance management within your network, including potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

Risk: There is currently lack of definition on the performance monitoring and reporting infrastructure that will be provided by NYSDOH relative to what will be provided by tge PPS and/or providers themselves.
Mitigation Strategy: Close collaboration and transparency with NYSDOH.

Risk: Defining performance metrics in multi-stakeholder environments often takes significant time and effort.
Mitigation Strategy: Develop initial set of measures with input from NYSDOH and experts in the field, with stakeholder input throughout the process.

Risk: Some FLPPS members may not want their performance outcomes to be evaluated or compared with their competitors' performance.
Mitigation Strategy: Develop a communications strategy to address these concerns.

Risk: Uncertainty of access to CRFP funding for capital investments targeted for population health management infrastructure.
Mitigation Strategy: Seek out alternative solutions to meeting the population health requirements, which include leveraging less than ideal options in our community. This could have a significant impact in our ability to deliver a solution the meets DSRIP objectives around 2.a.i.

IPQR Module 6.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

Performance reporting will require close coordination with other FLPPS committees, leadership, Board and Executive committee to ensure all key metrics and indicators are effectively tracked, captured, reported and maintained in a central data repository. Each respective committee, e.g. workforce, finance, IT, etc. will define key indicators, thresholds for performance (e.g. max and min) for performance monitoring. Monitoring and reporting will support PPS governance, rapid cycle evaluation and partner funds flow distribution in alignment with performance-based contract requirements and expectations. Careful coordination will be required with project leads and committees to determine these indicators and the best, most efficient means for standardized, consistent data collection and reporting. Successful PPS reporting will require the development of a CRM tool that will enable easy tracking of partner performance and deployment of PPS governance and provider dashboards. In addition, the Performance reporting will coordinate with NYDOH to ensure alignment and fulfillment of reporting requirements.

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IPQR Module 6.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
FLPPS Director of IT	Jose Rosario, FLPPS	Oversight and accountability for delivery of performance reporting capability; Performance reporting infrastructure (design, planning and implementation) Coordination with NYDOH, PPS partners and other sources for data collection Development of dashboards to enable performance management and rapid cycle evaluation Management and oversight of performance reporting and data collection staff and project leads, including engagement of committees and governance leads to inform process
FLPPS Executive Director	Carol Tegas, FLPPS	Responsible for informing development of performance tools, monitoring performance of partners and PPS, informing process improvement and corrective action; Inform identification of key indicators and operational, clinical, financial, quality and other performance metrics Responsible for informing development of dashboards, performance thresholds, reviewing data/reports and making recommendations to Governing Board on necessary actions
FLPPS Board of Directors (Governing board)	See FLPPS.org for current membership of BoD representing organizations across the PPS	Responsible for determining appropriate actions to ensure PPS performance based on available information; Responsible for reviewing dashboards and performance recommendations from leadership and committees and making decisions for PPS to ensure necessary process improvements, corrective actions, etc.
FLPPS Director of IT	Jose Rosario, FLPPS	Operational leadership and Performance management oversight; Development of performance management and reporting tools Development of dashboards as needed by PPS leadership, committees and providers IT implementation plan management; daily oversight of project teams and vendors Lead development of technical assistance and resources with vendors, project teams, etc.
FLPPS Reporting Manager	Oswaldo Salazar, FLPPS	Monitors the changes and development of the NY DSRIP reporting

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		requirements on-going. Oversee the establishment and maintenance of all organizational and project documentation including all files, records and reports according to DSRIP reporting requirements. Lead and manage the quarterly reporting review/audit of supporting documentation and reporting written materials for quality, compliance, accuracy and completeness in accordance with FLPPS and NYSDOH defined requirements. Oversees development of key content and analyzes the completion of quarterly reporting and other required DSRIP filings and disclosures. Reviews all areas, providing submissions to DOH for consistency, accuracy, and support for outcomes.

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IPQR Module 6.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Reporting Manager, FLPPS	Collect submitted data to track measure and visualize performance (month over month), including but not limited to Patient Engagement, Domain 2-4 outcomes in real time	Author reports and dashboards for Project Managers and Leadership to monitor the performance of provider outcomes being reported, including but not limited to Patient Engagement, Domain 2-4 outcomes in real time; manage reporting process internally within FLPPS PMO and externally with PPS partners
Data Analyst, FLPPS	Conduct detailed analysis on provider reporting, claims and clinical data	Author reports that provide insightful visualizations, interpretations, segmentation and correlations on data collected from multiple sources.
PPS Partners	Submit data and review dashboards, make improvements in clinical outcome areas/ engage patients for performance requirements of DSRIP	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Data Coordinator, FLPPS	Collect, organize and format data, from multiple sources (internal/external) needed for reporting.	Gather desperate reporting information that is necessary for reporting on and prepare for analysis and final documentation. This includes organizing, sorting, and normalizing prior to processing.
External Stakeholders		
NYDOH	Provision of statewide/PPS dashboards and performance data for Domains 2-4	Provide data, including claims data, consolidated reports and web-based dashboards for PPSs for performance management; provide templates for DSRIP performance reporting; provide common operational definitions for metrics and milestones and reporting requirements; provide guidance on performance improvement opportunities and evidence-based guidance and PPS benchmark data
Patients, Advocates and Caregivers (consumers)	Member Satisfaction and loyalty	Provide direct and indirect feedback to FLPPS. Direct feedback through patient satisfaction surveys, HCAHPS, CAHPS, etc. as well as indirect feedback through utilization patterns - preferred providers will have higher demand. Planning process will include engagement of consumer input in design of services, user engagement/activation tools and marketing, outreach and education

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
MCOs	Provision of claims data, benchmark data and support in development of population health analytic tools	Coordinate with PPS in provision of claims data and benchmark data to support performance management; potential for contract negotiation based on improved total cost management

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IPQR Module 6.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support your approach to performance reporting.

A shared IT infrastructure will enable consistent and standardized reporting across the PPS, by provider type; enabling the governing body, committees, partner organizations and individual providers to understand performance goals and current performance with relation to peers and other PPSs. Performance reporting will include web-based dashboards with aggregate public data for performance management. PPS partners will be provided with reporting templates and ultimately web-based portal and/or HIE connectivity for data extraction/collection for performance reporting that will leverage current reporting systems and processes for State and Federal reporting as appropriate.

IPQR Module 6.8 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

Success will be measured by the progress in planning, design and deployment of the performance reporting processes, tools and centralized dashboard with user access. Performance reporting will begin as a more manual process, with increasing automation, queries, user features and data points over time. The IT Committee, in coordination with PPS governance and committee leadership will define the requirements and milestones for performance reporting capabilities and timeline, in line with State provided reporting tools, data and timelines.

IPQR Module 6.9 - IA Monitoring

Instructions :

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Section 07 – Practitioner Engagement

IPQR Module 7.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.
Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop Practitioners communication and engagement plan.	In Progress	Practitioner communication and engagement plan. This should include: -- Your plans for creating PPS-wide professional groups / communities and their role in the PPS structure -- The development of standard performance reports to professional groups --The identification of profession / peer-group representatives for relevant governing bodies, including (but not limited to) Clinical Quality Committee	04/01/2015	12/31/2015	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Hire a PPS Communications Director to organize and execute internal and external communication strategy	Completed	Hire a PPS Communications Director to organize and execute internal and external communication strategy	04/01/2015	05/01/2015	04/01/2015	05/01/2015	06/30/2015	DY1 Q1	
Task Hire a Provider Relations Team, including a Director of Provider Relations, to manage the coordination of work across the PPS and meter level of satisfaction of all partners. This team will also ensure that partners remain engaged across the full 5 years, while working in concert with Communications Director to establish clear communication channels.	Completed	Hire a Provider Relations Team, including a Director of Provider Relations, to manage the coordination of work across the PPS and meter level of satisfaction of all partners. This team will also ensure that partners remain engaged across the full 5 years, while working in concert with Communications Director to establish clear communication channels.	04/01/2015	05/01/2015	04/01/2015	05/01/2015	06/30/2015	DY1 Q1	
Task Include steps to educate potential partners on FLPPS, and overall DSRIP 1115 Waiver Program, recruit to join FLPPS and sign attestations by State deadline	Completed	Include steps to educate potential partners on FLPPS, and overall DSRIP 1115 Waiver Program, recruit to join FLPPS and sign attestations by State deadline	04/01/2015	05/01/2015	04/01/2015	05/01/2015	06/30/2015	DY1 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Utilize governance structure with Board of Directors, committees, project teams and workgroups that include representation across PPS to ensure effective and wide spread communication and engagement	In Progress	Utilize governance structure with Board of Directors, committees, project teams and workgroups that include representation across PPS to ensure effective and wide spread communication and engagement	04/01/2015	12/31/2015	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Develop PAC meeting schedule for DY 1, and other FLPPS wide meeting opportunities; share with PPS via communication channels (annual meeting schedules will be released Q1 of each subsequent DY)	In Progress	Develop PAC meeting schedule for DY 1, and other FLPPS wide meeting opportunities; share with PPS via communication channels (annual meeting schedules will be released Q1 of each subsequent DY)	04/01/2015	12/31/2015	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Evaluate communication efforts to date to ensure successful partner communication and engagement around implementation activities in subsequent years	In Progress	Evaluate communication efforts to date to ensure successful partner communication and engagement around implementation activities in subsequent years	12/01/2015	12/31/2015	12/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	In Progress	Practitioner training / education plan.	05/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Define target populations based on groupings of key stakeholders/partners; segment based on their involvement in PPS wide initiatives to adequately develop different levels of training and presentations (different levels of DSRIP understanding, FLPPS understanding, programmatic understanding, reporting expectations)	In Progress	Define target populations based on groupings of key stakeholders/partners; segment based on their involvement in PPS wide initiatives to adequately develop different levels of training and presentations (different levels of DSRIP understanding, FLPPS understanding, programmatic understanding, reporting expectations)	05/01/2015	12/31/2015	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Through workgroup committees and the FLPPS Provider Relations Associate (PRA) team, conduct an analysis of the needed training and education by practicioner group.	Not Started	Through workgroup committees and the FLPPS Provider Relations Associate (PRA) team, conduct an analysis of the needed training and education by practicioner group.	02/01/2016	03/31/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task	Not Started	Establish practicioner training and development plan, PPS	02/01/2016	03/31/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Establish practicioner training and development plan, PPS wide, including dates and venues for education and training. Determine metrics to indicate successful delivery of education training.		wide, including dates and venues for education and training. Determine metrics to indicate successful delivery of education training.							
Task Engage with internal FLPPS resource or external expert on training and development to start developing practitioner training and education materials, with feedback from NOCN (regional) workgroups.	Not Started	Engage with internal FLPPS resource or external expert on training and development to start developing practitioner training and education materials, with feedback from NOCN (regional) workgroups.	02/01/2016	03/31/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Incorporate language into FLPPS-Partner contracts around roles & responsibilities at partner level, in execution of projects, quality metrics tied to project participation; funds flow tied to quality based performance metrics, and PPS level of involvement - governance, meetings and projects	In Progress	Incorporate language into FLPPS-Partner contracts around roles & responsibilities at partner level, in execution of projects, quality metrics tied to project participation; funds flow tied to quality based performance metrics, and PPS level of involvement - governance, meetings and projects	02/01/2016	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Begin execution on training/education plan; leverage community leaders/champions to encourage participation and potentially deliver some of the content	Not Started	Begin execution on training/education plan; leverage community leaders/champions to encourage participation and potentially deliver some of the content	02/01/2016	03/31/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task At the close of each education/training session, solicit feedback from participants on effectiveness of training.	Not Started	At the close of each education/training session, solicit feedback from participants on effectiveness of training.	02/01/2016	03/31/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Review in PDSA Cycle with Provider Relations Associate (PRA) team, against previously determined metrics for sucessful delivery of education and training.	Not Started	Review in PDSA Cycle with Provider Relations Associate (PRA) team, against previously determined metrics for sucessful delivery of education and training.	02/01/2016	03/31/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Adjust training accordingly to ensure progress towards previously determined metrics for successful delivery of education and training.	Not Started	Adjust training accordingly to ensure progress towards previously determined metrics for successful delivery of education and training.	02/01/2016	03/31/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Feedback from each training program will be	Not Started	Feedback from each training program will be used for a PDSA cycle towards developing continuous improvement in the	02/01/2016	03/31/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
used for a PDSA cycle towards developing continuous improvement in the training program		training program							

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop Practitioners communication and engagement plan.	oswaldos	Other	9_MDL0703_1_3_20160118162803_FLPPS_DY1Q3_S7_Milestone_1_Narrative_160118.pdf	FLPPS DY1Q3 S7 Milestone 1 Narrative 160118	01/18/2016 04:28 PM
Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	oswaldos	Other	9_MDL0703_1_3_20160118175640_FLPPS_DY1Q3_S7_Milestone_2_Narrative_160118.pdf	FLPPS DY1Q3 S7 Milestone 2 Narrative 160118	01/18/2016 05:56 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop Practitioners communication and engagement plan.	DY1Q3 S7 Milestone 1 Narrative: FLPPS is moving this milestone to 6/30/16 to align with several internal Strategic initiatives that will be finalized by April 2016. Please see the attached "FLPPS DY1Q3 S7 Milestone 1 Narrative 160118.PDF" document for details on the progress of Milestone 1 and each associated task.
Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	DY1Q3 S7 Milestone 2 Narrative: FLPPS is moving this milestone to 6/30/16 to coincide with the updated timeline for the practitioner communications and engagement plan. Practitioner training and education will complement the engagement plan. In the coming months, FLPPS will hire a Learning and Development Manager to organize and facilitate PPS-wide training and educational initiatives. Please see the attached "FLPPS DY1Q3 S7 Milestone 2 Narrative 160118.PDF" document for details on the progress of Milestone 2 and each associated task. Also, the MAPP date restriction functionality did not allow an earlier date than 10/01/15 for Milestone 2 and the first Task underneath it, which actually started earlier and are in progress.

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #2	Pass & Ongoing	

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IPQR Module 7.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 7.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the current level of engagement of your physician community in the DSRIP program and describe the key challenges or risks that you foresee in implementing your plans for physician engagement and achieving the milestones described above. Describe any potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

FLPPS covers one of the largest geographic footprints of any PPSs across NYS, with over 600 partners representing 13 counties. FLPPS partnership also covers not only a significant number of lives, but also sheer number of partners, which creates a communication challenge as we have to rely upon mass communication strategy, which can appear impersonal; it is also difficult to find locations and times that are convenient for all partners to participate. As a result, at the time of submittal, while there have been significant opportunities for FLPPS Partners to engage with FLPPS central, through in-person meetings, webinars, governance, and surveys - FLPPS partners participate in these activities at a rate of approximately 25 - 50% across all previously listed opportunities for engagement. This number needs to increase in order to ensure complete integration across our vast geographic footprint.

All attested providers do not fully understand the terms of their attestation and role in participating in our network. With further education, some providers may not decide there is significant value in participating in the FLPPS network. Given the knowledge of the 0 or 1 achievement value score in quarterly reporting, individual providers may determine there is too much risk in participating in a network that may not be able to meet every stated provider outcome. There is a very slim likelihood that all providers will have the resources, and desire to achieve PCMH to participate in the network. Given that one provider's choice to not pursue PCMH, has the potential to undermine the success of the other partners, could prove to be too great of a risk. FLPPS also recognizes that it is extremely difficult to engage with clinicians already hampered with incredibly demanding clinical schedules, and competing work-life priorities. For employed physicians, who do not see the ultimate financial gain, they will have to understand how the network resources will assist them to better care for their more complex patients. Across the remainder of DY0 and Q2DY1 the practitioner engagement team and communications team will make it a priority to focus on individualized meetings with clinicians, in their offices, to ensure adequate face to face time, education and deeper levels of engagement for clinicians.

In order for FLPPS to be successful around practitioner engagement, the team is heavily reliant upon the success of FLPPS central - partner contracting, a centralized, highly complicated IT infrastructure to ensure clinical integration (Capital dependent) and the funds flow from the State down to the PPS level. There are many skeptics among the partner base, as they don't yet understand if the funds and centralized services needed to be successful under DSRIP will be made available to them in a timely manner, which makes the next phase of DSRIP (implementation) intimidating.

Lastly, the success of provider engagement relies heavily upon the relationships built by the staff, which could be jeopardized by staff turnover; staff satisfaction and retention is critically important, as well as the establishment of a robust training process, so we can train new staff quickly and effectively.

IPQR Module 7.4 - Major Dependencies on Organizational Workstreams

Instructions :

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Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

The value proposition for PPS partners is anticipated to be one of three: financial incentive, support in health care delivery, and/or benefits gained through economies of scale and centralized services. To achieve this value, we will need to rely upon timely funds flow, beneficial contracting and support from large health system/safety net employers. If funds do not flow in a timely manner, few organizations will be able to justify the extra effort and time invested in the start-up. Without defined funds flow we will also be limited in our contract execution with providers as organizations will not commit to terms that are not clearly defined. And finally, for employed clinicians who are not directly affected by the funds flow, they will need encouragement and support from the systems they are employed by, in addition to a clear promise of clinical success. Given this, we could experience dependencies on the following work streams: Governance, Contracting, Population Health Management, Cultural Competency & Health Literacy, Clinical Integration, IT Integration, Budget/Funds Flow/Financing, Workforce, and individual Projects.

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IPQR Module 7.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
FLPPS Director, Provider Engagement	Erin Barry, Director of Provider Relations (FLPPS)	Engagement Strategy/Network Development/Provider Relations & Oversight
FLPPS Communication Director	Meredith Rutherford, Director of Communications (FLPPS)	Communications Strategy & Oversight
FLPPS Central - Support Staff - Provider Relations & Communications	Jennifer Dunivent, Provider Relations Associate (FLPPS) Yissette Rivas, Provider Relations Associate (FLPPS) Tricia Williams, Provider Relations Associate (FLPPS) Heather Garbarino, Provider Relations Associate (FLPPS) Juanita Lyde, Provider Relations Associate (FLPPS)	Support NOCN workgroups, assist in provider engagement, support services and communication planning
FLPPS Project Management Office	FLPPS Project Managers (Darlene Walker, Peter Bauman, Teresa Bales, Joshua Jinks, Doug Hurlbut, Nathan Franus, Tammy Butler, Collene Burns) & Operations Manager (Joshua Jinks)	Management of 11 projects, partner support in implementation and reporting
FLPPS Governance Model	FLPPS Board of Directors, NOCN Workgroups, Operations Committees	Oversight of centralized decision making; monitoring and encouragement of practitioner involvement in all levels of decision making; outreach to practitioners to ensure seamless communication at all levels; support for practitioner engagement activities
IT Committee	Committee members, led by co-chairs Gary Scialdone (URMC) and Michael Larche (Rochester Regional Health)	Information Sharing; IT Integration across PPS
Clinical Committee	Committee members, led by co-chairs Dr. Marc Berliant (URMC) and Dr. Michael Nazar (Rochester Regional Health)	Clinical quality oversight
Workforce Committee	Committee members, led by co-chairs Dan Ornt (Rochester Institute of Technology) and Kathy Rideout (URMC)	Support of all partners in workforce development, planning & training
Cultural Competency & Health Literacy Workgroup	Committee members, led by interim chair Colin Garwood.	Support around education, training and implementation or work plans with a focus on CC&HL
Transportation Committee	Committee members, led by co-chairs William McDonald (Medical Motors) at Patrick Rogers (Institute for Human Services)	Support around transportation mitigation strategy relative to projects, support of partners struggling with transportation related issues
FLPPS PCMH Support Team	Deb Blanchard, Project Director Nancy Herman, Project Manager	PCMH Support; Operations Support for Clinicians in provider network

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IPQR Module 7.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
FLPPS Project Management Office	Management of 11 projects, partner support in implementation and reporting	Guide development and outcomes for 11 projects, partner support in implementation and reporting
FLPPS Governance Model	Oversight of centralized decision making; monitoring and encouragement of practitioner involvement in all levels of decision making; outreach to practitioners to ensure seamless communication at all levels; support for practitioner engagement activities	Centralized decision making; Ensure practitioner involvement in all levels of decision making; ensure seamless communication at all levels; support practitioner engagement activities
IT Committee	Advise and inform the creation of Information Sharing; IT Integration across PPS	Information Sharing; IT Integration across PPS
Clinical Committee	Clinical quality oversight	Clinical quality across all projects
Workforce Committee	Support of all partners in workforce development, planning & training	Workforce development plan & training
Cultural Competency & Health Literacy Workgroup	CC&HL focused support around education, training and implementation of work plans	Ensure CC&HL are incorporated in all education, training and implementation or work plans
Transportation Committee	Support project-level transportation mitigation strategies and individual partners struggling with transportation related issues	Development of project-level transportation mitigation strategy
FLPPS PCMH & Workflow Design Support Team	PCMH Support; Operations Support for Clinicians in provider network	PCMH Support provided to PCP attested providers
Directors of Public and Community Services	Participate in organizational commitees and NOCN workgroups, to advise public sector influenc and potential impact to 11 DSRIP projects	Provide information on public resources available in each county and identify key participants to contribute to transformation activities.
External Stakeholders		
All FLPPS Partners	Partners in developing IDS collaboration with PMO and other FLPPS partners	Regional collaboration to develop IDS
Medicaid Community Members/Patients	Serve as a key guiding member in the FLPPS governance structure and offer the patient perspective in developing the IDS	Meeting attendance and participation
Monroe County Medical Society	Ensure collaboration and inclusion of physicians	Regular DSRIP related communications with physician community

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IPQR Module 7.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support this particular workstream.

The goal of the proposed IT strategy is centered around data sharing and coordination across the PPS network, particularly the practitioner through the provider portal, care coordination and analytics platform, and EHR-RHIO connectivity. These platforms will connect practitioners, which will be crucial to the providers operating in rural communities, allowing them access to critical functionality such as dashboards, performance reporting, patient alerts, secure messaging, and care management tools across the 13 counties, which will engage and help them efficiently coordinate care, across the network. The ability of the PPSs interoperability strategy will delivery efficient, high value-added solutions that will facilitate practitioner engagement through to tools that support better time management and improve overall provider satisfaction.

IPQR Module 7.8 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

FLPPS will be employing a partner management/customer relationship management (CRM) system (Salesforce) to help track all touches and interactions with partners. The purpose of the Provider Relations Team, in concert with the FLPPS Project Management Team is to support partners in achieving their success. Success will be measured in contract fulfillment, engagement in network activities, achievement of network and partner speed and scale; and ultimately the success of the entire partnership (PPS) in reporting and performance as a network.

IPQR Module 7.9 - IA Monitoring

Instructions :

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Section 08 – Population Health Management

IPQR Module 8.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.
Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop population health management roadmap.	In Progress	Population health roadmap, signed off by PPS Board, including: -- The IT infrastructure required to support a population health management approach -- Your overarching plans for achieving PCMH 2014 Level 3 certification in relevant provider organizations --Defined priority target populations and define plans for addressing their health disparities.	07/01/2015	03/31/2016	07/01/2015	03/31/2018	03/31/2018	DY3 Q4	NO
Task Determine workgroup to create roadmap	Completed	Determine workgroup to create roadmap	07/01/2015	08/01/2015	07/01/2015	08/01/2015	09/30/2015	DY1 Q2	
Task Obtain and analyze baseline metrics within PPS catchment area, to identify gaps in care and to support identification of target populations. This analysis would include (but not be limited to) Population Health Status per Prevention Agenda, Baseline DSRIP Attachment J metrics (pending release by DOH), target populations define by DSRIP projects selected by FLPPS, and target populations of partnering ACOs	Completed	Obtain and analyze baseline metrics within PPS catchment area, to identify gaps in care and to support identification of target populations. This analysis would include (but not be limited to) Population Health Status per Prevention Agenda, Baseline DSRIP Attachment J metrics (pending release by DOH), target populations define by DSRIP projects selected by FLPPS, and target populations of partnering ACOs	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Define PPS priority target populations for prioritization within Population Health activities of the organization	In Progress	Define PPS priority target populations for prioritization within Population Health activities of the organization	10/01/2015	12/31/2015	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task As part of the Clinical Integration Needs and Workforce assessments, identify providers	In Progress	As part of the Clinical Integration Needs and Workforce assessments, identify providers serving target population(s) of PPS including current workforce of those providers	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
serving target population(s) of PPS including current workforce of those providers									
Task Identify IT infrastructure required to support population health management	Completed	Identify IT infrastructure required to support population health management	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Identify data elements that will be required to identify PPS priority target populations for population health management	Completed	Identify data elements that will be required to identify PPS priority target populations for population health management	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop assessment (or assessment questions) that will identify target populations in clinical and community settings as appropriate to collect data elements	In Progress	Develop assessment (or assessment questions) that will identify target populations in clinical and community settings as appropriate to collect data elements	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Review and analyze data collected as part of Clinical Integration Needs Assessment and Current IT State Assessment completed under the Clinical Integration and IT Systems & Processes work streams, respectively	In Progress	Review and analyze data collected as part of Clinical Integration Needs Assessment and Current IT State Assessment completed under the Clinical Integration and IT Systems & Processes work streams, respectively	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Review milestones for both Domain 4 projects of the PPS	Completed	Review milestones for both Domain 4 projects of the PPS	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Engage and communicate with primary care providers to ensure project understanding and alignment.	Completed	Engage and communicate with primary care providers to ensure project understanding and alignment.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Establish PPS PCMH support team to serve as subject matter experts on application completion and practice transformation.	Completed	Establish PPS PCMH support team to serve as subject matter experts on application completion and practice transformation.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Identify all PCMH eligible practices in PPS, and assess current state PCMH status of those practices	Completed	Identify all PCMH eligible practices in PPS, and assess current state PCMH status of those practices	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Determine current EHR infrastructure of all primary care practices, as part of the IT Current	In Progress	Determine current EHR infrastructure of all primary care practices, as part of the IT Current State assessment (see IT Systems & Processes Work stream)	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
State assessment (see IT Systems & Processes Work stream)									
Task Create prioritized list of practices who will need to begin EHR implementation	In Progress	Create prioritized list of practices who will need to begin EHR implementation	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Develop and document a plan to engage practices to certify PCMH based on current state and readiness to achieve PCMH Level 3.	In Progress	Develop and document a plan to engage practices to certify PCMH based on current state and readiness to achieve PCMH Level 3.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Obtain PCMH certification from PCMH practices	In Progress	Obtain PCMH certification from PCMH practices	07/01/2015	03/31/2016	07/01/2015	03/31/2018	03/31/2018	DY3 Q4	
Task Develop strategy to address health disparities of PPS identified target populations.	In Progress	Develop strategy to address health disparities of PPS identified target populations.	10/01/2015	12/31/2015	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Outline how population health strategies will engage patients throughout the Integrated Delivery System	In Progress	Outline how population health strategies will engage patients throughout the Integrated Delivery System	11/01/2015	03/31/2016	11/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Develop process for review and updating of Population Health Roadmap as necessary to achieve improved outcomes	In Progress	Develop process for review and updating of Population Health Roadmap as necessary to achieve improved outcomes	01/01/2016	02/01/2016	01/01/2016	02/01/2016	03/31/2016	DY1 Q4	
Task Consolidate target populations, strategy to address health disparities of target populations, IT infrastructure required to support population health, and overarching plans for appropriate provider types achieving 2014 PCMH Level 3 into Population Health Roadmap	Not Started	Consolidate target populations, strategy to address health disparities of target populations, IT infrastructure required to support population health, and overarching plans for appropriate provider types achieving 2014 PCMH Level 3 into Population Health Roadmap	02/01/2016	03/01/2016	02/01/2016	03/01/2016	03/31/2016	DY1 Q4	
Task Adopt and approve Population Health Roadmap by FLPPS Board, signed off by FLPPS Board	In Progress	Adopt and approve Population Health Roadmap by FLPPS Board, signed off by FLPPS Board	03/01/2016	03/31/2016	03/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #2 Finalize PPS-wide bed reduction plan.	In Progress	PPS Bed Reduction plan, signed off by PPS Board. This should set out your plan for bed reductions across your network, including behavioral health units/facilities, in line with planned reductions in avoidable admissions and the shift of activity from inpatient to outpatient settings.	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task	In Progress	Determine workgroup/ taskforce to create plan	10/01/2015	12/31/2015	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Determine workgroup/ taskforce to create plan									
Task Ensure workgroup has member from one of the domain 4 project workgroups and regularly updates other project workgroups to inform them of timelines and progress.	In Progress	Ensure workgroup has member from one of the domain 4 project workgroups and regularly updates other project workgroups to inform them of timelines and progress.	10/01/2015	12/31/2015	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Obtain existing state and community resources related to bed reduction including but not limited to FLPPS Community Needs Assessment, 2020 Commission Report, Sage Commission Report, and Berger Commission Report to inform PPS plan.	In Progress	Obtain existing state and community resources related to bed reduction including but not limited to FLPPS Community Needs Assessment, 2020 Commission Report, Sage Commission Report, and Berger Commission Report to inform PPS plan.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Analyze and update (as necessary) existing state and community resources related to bed reduction including but not limited to FLPPS Community Needs Assessment, 2020 Commission Report, Sage Commission Report, and Berger Commission Report to inform PPS plan.	In Progress	Analyze and update (as necessary) existing state and community resources related to bed reduction including but not limited to FLPPS Community Needs Assessment, 2020 Commission Report, Sage Commission Report, and Berger Commission Report to inform PPS plan.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Collaborate with partner organizations to determine estimated bed reduction as a result of FLPPS projects throughout DSRIP.	In Progress	Collaborate with partner organizations to determine estimated bed reduction as a result of FLPPS projects throughout DSRIP.	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Combine all current state assessments, analysis, strategic plans, project documents & create a final product that is the bed reduction plan	In Progress	Combine all current state assessments, analysis, strategic plans, project documents & create a final product that is the bed reduction plan	07/01/2016	08/15/2016	07/01/2016	08/15/2016	09/30/2016	DY2 Q2	
Task Adopt and approve Bed Reduction plan by FLPPS Board, signed off by FLPPS Board	In Progress	Adopt and approve Bed Reduction plan by FLPPS Board, signed off by FLPPS Board	08/15/2016	09/30/2016	08/15/2016	09/30/2016	09/30/2016	DY2 Q2	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

NYS Confidentiality – High

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop population health management roadmap.	DY1Q3 Narrative: The date of the task "Obtain PCMH certification from PCMH practices" under Milestone 1 was set to align with Project 2ai, recognizing this date extends the date of the Milestone 1 completion to 03/31/18.
Finalize PPS-wide bed reduction plan.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	

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IPQR Module 8.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 8.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing these cross-cutting organizational strategies, including potential impacts on specific projects and, crucially, any risks that will undermine your ability to achieve outcome measure targets.

The largest current challenge for this project is the need to assure integration with other activities taking place under New York State's Prevention Agenda, including required updates of Public Health Community Health Improvement Plans and Hospital Community Service Plans, which are taking place over the next several months. In response, FLPPS has delayed the naming of a target population while these activities take place and has arranged formal interviews and focus groups with those completing these activities. This should ensure that the FLPPS population health road map accounts for the region's existing population health infrastructure, filling gaps and creating better integration as necessary. A second risk to work stream success is the delay in CRFP funding which is intended to support the FLPPS Population Health IT solution. The organization is beginning to look for other resources to support this effort if CRFP funding is not realized.

IPQR Module 8.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

As population health is a core deliverable of health system transformation, there are interdependencies across all PPS-selected processes and all PPS work streams. This includes the following:

Clinical Integration work stream for the completion of the Clinical Integration Needs Assessment
IT Systems & Processes - completion of the Current IT Assessment and development of IT infrastructure required to implement population health management.
Workforce - completion of Workforce Assessment and support for increasing staff used to perform population health management throughout partner providers (including community based organizations)
Provider Engagement - ensure providers understand and support population health management strategies of target populations
Cultural Competency - it will be crucial to incorporate cultural competency into the population health management strategy to successfully engage patients to better manage chronic diseases and feel empowered to do so
Performance Reporting - this work stream will be essential to properly track outcomes that can be used to identify value add interventions to the PPS target population(s).

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IPQR Module 8.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational work stream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
FLPPS 2.a.i IDS Project Manager	Janet King, FLPPS	Ensure Population health management activities are carried out and achieved through project management oversight of population health management, engage key internal and external leadership and PPS partners to develop and implement population health and bed reduction strategies
FLPPS IT Director	Jose Rosario, FLPPS	IT Strategy & Implementation of IT infrastructure, understand and implement IT requirements of population health strategy for PPS
FLPPS 4.b.ii Domain 4 Project Manager & Associated Project Workgroup	Laura Gustin, FLPPS; Project Workgroup represented by partners across the PPS	Development of comprehensive assessment for population health strategy, communicate strategy and help implement within home organizations across the PPS, Conduct gap analysis required to successfully create population health roadmap
FLPPS 2.a.i IDS Project Manager & PPS PCMH Support	Janet King, FLPPS & Deb Blanchard, FLPPS	Engage PCPs across the PPS to implement 2014 NCQA Level 3 PCMH and implementation of pop-health strategy and any necessary support for bed-reduction strategy

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IPQR Module 8.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
FLPPS Naturally Occurring Care Network Committees	Supporting Committee in PPS governance structure, should ensure communication and support of PPS Population Health and Bed Reduction Strategies	Participate in regional analysis and support implementation of Population Health Management Strategies
FLPPS Clinical Quality Committee	Supporting Committee in PPS governance structure, should ensure communication and support of PPS Population Health and Bed Reduction Strategies	Review and provide feedback on Population Health Roadmap and Bed Reduction Strategy before review/approval by Board
FLPPS Provider Engagement Team	This team will continue to engage providers and serve as another channel to send and receive information. Maintaining an engaged network will support the PPS goal of clinical integration	Maintaining provider engagement through training and implementation
External Stakeholders		
FLPPS Providers	PPS Partner Organizations responsible for adopting and implementing strategies outlaid in work stream	Participate in data collection activities, implement necessary activities to achieve goals in work stream
County Health Departments	Supporting Organizations of PPS activities	Participate in Prevention Agenda analysis and offer insights toward population health management strategy
RHIOs	Supporting Organizations of PPS activities	Partnering with FLPPS to develop infrastructure as needed to support goals of DSRIP, specifically around population health managmenet

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IPQR Module 8.7 - IT Expectations

Instructions :

Please describe the current Population Health Management IT capabilities in place throughout your PPS network and what your plans are at this stage for leveraging these capabilities and/or developing new IT infrastructure.

The current state of population health management IT capabilities is fragmented and inconsistent throughout the PPS. Providers who have participated in Meaningful Use or Patient Centered Medical Home programs are more likely to have EHR required to support local, practice based population health management but not all PCP or Non-PCP specialists have implemented such an EHR. A thorough IT Current State assessment will be conducted to understand the complete current state, supporting the development of an EHR and interoperability strategy that will lay the foundation of PPS population health management. Central to the PPS a care management platform will be deployed that will enable care coordination and management at the population level (further supported by a yet to be identified specific population health management IT solution that includes the ability to measure and improve the population health status through the use of analytics, reporting and registries). The infrastructure created to support population health will certainly benefit other projects as well as providers participating in other projects would be able to leverage the IT systems to achieve the requirements of those projects.

IPQR Module 8.8 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

Success in Population Health Management will be measured against the successful achievement of the Domain 1 metrics for project 2.a.i and the achievement of the project milestones of the two Domain 4 projects. As the IT infrastructure is established and population health management is engaged through the work of project 2.a.i (DY2, Q4, per the project Domain 1 Requirement 6) ongoing success will be evaluated against the Population Health Status metrics per the Prevention Agenda as well as the PPS' achievement of DSRIP performance payments related to Domains 2 and 3.

IPQR Module 8.9 - IA Monitoring

Instructions :

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Section 09 – Clinical Integration

IPQR Module 9.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.
Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Perform a clinical integration 'needs assessment'.	In Progress	Clinical integration 'needs assessment' document, signed off by the Clinical Quality Committee, including: -- Mapping the providers in the network and their requirements for clinical integration (including clinical providers, care management and other providers impacting on social determinants of health) -- Identifying key data points for shared access and the key interfaces that will have an impact on clinical integration -- Identify other potential mechanisms to be used for driving clinical integration	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Identify dedicated resource to manage the development and implementation of needs assessment	Completed	Identify dedicated resource to manage the development and implementation of needs assessment	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Identify and engage workgroup members who will be involved with the needs assessment	Completed	Identify and engage workgroup members who will be involved with the needs assessment	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Define data elements required for current state clinical integration assessment including, but not limited to: current IT systems used, workforce, and workflow protocols/processes).	In Progress	Define data elements required for current state clinical integration assessment including, but not limited to: current IT systems used, workforce, and workflow protocols/processes).	07/01/2015	11/30/2015	07/01/2015	02/15/2016	03/31/2016	DY1 Q4	
Task Identify process (possibly including tools) designed to assess the current state of clinical integration and implement across partners	In Progress	Identify process (possibly including tools) designed to assess the current state of clinical integration and implement across partners	07/01/2015	11/30/2015	07/01/2015	02/15/2016	03/31/2016	DY1 Q4	
Task	In Progress	Engage providers to complete assessment	10/01/2015	12/31/2015	10/01/2015	02/15/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Engage providers to complete assessment									
Task Analyze and summarize results, grouped by Naturally Occurring Care Networks (NOCN).	In Progress	Analyze and summarize results, grouped by Naturally Occurring Care Networks (NOCN).	01/01/2016	02/15/2016	01/01/2016	02/15/2016	03/31/2016	DY1 Q4	
Task Develop a communication plan distribute findings to NOCN workgroups and partner organizations, as appropriate	In Progress	Develop a communication plan distribute findings to NOCN workgroups and partner organizations, as appropriate	10/01/2015	02/15/2016	10/01/2015	02/15/2016	03/31/2016	DY1 Q4	
Task Define target end-state of clinical integration in collaboration with Integrated Delivery System project efforts	In Progress	Define target end-state of clinical integration in collaboration with Integrated Delivery System project efforts	01/01/2016	02/15/2016	01/01/2016	02/15/2016	03/31/2016	DY1 Q4	
Task Define clinical integration requirements for partner organizations, by provider type	In Progress	Define clinical integration requirements for partner organizations, by provider type	10/01/2015	02/15/2016	10/01/2015	02/15/2016	03/31/2016	DY1 Q4	
Task Perform clinical integration gap analysis for each participating provider organization	In Progress	Perform clinical integration gap analysis for each participating provider organization	01/01/2016	02/15/2016	01/01/2016	02/15/2016	03/31/2016	DY1 Q4	
Task Consolidate current state information from assessment, gap analysis and summary information into a final clinical needs assessment document	In Progress	Consolidate current state information from assessment, gap analysis and summary information into a final clinical needs assessment document	01/01/2016	02/15/2016	01/01/2016	02/15/2016	03/31/2016	DY1 Q4	
Task Accept final clinical integration needs assessment, signed off/approved by Clinical Committee	In Progress	Accept final clinical integration needs assessment, signed off/approved by Clinical Committee	01/01/2016	02/15/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #2 Develop a Clinical Integration strategy.	In Progress	Clinical Integration Strategy, signed off by Clinical Quality Committee, including: -- Clinical and other info for sharing -- Data sharing systems and interoperability -- A specific Care Transitions Strategy, including: hospital admission and discharge coordination; and care transitions and coordination and communication among primary care, mental health and substance use providers -- Training for providers across settings (inc. ED, inpatient, outpatient) regarding clinical integration, tools and communication for coordination	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		-- Training for operations staff on care coordination and communication tools							
Task Identify dedicated resource to lead the development of a clinical integration strategy	In Progress	Identify dedicated resource to lead the development of a clinical integration strategy	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Identify and engage workgroup members who will be involved with developing the Clinical Integration Strategy	In Progress	Identify and engage workgroup members who will be involved with developing the Clinical Integration Strategy	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Ensure workgroup has member from one of the Domain 4 project committee and regularly updates other project committees to inform them of timelines and progress.	In Progress	Ensure workgroup has member from one of the Domain 4 project committee and regularly updates other project committees to inform them of timelines and progress.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Review Clinical Integration needs assessment for current state and gap analysis by provider type, which contains current clinical and IT state analysis as well as defined requirements for clinical integration.	In Progress	Review Clinical Integration needs assessment for current state and gap analysis by provider type, which contains current clinical and IT state analysis as well as defined requirements for clinical integration.	02/15/2016	03/31/2016	02/15/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Develop Care Transition strategy in collaboration with Project Teams that crosses all necessary modalities of care including IT and Clinical tools necessary to achieve high quality of care and transition using evidenced based models.	In Progress	Develop Care Transition strategy in collaboration with Project Teams that crosses all necessary modalities of care including IT and Clinical tools necessary to achieve high quality of care and transition using evidenced based models.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Determine strategy for training providers across settings regarding clinical integration for training operations staff on care coordination and communication. Strategy components to include a timeline for staff training and cultural competency throughout rural and urban regions of the PPS	In Progress	Determine strategy for training providers across settings regarding clinical integration for training operations staff on care coordination and communication. Strategy components to include a timeline for staff training and cultural competency throughout rural and urban regions of the PPS	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Approve IT architecture for clinical integration proposed by IT committee (direct link to IT Systems & Processes work stream)	In Progress	Approve IT architecture for clinical integration proposed by IT committee (direct link to IT Systems & Processes work stream)	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Review roadmap to clinical information data sharing and interoperable system across PPS (Direct link to IT Systems and Processes work stream)	In Progress	Review roadmap to clinical information data sharing and interoperable system across PPS (Direct link to IT Systems and Processes work stream)	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Review value based payment plan (direct link to Financial Sustainability work stream)	In Progress	Review value based payment plan (direct link to Financial Sustainability work stream)	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Consolidate current state assessments, analysis, strategic plans, project documents into a final product Clinical Integration Strategy document.	In Progress	Consolidate current state assessments, analysis, strategic plans, project documents into a final product Clinical Integration Strategy document.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Identify resource lead the implementation of the Clinical Integration Strategy.	In Progress	Identify resource lead the implementation of the Clinical Integration Strategy.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Sign-off/approval and adoption of Clinical Integration Strategy by FLPPS Clinical Committee	In Progress	Sign-off/approval and adoption of Clinical Integration Strategy by FLPPS Clinical Committee	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform a clinical integration 'needs assessment'.	

NYS Confidentiality – High

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop a Clinical Integration strategy.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	

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IPQR Module 9.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 9.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in improving the level of clinical integration throughout your network and achieving the milestones described above. Describe potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

There are several risks to improving the level of clinical integration throughout the network:

Information Technology - Improving clinical integration relies on the successful implementation of interoperable EHR by partners of the PPS. Not only does the EHR come with a cost but the interfaces are expensive to implement. This high cost creates a risk that not all partners in the PPS will be able to achieve the required level of interoperability. To mitigate this risk the PPS has applied for capital funding through the CFRP process to cover the costs of the interfaces required to achieve the IT interoperability, and has plans to support volume based purchasing of EHR throughout the PPS to reduce the high purchase cost of the PPS providers. The PPS will also engage in early partner education and change management, as well as consider deploying centralized technical assistance, hands-on support and meaningful financial incentives for incremental change and planning engagement.

PPS Organization Engagement - The introduction of additional protocols and outcome data introduces complexity to an already complex industry and may serve to disengage providers from the DSRIP projects. To mitigate this risk FLPPS will work with project teams, regional leadership, and oversight committees to ensure that new protocols/information is able to be worked into existing workflows as seamlessly as possible. Further a provider engagement team will serve to meter the satisfaction of PPS providers and ensure that partners remain engaged over the full 5 years.

IPQR Module 9.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

There are several interdependencies with other work streams, including IT Systems, Workforce, and Provider Engagement.

IT Systems - The clinical integration strategy will rely on input from the IT committee that includes the data sharing and interoperable systems roadmap document.

Workforce - Clinical integration relies on the workforce strategy to train/retrain staff on care coordination, transition, and communication tools developed by the PPS.

Project Teams - Clinical integration processes and tools to support care transitions and coordination will be initially informed by project teams for specific modalities of care. These will be collected, reviewed and adopted across the PPS to achieve full clinical integration, which will be collected and reviewed by the clinical committee and adopted across the PPS.

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Finance - The clinical integration strategy will rely on input from the Finance oversight committee that includes the value based payment plan document.

Provider/practitioner Engagement - Clinical integration relies on workflows to implement clinical protocols and utilize IT tools. To this end the Clinical Integration Strategy will need to be informed by the FLPPS provider relations team to determine how best to communicate throughout the PPS and ensure provider engagement.

Cultural competency/health literacy - The PPS' ability to be perceived as trustworthy in the community will be important to the success. The Integration Strategy will consider approaching various populations of providers differently based on the populations they serve and the needs of those patient populations.

Population Health - The Clinical Integration of the PPS will require a close partnership with the Population Health work stream to ensure alignment of evidence based protocols and understanding of the population health management roadmap.

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IPQR Module 9.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
FLPPS 2.a.i IDS Project Manager	Janet King, FLPPS	Managing Completion of Clinical Integration Needs Assessment and Clinical Integration within established timeline
FLPPS IT Director	Jose Rosario, FLPPS	Operationalizing vision of central PPS IT services; facilitating interoperability among partner providers
Medical Director (or equivalent)	Dr. Sahar Elezabi	Managing Clinical processes within the projects as well as ensuring Clinical Integration within the IDS. In addition, she will monitor clinical outcomes within the PPS and report up to the Clinical Quality Committee.
Project Managers, multiple	See FLPPS.org for current staff and project assignments	Identify & communicate clinical integration elements and concerns from work with Project Teams and PPS Partners
FLPPS Clinical Quality Committee	See FLPPS.org for current committee membership	Attend regular meetings; understand all projects including IDS vision; review and approve clinical integration needs assessment and strategy as outlined in Clinical Integration implementation plan, help ensure clinical integration occurs across the PPS

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IPQR Module 9.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Attested Providers et. Al	Network provider organizations that include all provider types within the PPS.	Inform Clinical Integration strategy; Train and implement care transition/coordination processes and tools; complete organizational assessments as needed; implement projects and work towards achieving clinical integration with other PPS partners
Provider Engagement Team	This team will continue to engage providers and serve as another channel to send and receive information. Maintaining an engaged network will support the PPS goal of clinical integration	Maintaining provider engagement through training and implementation
Naturally Occurring Care Network Committees	Made up of local providers who already have established relationships with providers in the community, these regional committees will support the PPS goal of clinical integration.	Inform protocols, processes and tools, as well as support training throughout region
External Stakeholders		
NYS DOH	DSRIP oversight	Provide guidance to FLPPS as needed regarding clinical integration
Medicaid Managed Care Organizations	Payers	Participate as necessary to develop incentive structure to promote clinical integration
Accountable Care Organizations	Supporting Organization	Inform clinical integration strategy
RHIOs	Supporting Organization	Partnering with FLPPS to develop infrastructure as needed to support goals of DSRIP

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IPQR Module 9.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support this particular workstream.

The development of shared IT infrastructure will allow FLPPS' goal of facilitating the exchange of pertinent patient information across the PPS network, for authorized purposes, to improve the quality, coordination and efficiency of patient care. This will be accomplished through several facets of IT including the adoption and implementation of EHR by clinical partners, actively sharing information with and accessing information from the RHIOs to form a single longitudinal record of the patient within a central FLPPS data warehouse. Additionally the use of Direct messaging will facilitate secure and timely communication between providers throughout the PPS. Finally, the PPS plans on having the ability to normalize data via PPS normalization tools that will allow the incorporation of non-clinical and manually tracked data as appropriate. To further drive clinical integration, providers will be able to access real-time performance via a provider portal dashboard that displays an organization's scores with benchmarks.

IPQR Module 9.8 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

Successful clinical integration will be measured primarily via patient outcomes and utilization metrics as identified within the Attachment J and project specific Domain 1 metrics. Within the system transformation and clinical improvement metrics will be key areas such as patient satisfaction and patient reported availability of care, potentially avoidable services, implementation of care coordination and transitional care programs. Progress of the Domain 1 requirements of the Integrated Delivery System (IDS) project will be monitored and serve as an indicator for the progress of other projects as the IDS serves to tie all other projects together and complete the clinical integration of the PPS network. This will include tracking the progress of PCMH implementation, interoperable EHR adoption and development/adoption of PPS wide protocols.

IPQR Module 9.9 - IA Monitoring:

Instructions :

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Section 10 – General Project Reporting

IPQR Module 10.1 - Overall approach to implementation

Instructions :

Please summarize your intended approach to the implementation of your chosen DSRIP projects, including considerations around how this approach will allow for the successful development of concurrently implementing DSRIP projects.

The FLPPS Project Management office is currently structured with a Director of the Project Management (formerly PMO) and a Project Manager assigned to each project. There are Senior Project Managers managing several projects and staff such as for the four Behavioral Health projects. Each project manager has formed project teams with Subject Matter experts and representation from the PPS. The project teams were involved in the development of the DSRIP application and now implementation planning. The project teams have now become the Clinical quality subcommittees for each project team. Through NOCN planning days, the PAC summit and provider surveys, input was obtained to supplement the Project Team planning for each project. Consistent templates were developed to capture risks and mitigation strategies with feedback from the partners. Implementation Templates are being used to capture the work breakdown structure for all projects to present a unified plan to the partners. Reviews by the Clinical, Finance, Workforce, Cultural Competency and Health Literacy, and IT committees are providing input for successful development of these projects. The PM Director holds twice weekly huddles with all project managers and provider relation associates to coordinate work between projects as well as specific sessions to do cross-walks of risks/mitigation strategies etc. Webinars were held in 2015 to educate the PPS, mainly targeted to those providers that have not been highly engaged. April, 2015 an all day session by the PMO was held to flow-chart the desired state of the projects based on the Domain 1 requirements and design input from the project teams. This enabled an integration exercise capturing project commonalities, health home integration, patient engagement/ PAM outreach opportunities. The project teams (representing partners across the PPS) validated the flow charts based on their operational input. A follow up 4 hour workshop was held May 5th, 2015 with the operational committee leads, the NOCN leads, and the PMO to take the group through the flow charts of the projects designs and continue the integration exercise. The PMO director reports to the Executive Director whom reports to the Board of Directors. The project flow charts were rolled out to the providers in late May of 2015 and early June through three hour workshops throughout the 5 Naturally Occurring Care Networks (NOCN). This was for their basic understanding of the projects and to guide them to begin implementation planning, in a standardized manner. FLPPS central services will provide additional help with workflow redesign and PCMH support, as needed to support the PPS. The Provider Relations staff facilitate meetings with our partners and provide support as well. Provider progress for the projects will be monitored by the Project Managers. As reporting tools are developed, tracking systems will be developed to measure completion of Domain 1 metrics and milestones and serve as a feedback tool to the PMO. An assessment of the Provider's capability will help prioritize the outreach and support by FLPPS. A pilot group has been formed to begin early project implementation to attain the patient engagement commitments made by FLPPS. This group is comprised of the major hospitals and FQHC's. This will enable the development of Reporting requirements and enable a PDSA cycle for quality improvement as the PPS progresses through DY1 of DSRIP. In the last quarter, the project managers have continued partner engagement. Work has been done on swim lane flow charts that outline the work for the projects per provider category. Six of these have been reviewed by the Clinical Quality Committee as of 12/31/2015.

IPQR Module 10.2 - Major dependencies between work streams and coordination of projects

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Instructions :

Please describe how your approach will handle interdependencies between complementary projects, as well as between projects and cross-cutting PPS initiatives - for example, an IT infrastructure upgrade, or the establishment of data sharing protocols.

As stated above, the Project managers reorganized staff to facilitate the interdependencies between complementary projects. The Project managers have twice weekly huddles and weekly workgroup sessions to facilitate cross-project communication. The Project managers performed cross-walks of the projects to facilitate development of an integrated delivery system. FLPPS has an executive steering committee with NOCN representation and Committee representation from Finance, IT, Clinical, Workforce, Housing, Transportation and Cultural Competency and Health Literacy to discuss interdependencies between work streams. The Clinical committee has a sub-committee of Behavioral Health. A weekly planning process is being implemented through Gantt chart development of all of the work streams and a critical review of deliverables to ensure coordination. The IIT Director will be tasked with understanding the IT requirements for each project as they are further defined and develop a work plan to integrate these work streams so that they are part of the Project plan to develop an IT infrastructure that supports an Integrated Delivery system.

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IPQR Module 10.3 - Project Roles and Responsibilities

Instructions :

Please outline the key individuals & organizations that play a role in the delivery of your PPS's DSRIP projects, as well as what their responsibilities are regarding governance, implementation, monitoring and reporting on your DSRIP projects.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Project Manager 2.a.i	Janet King, FLPPS	Responsibilities: Lead project team, drive development of implementation plans, coordinate work with other project teams. Solicit input from operational committees.
Project Manager 2.b.iii	Darlene Walker, FLPPS	Responsibilities: Lead project team, drive development of implementation plans, coordinate work with other project teams. Solicit input from operational committees.
Project Manager 2.b.iv	Peter Bauman, FLPPS	Responsibilities: Lead project team, drive development of implementation plans, coordinate work with other project teams. Solicit input from operational committees.
Project Manager 2.b.vi	Theresa Bales, FLPPS	Responsibilities: Lead project team, drive development of implementation plans, coordinate work with other project teams. Solicit input from operational committees.
Project Manager 3.a.i	Doug Hurlbut, FLPPS	Responsibilities: Lead project team, drive development of implementation plans, coordinate work with other project teams. Solicit input from operational committees.
Project Manager 3.a.ii	Doug Hurlbut FLPPS	Responsibilities: Lead project team, drive development of implementation plans, coordinate work with other project teams. Solicit input from operational committees.
Project Manager 3.a.v	Nathan Franus, FLPPS	Responsibilities: Lead project team, drive development of implementation plans, coordinate work with other project teams. Solicit input from operational committees.
Project Manager 3.f.i	Darlene Walker, FLPPS	Responsibilities: Lead project team, drive development of implementation plans, coordinate work with other project teams. Solicit input from operational committees.
Project Manager 4.a.iii	Tammy Fluitt, FLPPS	Responsibilities: Lead project team, drive development of implementation plans, coordinate work with other project teams. Solicit input from operational committees.
Project Manager 4.b.ii	Laura Gustin, FLPPS	Responsibilities: Lead project team, drive development of implementation plans, coordinate work with other project teams. Solicit input from operational committees.
Project Manager 2.d.i	Josh Jinks, FLPPS	Responsibilities: Lead project team, drive development of

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		implementation plans, coordinate work with other project teams. Solicit input from operational committees.
Project Management Leadership	Janet King, FLPPS	Review and manage project implementation plans for consistency and coordination
FLPPS Leadership	Kathy Parrinello, URMC	Oversee project implementation plans for achieving overarching goals of DSRIP, review for consistency and coordination
FLPPS Leadership	Dr. Bridgette Wiefling, RRH	Oversee project implementation plans for achieving overarching goals of DSRIP, review for consistency and coordination
FLPPS Executive Director	Carol Tegas, FLPPS	Oversee achievement, implementation, and engagement with partners and other key stakeholders as leader of PPS

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IPQR Module 10.4 - Overview of key stakeholders and how influenced by your DSRIP projects

Instructions :

In the below table, please set out who the key stakeholders are that play a major role across multiple DSRIP projects. Please give an indication of the role they play and how they impact your approach to delivering your DSRIP projects.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Patients	Customer	Responsibilities: Receive services and engage in care
FLPPS PMO leadership	Review/ Oversight	Responsibilities: Review Project implementation plans and speed and scale, including co-ordination between projects. Further develop strategies that lead to an IDS.
FLPPS operational committees; Finance, IT, Cultural Competency and Workforce	Oversight & coordination of PPS activities	Responsibilities: Provide information into project implementation and ensure coordination across projects
FLPPS Board of Directors	Governance	Responsibilities: Oversight
FQHC's	Partner	Responsibilities: Input into project plans
County Mental Health Depts.	Partner	Responsibilities: Input into project plans
County Public Health Depts.	Partner	Responsibilities: Input into project plans
Transportation Providers	Work stream support	Transportation solutions to facilitate projects
UR Medicine	One of the largest health systems in the FLPPS region and a corporate sponsor of FLPPS	Provide key members to the project teams and operational committees for input into project plans
Rochester Regional Health System	One of the largest health systems in the FLPPS region and a corporate sponsor of FLPPS	Provide key members to the project teams and operational committees for input into project plans
PPS Partners	Operational committees members, NOCN representation and project team members	Provide key members to the project teams and operational committees for input into project plans
NOCN workgroups	Governance/Reviewer/Input	Review Project plans and give input to participating providers to ensure coordination at a regional level
External Stakeholders		
NYSDOH	Oversight of DSRIP program	Regulations of DSRIP Program, reporting requirements, clarity on project requirements
Neighboring PPSs	Collaboration	Share updates on PPS implementation, best practices, etc.

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IPQR Module 10.5 - IT Requirements

Instructions :

Information technology will play a crucial role in the development of an effective, integrated performing provider system. It is likely that most projects will require some level of supporting IT infrastructure. Please describe the key elements of IT infrastructure development that will play a role in multiple projects.

As FLPPS implements the 11 projects across 13 counties, the IT infrastructure plays a vital role in increasing preventative care across the patient's lifespan; Project 3fi (maternal and child health), 3ai (integration of BH into Primary care) and 3av (SNF). FLPPS IT strategy has 3 core pillars: Care management and coordination, Patient engagement and Population health analytics.

Care management and coordination teams rely on predictive analytics and intelligence incorporated directly into their workflow to ensure the highest levels of efficiency and effectiveness, including patient reminders, proactive alerting for gaps in care, disease deterioration and preventable readmissions. This functionality must overlay and effectively interoperate with a provider's EHR. Patient engagement will be facilitated with tools to actively engage patients in their wellness and illness management to reduce avoidable hospitalization. Analytics will be the backbone to population health and value based care delivery enablement.

The core analytic and technical capabilities of the IT infrastructure that will improve the effectiveness of the 11 projects are 1) Receiving and Exchanging structured clinical data into a patient's record through effective use of the RHIO, 2) Closed loop patient referral to increase the effectiveness of the Patient Centered Medical Home and facilitate CBO programs such as CHW for maternal child health, 3) Readmission tracking to support project 3aiv----30 day tracking, 4) Notification receipt for due or overdue tests and appointments, 4) Creation, sharing and maintenance of Care Plans, 5) Enterprise data warehouse to aggregate information for providers to understand the complete health picture of the patient as a certified level 3 PCMH. 6) Advanced analytics and performance dashboards to measure performance scores and analyze clinical outcomes to help enhance quality, cost and efficiency of care delivered at both an individual and population level.

The Clinical Quality Committee will review the dashboards to monitor the effectiveness of the projects and their clinical outcomes throughout the 13 county region as well as identify new DSRIP transformational work that might be required due to gaps identified as a result of monitoring of the dashboards.

IPQR Module 10.6 - Performance Monitoring

Instructions :

Please explain how your DSRIP projects will fit into your development of a quality performance reporting system and culture.

The FLPPS Clinical Quality project sub-committees will be responsible for performance monitoring of the 11 projects, reporting up to the Clinical Quality Committee. The senior medical director will facilitate this via performance dashboards that will be developed. These will include the implementation of the domain 1 metrics for 9 of the 11 projects (excluding 4aiii and 4bii) as well as the domain 2 (system transformation) and domain 3 (clinical outcomes). The FLPPS team did a crosswalk of the 11 projects and their associated domain 2 and 3 metrics to inform the clinical committee of the anticipated transformational work that will need to be accomplished to achieve the metrics. Opportunities were identified

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from other project work (FLPPS projects as well as community resources) to drive these outcomes. Potential gaps are being identified that might require additional project work. The Clinical quality committee will monitor the quality outcomes across the 13 county region to inform the Executive Steering Committee as well as report these outcomes to the Board of Directors. This quality performance system will be the backbone of FLPPS to drive our quality culture. The 5 NOCN's (regions) within FLPPS will be a part of this quality performance reporting system and culture as the IDS is developed throughout the FLPPS region. Contracting with providers has begun, focused mostly on engagement. Phase 2 (DY2) contracting will be based on work accomplished in the projects, thereby supporting a quality performance culture.

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IPQR Module 10.7 - Community Engagement

Instructions :

Please describe your PPS's planned approach for driving community involvement in the DSRIP projects, how you will contract with CBOs for these projects, how community engagement will contribute to the success of the projects, and any risks associated with this.

To ensure that the FLPPS network has adequate and appropriate representation of CBOs to support the goals of DSRIP throughout the projects, FLPPS will evaluate the services provided by each CBO attested to the PPS. FLPPS will actively recruit CBOs to fill any gaps discovered during the evaluation process. CBOs providing services that support the objective of the projects will be have the potential for contracting with FLPPS directly if they are a safety net provider or through an RFP process or by subcontracting with other partners in the FLPPS network, as alternative strategies if they are not safety net. FLPPS will establish a directory of partners that list the services provided to promote subcontracting relationships. To drive community involvement in the DSRIP projects FLPPS will establish a CBO Workgroup that will be comprised of CBO leaders in the FLPPS network and FLPPS staff. The CBO Workgroup will be tasked with developing strategies that promote CBO engagement within the PPS and FLPPS/DSRIP community involvement. FLPPS will also highlight CBOs and other partners and their services via the FLPPS weekly newsletter and FLPPS website. The newsletter and website editorials will feature partnerships between CBOs and healthcare organizations and demonstrate how these partnerships support the DSRIP project objectives and how the services provided support the community and the DSRIP target population. FLPPS staff will also visit CBOs and other partner sites to learn more about the services offered and the population served. This community engagement activity will allow FLPPS staff to develop additional strategies around community involvement and patient engagement as well as enhance the cultural competency skills of the FLPPS staff. Risks associated with CBO engagement are related to contracting; establishing terms and payment that are agreeable to both the CBOs and FLPPS, as well as the 5% limitation on funds to non-safety net providers. Other risks; ensuring that attested CBOs and the services offered are appropriate for the projects and maintaining effective communication between CBOs, the FLPPS staff and other partners in the FLPPS network that reiterate the importance of CBOs to the success of DSRIP.

IPQR Module 10.8 - IA Monitoring

Instructions :

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Section 11 – Workforce

IPQR Module 11.1 - Workforce Strategy Spending

Instructions :

Please include details on expected workforce spending on semi-annual basis. Total annual amounts must align with commitments in PPS application.

Funding Type	Year/Quarter										
	DY1(Q1/Q2)($)	DY1(Q3/Q4)($)	DY2(Q1/Q2)($)	DY2(Q3/Q4)($)	DY3(Q1/Q2)($)	DY3(Q3/Q4)($)	DY4(Q1/Q2)($)	DY4(Q3/Q4)($)	DY5(Q1/Q2)($)	DY5(Q3/Q4)($)	Total Spending($)
Retraining	0	0	0	0	0	0	0	0	0	0	0
Redeployment	0	0	0	0	0	0	0	0	0	0	0
Recruitment	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

Module 11.1 was uploaded for DY1 Q2, but is not required until DY1 Q4, per DOH document "Workforce Deliverables and Deadlines, All PPS Meeting, December 11, 2015", and in the presentation here: http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/docs/workforce_in_mapp_9_25_15.pdf.

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IPQR Module 11.2 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement. Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation. Please note some milestones include minimum expected completion dates.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Define target workforce state (in line with DSRIP program's goals).	In Progress	Finalized PPS target workforce state, signed off by PPS workforce governance body.	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Confirm FLPPS Workforce Operations Workgroup composition and consider if there are any gaps in representation	Completed	Confirm FLPPS Workforce Operations Workgroup composition and consider if there are any gaps in representation	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop an assessment for FLPPS project team evaluation of their projects' needs and goals as it aligns with projected speed and scale goals	In Progress	Develop an assessment for FLPPS project team evaluation of their projects' needs and goals as it aligns with projected speed and scale goals	07/01/2015	12/31/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Develop an assessment tool to identify partner organization-specific Workforce goals related to DSRIP project implementation (on a project-by-project basis), including required professional/degree types, positions and competencies	In Progress	Develop an assessment tool to identify partner organization-specific Workforce goals related to DSRIP project implementation (on a project-by-project basis), including required professional/degree types, positions and competencies	07/01/2015	12/31/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Develop an assessment tool to measure staffing needs for each partner organization according to their committed projects to achieve goal	In Progress	Develop an assessment tool to measure staffing needs for each partner organization according to their committed projects to achieve goal	10/01/2015	12/31/2015	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Collect and analyze workforce data from PPS partners based on their committed projects and implementation timelines and communicate analysis back to partners	In Progress	Collect and analyze workforce data from PPS partners based on their committed projects and implementation timelines and communicate analysis back to partners	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Incorporate analysis into the Workforce Transition Roadmap	Not Started	Incorporate analysis into the Workforce Transition Roadmap	01/01/2016	03/31/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state.	In Progress	Completed workforce transition roadmap, signed off by PPS workforce governance body.	07/01/2015	03/31/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Create decision-making model for input into Workforce Transition Roadmap	In Progress	Create decision-making model for input into Workforce Transition Roadmap	07/01/2015	12/31/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Identify provider types required to accomplish each project requirement for all projects	Completed	Identify provider types required to accomplish each project requirement for all projects	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop an assessment tool to measure current staffing levels for each partner organization according to their committed projects	In Progress	Develop an assessment tool to measure current staffing levels for each partner organization according to their committed projects	07/01/2015	12/31/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Map Workforce resource needs against Workforce resources available in partner organizations in conjunction with participating partners	Not Started	Map Workforce resource needs against Workforce resources available in partner organizations in conjunction with participating partners	01/01/2016	03/31/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Group Workforce resource needs into similar activities (redeployed, retraining, new hires) and consolidate data	Not Started	Group Workforce resource needs into similar activities (redeployed, retraining, new hires) and consolidate data	01/01/2016	03/31/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Use consolidated data to assess PPS readiness/ability and create overall Workforce Transition Roadmap	Not Started	Use consolidated data to assess PPS readiness/ability and create overall Workforce Transition Roadmap	01/01/2016	03/31/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Review and agree on consolidated Workforce Transition Roadmap with project managers and Workforce Operations Workgroup	Not Started	Review and agree on consolidated Workforce Transition Roadmap with project managers and Workforce Operations Workgroup	01/01/2016	03/31/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state.	In Progress	Current state assessment report & gap analysis, signed off by PPS workforce governance body.	10/01/2015	03/31/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Review target workforce state; may create tool for project implementation teams to complete to measure the impact of each project on the	In Progress	Review target workforce state; may create tool for project implementation teams to complete to measure the impact of each project on the Workforce work stream and the timing of these impacts on the PPS workforce in relation to scale and	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Workforce work stream and the timing of these impacts on the PPS workforce in relation to scale and speed commitments.		speed commitments.							
Task Conduct a current state assessment using data from current staffing level assessment that also includes identification of positions that are candidates for retraining/redeployment and existing shortage areas that are candidates for new hires	Not Started	Conduct a current state assessment using data from current staffing level assessment that also includes identification of positions that are candidates for retraining/redeployment and existing shortage areas that are candidates for new hires	10/01/2015	03/31/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Consolidate data and evaluate current state of Workforce against Target Workforce State analysis	Not Started	Consolidate data and evaluate current state of Workforce against Target Workforce State analysis	01/01/2016	03/31/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Group gap analysis into similar activities (redeploys, retraining, new hires)	Not Started	Group gap analysis into similar activities (redeploys, retraining, new hires)	01/01/2016	03/31/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Develop timeline with associated activities for transition from current state to Target Workforce State	Not Started	Develop timeline with associated activities for transition from current state to Target Workforce State	01/01/2016	03/31/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Based on gap analysis, update Strategy Spending module	Not Started	Based on gap analysis, update Strategy Spending module	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #4 Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	In Progress	Compensation and benefit analysis report, signed off by PPS workforce governance body.	09/30/2015	06/30/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1	YES
Task Using guidance from NYS DOH-defined standard data elements, design Compensation & Benefits survey tool that captures a point-in-time overview of PPS compensation and benefits by DSRIP facility type and DSRIP job title	In Progress	Using guidance from NYS DOH-defined standard data elements, design Compensation & Benefits survey tool that captures a point-in-time overview of PPS compensation and benefits by DSRIP facility type and DSRIP job title	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Gain FLPPS Board approval for Compensation &	Not Started	Gain FLPPS Board approval for Compensation & Benefits survey tool	10/01/2015	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Benefits survey tool									
Task Survey PPS partnership using Compensation & Benefits survey tool	Not Started	Survey PPS partnership using Compensation & Benefits survey tool	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Run data assessment and analysis of collected information and consolidate data for review and report	Not Started	Run data assessment and analysis of collected information and consolidate data for review and report	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Gain FLPPS Board Approval on final Compensation & Benefits report	Not Started	Gain FLPPS Board Approval on final Compensation & Benefits report	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #5 Develop training strategy.	In Progress	Finalized training strategy, signed off by PPS workforce governance body.	07/01/2015	03/31/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Use Workforce Transition Roadmap, gap analysis, and Compensation & Benefits report - and associated data collected for the Workforce Transition Roadmap, gap analysis, and Compensation & Benefits report - to identify and prioritize training needs by project, DSRIP facility type, and DSRIP job title	In Progress	Use Workforce Transition Roadmap, gap analysis, and Compensation & Benefits report - and associated data collected for the Workforce Transition Roadmap, gap analysis, and Compensation & Benefits report - to identify and prioritize training needs by project, DSRIP facility type, and DSRIP job title	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Identify and leverage existing training programs; their availability, budget/costs, and their ability to mend the training required to meet the needs of DSRIP projects	In Progress	Identify and leverage existing training programs; their availability, budget/costs, and their ability to mend the training required to meet the needs of DSRIP projects	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Evaluate existing training programs for efficacy to determine need for refinement of training offerings	Not Started	Evaluate existing training programs for efficacy to determine need for refinement of training offerings	10/01/2015	03/31/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Identify new training programs that will need to be created to fill training gaps	In Progress	Identify new training programs that will need to be created to fill training gaps	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Incorporate training strategies of other PPS work streams (such as Cultural Competency & Health Literacy) into training strategy	In Progress	Incorporate training strategies of other PPS work streams (such as Cultural Competency & Health Literacy) into training strategy	07/01/2015	03/31/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task	Not Started	Finalize training plan	01/01/2016	03/31/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Finalize training plan									

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Define target workforce state (in line with DSRIP program's goals).	Per the DOH "Workforce Deliverables and Deadlines, All PPS Meeting, December 11, 2015" document, the Milestone End Date is now 06/30/2016.
Create a workforce transition roadmap for achieving defined target workforce state.	Per the DOH "Workforce Deliverables and Deadlines, All PPS Meeting, December 11, 2015" document, the Milestone End Date is now 09/30/2016.
Perform detailed gap analysis between current state assessment of workforce and projected future state.	Per the DOH "Workforce Deliverables and Deadlines, All PPS Meeting, December 11, 2015" document, the Milestone End Date is now 09/30/2016.
Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	MAPP Narrative for DY1Q3: Per the DOH "Workforce Deliverables and Deadlines, All PPS Meeting, December 11, 2015" document, the Milestone End Date is now 06/30/2016.
Develop training strategy.	MAPP Narrative for DY1Q3: Per the DOH "Workforce Deliverables and Deadlines, All PPS Meeting, December 11, 2015" document, the Milestone End Date is now 09/30/2016.

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	

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IPQR Module 11.3 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 11.4 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges and risks that you foresee in achieving the milestones set out above, including potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

Risk: Achieving Workforce expansion goals will be a challenge, particularly for professional positions such as primary care physicians.
Mitigation Strategy: Multiple recruitment strategies developed with FLPPS partnership to meet hiring needs. Financial incentives will be used to recruit new primary care physicians into the FLPPS region along with training of additional advanced practice providers: nurse practitioners, physician assistants, and certified nurse midwives. Expanding PCMH-which includes team-based care- also ensures as many providers as possible are practicing at the top of license.

Risk: Ability to hire needed providers and staff could potentially impact all FLPPS DSRIP projects, but those related to behavioral health are especially at risk. Successful integration of primary and behavioral health care will require the addition of behavioral health positions that are historically difficult to fill, including psychiatrists.

Mitigation Strategy: Strategies to address behavioral health hiring needs to include: recruiting and training psychiatric-mental health nurse practitioners, training advanced practice providers-including nurse practitioners-to specialize in behavioral health through post-Masters certificates or other certificate programs along with the training, utilization, and position expansion of LCSWs and other Masters-prepared MH counselors. Telepsychiatry will be expanded to maximize resources by reducing travel time, especially in rural regions (waiver may be needed).

Risk: Recruitment and new staffing: hiring of providers/staff members from one FLPPS partner organization by another partner organization. While this is not inherently problematic for any individual organization depending on staffing needs at the time, it does not advance the DSRIP goal of expanding workforce capacity to meet the needs of DSRIP projects, nor address the significant number of new hires needed across many staffing categories.
Mitigation Strategy: FLPPS will maintain a centralized job board and encourage partner organizations to search the board when looking to fill available positions. Regional recruitment strategies will draw new providers and staff to the area and increase the overall prospective workforce pool.

Risk: Unanticipated needs for additional staff or major retraining or redeployment represent a challenge to the success of the FLPPS Workforce Strategy. Unanticipated needs could affect and present a risk to the workforce budget.
Mitigation Strategy: Conduct comprehensive current/future state and gap analyses to reduce the risk of unanticipated needs from the end of DY1 until the end of the DSRIP demonstration period.

Risk: Insufficient/ineffective frontline worker engagement. The transformational goals of retraining or redeploying a significant percentage of the regional workforce risk meeting with resistance that could threaten the success of DSRIP projects.
Mitigation Strategy: Developing standardized messaging about the purpose of DSRIP, tailoring messages about the relevance of DSRIP to different job types, engaging frontline staff in the rollout of FLPPS projects to enhance buy-in, providing regular updates so staff can understand and feel like participants in a progressive process, and inviting frontline staff to participate in best-practice sharing and learning collaboratives. An effective Cultural Competency strategy will address recruiting and training to improve staff's ability to relate to our patient's needs.

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Risk: Assuring sufficient IT infrastructure in all partner organizations to enable partners to provide timely and accurate reporting through the system wide provider portal, interface with the FLPPS central job board, and access centralized training, informational materials, and best-practice sharing.
Mitigation Strategy: FLPPS partnership-wide IT infrastructure and support plan.

IPQR Module 11.5 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

Financial Sustainability: The sustainability of financially fragile partner organizations will have a profound impact on those organizations' workforces, which may have a ripple effect throughout the FLPPS Workforce Strategy work stream. The interdependency of FLPPS partner organizations means that contraction of one partner organization's workforce may affect another by making available existing, trained staff, while also driving the financially fragile organization to retrain or redeploy existing staff where possible. Parallel to the movement of staff within FLPPS, the expansion of the workforce overall to meet DSRIP project needs has significant interdependency with the financial sustainability of the network and the ability to retain an expanded workforce in the future.

Cultural Competency and Health Literacy: Cultural competency requires significant training of the FLPPS workforce. As existing staff are retrained and redeployed, and new staff are hired, they will need to be trained on the cultural competency and health literacy considerations of their new or reformulated roles, utilizing the training standards and concepts developed through the cultural competency and health literacy work stream.

IT Systems and Processes: The ability of partner organizations to report workforce-related data to the FLPPS is highly dependent on the successful development and rollout of FLPPS central IT services, including a system wide platform for data reporting.

Performance Reporting: The Workforce Strategy work stream includes performance measures related to the hiring of new staff and retraining and redeployment of existing staff. As such, workforce is highly interdependent with the Performance Reporting work stream. In conjunction with the IT Systems and Processes work stream, there is a need to develop a system wide platform that partner organizations can use to report workforce data based on uniform standards and definitions to allow the FLPPS to provide accurate quarterly performance reports.

Practitioner Engagement: Messaging that keeps staff at all levels informed and engaged is key to the success of DSRIP. The Workforce Strategy work stream is primarily focused on engagement with frontline staff, but there is a need for consistent messaging across partner organizations and across staffing levels within each organization. This underscores the critical interdependency of the Workforce Strategy and Practitioner Engagement work streams.

Population Health Management: Workforce Strategy and Population Health Management are interdependent in multiple areas. Achieving PCMH 2014 Level 3 recognition requires an analysis of existing staffing levels needed to provide effective team-based care. The bed reduction strategy outlined in the Population Health Management work stream may have major implications for the retraining and deployment of staff in organizations that reduce or repurpose existing inpatient beds as FLPPS shifts health care provision from the inpatient to the outpatient setting.

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Clinical Integration: The improved care management and care transitions that are key to the success of the Clinical Integration work stream are also critical parts of the Workforce Strategy. Case managers are the subset of the PPS workforce projected as the largest number of new hires needed across FLPPS during the five program years in the initial assessment conducted for the project plan application and will play a central role in the implementation of the Clinical Integration and Workforce Strategy work streams.

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IPQR Module 11.6 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Workforce Workgroup Co-Chair	Daniel Ornt / Rochester Institute of Technology	Responsibilities: maintain high-level workforce strategy; lead regular Workforce Workgroup meetings; inform final decision on vendors
Workforce Workgroup Co-Chair	Kathy Rideout / University of Rochester School of Nursing	Responsibilities: maintain high-level workforce strategy; lead regular Workforce Workgroup meetings; inform final decision on vendors
Lead of Primary Care Subgroup of Workforce Workgroup	Thomas Campbell / University of Rochester Medical Center	Responsibilities: lead subgroup developing strategy to assure sufficient supply of primary care providers to achieve FLPPS DSRIP goals
Lead of Data and Reporting Subgroup of Workforce Workgroup	Barbara Wale / ARC of Monroe	Responsibilities: lead subgroup developing structure of workforce-related data collection and quarterly reporting strategy
Lead of External Initiatives Subgroup of Workforce Workgroup	Jim Kennedy / Finger Lakes Community Health	Responsibilities: lead subgroup developing strategy to identify and engage initiatives outside of DSRIP that can inform and support DSRIP-related workforce needs
Lead of DSRIP Projects Subgroup of Workforce Workgroup	George Roets / Yates County	Responsibilities: lead subgroup developing strategy to assure sufficient supply of support staff and engagement with frontline workers
Workforce Vendor	Deloitte	Responsibilities: conduct gap analysis between current workforce state and project future state, including training needs
FLPPS Workforce Senior Project Manager	Collene Burns / FLPPS	Responsibilities: lead the Workforce workstream for the FLPPS Project Management team, including workgroup and subgroup meeting scheduling and facilitation; manage overall implementation progress; manage FLPPS central job board; vet RFAs for vendor selection

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IPQR Module 11.7 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved in your workforce transformation plans, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
FLPPS Project Management leadership	Review	Responsibilities: review FLPPS Workforce Strategy implementation plan and centralized workforce services, including training and informational materials
FLPPS operational committees and workgroups	Review	Responsibilities: review material that addresses interdependencies between FLPPS Workforce Strategy and work stream related to given committee's/workgroup's focus area
NOCN workgroups	Review	Responsibilities: provide geographically-specific input on FLPPS Workforce Strategy material, including training and informational materials
External Stakeholders		
Labor unions	Collaborator	Responsibilities: provide input on mitigating negative effects of DSRIP on current workforce when union-represented employees are affected
Workforce Vendor	Workforce and training vendor	Responsibilities: conduct gap analysis between current workforce state and project future state, including training needs
NYS DOH	Facilitator	Responsibilities: inform PPS collaboratives and centralized training programs

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IPQR Module 11.8 - IT Expectations

Instructions :

Please describe how the development of shared IT infrastructure across the PPS will support your plans for workforce transformation.

Shared IT infrastructure is integral to the goals of the FLPPS Workforce strategy. FLPPS will employ a centralized software tool that will allow partner organizations to report on their Workforce transformation progress through a provider portal. The use of a system wide tool allows FLPPS to clearly define data fields and ensure that all organizations are using the same metrics, a key factor in assuring accurate quarterly reporting. This capacity is particularly important for the ability to report net workforce changes at the FLPPS network level. Rather than simply receiving and repackaging partner organizations' data, the shared IT infrastructure and tool will allow FLPPS to develop the capacity to identify within-network workforce movement. Shared IT infrastructure also provides a platform for system wide initiatives such as the FLPPS job board to best match organizational needs and regional workforce capacity. A portal will also be used by partner organizations to access FLPPS-wide training and informational materials, including standardized messaging for staff engagement, when appropriate for dissemination in this format. Online trainings can then be tracked through a centralized tool and serve as a mechanism for tracking and documentation of training attendance, progress, and certification. These software tools and shared infrastructure will allow for the development of dissemination of common workforce, cultural competency and health literacy training, and other pertinent modules, assessment tools, and standards for the network around these critical areas of focus.

IPQR Module 11.9 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

All partner organizations will be required to submit regular reports to the FLPPS to document changes in their Workforce Strategy Domain 1 metrics, including new hires, and retraining and redeployment of existing staff. FLPPS will retain baseline data and preceding reports for all partner organizations to facilitate the process of updating workforce data on a regular basis and to enhance the accuracy and consistency of each organization's reporting across quarters. FLPPS will develop a mechanism to account for the net changes across the workforce. The Workgroup will track and report updates on the workforce-related budget as outlined in the Workforce Strategy Domain 1 requirements, including amounts specific to retraining, redeployment, new hires, and other budget considerations. In addition to reporting this data regularly, the progress reporting process will monitor and track progress compared to planned budgeting and projected workforce change via retraining, redeployment, and new hiring. The Workforce Operation Workgroup has designated a subgroup to focus on data management and reporting. This group will work in conjunction with the team driving the IT Systems and Processes work stream to ensure optimization of shared IT infrastructure for Workforce purposes. This subgroup is also responsible for creating clearly defined data fields and writing uniform reporting standards to allow the FLPPS to provide consistent and accurate performance reports.

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IPQR Module 11.10 - Staff Impact

Instructions :

Please include details on workforce staffing impacts on an annual basis. For each DSRIP year, please indicate the number of individuals in each of the categories below that will be impacted. 'Impacted' is defined as those individuals that are retrained, redeployed, recruited, or whose employment is otherwise affected.

Staff Type	Workforce Staffing Impact Analysis					
	DY1	DY2	DY3	DY4	DY5	Total Impact
Physicians	**0**	**0**	**0**	**0**	**0**	**0**
Primary Care	0	0	0	0	0	**0**
Other Specialties (Except Psychiatrists)	0	0	0	0	0	**0**
Physician Assistants	**0**	**0**	**0**	**0**	**0**	**0**
Primary Care	0	0	0	0	0	**0**
Other Specialties	0	0	0	0	0	**0**
Nurse Practitioners	**0**	**0**	**0**	**0**	**0**	**0**
Primary Care	0	0	0	0	0	**0**
Other Specialties (Except Psychiatric NPs)	0	0	0	0	0	**0**
Midwives	**0**	**0**	**0**	**0**	**0**	**0**
Midwives	0	0	0	0	0	**0**
Nursing	**0**	**0**	**0**	**0**	**0**	**0**
Nurse Managers/Supervisors	0	0	0	0	0	**0**
Staff Registered Nurses	0	0	0	0	0	**0**
Other Registered Nurses (Utilization Review, Staff Development, etc.)	0	0	0	0	0	**0**
LPNs	0	0	0	0	0	**0**
Other	0	0	0	0	0	**0**
Clinical Support	**0**	**0**	**0**	**0**	**0**	**0**
Medical Assistants	0	0	0	0	0	**0**
Nurse Aides/Assistants	0	0	0	0	0	**0**
Patient Care Techs	0	0	0	0	0	**0**

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Staff Type	Workforce Staffing Impact Analysis					
	DY1	DY2	DY3	DY4	DY5	Total Impact
Clinical Laboratory Technologists and Technicians	0	0	0	0	0	**0**
Other	0	0	0	0	0	**0**
Behavioral Health (Except Social Workers providing Case/Care Management, etc.)	**0**	**0**	**0**	**0**	**0**	**0**
Psychiatrists	0	0	0	0	0	**0**
Psychologists	0	0	0	0	0	**0**
Psychiatric Nurse Practitioners	0	0	0	0	0	**0**
Licensed Clinical Social Workers	0	0	0	0	0	**0**
Substance Abuse and Behavioral Disorder Counselors	0	0	0	0	0	**0**
Other Mental Health/Substance Abuse Titles Requiring Certification	0	0	0	0	0	**0**
Social and Human Service Assistants	0	0	0	0	0	**0**
Psychiatric Aides/Techs	0	0	0	0	0	**0**
Other	0	0	0	0	0	**0**
Nursing Care Managers/Coordinators/Navigators/Coaches	**0**	**0**	**0**	**0**	**0**	**0**
RN Care Coordinators/Case Managers/Care Transitions	0	0	0	0	0	**0**
LPN Care Coordinators/Case Managers	0	0	0	0	0	**0**
Social Worker Case Management/Care Management	**0**	**0**	**0**	**0**	**0**	**0**
Bachelor's Social Work	0	0	0	0	0	**0**
Licensed Masters Social Workers	0	0	0	0	0	**0**
Social Worker Care Coordinators/Case Managers/Care Transition	0	0	0	0	0	**0**
Other	0	0	0	0	0	**0**
Non-licensed Care Coordination/Case Management/Care Management/Patient Navigators/Community Health Workers (Except RNs, LPNs, and Social Workers)	**0**	**0**	**0**	**0**	**0**	**0**
Care Manager/Coordinator (Bachelor's degree required)	0	0	0	0	0	**0**
Care or Patient Navigator	0	0	0	0	0	**0**
Community Health Worker (All education levels and training)	0	0	0	0	0	**0**

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Staff Type	Workforce Staffing Impact Analysis					
	DY1	DY2	DY3	DY4	DY5	Total Impact
Peer Support Worker (All education levels)	0	0	0	0	0	**0**
Other Requiring High School Diplomas	0	0	0	0	0	**0**
Other Requiring Associates or Certificate	0	0	0	0	0	**0**
Other Requiring Bachelor's Degree or Above	0	0	0	0	0	**0**
Other Requiring Master's Degree or Above	0	0	0	0	0	**0**
Patient Education	**0**	**0**	**0**	**0**	**0**	**0**
Certified Asthma Educators	0	0	0	0	0	**0**
Certified Diabetes Educators	0	0	0	0	0	**0**
Health Coach	0	0	0	0	0	**0**
Health Educators	0	0	0	0	0	**0**
Other	0	0	0	0	0	**0**
Administrative Staff -- All Titles	**0**	**0**	**0**	**0**	**0**	**0**
Executive Staff	0	0	0	0	0	**0**
Financial	0	0	0	0	0	**0**
Human Resources	0	0	0	0	0	**0**
Other	0	0	0	0	0	**0**
Administrative Support -- All Titles	**0**	**0**	**0**	**0**	**0**	**0**
Office Clerks	0	0	0	0	0	**0**
Secretaries and Administrative Assistants	0	0	0	0	0	**0**
Coders/Billers	0	0	0	0	0	**0**
Dietary/Food Service	0	0	0	0	0	**0**
Financial Service Representatives	0	0	0	0	0	**0**
Housekeeping	0	0	0	0	0	**0**
Medical Interpreters	0	0	0	0	0	**0**
Patient Service Representatives	0	0	0	0	0	**0**
Transportation	0	0	0	0	0	**0**

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Staff Type	Workforce Staffing Impact Analysis					
	DY1	DY2	DY3	DY4	DY5	Total Impact
Other	0	0	0	0	0	**0**
Janitors and cleaners	**0**	**0**	**0**	**0**	**0**	**0**
Janitors and cleaners	0	0	0	0	0	**0**
Health Information Technology	**0**	**0**	**0**	**0**	**0**	**0**
Health Information Technology Managers	0	0	0	0	0	**0**
Hardware Maintenance	0	0	0	0	0	**0**
Software Programmers	0	0	0	0	0	**0**
Technical Support	0	0	0	0	0	**0**
Other	0	0	0	0	0	**0**
Home Health Care	**0**	**0**	**0**	**0**	**0**	**0**
Certified Home Health Aides	0	0	0	0	0	**0**
Personal Care Aides	0	0	0	0	0	**0**
Other	0	0	0	0	0	**0**
Other Allied Health	**0**	**0**	**0**	**0**	**0**	**0**
Nutritionists/Dieticians	0	0	0	0	0	**0**
Occupational Therapists	0	0	0	0	0	**0**
Occupational Therapy Assistants/Aides	0	0	0	0	0	**0**
Pharmacists	0	0	0	0	0	**0**
Pharmacy Technicians	0	0	0	0	0	**0**
Physical Therapists	0	0	0	0	0	**0**
Physical Therapy Assistants/Aides	0	0	0	0	0	**0**
Respiratory Therapists	0	0	0	0	0	**0**
Speech Language Pathologists	0	0	0	0	0	**0**
Other	0	0	0	0	0	**0**

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Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

Per the DOH "Workforce Deliverables and Deadlines, All PPS Meeting, December 11, 2015" document, the Staff Impact Baseline is now due 06/30/2016.

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IPQR Module 11.11 - IA Monitoring:

Instructions :

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Project 2.a.i – Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management

IPQR Module 2.a.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

Financial Mitigation: The PPS will work to understand each provider's current financial viability and identify those providers at highest risk for being unable to survive through the transition period or under a capitated model and develop action plans to support those that are vital to the Medicaid lives in the region. FLPPS will establish centralized services to leverage economies of scale to mitigate risk of insufficient capital funding from NYSDOH, which will more efficiently use the capital the PPS is given without sacrificing value to partner organizations.
Workforce: Shortages, skills. Mitigation: The region suffers from PCP and BH provider shortages; these shortages exist throughout the country, making recruitment efforts more difficult. To this end FLPPS has created a dedicated Workforce committee.
Transportation: The large geographic region of FLPPS results in large distances between where a patient may live and receive care. This results in patients delaying needed care until it becomes emergent or not following up with treatment plans. Mitigation: To mitigate this FLPPS has created a dedicated Transportation committee as part of the governance structure that is tasked with defining the challenges by county and identifying solutions that can be implemented in those counties, with input and endorsement of regional committees that are also part of the FLPPS governance structure.
Patient Culture & behavior. Mitigation: To mitigate the risk that patients will continue to utilize high cost services despite the increase of access and removal of barriers to care, FLPPS will develop and implement a patient outreach campaign that aims to educate patients on care and service offerings. Further, FLPPS will utilize a call center to serve as a resource for patients to learn more about care and services in their given area.
PCMH: There is a risk that all PPS Primary Care Providers will not achieve NCQA 2014 PCMH Level 3 Standards by DY3. Mitigation: To mitigate this risk, FLPPS will implement a PCMH support team as part of centralized services, led by a Certified Content Expert. This team will support provider organizations to understand PCMH standards and complete the application documentation required by NCQA. Additionally FLPPS will support the use of physician champions in all practices to serve as a local support for the success of the program.
CC & HL: Broad/ varied population. Mitigation: To mitigate the risk of not leveraging Community Based Organizations specific skills and service offerings to the full potential, FLPPS will work with supporting partner organizations to develop asset mapping by services and region to integrate organizations appropriate for the best outcomes.
HH Care Management services are varied across HH and Care Management Agencies. Mitigation: FLPPS will work closely with Health Homes in the network to develop internal and external protocols that will strengthen the relationship between HH and other organizations in the network. FLPPS will also support the education about HH service offerings to partner organizations who may not otherwise be aware.
Interoperable Electronic Health Record. Mitigation: To mitigate the high cost of interoperability between partner organizations and local RHIOs, FLPPS will continue working toward funding the interfaces using the NYS capital funding award. In the event that the aware is insufficient to meet the needs of the PPS, FLPPS will work to establish volume based pricing for partner organizations. FLPPS will identify 1 or 2 EMR vendors for volume based pricing that can be offered to partner organizations. As a centralized service FLPPS will implement an IT architecture that includes a care management platform with referral management offered to partner organizations who may otherwise be unable to fund the high capital investment required to obtain EHR.

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IPQR Module 2.a.i.2 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers.	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Develop partner list based on attested provider list with appropriate information (including but not limited to provider type, safety net/non safety net status, naturally occurring care network identification)	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop funds flow workgroup to support contract development and provide guidance in developing equitable funds flow approach for all attested partners in the network	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop Phase I contracts for eligible attested safety net partners (including appropriate attachments)	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Execute Phase I contracts with attested safety net partners eligible for Phase I contracting	Project		Completed	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop Phase I contracts for eligible non safety net attested partners	Project		In Progress	07/01/2015	02/29/2016	07/01/2015	02/29/2016	03/31/2016	DY1 Q4
Task Execute Phase I contracts with attested non safety net partners	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
eligible for Phase I contracting									
Task Identify criteria to evaluate provider list and identify gaps.	Project		In Progress	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify providers who could fill identified gaps.	Project		Not Started	04/01/2015	03/31/2020	02/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Develop Phase II contracting process for all attested partners, which may include subcontracting amongst partners for identified collaboration opportunities	Project		Not Started	04/01/2015	03/31/2020	02/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Execute Phase II contracts with attested partners, which may include subcontracting amongst partners for identified collaboration opportunities.	Project		Not Started	04/01/2015	03/31/2020	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Develop process for regular evaluation of network for gaps in services for all service providers/ provider types	Project		In Progress	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Outline and vet the process to develop ongoing strategy with payers and social service organizations	Project		Not Started	04/01/2015	03/31/2020	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop process for contracts/subcontracts with partners identified, if any, to fill gaps that are not part of original attested partner network.	Project		Not Started	04/01/2015	03/31/2020	07/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Establish process for adding or removing partner organizations, as appropriate and allowable per DOH.	Project		In Progress	04/01/2015	03/31/2020	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	Project	N/A	In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS produces a list of participating HHs and ACOs.	Project		Completed	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS.	Project		In Progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery.	Project		In Progress	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Task 1: Document list of participating ACOs and HHs	Project		In Progress	04/01/2015	03/31/2020	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Task 2: Conduct current state assessment of ACO and HH care management and population health (including IT) capabilities. Assessment to include current capacity, workflows (including referral initiation and discharge), communication protocols between care team providers, and efficacy of each HH Lead	Project		In Progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Task 2: Develop communication plan to educate PPS providers about what a Health Home does, how to refer an individual to Health Home services, and how they would participate as a service provider for an individual enrolled in a Health Home (including treatment providers, CBOs, government agencies)	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Task 2: Have a developed plan to build additional capacity in shortage areas, both current and anticipated	Project		Not Started	04/01/2015	03/31/2020	03/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Task 2: Develop protocols for interfacing HH Care Managers with other care coordinators/managers and other care providers. For example, create standard process for interfacing HH CM with PCMH Care Manager.	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Task 2: Have a developed plan to expand utilization of Health Home care managers throughout PPS, including providers who previously may not have had access to HH care management services	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Task 2: Develop common standards for Care Management Quality Assurance and Quality Improvement across PPS	Project		Not Started	04/01/2015	03/31/2020	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Task 2: Create and finalize written agreement of collaboration with HHs and ACOs, as required to achieve goals	Project		Not Started	04/01/2015	03/31/2020	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Task 2: Develop strategy for implementing developed protocols and common standards throughout the PPS (tied to Requirement 3 protocols/training)	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Task 3: Assemble HH and ACO workgroups with representation	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4

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DSRIP Implementation Plan Project

Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
from Health Homes (including but not limited to HHUNY and GRHHN), ACOs (including GRIPA and AHP), and FLPPS to meet regularly, tasked with the requirements to achieve HH and ACO service integration and carry out subsequent steps									
Task Task 3: Organize learning collaborative events throughout each year to share best practices and success stories among partner organizations, pending further guidance or instruction from NYS DOH	Project		In Progress	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment reminders are followed.	Project		In Progress	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS trains staff on IDS protocols and processes.	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Task 1: Define provider types and create standard definitions of roles, including direct care providers, community health workers, and various levels of care managers	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Task 1: Ensure Community Based Organizations are represented on Clinical Committee and appropriate project teams to support goals of DSRIP and ensure project strategies/implementation align with these organizations	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Task 1: Create process flow diagrams of ideal IDS processes, including transition of care between providers including behavioral health care	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Task Task 2: Identify projects that require the development of protocols and identify which provider types will be impacted by protocols	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Task 2: Identify projects that will include process/protocols for tracking patient care outside of hospital (i.e. 2.b.iv - Care Transitions)	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Task 2: Collaborate with project teams to develop protocol completion schedule	Project		Completed	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Task 2: Develop PPS wide standard for clinical protocol elements and structure (e.g. background information, reference literature, objectives, clinical protocol variations based on provider type/geography, data to be documented, follow up procedures, etc.)	Project		In Progress	08/15/2015	12/31/2015	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Task 2: Analyze protocols and complete gap analysis of coverage across provider types and care transitions	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Task 2: Based on analysis and as part of Clinical Quality Committee duties, determine if additional protocols are needed to achieve IDS	Project		In Progress	12/01/2015	02/01/2015	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Task 2: Develop additional protocols to close gaps of an Integrated Delivery System, ensuring that protocol framework is applicable to clinical/social service providers, allowing for provider and regional specific nuance, as appropriate	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Task 2: Once approved by clinical quality committee, cascade protocols to providers though multi-faceted communication, training, and education channels o Project teams take clinical protocols to home organizations and champion the adoption of the clinical protocol in home organization o Hold PPS wide educational webinars on clinical protocols and timeline for adoption o Leverage PRAs to ensure provider adoption of protocol use	Project		Not Started	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4

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Task Task 2: Develop PPS wide compliance monitoring processes to ensure providers are using protocols correctly	Project		Not Started	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Task 2: Develop PPS wide on-going review and revision process for clinical protocols based on clinical and operational data post-adoption	Project		Not Started	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Task 3: In collaboration with identified project team(s), form a workgroup (possibly a subcommittee to IDS project team).	Project		In Progress	08/01/2015	12/31/2015	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Task 3: Identify core components necessary to ensure PPS wide processes to ensure all critical follow up services and appointment reminders are followed	Project		In Progress	12/31/2015	02/01/2016	12/31/2015	02/01/2016	03/31/2016	DY1 Q4
Task Task 3: Determine IT and clinical requirements to achieve previously identified components.	Project		Not Started	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Task 3: Develop strategy for implementing IT and clinical requirements throughout PPS to appropriate provider types	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Task 3: Implement IT and clinical requirements throughout PPS and appropriate provider types	Project		Not Started	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Identify resource responsible for creating training materials with input from project teams and regional workgroups	Project		In Progress	09/01/2015	12/31/2015	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Create process to store information of who has completed training process in an auditable location	Project		In Progress	09/01/2015	12/31/2015	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task As part of PPS training initiative, develop strategy for PPS staff training that includes core pieces across provider types with flexibility built in for regional and provider type specificity	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Begin to engage partners to complete protocol training	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task PPS documents protocol training throughout PPS.	Project		Not Started	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Ensure that all PPS safety net providers are actively sharing	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.									
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Hospital	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Mental Health	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Nursing Home	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses alerts and secure messaging functionality.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Establish representative IT committee in accordance with the proposed governance model to support IT needs of PPS and partner organizations	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Define specific data required to be sent and received as part of data sharing.	Project		In Progress	07/01/2015	11/30/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify PPS safety net providers who will be required to achieve this goal	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task As part of the Current State IT assessment, catalogue existing IT capabilities that includes RHIO data sharing, use of Direct messaging, and Alerts by Safety Net providers	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Analyze results from Clinical Integration Needs Assessment to prioritize provider organizations to work with RHIOs to achieve	Project		In Progress	04/01/2015	03/31/2020	10/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
requirement deliverables									
Task FLPPS - RHIO agreement developed.	Project		In Progress	04/01/2015	03/31/2020	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Collaborate with RHIO to create joint training materials to use Direct messaging, alerts, and patient record lookup.	Project		In Progress	04/01/2015	03/31/2020	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Document completed training for PPS safety net providers on use of direct messaging, alerts, and patient record lookup.	Project		In Progress	04/01/2015	03/31/2020	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Engage providers to integrate the use direct messaging, alerts, and patient record lookup into practice workflows, as appropriate based on provider type.	Project		In Progress	04/01/2015	03/31/2020	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Establish an ongoing process to interactively review Direct and Alert functionality best practices among PPS providers and share with all safety net providers, including continuous review of EHR system adherence to defined data exchange standards (such as minimum required exchange datasets)	Project		Not Started	04/01/2015	03/31/2020	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Define scope of EHR system implementation by DSRIP provider type and confirm assumption with NYS DOH	Project		In Progress	07/01/2015	10/30/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop action plan to achieve the deliverables of the requirement, which may include vendor selection support and engaging vendors for volume based purchasing for PPS partner organizations. Additionally this action plan would outline the engagement strategy for providers who are at different current	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
states related to readiness and current HIT systems in place.									
Task As part of the IT Current State Assessment, determine current EHR adoption by provider site	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Assist providers in identifying appropriate IT solutions	Project		Not Started	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Obtain ONC Certified Electronic Health Record Technology product number to validate that providers are using EHR systems that comply with MU and PCMH Level 3 Standards	Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	Project	N/A	In Progress	07/01/2015	12/31/2017	07/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	07/01/2015	12/31/2017	07/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task Collaborate with project teams (including but not limited to 4.a.iii, 4.b.ii, and 2.d.i) and FLPPS committees (including but not limited to Clinical and Cultural Competency/Health Literacy) to identify high risk/target populations of FLPPS and specify the clinical data required to track this population.	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Survey safety net providers for existing HIT capabilities as part of the IT Current State Assessment	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Map assets by county (clinical providers, CBOs, evidence-based programs)	Project		In Progress	04/01/2015	03/31/2020	10/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task Design relational data model(s) accommodating the needs of resources in community	Project		In Progress	04/01/2015	03/31/2020	10/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task Configure FLPPS data repository for operations, pending NYS Capital Award	Project		Not Started	04/01/2015	03/31/2020	07/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Establish connection between FLPPS central data repository and RHIO data repository to facilitate sharing of patient data,	Project		Not Started	04/01/2015	03/31/2020	07/01/2016	12/31/2017	12/31/2017	DY3 Q3

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including definition, normalization, and validation of incoming data elements for inclusion in a consolidated, relational dataset.									
Task Collect initial clinical and claims data sets from the RHIOs, early participating programs, NYSDOH, and other partners, as available	Project		Not Started	04/01/2015	03/31/2020	07/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Implement IT infrastructure required to support Population Health Management (including reporting)	Project		Not Started	04/01/2015	03/31/2020	07/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Establish registries of identified high risk / PPS target population patients	Project		Not Started	04/01/2015	03/31/2020	07/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Develop reports to be used in outcome tracking	Project		Not Started	04/01/2015	03/31/2020	07/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Develop audit process to ensure report accuracy and validate with IT and Clinical oversight committees	Project		Not Started	04/01/2015	03/31/2020	07/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Identify method to distribute reports to safety net providers and PPS contracted care managers as appropriate	Project		Not Started	04/01/2015	03/31/2020	07/01/2016	12/31/2017	12/31/2017	DY3 Q3
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.	Project		In Progress	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task All practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.	Provider	Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Workforce workgroup (or Workforce workgroup identified person) to have a developed plan to engage practices to expand access	Project		In Progress	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4

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to primary care in areas identified by Community Needs Assessment and comprehensive workforce current state assessment. Plan will outline possible strategies to increase access (potentially including but not limited to: new hires; retraining; Bodenheimer model, etc.), as well as the paths to identify which strategies will be applied to which practices									
Task Engage and communicate with primary care providers to ensure project understanding and alignment.	Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Establish PPS PCMH support team to serve as subject matter experts on application completion and practice transformation.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify all PCMH eligible practices in PPS, and assess current state PCMH status of those practices	Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Determine current EHR infrastructure of all primary care practices, as part of the IT Current State assessment (see IT Systems & Processes Work stream)	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop and document a plan to engage practices to certify PCMH based on current state and readiness to achieve PCMH Level 3.	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Obtain PCMH certification from PCMH practices	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Obtain ONC Certified Electronic Health Record Technology product number to validate that providers are using EHR systems that comply with MU and PCMH Level 3 Standards	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	Project	N/A	In Progress	04/01/2016	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Medicaid Managed Care contract(s) are in place that include value-based payments.	Project		Not Started	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Determine PPS criteria to select MCO(s) for engagement and identify key MCO(s) for engagement based on defined criteria	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

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Task Identify FLPPS personnel and/or appropriate Clinical and Finance Committee members to attend lead meetings	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Compile discussion topics and documents for the first meeting with MCO(s) approved by PPS Finance Committee	Project		In Progress	04/01/2016	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Schedule first meeting with at least one MCO to discuss business case for VBP strategy . First meeting with MCO(s) to: introduce FLPPS and background information, current state of FLPPS network such as clinical performance, care transformation status, utilization trends of FLPPS Medicaid members, financial performance, and efforts toward payment reform.	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Identify discussion topics for next steps as well as assign owners to key deliverables and establish the schedule for reoccurring meetings	Project		Not Started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Advocate for formal agreements from partners with MCO(s) to ensure identified services are covered. Partners develop agreements with MCO(s) as necessary.	Project		Not Started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	Project	N/A	In Progress	04/01/2016	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted.	Project		Not Started	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Determine PPS criteria to identify MCO(s) for engagement	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Identify key MCO(s) for engagment based on defined criteria.	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Identify FLPPS personnel and/or appropriate Clinical and Finance Committee members to attend lead meetings	Project		In Progress	04/01/2016	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Compile discussion topics and documents for the first meeting with MCO(s) approved by PPS Finance Committee.	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

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DSRIP Implementation Plan Project

Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Schedule first meeting with at least two MCO(s) to discuss strategy for achieving VBP goals, introduce FLPPS and background information, current state of FLPPS network such as clinical performance, care transformation status, utilization trends of FLPPS Medicaid members, financial performance, and efforts toward payment reform.	Project		Not Started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Identify discussion topics for next steps as well as assign owners to key deliverables and establish the schedule for reoccurring meetings	Project		Not Started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation	Project		In Progress	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.	Project		Not Started	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Review Value Based Payment Roadmap released by NYSDOH	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop value-based metrics consistent with Domains 2, 3, and 4 of PPS's selected project goals that also align with other evidence-based measures (QARR, NCQA, NQF, IHI, CMS, etc.) as approved by Finance, IT and Clinical Committees	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Circulate value-based payment metrics through project workgroups, PPS regional workgroups, and other committees including those including MCOs, as appropriate, for structured review and feedback	Project		Not Started	04/01/2015	03/31/2020	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Schedule meetings with neighboring PPSs to discuss patient-outcome measures to ensure alignment of incentives for overlapping populations	Project		Not Started	04/01/2015	03/31/2020	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Store final plan for presentation to NYSDOH and Independent Assessor as requested	Project		Not Started	04/01/2015	03/31/2020	07/01/2016	03/31/2018	03/31/2018	DY3 Q4

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Task Develop a plan to utilize performance against goals to calculate corresponding incentive amount to PPS providers	Project		Not Started	04/01/2015	03/31/2020	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Clinical Committee to make recommendations regarding additional provider and patient incentives	Project		Not Started	04/01/2015	03/31/2020	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task BOD to review and approve proposed incentive payment plan for the patient outcome metrics	Project		Not Started	04/01/2015	03/31/2020	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Develop draft of provider - FLPPS contract to include value based payment	Project		Not Started	04/01/2015	03/31/2020	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Determine appropriate providers to participate in value based contracts	Project		Not Started	04/01/2015	03/31/2020	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Engage identified providers in contracting for value based contracts	Project		Not Started	04/01/2015	03/31/2020	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Engage consumers directly via focus groups to explore concerns with healthcare delivery system, barriers to ongoing engagement, and ways for improvement	Project		In Progress	07/01/2015	01/31/2016	07/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task Ensure Medicaid members have representation on each NOCN committee	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify resource (or resources, as appropriate) responsible for coordinating outreach/navigation activities throughout the PPS	Project		In Progress	07/01/2015	11/30/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Establish standard definition of outreach and navigation activities	Project		In Progress	07/01/2015	11/30/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task	Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Identify partner organizations who are experienced with outreach, engagement, navigation, community health workers, and peer support programs through project teams (including, but not limited to 2.D.I, 4.B.II, and 3.A.II), Naturally Occurring Care Network (NOCN) workgroups, and provider engagement to ensure project understanding and alignment									
Task Conduct current state assessment of community partners providing outreach and navigation activities (assessment to included information about organization workforce, population served, etc.)	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Based on current state assessment of community partners, stratify community organizations by services provided (including but not limited to: behavioral health, vocational day programs, navigation, peer support programs, etc.)	Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Define process for PPS to measure patient engagement with community health workers, peer supports, and other community based providers within the IDS.	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify strengths of each partner organization and resources that can be leveraged as best practices	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Conduct and document service gaps based on current PPS partner providers and the needs of attributed lives.	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Contract with identified partner organizations to engage patients through outreach and navigation activities utilizing community health workers, peers, and culturally competent CBOs, as appropriate.	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop and document process of education and training for community health workers, peers, and culturally competent CBOs.	Project		Not Started	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Train navigators in NYS certification program to be insurance enrollers to engage uninsured individuals driven by patient	Project		Not Started	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
priorities and choice.									
Task Have a developed support strategy for CBO's to hire staff as needed based on gap analysis.	Project		Not Started	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Collect engagement reports from community health workers, peer supports and community based organizations in order to identify region wide utilization.	Project		Not Started	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Develop and document process of ongoing monitoring to ensure adequate outreach and navigation support for PPS attributed lives.	Project		Not Started	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.										
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers.										
Task Develop partner list based on attested provider list with appropriate information (including but not limited to provider type, safety net/non safety net status, naturally occurring care network identification)										
Task Develop funds flow workgroup to support contract development and provide guidance in developing equitable funds flow approach for all attested partners in the network										
Task Develop Phase I contracts for eligible attested safety net partners (including appropriate attachments)										
Task Execute Phase I contracts with attested safety net partners eligible for Phase I contracting										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Develop Phase I contracts for eligible non safety net attested partners										
Task Execute Phase I contracts with attested non safety net partners eligible for Phase I contracting										
Task Identify criteria to evaluate provider list and identify gaps.										
Task Identify providers who could fill identified gaps.										
Task Develop Phase II contracting process for all attested partners, which may include subcontracting amongst partners for identified collaboration opportunities										
Task Execute Phase II contracts with attested partners, which may include subcontracting amongst partners for identified collaboration opportunities.										
Task Develop process for regular evaluation of network for gaps in services for all service providers/ provider types										
Task Outline and vet the process to develop ongoing strategy with payers and social service organizations										
Task Develop process for contracts/subcontracts with partners identified, if any, to fill gaps that are not part of original attested partner network.										
Task Establish process for adding or removing partner organizations, as appropriate and allowable per DOH.										
Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.										
Task PPS produces a list of participating HHs and ACOs.										
Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery.										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Task 1: Document list of participating ACOs and HHs										
Task Task 2: Conduct current state assessment of ACO and HH care management and population health (including IT) capabilities. Assessment to include current capacity, workflows (including referral initiation and discharge), communication protocols between care team providers, and efficacy of each HH Lead										
Task Task 2: Develop communication plan to educate PPS providers about what a Health Home does, how to refer an individual to Health Home services, and how they would participate as a service provider for an individual enrolled in a Health Home (including treatment providers, CBOs, government agencies)										
Task Task 2: Have a developed plan to build additional capacity in shortage areas, both current and anticipated										
Task Task 2: Develop protocols for interfacing HH Care Managers with other care coordinators/managers and other care providers. For example, create standard process for interfacing HH CM with PCMH Care Manager.										
Task Task 2: Have a developed plan to expand utilization of Health Home care managers throughout PPS, including providers who previously may not have had access to HH care management services										
Task Task 2: Develop common standards for Care Management Quality Assurance and Quality Improvement across PPS										
Task Task 2: Create and finalize written agreement of collaboration with HHs and ACOs, as required to achieve goals										
Task Task 2: Develop strategy for implementing developed protocols and common standards throughout the PPS (tied to Requirement 3 protocols/training)										
Task Task 3: Assemble HH and ACO workgroups with representation from Health Homes (including but not limited to HHUNY and GRHHN), ACOs (including GRIPA and AHP), and FLPPS to meet regularly, tasked with the requirements to achieve HH and ACO service integration and carry out subsequent steps										
Task Task 3: Organize learning collaborative events throughout each										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
year to share best practices and success stories among partner organizations, pending further guidance or instruction from NYS DOH										
Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.										
Task Clinically Interoperable System is in place for all participating providers.										
Task PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS.										
Task PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment reminders are followed.										
Task PPS trains staff on IDS protocols and processes.										
Task Task 1: Define provider types and create standard definitions of roles, including direct care providers, community health workers, and various levels of care managers										
Task Task 1: Ensure Community Based Organizations are represented on Clinical Committee and appropriate project teams to support goals of DSRIP and ensure project strategies/implementation align with these organizations										
Task Task 1: Create process flow diagrams of ideal IDS processes, including transition of care between providers including behavioral health care										
Task Task 2: Identify projects that require the development of protocols and identify which provider types will be impacted by protocols										
Task Task 2: Identify projects that will include process/protocols for tracking patient care outside of hospital (i.e. 2.b.iv - Care Transitions)										
Task Task 2: Collaborate with project teams to develop protocol completion schedule										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Task 2: Develop PPS wide standard for clinical protocol elements and structure (e.g. background information, reference literature, objectives, clinical protocol variations based on provider type/geography, data to be documented, follow up procedures, etc.)										
Task Task 2: Analyze protocols and complete gap analysis of coverage across provider types and care transitions										
Task Task 2: Based on analysis and as part of Clinical Quality Committee duties, determine if additional protocols are needed to achieve IDS										
Task Task 2: Develop additional protocols to close gaps of an Integrated Delivery System, ensuring that protocol framework is applicable to clinical/social service providers, allowing for provider and regional specific nuance, as appropriate										
Task Task 2: Once approved by clinical quality committee, cascade protocols to providers though multi-faceted communication, training, and education channels o Project teams take clinical protocols to home organizations and champion the adoption of the clinical protocol in home organization o Hold PPS wide educational webinars on clinical protocols and timeline for adoption o Leverage PRAs to ensure provider adoption of protocol use										
Task Task 2: Develop PPS wide compliance monitoring processes to ensure providers are using protocols correctly										
Task Task 2: Develop PPS wide on-going review and revision process for clinical protocols based on clinical and operational data post-adoption										
Task Task 3: In collaboration with identified project team(s), form a workgroup (possibly a subcommittee to IDS project team).										
Task Task 3: Identify core components necessary to ensure PPS wide processes to ensure all critical follow up services and appointment reminders are followed										
Task Task 3: Determine IT and clinical requirements to achieve previously identified components.										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Task 3: Develop strategy for implementing IT and clinical requirements throughout PPS to appropriate provider types										
Task Task 3: Implement IT and clinical requirements throughout PPS and appropriate provider types										
Task Identify resource responsible for creating training materials with input from project teams and regional workgroups										
Task Create process to store information of who has completed training process in an auditable location										
Task As part of PPS training initiative, develop strategy for PPS staff training that includes core pieces across provider types with flexibility built in for regional and provider type specificity										
Task Begin to engage partners to complete protocol training										
Task PPS documents protocol training throughout PPS.										
Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	21	44	70	97	126	157
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	31	64	101	140	182	228
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	1	2	3	4	6	8
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	6	12	19	26	34	42
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	5	10	16	22	29	36
Task PPS uses alerts and secure messaging functionality.										

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Task Establish representative IT committee in accordance with the proposed governance model to support IT needs of PPS and partner organizations										
Task Define specific data required to be sent and received as part of data sharing.										
Task Identify PPS safety net providers who will be required to achieve this goal										
Task As part of the Current State IT assessment, catalogue existing IT capabilities that includes RHIO data sharing, use of Direct messaging, and Alerts by Safety Net providers										
Task Analyze results from Clinical Integration Needs Assessment to prioritize provider organizations to work with RHIOs to achieve requirement deliverables										
Task FLPPS - RHIO agreement developed.										
Task Collaborate with RHIO to create joint training materials to use Direct messaging, alerts, and patient record lookup.										
Task Document completed training for PPS safety net providers on use of direct messaging, alerts, and patient record lookup.										
Task Engage providers to integrate the use direct messaging, alerts, and patient record lookup into practice workflows, as appropriate based on provider type.										
Task Establish an ongoing process to interactively review Direct and Alert functionality best practices among PPS providers and share with all safety net providers, including continuous review of EHR system adherence to defined data exchange standards (such as minimum required exchange datasets)										
Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										

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Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	0	0	0	67	134	201	268	336	404	472
Task Define scope of EHR system implementation by DSRIP provider type and confirm assumption with NYS DOH										
Task Develop action plan to achieve the deliverables of the requirement, which may include vendor selection support and engaging vendors for volume based purchasing for PPS partner organizations. Additionally this action plan would outline the engagement strategy for providers who are at different current states related to readiness and current HIT systems in place.										
Task As part of the IT Current State Assessment, determine current EHR adoption by provider site										
Task Assist providers in identifying appropriate IT solutions										
Task Obtain ONC Certified Electronic Health Record Technology product number to validate that providers are using EHR systems that comply with MU and PCMH Level 3 Standards										
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.										
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.										
Task Collaborate with project teams (including but not limited to 4.a.iii, 4.b.ii, and 2.d.i) and FLPPS committees (including but not limited to Clinical and Cultural Competency/Health Literacy) to identify high risk/target populations of FLPPS and specify the clinical data required to track this population.										
Task Survey safety net providers for existing HIT capabilities as part of the IT Current State Assessment										
Task Map assets by county (clinical providers, CBOs, evidence-based programs)										
Task Design relational data model(s) accommodating the needs of resources in community										

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Task Configure FLPPS data repository for operations, pending NYS Capital Award										
Task Establish connection between FLPPS central data repository and RHIO data repository to facilitate sharing of patient data, including definition, normalization, and validation of incoming data elements for inclusion in a consolidated, relational dataset.										
Task Collect initial clinical and claims data sets from the RHIOs, early participating programs, NYSDOH, and other partners, as available										
Task Implement IT infrastructure required to support Population Health Management (including reporting)										
Task Establish registries of identified high risk / PPS target population patients										
Task Develop reports to be used in outcome tracking										
Task Develop audit process to ensure report accuracy and validate with IT and Clinical oversight committees										
Task Identify method to distribute reports to safety net providers and PPS contracted care managers as appropriate										
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.										
Task Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.										
Task All practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.	0	0	0	67	134	201	268	336	404	472
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)										
Task Workforce workgroup (or Workforce workgroup identified person) to have a developed plan to engage practices to expand access										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
to primary care in areas identified by Community Needs Assessment and comprehensive workforce current state assessment. Plan will outline possible strategies to increase access (potentially including but not limited to: new hires; retraining; Bodenheimer model, etc.), as well as the paths to identify which strategies will be applied to which practices										
Task Engage and communicate with primary care providers to ensure project understanding and alignment.										
Task Establish PPS PCMH support team to serve as subject matter experts on application completion and practice transformation.										
Task Identify all PCMH eligible practices in PPS, and assess current state PCMH status of those practices										
Task Determine current EHR infrastructure of all primary care practices, as part of the IT Current State assessment (see IT Systems & Processes Work stream)										
Task Develop and document a plan to engage practices to certify PCMH based on current state and readiness to achieve PCMH Level 3.										
Task Obtain PCMH certification from PCMH practices										
Task Obtain ONC Certified Electronic Health Record Technology product number to validate that providers are using EHR systems that comply with MU and PCMH Level 3 Standards										
Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.										
Task Medicaid Managed Care contract(s) are in place that include value-based payments.										
Task Determine PPS criteria to select MCO(s) for engagement and identify key MCO(s) for engagement based on defined criteria										
Task Identify FLPPS personnel and/or appropriate Clinical and Finance Committee members to attend lead meetings										
Task Compile discussion topics and documents for the first meeting with MCO(s) approved by PPS Finance Committee										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Schedule first meeting with at least one MCO to discuss business case for VBP strategy . First meeting with MCO(s) to: introduce FLPPS and background information, current state of FLPPS network such as clinical performance, care transformation status, utilization trends of FLPPS Medicaid members, financial performance, and efforts toward payment reform.										
Task Identify discussion topics for next steps as well as assign owners to key deliverables and establish the schedule for reoccurring meetings										
Task Advocate for formal agreements from partners with MCO(s) to ensure identified services are covered. Partners develop agreements with MCO(s) as necessary.										
Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.										
Task PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted.										
Task Determine PPS criteria to identify MCO(s) for engagement										
Task Identify key MCO(s) for engagment based on defined criteria.										
Task Identify FLPPS personnel and/or appropriate Clinical and Finance Committee members to attend lead meetings										
Task Compile discussion topics and documents for the first meeting with MCO(s) approved by PPS Finance Committee.										
Task Schedule first meeting with at least two MCO(s) to discuss strategy for achieving VBP goals, introduce FLPPS and background information, current state of FLPPS network such as clinical performance, care transformation status, utilization trends of FLPPS Medicaid members, financial performance, and efforts toward payment reform.										
Task Identify discussion topics for next steps as well as assign owners to key deliverables and establish the schedule for reoccurring meetings										

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DSRIP Implementation Plan Project

Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.										
Task PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation										
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.										
Task Review Value Based Payment Roadmap released by NYSDOH										
Task Develop value-based metrics consistent with Domains 2, 3, and 4 of PPS's selected project goals that also align with other evidence-based measures (QARR, NCQA, NQF, IHI, CMS, etc.) as approved by Finance, IT and Clinical Committees										
Task Circulate value-based payment metrics through project workgroups, PPS regional workgroups, and other committees including those including MCOs, as appropriate, for structured review and feedback										
Task Schedule meetings with neighboring PPSs to discuss patient-outcome measures to ensure alignment of incentives for overlapping populations										
Task Store final plan for presentation to NYSDOH and Independent Assessor as requested										
Task Develop a plan to utilize performance against goals to calculate corresponding incentive amount to PPS providers										
Task Clinical Committee to make recommendations regarding additional provider and patient incentives										
Task BOD to review and approve proposed incentive payment plan for the patient outcome metrics										
Task Develop draft of provider - FLPPS contract to include value based payment										
Task Determine appropriate providers to participate in value based contracts										
Task										

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Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Engage identified providers in contracting for value based contracts										
Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.										
Task Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.										
Task Engage consumers directly via focus groups to explore concerns with healthcare delivery system, barriers to ongoing engagement, and ways for improvement										
Task Ensure Medicaid members have representation on each NOCN committee										
Task Identify resource (or resources, as appropriate) responsible for coordinating outreach/navigation activities throughout the PPS										
Task Establish standard definition of outreach and navigation activities										
Task Identify partner organizations who are experienced with outreach, engagement, navigation, community health workers, and peer support programs through project teams (including, but not limited to 2.D.I, 4.B.II, and 3.A.II), Naturally Occurring Care Network (NOCN) workgroups, and provider engagement to ensure project understanding and alignment										
Task Conduct current state assessment of community partners providing outreach and navigation activities (assessment to included information about organization workforce, population served, etc.)										
Task Based on current state assessment of community partners, stratify community organizations by services provided (including but not limited to: behavioral health, vocational day programs, navigation, peer support programs, etc.)										
Task Define process for PPS to measure patient engagement with community health workers, peer supports, and other community based providers within the IDS.										
Task Identify strengths of each partner organization and resources that										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
can be leveraged as best practices										
Task Conduct and document service gaps based on current PPS partner providers and the needs of attributed lives.										
Task Contract with identified partner organizations to engage patients through outreach and navigation activities utilizing community health workers, peers, and culturally competent CBOs, as appropriate.										
Task Develop and document process of education and training for community health workers, peers, and culturally competent CBOs.										
Task Train navigators in NYS certification program to be insurance enrollers to engage uninsured individuals driven by patient priorities and choice.										
Task Have a developed support strategy for CBO's to hire staff as needed based on gap analysis.										
Task Collect engagement reports from community health workers, peer supports and community based organizations in order to identify region wide utilization.										
Task Develop and document process of ongoing monitoring to ensure adequate outreach and navigation support for PPS attributed lives.										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.										
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Develop partner list based on attested provider list with appropriate information (including but not limited to provider type, safety net/non safety net status, naturally occurring care network identification)										
Task Develop funds flow workgroup to support contract development and provide guidance in developing equitable funds flow approach for all attested partners in the network										
Task Develop Phase I contracts for eligible attested safety net partners (including appropriate attachments)										
Task Execute Phase I contracts with attested safety net partners eligible for Phase I contracting										
Task Develop Phase I contracts for eligible non safety net attested partners										
Task Execute Phase I contracts with attested non safety net partners eligible for Phase I contracting										
Task Identify criteria to evaluate provider list and identify gaps.										
Task Identify providers who could fill identified gaps.										
Task Develop Phase II contracting process for all attested partners, which may include subcontracting amongst partners for identified collaboration opportunities										
Task Execute Phase II contracts with attested partners, which may include subcontracting amongst partners for identified collaboration opportunities.										
Task Develop process for regular evaluation of network for gaps in services for all service providers/ provider types										
Task Outline and vet the process to develop ongoing strategy with payers and social service organizations										
Task Develop process for contracts/subcontracts with partners identified, if any, to fill gaps that are not part of original attested partner network.										
Task										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Establish process for adding or removing partner organizations, as appropriate and allowable per DOH.										
Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.										
Task PPS produces a list of participating HHs and ACOs.										
Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery.										
Task Task 1: Document list of participating ACOs and HHs										
Task Task 2: Conduct current state assessment of ACO and HH care management and population health (including IT) capabilities. Assessment to include current capacity, workflows (including referral initiation and discharge), communication protocols between care team providers, and efficacy of each HH Lead										
Task Task 2: Develop communication plan to educate PPS providers about what a Health Home does, how to refer an individual to Health Home services, and how they would participate as a service provider for an individual enrolled in a Health Home (including treatment providers, CBOs, government agencies)										
Task Task 2: Have a developed plan to build additional capacity in shortage areas, both current and anticipated										
Task Task 2: Develop protocols for interfacing HH Care Managers with other care coordinators/managers and other care providers. For example, create standard process for interfacing HH CM with PCMH Care Manager.										
Task Task 2: Have a developed plan to expand utilization of Health Home care managers throughout PPS, including providers who previously may not have had access to HH care management services										
Task Task 2: Develop common standards for Care Management Quality Assurance and Quality Improvement across PPS										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Task 2: Create and finalize written agreement of collaboration with HHs and ACOs, as required to achieve goals										
Task Task 2: Develop strategy for implementing developed protocols and common standards throughout the PPS (tied to Requirement 3 protocols/training)										
Task Task 3: Assemble HH and ACO workgroups with representation from Health Homes (including but not limited to HHUNY and GRHHN), ACOs (including GRIPA and AHP), and FLPPS to meet regularly, tasked with the requirements to achieve HH and ACO service integration and carry out subsequent steps										
Task Task 3: Organize learning collaborative events throughout each year to share best practices and success stories among partner organizations, pending further guidance or instruction from NYS DOH										
Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.										
Task Clinically Interoperable System is in place for all participating providers.										
Task PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS.										
Task PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment reminders are followed.										
Task PPS trains staff on IDS protocols and processes.										
Task Task 1: Define provider types and create standard definitions of roles, including direct care providers, community health workers, and various levels of care managers										
Task Task 1: Ensure Community Based Organizations are represented on Clinical Committee and appropriate project teams to support goals of DSRIP and ensure project strategies/implementation align with these organizations										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Task 1: Create process flow diagrams of ideal IDS processes, including transition of care between providers including behavioral health care										
Task Task 2: Identify projects that require the development of protocols and identify which provider types will be impacted by protocols										
Task Task 2: Identify projects that will include process/protocols for tracking patient care outside of hospital (i.e. 2.b.iv - Care Transitions)										
Task Task 2: Collaborate with project teams to develop protocol completion schedule										
Task Task 2: Develop PPS wide standard for clinical protocol elements and structure (e.g. background information, reference literature, objectives, clinical protocol variations based on provider type/geography, data to be documented, follow up procedures, etc.)										
Task Task 2: Analyze protocols and complete gap analysis of coverage across provider types and care transitions										
Task Task 2: Based on analysis and as part of Clinical Quality Committee duties, determine if additional protocols are needed to achieve IDS										
Task Task 2: Develop additional protocols to close gaps of an Integrated Delivery System, ensuring that protocol framework is applicable to clinical/social service providers, allowing for provider and regional specific nuance, as appropriate										
Task Task 2: Once approved by clinical quality committee, cascade protocols to providers though multi-faceted communication, training, and education channels o Project teams take clinical protocols to home organizations and champion the adoption of the clinical protocol in home organization o Hold PPS wide educational webinars on clinical protocols and timeline for adoption o Leverage PRAs to ensure provider adoption of protocol use										
Task Task 2: Develop PPS wide compliance monitoring processes to										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
ensure providers are using protocols correctly										
Task Task 2: Develop PPS wide on-going review and revision process for clinical protocols based on clinical and operational data post-adoption										
Task Task 3: In collaboration with identified project team(s), form a workgroup (possibly a subcommittee to IDS project team).										
Task Task 3: Identify core components necessary to ensure PPS wide processes to ensure all critical follow up services and appointment reminders are followed										
Task Task 3: Determine IT and clinical requirements to achieve previously identified components.										
Task Task 3: Develop strategy for implementing IT and clinical requirements throughout PPS to appropriate provider types										
Task Task 3: Implement IT and clinical requirements throughout PPS and appropriate provider types										
Task Identify resource responsible for creating training materials with input from project teams and regional workgroups										
Task Create process to store information of who has completed training process in an auditable location										
Task As part of PPS training initiative, develop strategy for PPS staff training that includes core pieces across provider types with flexibility built in for regional and provider type specificity										
Task Begin to engage partners to complete protocol training										
Task PPS documents protocol training throughout PPS.										
Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY	191	232	232	232	232	232	232	232	232	232

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
requirements.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	278	341	341	341	341	341	341	341	341	341
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	10	23	23	23	23	23	23	23	23	23
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	51	68	68	68	68	68	68	68	68	68
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	44	63	63	63	63	63	63	63	63	63
Task PPS uses alerts and secure messaging functionality.										
Task Establish representative IT committee in accordance with the proposed governance model to support IT needs of PPS and partner organizations										
Task Define specific data required to be sent and received as part of data sharing.										
Task Identify PPS safety net providers who will be required to achieve this goal										
Task As part of the Current State IT assessment, catalogue existing IT capabilities that includes RHIO data sharing, use of Direct messaging, and Alerts by Safety Net providers										
Task Analyze results from Clinical Integration Needs Assessment to prioritize provider organizations to work with RHIOs to achieve requirement deliverables										
Task FLPPS - RHIO agreement developed.										
Task Collaborate with RHIO to create joint training materials to use Direct messaging, alerts, and patient record lookup.										
Task Document completed training for PPS safety net providers on use of direct messaging, alerts, and patient record lookup.										
Task Engage providers to integrate the use direct messaging, alerts, and patient record lookup into practice workflows, as appropriate										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
based on provider type.										
Task Establish an ongoing process to interactively review Direct and Alert functionality best practices among PPS providers and share with all safety net providers, including continuous review of EHR system adherence to defined data exchange standards (such as minimum required exchange datasets)										
Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	540	607	607	607	607	607	607	607	607	607
Task Define scope of EHR system implementation by DSRIP provider type and confirm assumption with NYS DOH										
Task Develop action plan to achieve the deliverables of the requirement, which may include vendor selection support and engaging vendors for volume based purchasing for PPS partner organizations. Additionally this action plan would outline the engagement strategy for providers who are at different current states related to readiness and current HIT systems in place.										
Task As part of the IT Current State Assessment, determine current EHR adoption by provider site										
Task Assist providers in identifying appropriate IT solutions										
Task Obtain ONC Certified Electronic Health Record Technology product number to validate that providers are using EHR systems that comply with MU and PCMH Level 3 Standards										
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.										
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
reporting.										
Task Collaborate with project teams (including but not limited to 4.a.iii, 4.b.ii, and 2.d.i) and FLPPS committees (including but not limited to Clinical and Cultural Competency/Health Literacy) to identify high risk/target populations of FLPPS and specify the clinical data required to track this population.										
Task Survey safety net providers for existing HIT capabilities as part of the IT Current State Assessment										
Task Map assets by county (clinical providers, CBOs, evidence-based programs)										
Task Design relational data model(s) accommodating the needs of resources in community										
Task Configure FLPPS data repository for operations, pending NYS Capital Award										
Task Establish connection between FLPPS central data repository and RHIO data repository to facilitate sharing of patient data, including definition, normalization, and validation of incoming data elements for inclusion in a consolidated, relational dataset.										
Task Collect initial clinical and claims data sets from the RHIOs, early participating programs, NYSDOH, and other partners, as available										
Task Implement IT infrastructure required to support Population Health Management (including reporting)										
Task Establish registries of identified high risk / PPS target population patients										
Task Develop reports to be used in outcome tracking										
Task Develop audit process to ensure report accuracy and validate with IT and Clinical oversight committees										
Task Identify method to distribute reports to safety net providers and PPS contracted care managers as appropriate										
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or										

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meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.										
Task Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.										
Task All practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.	540	607	607	607	607	607	607	607	607	607
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)										
Task Workforce workgroup (or Workforce workgroup identified person) to have a developed plan to engage practices to expand access to primary care in areas identified by Community Needs Assessment and comprehensive workforce current state assessment. Plan will outline possible strategies to increase access (potentially including but not limited to: new hires; retraining; Bodenheimer model, etc.), as well as the paths to identify which strategies will be applied to which practices										
Task Engage and communicate with primary care providers to ensure project understanding and alignment.										
Task Establish PPS PCMH support team to serve as subject matter experts on application completion and practice transformation.										
Task Identify all PCMH eligible practices in PPS, and assess current state PCMH status of those practices										
Task Determine current EHR infrastructure of all primary care practices, as part of the IT Current State assessment (see IT Systems & Processes Work stream)										
Task Develop and document a plan to engage practices to certify PCMH based on current state and readiness to achieve PCMH Level 3.										
Task Obtain PCMH certification from PCMH practices										
Task Obtain ONC Certified Electronic Health Record Technology product number to validate that providers are using EHR systems										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
that comply with MU and PCMH Level 3 Standards										
Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.										
Task Medicaid Managed Care contract(s) are in place that include value-based payments.										
Task Determine PPS criteria to select MCO(s) for engagement and identify key MCO(s) for engagement based on defined criteria										
Task Identify FLPPS personnel and/or appropriate Clinical and Finance Committee members to attend lead meetings										
Task Compile discussion topics and documents for the first meeting with MCO(s) approved by PPS Finance Committee										
Task Schedule first meeting with at least one MCO to discuss business case for VBP strategy . First meeting with MCO(s) to: introduce FLPPS and background information, current state of FLPPS network such as clinical performance, care transformation status, utilization trends of FLPPS Medicaid members, financial performance, and efforts toward payment reform.										
Task Identify discussion topics for next steps as well as assign owners to key deliverables and establish the schedule for reoccurring meetings										
Task Advocate for formal agreements from partners with MCO(s) to ensure identified services are covered. Partners develop agreements with MCO(s) as necessary.										
Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.										
Task PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted.										
Task Determine PPS criteria to identify MCO(s) for engagement										
Task Identify key MCO(s) for engagment based on defined criteria.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Identify FLPPS personnel and/or appropriate Clinical and Finance Committee members to attend lead meetings										
Task Compile discussion topics and documents for the first meeting with MCO(s) approved by PPS Finance Committee.										
Task Schedule first meeting with at least two MCO(s) to discuss strategy for achieving VBP goals, introduce FLPPS and background information, current state of FLPPS network such as clinical performance, care transformation status, utilization trends of FLPPS Medicaid members, financial performance, and efforts toward payment reform.										
Task Identify discussion topics for next steps as well as assign owners to key deliverables and establish the schedule for reoccurring meetings										
Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.										
Task PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation										
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.										
Task Review Value Based Payment Roadmap released by NYSDOH										
Task Develop value-based metrics consistent with Domains 2, 3, and 4 of PPS's selected project goals that also align with other evidence-based measures (QARR, NCQA, NQF, IHI, CMS, etc.) as approved by Finance, IT and Clinical Committees										
Task Circulate value-based payment metrics through project workgroups, PPS regional workgroups, and other committees including those including MCOs, as appropriate, for structured review and feedback										
Task Schedule meetings with neighboring PPSs to discuss patient-outcome measures to ensure alignment of incentives for overlapping populations										
Task Store final plan for presentation to NYSDOH and Independent Assessor as requested										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Develop a plan to utilize performance against goals to calculate corresponding incentive amount to PPS providers										
Task Clinical Committee to make recommendations regarding additional provider and patient incentives										
Task BOD to review and approve proposed incentive payment plan for the patient outcome metrics										
Task Develop draft of provider - FLPPS contract to include value based payment										
Task Determine appropriate providers to participate in value based contracts										
Task Engage identified providers in contracting for value based contracts										
Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.										
Task Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.										
Task Engage consumers directly via focus groups to explore concerns with healthcare delivery system, barriers to ongoing engagement, and ways for improvement										
Task Ensure Medicaid members have representation on each NOCN committee										
Task Identify resource (or resources, as appropriate) responsible for coordinating outreach/navigation activities throughout the PPS										
Task Establish standard definition of outreach and navigation activities										
Task Identify partner organizations who are experienced with outreach, engagement, navigation, community health workers, and peer support programs through project teams (including, but not limited to 2.D.I, 4.B.II, and 3.A.II), Naturally Occurring Care Network (NOCN) workgroups, and provider engagement to ensure project understanding and alignment										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Conduct current state assessment of community partners providing outreach and navigation activities (assessment to included information about organization workforce, population served, etc.)										
Task Based on current state assessment of community partners, stratify community organizations by services provided (including but not limited to: behavioral health, vocational day programs, navigation, peer support programs, etc.)										
Task Define process for PPS to measure patient engagement with community health workers, peer supports, and other community based providers within the IDS.										
Task Identify strengths of each partner organization and resources that can be leveraged as best practices										
Task Conduct and document service gaps based on current PPS partner providers and the needs of attributed lives.										
Task Contract with identified partner organizations to engage patients through outreach and navigation activities utilizing community health workers, peers, and culturally competent CBOs, as appropriate.										
Task Develop and document process of education and training for community health workers, peers, and culturally competent CBOs.										
Task Train navigators in NYS certification program to be insurance enrollers to engage uninsured individuals driven by patient priorities and choice.										
Task Have a developed support strategy for CBO's to hire staff as needed based on gap analysis.										
Task Collect engagement reports from community health workers, peer supports and community based organizations in order to identify region wide utilization.										
Task Develop and document process of ongoing monitoring to ensure adequate outreach and navigation support for PPS attributed lives.										

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	
Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	
Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	
Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	
Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	
Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	
Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	
Establish monthly meetings with Medicaid MCOs to discuss	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
utilization trends, performance issues, and payment reform.	
Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	
Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Ongoing	

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IPQR Module 2.a.i.3 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 2.a.i.4 - IA Monitoring

Instructions :

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Project 2.b.iii – ED care triage for at-risk populations

IPQR Module 2.b.iii.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

Risk: Financial - There are financial constraints in some rural area hospitals and provider practices to hire additionals staff and implementing IT infrastructure. This has the potential to affect performance based funding risk involved in DSRIP funds flow.
Mitigation: PPS will coordinate strategically with partner organizations to ascertain their level of readiness, feasibility of implementation given current resources, conservative approaches to implementation as needed and providing project support for successful implementation.
Risk: Technology - Interoperable Electronic Health Records across the PPS needed for the success of the project(s). There are many varying EMR systems amongst hospitals and PCP offices requiring connectivity.
Mitigation: Will leverage PPS level resources including the established IT committee, and RHIO, to build functionality for information sharing across the PPS. PPS to assess the version (s) of EMR's used by hospitals and PCPs participating in this project. PPS IT Committee assist in developing workflow for all EMR user's to achieve connection with the RHIO for bidirectional communication required between ED's and PCMH providers. PPS will provide technical assistance to hospitals and PCMH providers. The hospital ED's in collaboration with PPS IT Committee, will develop data fields for patient navigator documentation, referrals, tracking and reporting.
Risk: Workforce - Challenge of hospital ED's hiring staff to fill the role of patient navigator due to funding. This will vary from organization to organization depending on finanical availability for funding new positions.
Mitigation: Hospitals and PCP practices will redeploy existing care management trained staff who are currently functioning in other roles or hire new staff for the patient navigators role for the success of the project. The use of Health Home Care Coordinators to develop care management workforce will be implemented.
Risk: Transportation: In the rural areas, there is a lack of adequate means of transportation in very large geographical areas. In several counties there is lack access to cab service as well as limited other local transportation systems –buses may have limited routes or the inability of bus services to cross over county lines. The lack of adequate transportation is a barrier for patients accessing medical care.
Mitigation: Utilize traditional and nontraditional solutions as developed by PPS transportation committee, including inventory and directory of regional transportation options. PPS provide education to patients considering cultural and linguistic barriers about transportation services available and how to access the transportation using Community Based Organizations to assist in educating the targeted populations. Care managers assigned to patients will assist patient in coordinating transportation. PPS Transportation Committee collobarate with transportation vendors to improve transportation needs in PPS region.
Risk: Provider Engagement and Provider Collaboration: There may be a lack of understanding of the goals and benefits of the project.
Mitigation: The PPS will provide education on the project and the importance for patients to have access to PCP's in timely manner. PPS will engage PCP"s and hospitals encouraging working in collaboration to meet metrics and milestones. Utilizing NOCN leads, involve physician representatives on project team, developing protocols, workflows, and plans for implementation

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IPQR Module 2.b.iii.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Patient Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for DY1 Q3 should include patients previously reported in DY1 Q2 plus new patients engaged in DY1 Q3. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
100% Actively Engaged By	**Expected Patient Engagement**
DY2,Q4	18,000

Patients Engaged to Date in Current DY	DY1,Q3 Patient Update	% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
996	3,572	59.53%	2,428	19.84%

Warning: Please note that your DY1,Q3 Patient update does not meet your committed amount (6,000)

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
oswaldos	Baseline or Performance Documentation	9_PMDL2715_1_3_20160129171205_2.b.iii.xlsx	FLPPS 2.b.iii Supporting PHI	01/29/2016 05:13 PM

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

The 996 reflected in "Patients Engaged to Date in Current DY" is not correct. The DY1Q1 + DY1Q2 summary is 825+996=1821. Our additional Patients Engaged in DY1Q3 of 1751 gives a total of 1751+1821=3572 for DY1. The 1751 is supported by PHI in the file upload, as we now have BAAs with our reporting Partners for DY1Q3.

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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 2.b.iii.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Establish ED care triage program for at-risk populations	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Stand up program based on project requirements	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Establish cross functional ED care triage project team to include major hospitals, FQHCs, providers and health homes.	Project		Completed	04/01/2015	10/31/2015	04/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Establish partnerships between hospital, FQHC's, PCP's and Health Homes	Project		In Progress	08/01/2015	12/31/2015	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Finalize contracts /MOU's with PCP practices	Project		In Progress	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Create and implement clear workflows at participating hospital ED's for patients presenting for minor illnesses	Project		In Progress	04/01/2015	10/31/2015	04/01/2015	04/29/2016	06/30/2016	DY2 Q1
Task Engage safety net and non safety net community providers	Project		In Progress	08/01/2015	03/31/2016	08/01/2015	08/31/2016	09/30/2016	DY2 Q2
Task Monitor hospital adherence to project through hospital quarterly report data and mobilize resources as necessary	Project		Not Started	04/01/2015	03/31/2020	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Engage Health Home organizations for Care Management	Project		In Progress	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Establish patient navigation protocol outlining linkage from hospital ED's to PCP's	Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Agree to ongoing collaboration with other PPS's to share best practices, educational materials, training strategies to overcome project implemenation barriers.	Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Develop and execute contracts with providers based on	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	07/31/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
providers role									
Milestone #2 Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.	Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)	Project		In Progress	04/01/2015	03/01/2018	04/01/2015	03/01/2018	03/31/2018	DY3 Q4
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs	Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	10/01/2015	03/01/2018	10/01/2015	03/01/2018	03/31/2018	DY3 Q4
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs	Provider	Safety Net Hospital	In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Conduct current state assessment of hospital ED's patient care triage workflow and identify gaps.	Project		Completed	04/01/2015	10/31/2015	04/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Conduct assessment of PCP's current medicaid patient appointment availablity including new patient appointments.	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	02/26/2016	03/31/2016	DY1 Q4
Task 3 Develop strategy to communicate to hospital ED's the list of providers with medicaid patient scheduling capacity and their scheduling process	Project		In Progress	01/01/2016	12/01/2016	01/01/2016	12/01/2016	12/31/2016	DY2 Q3
Task Engage and communicate with primary care providers to ensure	Project		In Progress	07/01/2015	12/01/2015	07/01/2015	05/02/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
project understanding and alignment.									
Task Establish PPS PCMH support team to serve as subject matter experts on application completion and practice transformation.	Project		Completed	07/01/2015	12/01/2015	07/01/2015	12/01/2015	12/31/2015	DY1 Q3
Task Identify all PCMH eligible practices in PPS, and assess curent state PCMH status of those practices	Project		Completed	07/01/2015	12/30/2015	07/01/2015	12/30/2015	12/31/2015	DY1 Q3
Task Determine current EHR infrastructure of all primary care practices, as part of the IT Current State assessment (see IT Systems & Processes Work stream)	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Determine current EHR infrastructure of all primary care practices, as part of the IT Current State assessment (see IT Systems & Processes Work stream)	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Create prioritized list of practices who will need to begin EHR implementation	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop and document a plan to engage practices to certify PCMH based on current state and readiness to achieve PCMH Level 3.	Project		In Progress	07/01/2015	04/30/2016	07/01/2015	04/30/2016	06/30/2016	DY2 Q1
Task Obtain PCMH certification from PCMH practices	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Workforce workgoup (or Workforce workgroup identified person) to have a developed plan to engage practices to expand access to primary care in areas identified by Community Needs Assessment and comprehensive workforce current state assessment. Plan will outline possible strategies to increase access (potentially including but not limited to: new hires; retraining; Bodenheimer model, etc), as well as the paths to identify which strategies will be applied to which practices	Project		In Progress	08/01/2015	12/01/2016	08/01/2015	12/01/2016	12/31/2016	DY2 Q3
Task Obtain ONC Certified Electronic Health Record Technology product number to validate that providers are using EHR systems that comply with MU and PCMH Level 3 Standards	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task As part of Current State IT Asessment, identify providers'	Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
current connectivity with RHIO (including sending of ENS), and current EMR.									
Task Identify gaps for connectivity	Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Obtain ONC Certified Electronic Health Record Technology product number to validate that providers are using EHR systems that comply with MU and PCMH Level 3 Standards	Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Engage providers to intregrate the use of direct messaging, alerts, and patient record record lookup into practice workflows.	Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Develop process and procedure to establish connectivity between hospital ED's and community care providers	Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #3 For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task A defined process for triage of patients from patient navigators to non-emergency PCP and needed community support resources is in place.	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Establish list of non -urgent encounters eligible for triage	Project		In Progress	09/01/2015	12/31/2015	09/01/2015	05/02/2016	06/30/2016	DY2 Q1
Task Develop ED workflow outlining engagement of patient to PCP after medical screening performed.	Project		Completed	04/01/2015	10/31/2015	04/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Identify objectives for patient navigator training and include job description	Project		Completed	04/01/2015	10/31/2015	04/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task	Project		In Progress	04/01/2015	12/01/2015	04/01/2015	06/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Institute clear workflows for patient navigators demonstrating linkage of patients presenting for minor illnesses to PCP.									
Task Develop ED protocol: 1.) Develop PPS wide standard for clinical protocol elements and structure (e.g. background information, reference literature, objectives, clinical protocol variations based on provider type/geography, data to be documented, follow up procedures, etc.) 2.) Identify requirement for protocol and purpose of ED Triage Patient Navigation. 3.) Identify team who will draft clinical protocol in conjunction with FLPPS PM and Clinical SME based on DSRIP need 4.) Develop clinical protocol elements 5.) Review other PPS protocols and ensure alignment (non-duplication, etc.) – edit protocols if needed to ensure alignment with other PPS protocols 6.) Review and obtain approval of clinical protocol from internal project clinical quality committee "project teams" 7.) Once project team provides approval, present and seek approval of clinical protocol trough PPS full clinical quality committee 8.) Once approved by clinical quality committee, cascade protocols to providers though multi-faceted communication, training, and education channels o Project teams take clinical protocols to home organizations and champion the adoption of the clinical protocol in home organization o Hold PPS wide educational webinars on clinical protocols and timeline for adoption o Leverage PRAs to ensure provider adoption of protocol use 9.) Develop PPS wide compliance monitoring processes to ensure providers are using protocols correctly 10.) Develop PPS wide on-going review and revision process for clinical protocols based on clinical and operational data post-adoption	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Using a risk screening tool, identify barriers to care including community resources needed	Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Develop directory of community resources at NOCN level	Project		In Progress	04/01/2016	04/01/2017	04/01/2016	04/01/2017	06/30/2017	DY3 Q1
Task Provide quality oversight of patient navigator training - training consistant throughout ED's to meet goals of the project, review training records for staff hired to ensure compliance with training requirements. Reassess training material as needed to improve data collection, if needed	Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task In coordination with cultural competency project, create and provide patient education material to patients on appropriate ED use for minor illnesses.	Project		In Progress	01/01/2016	12/30/2016	01/01/2016	12/30/2016	12/31/2016	DY2 Q3
Task Address the needs of frequent ED users by partnering with community agencies to leverage community interventions.	Project		In Progress	08/01/2015	12/01/2016	08/01/2015	12/01/2016	12/31/2016	DY2 Q3
Milestone #4 Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has protocols and operations in place to transport non-acute patients to appropriate care site. (Optional).	Provider	Safety Net Hospital	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	Project	N/A	In Progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Set expectations on short & long term patient engagement tracking data delivery mechanisms	Project		Completed	08/03/2015	09/30/2015	08/03/2015	09/30/2015	09/30/2015	DY1 Q2
Task Define the data elements necessary to track the engagement	Project		Completed	08/03/2015	09/30/2015	08/03/2015	09/30/2015	09/30/2015	DY1 Q2
Task Establish reporting periods and dates for providers to report on patient engagement	Project		Completed	08/03/2015	09/30/2015	08/03/2015	09/30/2015	09/30/2015	DY1 Q2
Task	Project		Completed	08/03/2015	09/30/2015	08/03/2015	09/30/2015	09/30/2015	DY1 Q2

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Identify role/staff that will be responsible for reporting on patient engagement									
Task Evaluation of technology toolset (EMR, PMS, etc.), maturity of usage and HIE integration readiness assessment	Project		Completed	07/01/2015	12/30/2015	07/01/2015	12/30/2015	12/31/2015	DY1 Q3
Task Determine level of RHIO Integration and services subscription	Project		In Progress	07/01/2015	12/30/2015	07/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task Identify the gaps and develop long term plans to acquire patient data from providers commensurate with current technical capabilities and HIE integration needs	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Work with providers to develop an implementation plan to meet short and long term reporting requirements	Project		In Progress	08/03/2015	06/30/2016	08/03/2015	06/30/2016	06/30/2016	DY2 Q1

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Establish ED care triage program for at-risk populations										
Task Stand up program based on project requirements										
Task Establish cross functional ED care triage project team to include major hospitals, FQHCs, providers and health homes.										
Task Establish partnerships between hospital, FQHC's, PCP's and Health Homes										
Task Finalize contracts /MOU's with PCP practices										
Task Create and implement clear workflows at participating hospital ED's for patients presenting for minor illnesses										
Task Engage safety net and non safety net community providers										
Task Monitor hospital adherence to project through hospital quarterly report data and mobilize resources as necessary										
Task Engage Health Home organizations for Care Management										
Task Establish patient navigation protocol outlining linkage from										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
hospital ED's to PCP's										
Task Agree to ongoing collaboration with other PPS's to share best practices, educational materials, training strategies to overcome project implemenation barriers.										
Task Develop and execute contracts with providers based on providers role										
Milestone #2 Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable										
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.	0	0	0	10	20	30	40	50	70	90
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)										
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs	0	0	0	8	20	30	40	50	70	90
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs	0	0	2	4	6	6	8	8	8	9
Task Conduct current state assessment of hospital ED's patient care triage workflow and identify gaps.										
Task Conduct assessment of PCP's current medicaid patient appointment availablity including new patient appointments.										
Task 3 Develop strategy to communicate to hospital ED's the list of providers with medicaid patient scheduling capacity and their scheduling process										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Engage and communicate with primary care providers to ensure project understanding and alignment.										
Task Establish PPS PCMH support team to serve as subject matter experts on application completion and practice transformation.										
Task Identify all PCMH eligible practices in PPS, and assess curent state PCMH status of those practices										
Task Determine current EHR infrastructure of all primary care practices, as part of the IT Current State assessment (see IT Systems & Processes Work stream)										
Task Determine current EHR infrastructure of all primary care practices, as part of the IT Current State assessment (see IT Systems & Processes Work stream)										
Task Create prioritized list of practices who will need to begin EHR implementation										
Task Develop and document a plan to engage practices to certify PCMH based on current state and readiness to achieve PCMH Level 3.										
Task Obtain PCMH certification from PCMH practices										
Task Workforce workgoup (or Workforce workgroup identified person) to have a developed plan to engage practices to expand access to primary care in areas identified by Community Needs Assessment and comprehensive workforce current state assessment. Plan will outline possible strategies to increase access (potentially including but not limited to: new hires; retraining; Bodenheimer model, etc), as well as the paths to identify which strategies will be applied to which practices										
Task Obtain ONC Certified Electronic Health Record Technology product number to validate that providers are using EHR systems that comply with MU and PCMH Level 3 Standards										
Task As part of Current State IT Asessment, identify providers' current connectivity with RHIO (including sending of ENS), and current EMR.										
Task Identify gaps for connectivity										

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DSRIP Implementation Plan Project

Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Obtain ONC Certified Electronic Health Record Technology product number to validate that providers are using EHR systems that comply with MU and PCMH Level 3 Standards										
Task Engage providers to intregrate the use of direct messaging, alerts, and patient record record lookup into practice workflows.										
Task Develop process and procedure to establish connectivity between hospital ED's and community care providers										
Milestone #3 For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).										
Task A defined process for triage of patients from patient navigators to non-emergency PCP and needed community support resources is in place.										
Task Establish list of non -urgent encounters eligible for triage										
Task Develop ED workflow outlining engagement of patient to PCP after medical screening performed.										
Task Identify objectives for patient navigator training and include job description										
Task Institute clear workflows for patient navigators demonstrating linkage of patients presenting for minor illnesses to PCP.										
Task Develop ED protocol: 1.) Develop PPS wide standard for clinical protocol elements and structure (e.g. background information, reference literature, objectives, clinical protocol variations based on provider type/geography, data to be documented, follow up procedures, etc.) 2.) Identify requirement for protocol and purpose of ED Triage Patient Navigation.										

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Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
3.) Identify team who will draft clinical protocol in conjunction with FLPPS PM and Clinical SME based on DSRIP need 4.) Develop clinical protocol elements 5.) Review other PPS protocols and ensure alignment (non-duplication, etc.) – edit protocols if needed to ensure alignment with other PPS protocols 6.) Review and obtain approval of clinical protocol from internal project clinical quality committee "project teams" 7.) Once project team provides approval, present and seek approval of clinical protocol trough PPS full clinical quality committee 8.) Once approved by clinical quality committee, cascade protocols to providers though multi-faceted communication, training, and education channels o Project teams take clinical protocols to home organizations and champion the adoption of the clinical protocol in home organization o Hold PPS wide educational webinars on clinical protocols and timeline for adoption o Leverage PRAs to ensure provider adoption of protocol use 9.) Develop PPS wide compliance monitoring processes to ensure providers are using protocols correctly 10.) Develop PPS wide on-going review and revision process for clinical protocols based on clinical and operational data post-adoption										
Task Using a risk screening tool, identify barriers to care including community resources needed										
Task Develop directory of community resources at NOCN level										
Task Provide quality oversight of patient navigator training - training consistant throughout ED's to meet goals of the project, review training records for staff hired to ensure compliance with training requirements. Reassess training material as needed to improve data collection, if needed										
Task In coordination with cultural competency project, create and provide patient education material to patients on appropriate ED use for minor illnesses.										
Task Address the needs of frequent ED users by partnering with community agencies to leverage community interventions.										
Milestone #4 Established protocols allowing ED and first responders - under										

Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)										
Task PPS has protocols and operations in place to transport non-acute patients to appropriate care site. (Optional).	0	0	0	0	0	0	0	0	0	0
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Set expectations on short & long term patient engagement tracking data delivery mechanisms										
Task Define the data elements necessary to track the engagement										
Task Establish reporting periods and dates for providers to report on patient engagement										
Task Identify role/staff that will be responsible for reporting on patient engagement										
Task Evaluation of technology toolset (EMR, PMS, etc.), maturity of usage and HIE integration readiness assessment										
Task Determine level of RHIO Integration and services subscription										
Task Identify the gaps and develop long term plans to acquire patient data from providers commensurate with current technical capabilities and HIE integration needs										
Task Work with providers to develop an implementation plan to meet short and long term reporting requirements										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Establish ED care triage program for at-risk populations										
Task Stand up program based on project requirements										

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Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Establish cross functional ED care triage project team to include major hospitals, FQHCs, providers and health homes.										
Task Establish partnerships between hospital, FQHC's, PCP's and Health Homes										
Task Finalize contracts /MOU's with PCP practices										
Task Create and implement clear workflows at participating hospital ED's for patients presenting for minor illnesses										
Task Engage safety net and non safety net community providers										
Task Monitor hospital adherence to project through hospital quarterly report data and mobilize resources as necessary										
Task Engage Health Home organizations for Care Management										
Task Establish patient navigation protocol outlining linkage from hospital ED's to PCP's										
Task Agree to ongoing collaboration with other PPS's to share best practices, educational materials, training strategies to overcome project implemenation barriers.										
Task Develop and execute contracts with providers based on providers role										
Milestone #2 Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable										
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.	120	160	160	160	160	160	160	160	160	160
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note:										

Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)										
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs	120	160	160	160	160	160	160	160	160	160
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs	9	17	17	17	17	17	17	17	17	17
Task Conduct current state assessment of hospital ED's patient care triage workflow and identify gaps.										
Task Conduct assessment of PCP's current medicaid patient appointment availablity including new patient appointments.										
Task 3 Develop strategy to communicate to hospital ED's the list of providers with medicaid patient scheduling capacity and their scheduling process										
Task Engage and communicate with primary care providers to ensure project understanding and alignment.										
Task Establish PPS PCMH support team to serve as subject matter experts on application completion and practice transformation.										
Task Identify all PCMH eligible practices in PPS, and assess curent state PCMH status of those practices										
Task Determine current EHR infrastructure of all primary care practices, as part of the IT Current State assessment (see IT Systems & Processes Work stream)										
Task Determine current EHR infrastructure of all primary care practices, as part of the IT Current State assessment (see IT Systems & Processes Work stream)										
Task Create prioritized list of practices who will need to begin EHR implementation										
Task Develop and document a plan to engage practices to certify PCMH based on current state and readiness to achieve PCMH Level 3.										
Task Obtain PCMH certification from PCMH practices										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Workforce workgoup (or Workforce workgroup identified person) to have a developed plan to engage practices to expand access to primary care in areas identified by Community Needs Assessment and comprehensive workforce current state assessment. Plan will outline possible strategies to increase access (potentially including but not limited to: new hires; retraining; Bodenheimer model, etc), as well as the paths to identify which strategies will be applied to which practices										
Task Obtain ONC Certified Electronic Health Record Technology product number to validate that providers are using EHR systems that comply with MU and PCMH Level 3 Standards										
Task As part of Current State IT Asessment, identify providers' current connectivity with RHIO (including sending of ENS), and current EMR.										
Task Identify gaps for connectivity										
Task Obtain ONC Certified Electronic Health Record Technology product number to validate that providers are using EHR systems that comply with MU and PCMH Level 3 Standards										
Task Engage providers to intregrate the use of direct messaging, alerts, and patient record record lookup into practice workflows.										
Task Develop process and procedure to establish connectivity between hospital ED's and community care providers										
Milestone #3 For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).										
Task A defined process for triage of patients from patient navigators to non-emergency PCP and needed community support resources is in place.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Establish list of non -urgent encounters eligible for triage										
Task Develop ED workflow outlining engagement of patient to PCP after medical screening performed.										
Task Identify objectives for patient navigator training and include job description										
Task Institute clear workflows for patient navigators demonstrating linkage of patients presenting for minor illnesses to PCP.										
Task Develop ED protocol: 1.) Develop PPS wide standard for clinical protocol elements and structure (e.g. background information, reference literature, objectives, clinical protocol variations based on provider type/geography, data to be documented, follow up procedures, etc.) 2.) Identify requirement for protocol and purpose of ED Triage Patient Navigation. 3.) Identify team who will draft clinical protocol in conjunction with FLPPS PM and Clinical SME based on DSRIP need 4.) Develop clinical protocol elements 5.) Review other PPS protocols and ensure alignment (non-duplication, etc.) – edit protocols if needed to ensure alignment with other PPS protocols 6.) Review and obtain approval of clinical protocol from internal project clinical quality committee "project teams" 7.) Once project team provides approval, present and seek approval of clinical protocol trough PPS full clinical quality committee 8.) Once approved by clinical quality committee, cascade protocols to providers though multi-faceted communication, training, and education channels o Project teams take clinical protocols to home organizations and champion the adoption of the clinical protocol in home organization o Hold PPS wide educational webinars on clinical protocols and timeline for adoption o Leverage PRAs to ensure provider adoption of protocol use 9.) Develop PPS wide compliance monitoring processes to ensure providers are using protocols correctly 10.) Develop PPS wide on-going review and revision process for clinical protocols based on clinical and operational data post-adoption										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Using a risk screening tool, identify barriers to care including community resources needed										
Task Develop directory of community resources at NOCN level										
Task Provide quality oversight of patient navigator training - training consistant throughout ED's to meet goals of the project, review training records for staff hired to ensure compliance with training requirements. Reassess training material as needed to improve data collection, if needed										
Task In coordination with cultural competency project, create and provide patient education material to patients on appropriate ED use for minor illnesses.										
Task Address the needs of frequent ED users by partnering with community agencies to leverage community interventions.										
Milestone #4 Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)										
Task PPS has protocols and operations in place to transport non-acute patients to appropriate care site. (Optional).	0	0	0	0	0	0	0	0	0	0
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Set expectations on short & long term patient engagement tracking data delivery mechanisms										
Task Define the data elements necessary to track the engagement										
Task Establish reporting periods and dates for providers to report on patient engagement										
Task Identify role/staff that will be responsible for reporting on patient engagement										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Evaluation of technology toolset (EMR, PMS, etc.), maturity of usage and HIE integration readiness assessment										
Task Determine level of RHIO Integration and services subscription										
Task Identify the gaps and develop long term plans to acquire patient data from providers commensurate with current technical capabilities and HIE integration needs										
Task Work with providers to develop an implementation plan to meet short and long term reporting requirements										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Establish ED care triage program for at-risk populations	
Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable	
For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need.	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).	
Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)	
Use EHRs and other technical platforms to track all patients engaged in the project.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	

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IPQR Module 2.b.iii.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 2.b.iii.5 - IA Monitoring

Instructions :

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Project 2.b.iv – Care transitions intervention model to reduce 30 day readmissions for chronic health conditions

IPQR Module 2.b.iv.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

Risk: Financial - There are financial constraints in some rural area hospitals and provider practices to hire additional staff and implementing IT infrastructure.
Mitigation: PPS will coordinate strategically with partner organizations to ascertain their level of readiness, feasibility of implementation given current resources, conservative approaches to implementation.
Risk: Technology - Interoperable Electronic Health Records across the PPS needed for the success of the project(s). There are many varying EMR systems among hospitals and PCP offices
Mitigation: Will leverage PPS level resources including the established IT committee, and RHIO, to build functionality for information sharing across the PPS. PPS to assess the version (s) of EMR's used by hospitals and PCPs participating in this project. PPS IT Committee assist in developing workflow for all EMR user's to achieve connection with the RHIO for bidirectional communication required between ED's and PCMH providers.
Risk: Provider Engagement and Provider Collaboration: There may be a lack of understanding of the goals and benefits of the project.
Mitigation: The PPS will provide education on the project and the importance for patients to have access to PCP's in timely manner. PPS will engage PCP's and hospitals. Utilizing NOCN leads, involve physician representatives, etc. for implementation.
Risk: Financial – low/no reimbursement to support cost of the service could limit availability
Mitigation: PPS will work with MCOs to ensure consistent reimbursement for this service
Risk: Technology - multiple EMRs with lack of interoperability make timely care record transitions cumbersome–
Mitigation: Will leverage PPS level resources including the established IT committee, and the RHIO, to build functionality for timeliness and ease of information exchange, as part of other PPS project efforts including 2.a.i; more manual processes will be implemented as short term solutions while longer term automated solutions are under development
Risk: Workforce – at present inadequate staffing to meet patient engagement commitments -
Mitigation: Will redeploy existing transitions care management trained staff who are currently functioning in other roles, provide PPS wide training in the care transitions model, and utilize Health Home Care Coordinators and current/former CMMI care managers to develop care management workforce
Risk: Patient engagement, behavior change - Project success relies on patients' acceptance of service being offered with a result in behavioral changes –
Mitigation: Patient education, coaching and motivational interviewing are key project components, using evidence based protocols; Provide staff training on offering the service to patients in a way that benefit to them is clear to maximize acceptance rate
Risk: Cultural Competency and Health Literacy – Needs of the population reflect cultural and educational diversity which requires tailoring of services to the needs of individuals in order to ensure understanding of and adherence to discharge recommendations–
Mitigation: Ensure discharge plans and other materials are written within patients' literacy and language ranges, following review by CC/HL Comm.

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Risk: Quality – Fidelity to core components of the model is necessary to achieve desired quality outcomes and metrics – Mitigation: Will provide PPS wide training and develop standard protocols for patient identification, assessment, and linkage,; will monitor impact on readmission rates Risk: Provider engagement and PCP Capacity – PCPs may be unfamiliar with care transitions coaching, need timely access for patient follow up Mitigation: Provide PPS wide provider education on project and its role in pop health mgmt, utilizing physician champions; Leverage existing PPS partnerships and affiliations

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IPQR Module 2.b.iv.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Patient Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for DY1 Q3 should include patients previously reported in DY1 Q2 plus new patients engaged in DY1 Q3. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
100% Actively Engaged By	**Expected Patient Engagement**
DY4,Q4	11,250

Patients Engaged to Date in Current DY	DY1,Q3 Patient Update	% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
243	1,118	69.88%	482	9.94%

Warning: Please note that your DY1,Q3 Patient update does not meet your committed amount (1,600)

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
oswaldos	Baseline or Performance Documentation	9_PMDL2815_1_3_20160129171748_2.b.iv.xlsx	FLPPS 2.b.iv Supporting PHI	01/29/2016 05:18 PM

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

The 243 reflected in "Patients Engaged to Date in Current DY" is not correct. The DY1Q1 + DY1Q2 summary is 242+243=485. Our additional Patients Engaged in DY1Q3 of 633 gives a total of 633+485=1118 for DY1. The 633 is supported by PHI in the file upload, as we now have BAAs with our reporting Partners for DY1Q3.

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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 2.b.iv.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.	Project	N/A	In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Standardized protocols are in place to manage overall population health and perform as an integrated clinical team are in place.	Project		In Progress	07/01/2015	05/01/2016	07/01/2015	05/01/2016	06/30/2016	DY2 Q1
Task Identify and convene workgroup to review current care transitions protocols and develop future standards for care transitions	Project		Completed	06/01/2015	07/01/2015	06/01/2015	07/01/2015	09/30/2015	DY1 Q2
Task Review of current state transitions of care protocols which include provider communication	Project		Completed	07/01/2015	11/01/2015	07/01/2015	11/01/2015	12/31/2015	DY1 Q3
Task Documentation of process and workflow including responsible resources at each stage of the workflow (future state). Utilize experience from the early adopter model to inform process.	Project		In Progress	11/01/2015	02/01/2016	11/01/2015	06/01/2016	06/30/2016	DY2 Q1
Task Project team to make recommendations for future state protocols to FLPPS clinical committee	Project		Not Started	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Once project team provides approval, present and seek approval of clinical protocol trough PPS full clinical quality committee	Project		Not Started	03/31/2016	05/01/2016	03/31/2016	05/01/2016	06/30/2016	DY2 Q1
Task Once approved by clinical quality committee, cascade protocols to providers though multi-faceted communication, training, and education channels	Project		Not Started	05/01/2016	11/01/2016	05/01/2016	11/01/2016	12/31/2016	DY2 Q3
Task Project teams take clinical protocols to home organizations and	Project		Not Started	05/01/2016	03/31/2017	05/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
champion the adoption of the clinical protocol in home organization									
Task Training: Hold PPS wide educational webinars on clinical protocols and timeline for adoption. Leverage PRAs to ensure provider adoption of protocol use	Project		Not Started	05/01/2016	03/01/2017	05/01/2016	03/01/2017	03/31/2017	DY2 Q4
Task Develop PPS wide compliance monitoring processes to ensure providers are using FLPPS protocols correctly	Project		Not Started	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop PPS wide on-going review and revision process for clinical protocols based on clinical and operational data post-adoption	Project		Not Started	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #2 Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.	Project	N/A	In Progress	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task A payment strategy for the transition of care services is developed in concert with Medicaid Managed Care Plans and Health Homes.	Project		In Progress	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordination of care strategies focused on care transition are in place, in concert with Medicaid Managed Care groups and Health Homes.	Project		In Progress	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has protocol and process in place to identify Health-Home eligible patients and link them to services as required under ACA.	Project		In Progress	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Determine PPS criteria to select MCO(s) for engagement	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Identify key MCO(s) for engagement based on defined criteria	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Identify FLPPS personnel and/or appropriate Clinical and Finance Committee members to attend lead meetings	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Utilize FLPPS Clinical SMEs and Clinical Project Committee to identify care coordination services that are currently covered by	Project		Not Started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
MCO(s) and identify potential gaps									
Task Leverage reoccurring meetings with MCO(s) as part of 2.a.i. requirements to introduce proposed strategy to cover all identified essential care coordination services and discuss adoption	Project		Not Started	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Advocate for formal agreements from partners with MCO(s) to ensure identified services are covered. Partners develop agreements with MCO(s) as necessary.	Project		Not Started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Identify current process of coordination between Health Homes and Hospitals	Project		Completed	07/01/2015	11/01/2015	07/01/2015	11/01/2015	12/31/2015	DY1 Q3
Task Develop coordination and referral protocols to health homes in the care transitions process	Project		In Progress	05/01/2015	03/31/2016	05/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop protocols to identify health home eligible patients and link them to services as required in the ACA	Project		Not Started	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Once approved by clinical quality committee, cascade protocols to providers though multi-faceted communication, training, and education channels	Project		Not Started	04/01/2016	11/01/2016	04/01/2016	11/01/2016	12/31/2016	DY2 Q3
Task Project teams take clinical protocols to home organizations and champion the adoption of the clinical protocol in home organization	Project		Not Started	05/01/2016	03/31/2017	05/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Training: Hold PPS wide educational webinars on clinical protocols and timeline for adoption. Leverage PRAs to ensure provider adoption of protocol use	Project		Not Started	05/01/2016	03/31/2017	05/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop PPS wide compliance monitoring processes to ensure providers, health homes, and hospitals are using FLPPS protocols correctly	Project		Not Started	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Ensure required social services participate in the project.	Project	N/A	In Progress	05/01/2015	01/31/2018	05/01/2015	01/31/2018	03/31/2018	DY3 Q4
Task Required network social services, including medically tailored	Project		Not Started	03/01/2016	01/31/2018	03/01/2016	01/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
home food services, are provided in care transitions.									
Task Coordinate with Health Homes to identify current community resource guides	Project		Not Started	03/01/2016	09/01/2016	03/01/2016	09/01/2016	09/30/2016	DY2 Q2
Task Inventory regional social services (basic needs, food, transportation, support groups, community resources)	Project		Not Started	01/01/2016	09/01/2016	01/01/2016	09/01/2016	09/30/2016	DY2 Q2
Task Engage resources and establish formal and informal partnerships.	Project		Not Started	01/01/2016	01/01/2017	01/01/2016	01/01/2017	03/31/2017	DY2 Q4
Task Create resource guide by region. Determine where information will be stored, platform, and updates.	Project		Not Started	10/01/2016	03/01/2017	10/01/2016	03/01/2017	03/31/2017	DY2 Q4
Task NOCNs to review and provide input on resource guide	Project		Not Started	03/01/2017	06/01/2017	03/01/2017	06/01/2017	06/30/2017	DY3 Q1
Task Identify in the Care Transitions workflow where resource guide will be reviewed and utilized	Project		In Progress	05/01/2015	06/01/2016	10/01/2015	06/01/2016	06/30/2016	DY2 Q1
Task Provide educational session to ennsure project partner awareness of resource guide	Project		Not Started	06/01/2017	01/31/2018	06/01/2017	01/31/2018	03/31/2018	DY3 Q4
Milestone #4 Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for early notification of planned discharges.	Provider	Practitioner - Primary Care Provider (PCP)	Not Started	04/01/2016	10/01/2016	04/01/2016	10/01/2016	12/31/2016	DY2 Q3
Task Policies and procedures are in place for early notification of planned discharges.	Provider	Practitioner - Non-Primary Care Provider (PCP)	Not Started	04/01/2016	10/01/2016	04/01/2016	10/01/2016	12/31/2016	DY2 Q3
Task Policies and procedures are in place for early notification of planned discharges.	Provider	Hospital	Not Started	07/01/2016	10/01/2016	07/01/2016	10/01/2016	12/31/2016	DY2 Q3
Task PPS has program in place that allows care managers access to visit patients in the hospital and provide care transition services and advisement.	Project		Not Started	06/01/2016	09/01/2016	06/01/2016	09/01/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Review current protocols for early notification to care transition providers and identify gaps in process	Project		In Progress	07/01/2015	06/01/2016	07/01/2015	06/01/2016	06/30/2016	DY2 Q1
Task Provide training to hospital staff re: care transitions protocol and early notification	Project		Not Started	06/01/2016	03/01/2017	06/01/2016	03/01/2017	03/31/2017	DY2 Q4
Task Develop PPS wide compliance monitoring processes to ensure providers are using FLPPS protocols correctly	Project		Not Started	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop PPS wide on-going review and revision process for clinical protocols based on clinical and operational data post-adoption	Project		Not Started	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for including care transition plans in patient medical record and ensuring medical record is updated in interoperable EHR or updated in primary care provider record.	Project		Not Started	03/01/2016	11/01/2016	03/01/2016	11/01/2016	12/31/2016	DY2 Q3
Task Identify protocols for care transition plan updates to the primary care provider and other providers-current state	Project		Completed	07/01/2015	11/01/2015	07/01/2015	11/01/2015	12/31/2015	DY1 Q3
Task Identify communication gaps and begin exploration of gap closing strategies	Project		In Progress	11/01/2015	03/31/2016	11/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Implement protocols that include timely updates to provider	Project		Not Started	03/01/2016	03/01/2017	03/01/2016	03/01/2017	03/31/2017	DY2 Q4
Task Develop PPS wide compliance monitoring processes to ensure providers are using protocols correctly	Project		Not Started	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop PPS wide on-going review and revision process for clinical protocols based on clinical and operational data post-adoption	Project		Not Started	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Ensure that a 30-day transition of care period is established.	Project	N/A	In Progress	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Policies and procedures reflect the requirement that 30 day transition of care period is implemented and utilized.	Project		In Progress	05/01/2015	03/01/2017	05/01/2015	03/01/2017	03/31/2017	DY2 Q4
Task Once project team provides approval, present and seek approval of clinical protocol trough PPS full clinical quality committee	Project		Not Started	03/31/2016	05/01/2016	03/31/2016	05/01/2016	06/30/2016	DY2 Q1
Task Once approved by clinical quality committee, cascade protocols to providers though multi-faceted communication, training, and education channels	Project		Not Started	05/01/2016	11/01/2016	05/01/2016	11/01/2016	12/31/2016	DY2 Q3
Task Project teams take clinical protocols to home organizations and champion the adoption of the clinical protocol in home organization	Project		Not Started	05/01/2016	03/31/2017	05/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Training: Hold PPS wide educational webinars on clinical protocols and timeline for adoption. Leverage PRAs to ensure provider adoption of protocol use	Project		Not Started	05/01/2016	03/01/2017	05/01/2016	03/01/2017	03/31/2017	DY2 Q4
Task Develop PPS wide compliance monitoring processes to ensure providers are using FLPPS protocols correctly	Project		Not Started	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop PPS wide on-going review and revision process for clinical protocols based on clinical and operational data post-adoption	Project		Not Started	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Use EHRs and other technical platforms to track all patients engaged in the project.	Project	N/A	In Progress	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Set expectations on short & long term patient engagement tracking data delivery mechanisms	Project		Completed	08/03/2015	09/30/2015	08/03/2015	09/30/2015	09/30/2015	DY1 Q2
Task Assess technical capabilities to track patient engagements of participating providers	Project		Completed	08/03/2015	09/30/2015	08/03/2015	09/30/2015	09/30/2015	DY1 Q2
Task Define the data elements necessary to track the engagement	Project		Completed	08/03/2015	09/30/2015	08/03/2015	09/30/2015	09/30/2015	DY1 Q2

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Establish reporting periods and dates for providers to report on patient engagement	Project		Completed	08/03/2015	09/30/2015	08/03/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify role/staff that will be responsible for reporting on patient engagement	Project		Completed	08/03/2015	09/30/2015	08/03/2015	09/30/2015	09/30/2015	DY1 Q2
Task Evaluation of technology toolset (EMR, PMS, etc.), maturity of usage and HIE integration readiness assessment	Project		Completed	07/01/2015	12/30/2015	07/01/2015	12/30/2015	12/31/2015	DY1 Q3
Task Determine level of RHIO Integration and services subscription	Project		In Progress	07/01/2015	12/30/2015	07/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task Identify the gaps and develop long term plans to acquire patient data from providers commensurate with current technical capabilities and HIE integration needs	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.										
Task Standardized protocols are in place to manage overall population health and perform as an integrated clinical team are in place.										
Task Identify and convene workgroup to review current care transitions protocols and develop future standards for care transitions										
Task Review of current state transitions of care protocols which include provider communication										
Task Documentation of process and workflow including responsible resources at each stage of the workflow (future state). Utilize experience from the early adopter model to inform process.										
Task Project team to make recommendations for future state protocols to FLPPS clinical committee										
Task Once project team provides approval, present and seek approval of clinical protocol trough PPS full clinical quality committee										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Once approved by clinical quality committee, cascade protocols to providers though multi-faceted communication, training, and education channels										
Task Project teams take clinical protocols to home organizations and champion the adoption of the clinical protocol in home organization										
Task Training: Hold PPS wide educational webinars on clinical protocols and timeline for adoption. Leverage PRAs to ensure provider adoption of protocol use										
Task Develop PPS wide compliance monitoring processes to ensure providers are using FLPPS protocols correctly										
Task Develop PPS wide on-going review and revision process for clinical protocols based on clinical and operational data post-adoption										
Milestone #2 Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.										
Task A payment strategy for the transition of care services is developed in concert with Medicaid Managed Care Plans and Health Homes.										
Task Coordination of care strategies focused on care transition are in place, in concert with Medicaid Managed Care groups and Health Homes.										
Task PPS has protocol and process in place to identify Health-Home eligible patients and link them to services as required under ACA.										
Task Determine PPS criteria to select MCO(s) for engagement										
Task Identify key MCO(s) for engagement based on defined criteria										
Task Identify FLPPS personnel and/or appropriate Clinical and Finance Committee members to attend lead meetings										
Task Utilize FLPPS Clinical SMEs and Clinical Project Committee to identify care coordination services that are currently covered by MCO(s) and identify potential gaps										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Leverage reoccurring meetings with MCO(s) as part of 2.a.i. requirements to introduce proposed strategy to cover all identified essential care coordination services and discuss adoption										
Task Advocate for formal agreements from partners with MCO(s) to ensure identified services are covered. Partners develop agreements with MCO(s) as necessary.										
Task Identify current process of coordination between Health Homes and Hospitals										
Task Develop coordination and referral protocols to health homes in the care transitions process										
Task Develop protocols to identify health home eligible patients and link them to services as required in the ACA										
Task Once approved by clinical quality committee, cascade protocols to providers though multi-faceted communication, training, and education channels										
Task Project teams take clinical protocols to home organizations and champion the adoption of the clinical protocol in home organization										
Task Training: Hold PPS wide educational webinars on clinical protocols and timeline for adoption. Leverage PRAs to ensure provider adoption of protocol use										
Task Develop PPS wide compliance monitoring processes to ensure providers, health homes, and hospitals are using FLPPS protocols correctly										
Milestone #3 Ensure required social services participate in the project.										
Task Required network social services, including medically tailored home food services, are provided in care transitions.										
Task Coordinate with Health Homes to identify current community resource guides										
Task Inventory regional social services (basic needs, food, transportation, support groups, community resources)										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Engage resources and establish formal and informal partnerships.										
Task Create resource guide by region. Determine where information will be stored, platform, and updates.										
Task NOCNs to review and provide input on resource guide										
Task Identify in the Care Transitions workflow where resource guide will be reviewed and utilized										
Task Provide educational session to ennsure project partner awareness of resource guide										
Milestone #4 Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.										
Task Policies and procedures are in place for early notification of planned discharges.	0	0	0	0	2	2	3	4	4	5
Task Policies and procedures are in place for early notification of planned discharges.	0	0	0	0	10	12	15	23	25	31
Task Policies and procedures are in place for early notification of planned discharges.	0	0	0	0	0	0	0	1	2	3
Task PPS has program in place that allows care managers access to visit patients in the hospital and provide care transition services and advisement.										
Task Review current protocols for early notification to care transition providers and identify gaps in process										
Task Provide training to hospital staff re: care transitions protocol and early notification										
Task Develop PPS wide compliance monitoring processes to ensure providers are using FLPPS protocols correctly										
Task Develop PPS wide on-going review and revision process for clinical protocols based on clinical and operational data post-										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
adoption										
Milestone #5 Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.										
Task Policies and procedures are in place for including care transition plans in patient medical record and ensuring medical record is updated in interoperable EHR or updated in primary care provider record.										
Task Identify protocols for care transition plan updates to the primary care provider and other providers-current state										
Task Identify communication gaps and begin exploration of gap closing strategies										
Task Implement protocols that include timely updates to provider										
Task Develop PPS wide compliance monitoring processes to ensure providers are using protocols correctly										
Task Develop PPS wide on-going review and revision process for clinical protocols based on clinical and operational data post-adoption										
Milestone #6 Ensure that a 30-day transition of care period is established.										
Task Policies and procedures reflect the requirement that 30 day transition of care period is implemented and utilized.										
Task Once project team provides approval, present and seek approval of clinical protocol trough PPS full clinical quality committee										
Task Once approved by clinical quality committee, cascade protocols to providers though multi-faceted communication, training, and education channels										
Task Project teams take clinical protocols to home organizations and champion the adoption of the clinical protocol in home organization										
Task Training: Hold PPS wide educational webinars on clinical protocols and timeline for adoption. Leverage PRAs to ensure										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
provider adoption of protocol use										
Task Develop PPS wide compliance monitoring processes to ensure providers are using FLPPS protocols correctly										
Task Develop PPS wide on-going review and revision process for clinical protocols based on clinical and operational data post-adoption										
Milestone #7 Use EHRs and other technical platforms to track all patients engaged in the project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Set expectations on short & long term patient engagement tracking data delivery mechanisms										
Task Assess technical capabilities to track patient engagements of participating providers										
Task Define the data elements necessary to track the engagement										
Task Establish reporting periods and dates for providers to report on patient engagement										
Task Identify role/staff that will be responsible for reporting on patient engagement										
Task Evaluation of technology toolset (EMR, PMS, etc.), maturity of usage and HIE integration readiness assessment										
Task Determine level of RHIO Integration and services subscription										
Task Identify the gaps and develop long term plans to acquire patient data from providers commensurate with current technical capabilities and HIE integration needs										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
a home care service or other appropriate community agency.										
Task Standardized protocols are in place to manage overall population health and perform as an integrated clinical team are in place.										
Task Identify and convene workgroup to review current care transitions protocols and develop future standards for care transitions										
Task Review of current state transitions of care protocols which include provider communication										
Task Documentation of process and workflow including responsible resources at each stage of the workflow (future state). Utilize experience from the early adopter model to inform process.										
Task Project team to make recommendations for future state protocols to FLPPS clinical committee										
Task Once project team provides approval, present and seek approval of clinical protocol trough PPS full clinical quality committee										
Task Once approved by clinical quality committee, cascade protocols to providers though multi-faceted communication, training, and education channels										
Task Project teams take clinical protocols to home organizations and champion the adoption of the clinical protocol in home organization										
Task Training: Hold PPS wide educational webinars on clinical protocols and timeline for adoption. Leverage PRAs to ensure provider adoption of protocol use										
Task Develop PPS wide compliance monitoring processes to ensure providers are using FLPPS protocols correctly										
Task Develop PPS wide on-going review and revision process for clinical protocols based on clinical and operational data post-adoption										
Milestone #2 Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task A payment strategy for the transition of care services is developed in concert with Medicaid Managed Care Plans and Health Homes.										
Task Coordination of care strategies focused on care transition are in place, in concert with Medicaid Managed Care groups and Health Homes.										
Task PPS has protocol and process in place to identify Health-Home eligible patients and link them to services as required under ACA.										
Task Determine PPS criteria to select MCO(s) for engagement										
Task Identify key MCO(s) for engagement based on defined criteria										
Task Identify FLPPS personnel and/or appropriate Clinical and Finance Committee members to attend lead meetings										
Task Utilize FLPPS Clinical SMEs and Clinical Project Committee to identify care coordination services that are currently covered by MCO(s) and identify potential gaps										
Task Leverage reoccurring meetings with MCO(s) as part of 2.a.i. requirements to introduce proposed strategy to cover all identified essential care coordination services and discuss adoption										
Task Advocate for formal agreements from partners with MCO(s) to ensure identified services are covered. Partners develop agreements with MCO(s) as necessary.										
Task Identify current process of coordination between Health Homes and Hospitals										
Task Develop coordination and referral protocols to health homes in the care transitions process										
Task Develop protocols to identify health home eligible patients and link them to services as required in the ACA										
Task Once approved by clinical quality committee, cascade protocols to providers though multi-faceted communication, training, and education channels										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Project teams take clinical protocols to home organizations and champion the adoption of the clinical protocol in home organization										
Task Training: Hold PPS wide educational webinars on clinical protocols and timeline for adoption. Leverage PRAs to ensure provider adoption of protocol use										
Task Develop PPS wide compliance monitoring processes to ensure providers, health homes, and hospitals are using FLPPS protocols correctly										
Milestone #3 Ensure required social services participate in the project.										
Task Required network social services, including medically tailored home food services, are provided in care transitions.										
Task Coordinate with Health Homes to identify current community resource guides										
Task Inventory regional social services (basic needs, food, transportation, support groups, community resources)										
Task Engage resources and establish formal and informal partnerships.										
Task Create resource guide by region. Determine where information will be stored, platform, and updates.										
Task NOCNs to review and provide input on resource guide										
Task Identify in the Care Transitions workflow where resource guide will be reviewed and utilized										
Task Provide educational session to ennsure project partner awareness of resource guide										
Milestone #4 Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.										
Task Policies and procedures are in place for early notification of	5	535	535	535	535	535	535	535	535	535

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
planned discharges.										
Task Policies and procedures are in place for early notification of planned discharges.	37	2,097	2,098	2,103	2,103	2,103	2,103	2,103	2,103	2,103
Task Policies and procedures are in place for early notification of planned discharges.	5	15	17	19	19	19	19	19	19	19
Task PPS has program in place that allows care managers access to visit patients in the hospital and provide care transition services and advisement.										
Task Review current protocols for early notification to care transition providers and identify gaps in process										
Task Provide training to hospital staff re: care transitions protocol and early notification										
Task Develop PPS wide compliance monitoring processes to ensure providers are using FLPPS protocols correctly										
Task Develop PPS wide on-going review and revision process for clinical protocols based on clinical and operational data post-adoption										
Milestone #5 Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.										
Task Policies and procedures are in place for including care transition plans in patient medical record and ensuring medical record is updated in interoperable EHR or updated in primary care provider record.										
Task Identify protocols for care transition plan updates to the primary care provider and other providers-current state										
Task Identify communication gaps and begin exploration of gap closing strategies										
Task Implement protocols that include timely updates to provider										
Task Develop PPS wide compliance monitoring processes to ensure providers are using protocols correctly										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Develop PPS wide on-going review and revision process for clinical protocols based on clinical and operational data post-adoption										
Milestone #6 Ensure that a 30-day transition of care period is established.										
Task Policies and procedures reflect the requirement that 30 day transition of care period is implemented and utilized.										
Task Once project team provides approval, present and seek approval of clinical protocol trough PPS full clinical quality committee										
Task Once approved by clinical quality committee, cascade protocols to providers though multi-faceted communication, training, and education channels										
Task Project teams take clinical protocols to home organizations and champion the adoption of the clinical protocol in home organization										
Task Training: Hold PPS wide educational webinars on clinical protocols and timeline for adoption. Leverage PRAs to ensure provider adoption of protocol use										
Task Develop PPS wide compliance monitoring processes to ensure providers are using FLPPS protocols correctly										
Task Develop PPS wide on-going review and revision process for clinical protocols based on clinical and operational data post-adoption										
Milestone #7 Use EHRs and other technical platforms to track all patients engaged in the project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Set expectations on short & long term patient engagement tracking data delivery mechanisms										
Task Assess technical capabilities to track patient engagements of participating providers										
Task										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Define the data elements necessary to track the engagement										
Task Establish reporting periods and dates for providers to report on patient engagement										
Task Identify role/staff that will be responsible for reporting on patient engagement										
Task Evaluation of technology toolset (EMR, PMS, etc.), maturity of usage and HIE integration readiness assessment										
Task Determine level of RHIO Integration and services subscription										
Task Identify the gaps and develop long term plans to acquire patient data from providers commensurate with current technical capabilities and HIE integration needs										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.	
Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.	
Ensure required social services participate in the project.	
Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.	
Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Ensure that a 30-day transition of care period is established.	
Use EHRs and other technical platforms to track all patients engaged in the project.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	

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IPQR Module 2.b.iv.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 2.b.iv.5 - IA Monitoring

Instructions :

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Project 2.b.vi – Transitional supportive housing services

IPQR Module 2.b.vi.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

R: Financial - Capital: New sites for transitional supportive housing are highly capital dependent, failure to acquire directly impacts patient engagement scale. Similarly, partners in the region have not been successful in acquiring MRT funds for permanent supportive housing, but there a lack of affordable housing options to move clients into from Transitional Housing risks bottlenecking.
M: Grant seeking support for alternative capital funding; Use of DSRIP contingency funds; leverage existing emergency and transitional housing sites

R: Financial - Limited understanding of opportunities to use Medicaid funding for housing operations and supportive services, particularly for non-permanent housing sites. Emergency housing providers are better positioned to offer a medical respite type of option but wary of getting involved in Medicaid billing when the financial returns are unclear. Potential to support them with DSRIP funds limited to 5% cap for non-safety net providers.
M: Utilize small scale pilot sites to limit risk and generate evidence for model efficacy and inform negotiation with MCOs for reimbursement; Examine lessons learned from success with some MLTCs reimbursing transitional housing services; Examine potential for HARP to expand coverage of residential operations and supportive services for complex BH patients; Utilize DSS funding streams, PPS funds to cover operational costs for in interim; Try to incentivize safety net partners to sub-contract with non-safety net.

R: Technology - Interoperability: Strong need to integrate non-medical data for population health management, yet much of this is not currently managed electronically and/or is gathered via CBO partners that are least connected and least incentivized to make IT investments with unclear promise of returns on those investments. This project requires involvement of several different provider types to successfully complete the 90 day active patient engagement process. Partners concerned about developing adequate consents to facilitate sharing information while an actively engaged patient passes from one provider to another during the 90 day process, particularly if patient has mental health or substance abuse issues.
M: Care Management Platform may offer alternative for partners who don't really need EMR; PPS centralized services or admin funds to offer alternatives or further subsidize partner connectivity or expand benefits beyond DSRIP - e.g. select solutions that meet other reporting needs they may have from other systems/gov agencies (e.g. DSS, ODTA, HUD, etc).

R: Workforce: Health homes are young and lack useable trend data on process and performance. Anecdotal evidence suggests case loads of HH Care Managers too high, undermines intensity of services; Insufficient Medicaid-accepting home care workers at varying certification levels. Inconsistent skills set due to varying education and experience. Difficulty getting home care into emergency/transitional housing settings.
M: Define base set of education and qualifications for HH Care Management; Improve streamlined access to broad range of community resources to complement this base skills set depending on the specific needs of the patient; Use DSRIP funds to (examine HARP); Improve HH Eligibility screening to ascertain patient needs and assign them a care manager/provider best qualified for those needs; agreements between housing

providers and home care services to allow shared aide services on congregate sites

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IPQR Module 2.b.vi.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Patient Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for DY1 Q3 should include patients previously reported in DY1 Q2 plus new patients engaged in DY1 Q3. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
100% Actively Engaged By	**Expected Patient Engagement**
DY4,Q4	643

Patients Engaged to Date in Current DY	DY1,Q3 Patient Update	% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
61	150	55.76%	119	23.33%

Warning: Please note that your DY1,Q3 Patient update does not meet your committed amount (269)

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
oswaldos	Baseline or Performance Documentation	9_PMDL3115_1_3_20160129172350_2.b.vi.xlsx	FLPPS 2.b.vi Supporting PHI	01/29/2016 05:24 PM

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

The 61 reflected in "Patients Engaged to Date in Current DY" is not correct. The DY1Q1 + DY1Q2 summary is 44+61=105. Our additional Patients Engaged in DY1Q3 of 45 gives a total of 45+105=150 for DY1. The 45 is supported by PHI in the file upload, as we now have BAAs with our reporting Partners for DY1Q3.

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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 2.b.vi.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Partner with community housing providers and home care service organizations to develop transitional supportive housing for high-risk patients.	Project	N/A	In Progress	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Service agreements, contracts, MOUs between PPS and community housing providers and/or home care service organizations.	Project		In Progress	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Conduct environmental assessment/SWOT to determine existing gaps/challenges in transitional supportive housing, including estimates of inventory and demand across the region	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	06/01/2016	06/30/2016	DY2 Q1
Task Define minimum standards for transitional supportive housing (required partnerships for collaborative care transitions) and protocol for patient engagement (outreach on housing related needs) - these can then be applied to existing or new sites - to be revised and improved over time	Project		Completed	06/15/2015	10/31/2015	06/15/2015	10/31/2015	12/31/2015	DY1 Q3
Task Recommend partner roles & responsibilities to operationalize minimum standards and develop MOU/service agreement templates or guidelines	Project		In Progress	09/30/2015	03/31/2016	09/30/2015	05/31/2016	06/30/2016	DY2 Q1
Task Develop and maintain PPS level electronic inventory management and referral mechanisms	Project		Not Started	03/01/2016	12/31/2016	03/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Define new housing model options (e.g. medical respite) to pursue for unlicensed sites: outline standards/guidelines and financing options	Project		Not Started	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Define data requirements for impact evaluation, future MCO	Project		Not Started	06/15/2016	12/31/2016	06/15/2016	12/31/2016	12/31/2016	DY2 Q3

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
negotiation and project reporting									
Task Pursue collaborative inventory management and referral mechanisms via coordination with regional HUD coordinated assessments and county SPOA.	Project		Not Started	09/01/2016	03/31/2017	09/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task Formalize partnerships for collaborative partnerships and outreach with existing sites (MOUs, Service Agreements) and for new unlicensed sites (Contracts, Service Agreements), undertake annual reviews/revisions as needed	Project		In Progress	09/30/2015	09/30/2018	09/30/2015	09/30/2018	09/30/2018	DY4 Q2
Milestone #2 Develop protocols to identify chronically ill super-utilizers who qualify for this service. Once identified, this targeted population will be monitored using a priority listing for access to transitional supportive housing.	Project	N/A	In Progress	06/15/2015	03/31/2017	06/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for super-utilizer identification specific to priority housing access.	Project		In Progress	06/15/2015	03/31/2017	06/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop PPS wide standard for clinical protocol elements and structure (e.g. background information, reference literature, objectives, clinical protocol variations based on provider type/geography, data to be documented, follow up procedures, etc.)	Project		Not Started	06/15/2015	11/30/2015	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Identify team who will draft clinical protocol in conjunction with FLPPS PM and Clinical SME based on DSRIP need and protocol's purposes	Project		In Progress	12/01/2015	12/31/2015	12/01/2015	04/30/2016	06/30/2016	DY2 Q1
Task Gather data (provider, claims) to profile "high risk" patients based on discernible patterns of housing instability and super utilization	Project		In Progress	12/01/2015	05/31/2016	12/01/2015	05/31/2016	06/30/2016	DY2 Q1
Task evelop PPS level definition of chronic super utilizers and establish short term and long term strategies to identify, target and monitor them (hosp vs salient/pop health mgmnt)	Project		Not Started	01/15/2016	06/30/2016	01/15/2016	08/31/2016	09/30/2016	DY2 Q2
Task Develop protocol, tools and workflow to assess and prioritize patients for placement into new unlicensed transitional	Project		Not Started	07/01/2016	09/30/2016	07/01/2016	11/30/2016	12/31/2016	DY2 Q3

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
supportive housing									
Task Review other PPS protocols and ensure alignment (non-duplication, etc.) – edit protocols if needed to ensure alignment with other PPS protocols	Project		Not Started	10/01/2016	11/01/2016	12/01/2016	01/31/2017	03/31/2017	DY2 Q4
Task Review and obtain approval of clinical protocol from internal project clinical quality committee "project teams"	Project		Not Started	11/01/2016	11/30/2016	12/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Once project team provides approval, present and seek approval of clinical protocol trough PPS full clinical quality and Housing committees	Project		Not Started	12/01/2016	01/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Once approved by clinical quality committee, cascade protocols to providers though multi-faceted communication, training, and education channels	Project		Not Started	02/01/2017	03/31/2017	02/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Develop PPS wide compliance monitoring process to ensure ensure chronic super utilizers are prioritized for access to transitional supportive housing	Project		Not Started	03/01/2017	03/31/2017	03/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Establish MOUs and other service agreements between participating hospitals and community housing providers to allow the supportive housing and home care services staff to meet with patients in the hospital and coordinate the transition.	Project	N/A	In Progress	06/15/2015	03/31/2017	06/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task MOUs between supportive housing/home care services and hospitals are established and allow for in-hospital transition planning.	Project		In Progress	06/15/2015	03/31/2017	06/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop PPS wide standard for clinical protocol elements and structure (e.g. background information, reference literature, objectives, clinical protocol variations based on provider type/geography, data to be documented, follow up procedures, etc.)	Project		In Progress	06/15/2015	11/30/2015	12/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Environmental assessment/SWOT of existing protocols and coordination of care practices between hospitals and community	Project		In Progress	06/15/2015	12/31/2015	06/15/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
housing providers & home care services									
Task Identify team who will draft clinical protocol in conjunction with FLPPS PM and Clinical SME based on DSRIP need and protocol's purposes	Project		In Progress	12/01/2015	12/31/2015	12/01/2015	04/30/2016	06/30/2016	DY2 Q1
Task Develop minimum standards for transitions of care protocols that include participation of housing and home care services staff in discharge planning, and guidelines documenting the party responsible for each stage of the workflow	Project		Not Started	01/01/2016	03/31/2016	05/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Review other PPS protocols and ensure alignment (non-duplication, etc.) – edit protocols if needed to ensure alignment with other PPS protocols	Project		Not Started	04/01/2016	04/30/2016	08/01/2016	10/31/2016	12/31/2016	DY2 Q3
Task Review and obtain approval of clinical protocol from internal project clinical quality committee "project teams"	Project		Not Started	05/01/2016	05/31/2016	08/01/2016	09/15/2016	09/30/2016	DY2 Q2
Task Once project team provides approval, present and seek approval of clinical protocol trough PPS full clinical quality and Housing committees	Project		Not Started	06/01/2016	07/31/2016	09/15/2016	10/31/2016	12/31/2016	DY2 Q3
Task Once approved by clinical quality committee, cascade protocols to providers though documented materials and planning of multi-faceted communication, training, and education channels.	Project		Not Started	08/01/2016	12/31/2016	11/01/2016	02/15/2017	03/31/2017	DY2 Q4
Task For each partner hospital, map housing and home care service provider partners needed to offer services for patients across their NOCN, establish MOUs	Project		Not Started	11/01/2016	01/15/2017	11/01/2016	02/15/2017	03/31/2017	DY2 Q4
Task Develop PPS wide compliance monitoring process to provide quality assurance overseeing that supportive housing and home care services staff participate in in-hospital transition and discharge planning in accordance with PPS minimum standards re: timeframe, documentation	Project		Not Started	01/15/2017	03/31/2017	01/15/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Establish coordination of care strategies with Medicaid Managed Care Organizations to ensure needed services at discharge are	Project	N/A	In Progress	09/15/2015	09/30/2018	09/15/2015	09/30/2018	09/30/2018	DY4 Q2

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
covered and in place at the transitional supportive housing site.									
Task Coordination of care strategies focused on discharge services are in place, in concert with Medicaid Managed Care Organizations, for the supportive housing site.	Project		In Progress	09/15/2015	09/30/2018	09/15/2015	09/30/2018	09/30/2018	DY4 Q2
Task Determine PPS criteria to select MCO(s) for engagement	Project		Not Started	01/01/2016	03/31/2016	07/01/2016	10/31/2016	12/31/2016	DY2 Q3
Task Literature review and financial landscape assessment to understand existing programs targeting chronic super users with transitional supportive housing	Project		In Progress	11/30/2015	04/30/2016	11/30/2015	01/31/2017	03/31/2017	DY2 Q4
Task Identify key MCO(s) for engagement based on defined criteria	Project		Not Started	04/01/2016	06/30/2016	11/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Identify FLPPS personnel and/or appropriate Clinical and Finance Committee members to attend lead meetings	Project		Not Started	04/01/2016	06/30/2016	01/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Define new housing model options (e.g. medical respite) to pursue for unlicensed sites: outline standards/guidelines and financing options	Project		Not Started	03/15/2016	09/30/2016	06/15/2016	01/31/2017	03/31/2017	DY2 Q4
Task Utilize FLPPS Housing Committee, Clinical SMEs and Clinical Project Committee to identify care coordination and supportive housing services that are currently covered by MCO(s) and identify potential gaps	Project		Not Started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop proposed strategy to ensure that appropriate care coordination services are covered as part of transitional supportive housing efforts	Project		Not Started	07/01/2016	09/30/2016	08/01/2016	10/31/2016	12/31/2016	DY2 Q3
Task Define data requirements, establish and rollout tools for impact evaluation, future MCO negotiation	Project		Not Started	06/15/2016	12/31/2016	09/15/2016	12/31/2016	12/31/2016	DY2 Q3
Task Leverage reoccurring meetings with MCO(s) as part of 2.a.i. requirements to introduce proposed strategy to cover all identified essential care coordination services and discuss adoption procedures	Project		Not Started	01/31/2017	09/30/2018	01/31/2017	09/30/2018	09/30/2018	DY4 Q2
Task	Project		Not Started	01/31/2017	09/30/2018	10/01/2017	09/30/2018	09/30/2018	DY4 Q2

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Advocate for formal agreements from partners with MCO(s) to ensure identified services are covered. Partners develop agreements with MCO(s) as necessary.									
Milestone #5 Develop transition of care protocols to ensure all chronically ill super-utilizers receive appropriate health care and community support including medical, behavioral health, post-acute care, long-term care and public health services.	Project	N/A	In Progress	06/15/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for transition of care specifically to address medical, behavioral health and social needs of patients.	Project		Not Started	01/15/2016	03/31/2017	01/15/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop PPS wide standard for clinical protocol elements and structure (e.g. background information, reference literature, objectives, clinical protocol variations based on provider type/geography, data to be documented, follow up procedures, etc.)	Project		On Hold	06/15/2015	11/30/2015	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Develop PPS wide standard for clinical protocol elements and structure (e.g. background information, reference literature, objectives, clinical protocol variations based on provider type/geography, data to be documented, follow up procedures, etc.)	Project		In Progress	12/01/2015	12/31/2015	12/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Gather data (provider, claims) to profile chronic super utilizer patients based on discernible patterns of acute care use	Project		In Progress	12/01/2015	05/31/2016	12/01/2015	05/31/2016	06/30/2016	DY2 Q1
Task Develop PPS level definition of chronic super utilizers and establish short term and long term strategies to identify, target and monitor them (hosp vs salient/pop health mgmnt)	Project		Not Started	01/15/2016	06/30/2016	01/15/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop protocol for transitions of care for chronically ill super utilizers (regardless of housing stability)	Project		Not Started	08/01/2016	10/31/2016	08/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Review other PPS protocols and ensure alignment (non-duplication, etc.) – edit protocols if needed to ensure alignment with other PPS protocols	Project		Not Started	11/01/2016	12/01/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Review and obtain approval of clinical protocol from internal project clinical quality committee "project teams"	Project		Not Started	12/01/2016	12/31/2016	10/15/2016	11/15/2016	12/31/2016	DY2 Q3
Task Once project team provides approval, present and seek approval of clinical protocol trough PPS full clinical quality committee	Project		Not Started	01/01/2017	03/31/2017	11/15/2016	12/31/2016	12/31/2016	DY2 Q3
Task Once approved by clinical quality committee, cascade protocols to providers though multi-faceted communication, training, and education channels	Project		Not Started	10/01/2016	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Assess ST & LT medical, BH and social needs of chronic super utilizers and identify/arrange short term and post-acute services in accordance with PPS standards/recommendations	Project		Not Started	04/01/2016	03/31/2017	02/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Develop PPS wide compliance monitoring process to ensure providers are using protocols correctly, analytics for pop health management of chronically ill super utilizers	Project		Not Started	06/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Ensure medical records and post-discharge care plans are transmitted in a timely manner to the patient's primary care provider and frequently used specialists.	Project	N/A	In Progress	06/15/2015	09/30/2018	06/15/2015	09/30/2018	09/30/2018	DY4 Q2
Task EHR meets Meaningful Use Stage 2 CMS requirements; Documentation exhibiting timely transfer of patient medical records to patient's PCP and specialists, as appropriate	Project		In Progress	06/15/2015	09/30/2018	06/15/2015	09/30/2018	09/30/2018	DY4 Q2
Task Map data flow points and draft potential paths required for project patient engagement and Domain 1 requirements	Project		In Progress	06/15/2015	03/31/2016	06/15/2015	05/31/2016	06/30/2016	DY2 Q1
Task Assess barriers to transfer and use of post-discharge care plans developed by housing providers	Project		Not Started	02/01/2016	06/30/2016	02/15/2016	08/14/2016	09/30/2016	DY2 Q2
Task Establish PPS guidelines for secure transfer of patient information across project providers within standardized timeframes throughout project patient engagement process. Guidelines should cover both paper and electronic record keeping and information sharing.	Project		Not Started	04/01/2016	09/30/2016	04/01/2016	10/31/2016	12/31/2016	DY2 Q3
Task	Project		Not Started	05/01/2016	03/31/2017	05/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Work with PPS IT/IDS to develop and implement plan for partner EMR use, connectivity to RHIO &/or PPS Care Management Platform; Assure adherence to applicable HIPAA requirements. Identify interim strategies pre-IT solution.									
Task Develop PPS wide compliance monitoring process to provide quality assurance overseeing the transfer of patient information between providers	Project		Not Started	10/01/2016	09/30/2018	04/01/2017	09/30/2018	09/30/2018	DY4 Q2
Milestone #7 Establish procedures to connect the patient to their Health Home (if a HH member) care manager in the development of the transitional housing plan or provide a "warm" referral for assessment and enrollment into a Health Home (with assignment of a care manager).	Project	N/A	In Progress	09/15/2015	03/31/2017	09/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place among hospitals and health homes for engagement/assignment of a care manager.	Project		In Progress	09/15/2015	03/31/2017	09/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Conduct current state environmental assessment/SWOT of HH care management. Assessment to include current capacity, workflows (including referral initiation and discharge), communication protocols between care team & other providers (partic Hospitals) and efficacy of each HH lead to conduct oversight & quality assurance.	Project		In Progress	09/15/2015	03/31/2016	12/31/2015	07/31/2016	09/30/2016	DY2 Q2
Task Develop & Implement standardized protocols to assess patient Health Home enrollment and/or eligibility and identify or assign HH care manager within specific time frame post-admission	Project		Not Started	03/15/2016	09/30/2016	06/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Establish MOUs between partner hospitals and Health Homes	Project		Not Started	09/30/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop Quality Assurance mechanisms (to monitor compliance on timing of assessment, care manager engagement, involvement in discharge planning, documentation, HH Care Manager Follow up)	Project		Not Started	01/15/2017	03/31/2017	01/15/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Use EHRs and other technical platforms to track all patients engaged in the project.	Project	N/A	In Progress	06/15/2015	03/31/2017	06/15/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	06/15/2015	03/31/2017	06/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop preliminary patient eligibility criteria using federal guidelines and engagement protocol/minimum standards based on NYS DSRIP Project Toolkit	Project		Completed	06/15/2015	10/15/2015	06/15/2015	10/15/2015	12/31/2015	DY1 Q3
Task Gather data (provider, claims) to profile "high risk" patients based on discernible patterns of housing instability and super utilization	Project		In Progress	07/01/2015	12/31/2015	12/01/2015	06/01/2016	06/30/2016	DY2 Q1
Task Map data flow points and draft potential paths required for project patient engagement and Domain 1 requirements	Project		Not Started	07/15/2015	12/31/2015	03/01/2016	05/31/2016	06/30/2016	DY2 Q1
Task Develop partner responsibility requirements to track and report engagement (initially short term, revised based on partner HIT infrastructure review to identify long term strategies)	Project		In Progress	09/15/2015	09/30/2016	09/15/2015	09/30/2016	09/30/2016	DY2 Q2
Task Inventory existing partner HIT infrastructure and identify gaps in current reporting and data management capabilities	Project		In Progress	10/15/2015	03/31/2016	10/15/2015	06/30/2016	06/30/2016	DY2 Q1
Task Establish guidelines, tools and workflow/protocol for patient eligibility screening (pre-flagging mechanisms based on high risk profiles + assessment and initial engagement)	Project		Not Started	04/15/2016	09/30/2016	04/15/2016	12/31/2016	12/31/2016	DY2 Q3
Task Establish guidelines, tools and workflow/process for patient engagement (revise preliminary protocol)	Project		Not Started	08/15/2016	12/31/2016	08/15/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop quality assurance processes and analytics for oversight	Project		Not Started	09/15/2016	03/31/2017	09/15/2016	03/31/2017	03/31/2017	DY2 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Partner with community housing providers and home care service organizations to develop transitional supportive housing for high-risk patients.										
Task Service agreements, contracts, MOUs between PPS and										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
community housing providers and/or home care service organizations.										
Task Conduct environmental assessment/SWOT to determine existing gaps/challenges in transitional supportive housing, including estimates of inventory and demand across the region										
Task Define minimum standards for transitional supportive housing (required partnerships for collaborative care transitions) and protocol for patient engagement (outreach on housing related needs) - these can then be applied to existing or new sites - to be revised and improved over time										
Task Recommend partner roles & responsibilities to operationalize minimum standards and develop MOU/service agreement templates or guidelines										
Task Develop and maintain PPS level electronic inventory management and referral mechanisms										
Task Define new housing model options (e.g. medical respite) to pursue for unlicensed sites: outline standards/guidelines and financing options										
Task Define data requirements for impact evaluation, future MCO negotiation and project reporting										
Task Pursue collaborative inventory management and referral mechanisms via coordination with regional HUD coordinated assessments and county SPOA.										
Task Formalize partnerships for collaborative partnerships and outreach with existing sites (MOUs, Service Agreements) and for new unlicensed sites (Contracts, Service Agreements), undertake annual reviews/revisions as needed										
Milestone #2 Develop protocols to identify chronically ill super-utilizers who qualify for this service. Once identified, this targeted population will be monitored using a priority listing for access to transitional supportive housing.										
Task Policies and procedures are in place for super-utilizer identification specific to priority housing access.										
Task Develop PPS wide standard for clinical protocol elements and										

Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
structure (e.g. background information, reference literature, objectives, clinical protocol variations based on provider type/geography, data to be documented, follow up procedures, etc.)										
Task Identify team who will draft clinical protocol in conjunction with FLPPS PM and Clinical SME based on DSRIP need and protocol's purposes										
Task Gather data (provider, claims) to profile "high risk" patients based on discernible patterns of housing instability and super utilization										
Task evelop PPS level definition of chronic super utilizers and establish short term and long term strategies to identify, target and monitor them (hosp vs salient/pop health mgmnt)										
Task Develop protocol, tools and workflow to assess and prioritize patients for placement into new unlicensed transitional supportive housing										
Task Review other PPS protocols and ensure alignment (non-duplication, etc.) – edit protocols if needed to ensure alignment with other PPS protocols										
Task Review and obtain approval of clinical protocol from internal project clinical quality committee "project teams"										
Task Once project team provides approval, present and seek approval of clinical protocol trough PPS full clinical quality and Housing committees										
Task Once approved by clinical quality committee, cascade protocols to providers though multi-faceted communication, training, and education channels										
Task Develop PPS wide compliance monitoring process to ensure ensure chronic super utilizers are prioritized for access to transitional supportive housing										
Milestone #3 Establish MOUs and other service agreements between participating hospitals and community housing providers to allow the supportive housing and home care services staff to meet with patients in the hospital and coordinate the transition.										
Task										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
MOUs between supportive housing/home care services and hospitals are established and allow for in-hospital transition planning.										
Task Develop PPS wide standard for clinical protocol elements and structure (e.g. background information, reference literature, objectives, clinical protocol variations based on provider type/geography, data to be documented, follow up procedures, etc.)										
Task Environmental assessment/SWOT of existing protocols and coordination of care practices between hospitals and community housing providers & home care services										
Task Identify team who will draft clinical protocol in conjunction with FLPPS PM and Clinical SME based on DSRIP need and protocol's purposes										
Task Develop minimum standards for transitions of care protocols that include participation of housing and home care services staff in discharge planning, and guidelines documenting the party responsible for each stage of the workflow										
Task Review other PPS protocols and ensure alignment (non-duplication, etc.) – edit protocols if needed to ensure alignment with other PPS protocols										
Task Review and obtain approval of clinical protocol from internal project clinical quality committee "project teams"										
Task Once project team provides approval, present and seek approval of clinical protocol trough PPS full clinical quality and Housing committees										
Task Once approved by clinical quality committee, cascade protocols to providers though documented materials and planning of multi-faceted communication, training, and education channels.										
Task For each partner hospital, map housing and home care service provider partners needed to offer services for patients across their NOCN, establish MOUs										
Task Develop PPS wide compliance monitoring process to provide quality assurance overseeing that supportive housing and home										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
care services staff participate in in-hospital transition and discharge planning in accordance with PPS minimum standards re: timeframe, documentation										
Milestone #4 Establish coordination of care strategies with Medicaid Managed Care Organizations to ensure needed services at discharge are covered and in place at the transitional supportive housing site.										
Task Coordination of care strategies focused on discharge services are in place, in concert with Medicaid Managed Care Organizations, for the supportive housing site.										
Task Determine PPS criteria to select MCO(s) for engagement										
Task Literature review and financial landscape assessment to understand existing programs targeting chronic super users with transitional supportive housing										
Task Identify key MCO(s) for engagement based on defined criteria										
Task Identify FLPPS personnel and/or appropriate Clinical and Finance Committee members to attend lead meetings										
Task Define new housing model options (e.g. medical respite) to pursue for unlicensed sites: outline standards/guidelines and financing options										
Task Utilize FLPPS Housing Committee, Clinical SMEs and Clinical Project Committee to identify care coordination and supportive housing services that are currently covered by MCO(s) and identify potential gaps										
Task Develop proposed strategy to ensure that appropriate care coordination services are covered as part of transitional supportive housing efforts										
Task Define data requirements, establish and rollout tools for impact evaluation, future MCO negotiation										
Task Leverage reoccurring meetings with MCO(s) as part of 2.a.i. requirements to introduce proposed strategy to cover all identified essential care coordination services and discuss adoption procedures										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Advocate for formal agreements from partners with MCO(s) to ensure identified services are covered. Partners develop agreements with MCO(s) as necessary.										
Milestone #5 Develop transition of care protocols to ensure all chronically ill super-utilizers receive appropriate health care and community support including medical, behavioral health, post-acute care, long-term care and public health services.										
Task Policies and procedures are in place for transition of care specifically to address medical, behavioral health and social needs of patients.										
Task Develop PPS wide standard for clinical protocol elements and structure (e.g. background information, reference literature, objectives, clinical protocol variations based on provider type/geography, data to be documented, follow up procedures, etc.)										
Task Develop PPS wide standard for clinical protocol elements and structure (e.g. background information, reference literature, objectives, clinical protocol variations based on provider type/geography, data to be documented, follow up procedures, etc.)										
Task Gather data (provider, claims) to profile chronic super utilizer patients based on discernible patterns of acute care use										
Task Develop PPS level definition of chronic super utilizers and establish short term and long term strategies to identify, target and monitor them (hosp vs salient/pop health mgmnt)										
Task Develop protocol for transitions of care for chronically ill super utilizers (regardless of housing stability)										
Task Review other PPS protocols and ensure alignment (non-duplication, etc.) – edit protocols if needed to ensure alignment with other PPS protocols										
Task Review and obtain approval of clinical protocol from internal project clinical quality committee "project teams"										
Task Once project team provides approval, present and seek approval										

Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
of clinical protocol trough PPS full clinical quality committee										
Task Once approved by clinical quality committee, cascade protocols to providers though multi-faceted communication, training, and education channels										
Task Assess ST & LT medical, BH and social needs of chronic super utilizers and identify/arrange short term and post-acute services in accordance with PPS standards/recommendations										
Task Develop PPS wide compliance monitoring process to ensure providers are using protocols correctly, analytics for pop health management of chronically ill super utilizers										
Milestone #6 Ensure medical records and post-discharge care plans are transmitted in a timely manner to the patient's primary care provider and frequently used specialists.										
Task EHR meets Meaningful Use Stage 2 CMS requirements; Documentation exhibiting timely transfer of patient medical records to patient's PCP and specialists, as appropriate										
Task Map data flow points and draft potential paths required for project patient engagement and Domain 1 requirements										
Task Assess barriers to transfer and use of post-discharge care plans developed by housing providers										
Task Establish PPS guidelines for secure transfer of patient information across project providers within standardized timeframes throughout project patient engagement process. Guidelines should cover both paper and electronic record keeping and information sharing.										
Task Work with PPS IT/IDS to develop and implement plan for partner EMR use, connectivity to RHIO &/or PPS Care Management Platform; Assure adherence to applicable HIPAA requirements. Identify interim strategies pre-IT solution.										
Task Develop PPS wide compliance monitoring process to provide quality assurance overseeing the transfer of patient information between providers										
Milestone #7 Establish procedures to connect the patient to their Health Home										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
(if a HH member) care manager in the development of the transitional housing plan or provide a "warm" referral for assessment and enrollment into a Health Home (with assignment of a care manager).										
Task Policies and procedures are in place among hospitals and health homes for engagement/assignment of a care manager.										
Task Conduct current state environmental assessment/SWOT of HH care management. Assessment to include current capacity, workflows (including referral initiation and discharge), communication protocols between care team & other providers (partic Hospitals) and efficacy of each HH lead to conduct oversight & quality assurance.										
Task Develop & Implement standardized protocols to assess patient Health Home enrollment and/or eligibility and identify or assign HH care manager within specific time frame post-admission										
Task Establish MOUs between partner hospitals and Health Homes										
Task Develop Quality Assurance mechanisms (to monitor compliance on timing of assessment, care manager engagement, involvement in discharge planning, documentation, HH Care Manager Follow up)										
Milestone #8 Use EHRs and other technical platforms to track all patients engaged in the project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Develop preliminary patient eligibility criteria using federal guidelines and engagement protocol/minimum standards based on NYS DSRIP Project Toolkit										
Task Gather data (provider, claims) to profile "high risk" patients based on discernible patterns of housing instability and super utilization										
Task Map data flow points and draft potential paths required for project patient engagement and Domain 1 requirements										
Task Develop partner responsibility requirements to track and report engagement (initially short term, revised based on partner HIT infrastructure review to identify long term strategies)										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Inventory existing partner HIT infrastructure and identify gaps in current reporting and data management capabilities										
Task Establish guidelines, tools and workflow/protocol for patient eligibility screening (pre-flagging mechanisms based on high risk profiles + assessment and initial engagement)										
Task Establish guidelines, tools and workflow/process for patient engagement (revise preliminary protocol)										
Task Develop quality assurance processes and analytics for oversight										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Partner with community housing providers and home care service organizations to develop transitional supportive housing for high-risk patients.										
Task Service agreements, contracts, MOUs between PPS and community housing providers and/or home care service organizations.										
Task Conduct environmental assessment/SWOT to determine existing gaps/challenges in transitional supportive housing, including estimates of inventory and demand across the region										
Task Define minimum standards for transitional supportive housing (required partnerships for collaborative care transitions) and protocol for patient engagement (outreach on housing related needs) - these can then be applied to existing or new sites - to be revised and improved over time										
Task Recommend partner roles & responsibilities to operationalize minimum standards and develop MOU/service agreement templates or guidelines										
Task Develop and maintain PPS level electronic inventory management and referral mechanisms										
Task Define new housing model options (e.g. medical respite) to pursue for unlicensed sites: outline standards/guidelines and financing options										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Define data requirements for impact evaluation, future MCO negotiation and project reporting										
Task Pursue collaborative inventory management and referral mechanisms via coordination with regional HUD coordinated assessments and county SPOA.										
Task Formalize partnerships for collaborative partnerships and outreach with existing sites (MOUs, Service Agreements) and for new unlicensed sites (Contracts, Service Agreements), undertake annual reviews/revisions as needed										
Milestone #2 Develop protocols to identify chronically ill super-utilizers who qualify for this service. Once identified, this targeted population will be monitored using a priority listing for access to transitional supportive housing.										
Task Policies and procedures are in place for super-utilizer identification specific to priority housing access.										
Task Develop PPS wide standard for clinical protocol elements and structure (e.g. background information, reference literature, objectives, clinical protocol variations based on provider type/geography, data to be documented, follow up procedures, etc.)										
Task Identify team who will draft clinical protocol in conjunction with FLPPS PM and Clinical SME based on DSRIP need and protocol's purposes										
Task Gather data (provider, claims) to profile "high risk" patients based on discernible patterns of housing instability and super utilization										
Task evelop PPS level definition of chronic super utilizers and establish short term and long term strategies to identify, target and monitor them (hosp vs salient/pop health mgmnt)										
Task Develop protocol, tools and workflow to assess and prioritize patients for placement into new unlicensed transitional supportive housing										
Task Review other PPS protocols and ensure alignment (non-duplication, etc.) – edit protocols if needed to ensure alignment										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
with other PPS protocols										
Task Review and obtain approval of clinical protocol from internal project clinical quality committee "project teams"										
Task Once project team provides approval, present and seek approval of clinical protocol trough PPS full clinical quality and Housing committees										
Task Once approved by clinical quality committee, cascade protocols to providers though multi-faceted communication, training, and education channels										
Task Develop PPS wide compliance monitoring process to ensure ensure chronic super utilizers are prioritized for access to transitional supportive housing										
Milestone #3 Establish MOUs and other service agreements between participating hospitals and community housing providers to allow the supportive housing and home care services staff to meet with patients in the hospital and coordinate the transition.										
Task MOUs between supportive housing/home care services and hospitals are established and allow for in-hospital transition planning.										
Task Develop PPS wide standard for clinical protocol elements and structure (e.g. background information, reference literature, objectives, clinical protocol variations based on provider type/geography, data to be documented, follow up procedures, etc.)										
Task Environmental assessment/SWOT of existing protocols and coordination of care practices between hospitals and community housing providers & home care services										
Task Identify team who will draft clinical protocol in conjunction with FLPPS PM and Clinical SME based on DSRIP need and protocol's purposes										
Task Develop minimum standards for transitions of care protocols that include participation of housing and home care services staff in discharge planning, and guidelines documenting the party responsible for each stage of the workflow										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Review other PPS protocols and ensure alignment (non-duplication, etc.) – edit protocols if needed to ensure alignment with other PPS protocols										
Task Review and obtain approval of clinical protocol from internal project clinical quality committee "project teams"										
Task Once project team provides approval, present and seek approval of clinical protocol trough PPS full clinical quality and Housing committees										
Task Once approved by clinical quality committee, cascade protocols to providers though documented materials and planning of multi-faceted communication, training, and education channels.										
Task For each partner hospital, map housing and home care service provider partners needed to offer services for patients across their NOCN, establish MOUs										
Task Develop PPS wide compliance monitoring process to provide quality assurance overseeing that supportive housing and home care services staff participate in in-hospital transition and discharge planning in accordance with PPS minimum standards re: timeframe, documentation										
Milestone #4 Establish coordination of care strategies with Medicaid Managed Care Organizations to ensure needed services at discharge are covered and in place at the transitional supportive housing site.										
Task Coordination of care strategies focused on discharge services are in place, in concert with Medicaid Managed Care Organizations, for the supportive housing site.										
Task Determine PPS criteria to select MCO(s) for engagement										
Task Literature review and financial landscape assessment to understand existing programs targeting chronic super users with transitional supportive housing										
Task Identify key MCO(s) for engagement based on defined criteria										
Task Identify FLPPS personnel and/or appropriate Clinical and										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Finance Committee members to attend lead meetings										
Task Define new housing model options (e.g. medical respite) to pursue for unlicensed sites: outline standards/guidelines and financing options										
Task Utilize FLPPS Housing Committee, Clinical SMEs and Clinical Project Committee to identify care coordination and supportive housing services that are currently covered by MCO(s) and identify potential gaps										
Task Develop proposed strategy to ensure that appropriate care coordination services are covered as part of transitional supportive housing efforts										
Task Define data requirements, establish and rollout tools for impact evaluation, future MCO negotiation										
Task Leverage reoccurring meetings with MCO(s) as part of 2.a.i. requirements to introduce proposed strategy to cover all identified essential care coordination services and discuss adoption procedures										
Task Advocate for formal agreements from partners with MCO(s) to ensure identified services are covered. Partners develop agreements with MCO(s) as necessary.										
Milestone #5 Develop transition of care protocols to ensure all chronically ill super-utilizers receive appropriate health care and community support including medical, behavioral health, post-acute care, long-term care and public health services.										
Task Policies and procedures are in place for transition of care specifically to address medical, behavioral health and social needs of patients.										
Task Develop PPS wide standard for clinical protocol elements and structure (e.g. background information, reference literature, objectives, clinical protocol variations based on provider type/geography, data to be documented, follow up procedures, etc.)										
Task Develop PPS wide standard for clinical protocol elements and structure (e.g. background information, reference literature,										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
objectives, clinical protocol variations based on provider type/geography, data to be documented, follow up procedures, etc.)										
Task Gather data (provider, claims) to profile chronic super utilizer patients based on discernible patterns of acute care use										
Task Develop PPS level definition of chronic super utilizers and establish short term and long term strategies to identify, target and monitor them (hosp vs salient/pop health mgmnt)										
Task Develop protocol for transitions of care for chronically ill super utilizers (regardless of housing stability)										
Task Review other PPS protocols and ensure alignment (non-duplication, etc.) – edit protocols if needed to ensure alignment with other PPS protocols										
Task Review and obtain approval of clinical protocol from internal project clinical quality committee "project teams"										
Task Once project team provides approval, present and seek approval of clinical protocol trough PPS full clinical quality committee										
Task Once approved by clinical quality committee, cascade protocols to providers though multi-faceted communication, training, and education channels										
Task Assess ST & LT medical, BH and social needs of chronic super utilizers and identify/arrange short term and post-acute services in accordance with PPS standards/recommendations										
Task Develop PPS wide compliance monitoring process to ensure providers are using protocols correctly, analytics for pop health management of chronically ill super utilizers										
Milestone #6 Ensure medical records and post-discharge care plans are transmitted in a timely manner to the patient's primary care provider and frequently used specialists.										
Task EHR meets Meaningful Use Stage 2 CMS requirements; Documentation exhibiting timely transfer of patient medical records to patient's PCP and specialists, as appropriate										
Task										

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Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Map data flow points and draft potential paths required for project patient engagement and Domain 1 requirements										
Task Assess barriers to transfer and use of post-discharge care plans developed by housing providers										
Task Establish PPS guidelines for secure transfer of patient information across project providers within standardized timeframes throughout project patient engagement process. Guidelines should cover both paper and electronic record keeping and information sharing.										
Task Work with PPS IT/IDS to develop and implement plan for partner EMR use, connectivity to RHIO &/or PPS Care Management Platform; Assure adherence to applicable HIPAA requirements. Identify interim strategies pre-IT solution.										
Task Develop PPS wide compliance monitoring process to provide quality assurance overseeing the transfer of patient information between providers										
Milestone #7 Establish procedures to connect the patient to their Health Home (if a HH member) care manager in the development of the transitional housing plan or provide a "warm" referral for assessment and enrollment into a Health Home (with assignment of a care manager).										
Task Policies and procedures are in place among hospitals and health homes for engagement/assignment of a care manager.										
Task Conduct current state environmental assessment/SWOT of HH care management. Assessment to include current capacity, workflows (including referral initiation and discharge), communication protocols between care team & other providers (partic Hospitals) and efficacy of each HH lead to conduct oversight & quality assurance.										
Task Develop & Implement standardized protocols to assess patient Health Home enrollment and/or eligibility and identify or assign HH care manager within specific time frame post-admission										
Task Establish MOUs between partner hospitals and Health Homes										
Task Develop Quality Assurance mechanisms (to monitor compliance on timing of assessment, care manager engagement,										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
involvement in discharge planning, documentation, HH Care Manager Follow up)										
Milestone #8 Use EHRs and other technical platforms to track all patients engaged in the project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Develop preliminary patient eligibility criteria using federal guidelines and engagement protocol/minimum standards based on NYS DSRIP Project Toolkit										
Task Gather data (provider, claims) to profile "high risk" patients based on discernible patterns of housing instability and super utilization										
Task Map data flow points and draft potential paths required for project patient engagement and Domain 1 requirements										
Task Develop partner responsibility requirements to track and report engagement (initially short term, revised based on partner HIT infrastructure review to identify long term strategies)										
Task Inventory existing partner HIT infrastructure and identify gaps in current reporting and data management capabilities										
Task Establish guidelines, tools and workflow/protocol for patient eligibility screening (pre-flagging mechanisms based on high risk profiles + assessment and initial engagement)										
Task Establish guidelines, tools and workflow/process for patient engagement (revise preliminary protocol)										
Task Develop quality assurance processes and analytics for oversight										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Partner with community housing providers and home care service organizations to develop transitional supportive housing for high-risk patients.	
Develop protocols to identify chronically ill super-utilizers who qualify for this service. Once identified, this targeted population will be monitored using a priority listing for access to transitional supportive housing.	
Establish MOUs and other service agreements between participating hospitals and community housing providers to allow the supportive housing and home care services staff to meet with patients in the hospital and coordinate the transition.	
Establish coordination of care strategies with Medicaid Managed Care Organizations to ensure needed services at discharge are covered and in place at the transitional supportive housing site.	
Develop transition of care protocols to ensure all chronically ill super-utilizers receive appropriate health care and community support including medical, behavioral health, post-acute care, long-term care and public health services.	
Ensure medical records and post-discharge care plans are transmitted in a timely manner to the patient's primary care provider and frequently used specialists.	
Establish procedures to connect the patient to their Health Home (if a HH member) care manager in the development of the transitional housing plan or provide a "warm" referral for assessment and enrollment into a Health Home (with assignment of a care manager).	
Use EHRs and other technical platforms to track all patients engaged in the project.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	

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IPQR Module 2.b.vi.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 2.b.vi.5 - IA Monitoring

Instructions :

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Project 2.d.i – Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care

IPQR Module 2.d.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

R: Provider Engagement: PAM administration is a new tool and providers may be resistant to its implementation due to: a) disruption in previously established work flows and time added to existing workforce schedules and appointment times; b) Additional oversight needed to ensure that PAM is integrated appropriately and data reporting.
M: i) Quarterly meetings with PAM administrators by NOCN region; ii) FLPPS will work with partners to determine needed resource support. FLPPS will also work to provide IT support to minimize data reporting burdens.

R: Financial - CBOs & organizations may be hesitant to implement this project due to financial constraints (staff, IT) and performance based funding risk involved in DSRIP funds flow.
M: FLPPS will coordinate strategically with partner organizations to ascertain their level of readiness, feasibility of implementation given current resources, and providie as much project support as needed for successful implementation.

R: Provider Collaboration for project implementation: Primary care providers, physicians and clinicians often are not aware of the value of community based care or may even devalue the importance of collaborations with CBOs.
M: i) Educating providers about the importance of patient and cultural activation of recipient of care; ii) Robust cultural competence training for providers; iii) FLPPS will coordinate through CC & HL committee to establish guidelines, MOUs and similar type of agreement documents to provide support to Providers as to how best to establish needed partnerships.

R: Patient Culture and behavior: a) Target population contains minority groups with established history of distrust for health care entities; b) target population can often be unmotivated to seek health services and may be very resistant to patient engagement approaches or programs.
M: i) Working with CBOs with established trust in the community to identify cultural brokers and gatekeepers that can be leveraged to conduct needed outreach and education; ii) Including members of the target population in patient engagement program developmental teams and encouraging project partners to do the same, so that patient strategies will be patient centered and more likely to be effective in engaging unmotivated peers. Additionally workforce employed for this project to conduct PAM will also receive FLPPS supported training in motivational coaching and other patient engagement techniques.

R: Provider Culture and Behavior: a) Providers are typically in charge and often assume they know what's best for the patient. Activated patients taking due ownership of health care and being knowledgeable about their conditions can pose threats to established status quo and cultural power norms during service visits; b) Provider stigma surrounding Medicaid and Medicaid patients, where assumptions can lead to providers delivering subpar levels of service to these patients.
M: i) Educating providers about the importance of patient and cultural activation of recipient of care; ii) Robust cultural competence training for

providers including topics such as the dynamics of power and privilege and its impact on the patient's health outcomes, in addition to encouraging a culture of support and openness towards socially and economically vulnerable groups.

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IPQR Module 2.d.i.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Patient Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for DY1 Q3 should include patients previously reported in DY1 Q2 plus new patients engaged in DY1 Q3. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
100% Actively Engaged By	**Expected Patient Engagement**
DY4,Q4	59,214

Patients Engaged to Date in Current DY	DY1,Q3 Patient Update	% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
2,065	5,270	48.27%	5,647	8.90%

Warning: Please note that your DY1,Q3 Patient update does not meet your committed amount (10,917)

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
oswaldos	Baseline or Performance Documentation	9_PMDL3615_1_3_20160129175807_2.d.i.xlsx	FLPPS 2.d.i Supporting PHI	01/29/2016 05:58 PM

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

The 2065 reflected in "Patients Engaged to Date in Current DY" is not correct. The DY1Q1 + DY1Q2 summary is 0+2065=2065. Our additional Patients Engaged in DY1Q3 of 3205 gives a total of 3205+2065=5270 for DY1. The 3205 is supported by PHI in the file upload, as we now have BAAs with our reporting Partners for DY1Q3.

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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 2.d.i.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.	Project	N/A	In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Partnerships with CBOs to assist in patient "hot-spotting" and engagement efforts as evidenced by MOUs, contracts, letters of agreement or other partnership documentation.	Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Identify CBO partners from FLPPS pre-contracting data assessment.	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Identify CBOs that are within target population hot spots and develop a process to contract with CBOs to engage in coordinated patient activation activities and PAM administration ensuring partnering with mental health and substance abuse providers and faith communities.	Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Conduct gap-analysis in services and resources (e.g. community health worker capacity) provided by project partners within identified hot spots, and use as guide to drive meaningful collaborations.	Project		In Progress	08/01/2015	12/31/2016	08/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Finalize contracts, memorandums of understanding, with CBOs	Project		In Progress	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Develop a quality assurance process to review partnership agreements and outcomes of engagement efforts	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #2 Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and	Project	N/A	In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
engagement.									
Task Patient Activation Measure(R) (PAM(R)) training team established.	Project		In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Determine number of project partners from pre-contracting data assessement and identify per organization potential sites for PAM administration.	Project		Completed	06/01/2015	08/31/2015	06/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Create PAM training strategy using Train the Trainer Model and training done in phases or waves of agencies approach (e.g. early adopter agencies vs. later phase adopter agencies), with central coordination by FLPPS.	Project		In Progress	06/01/2015	12/31/2015	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Create Patient Engagement expertise training strategy that is complimentary to PAM training using Train the Trainer Model and training done in phases or waves of agencies approach (e.g. early adopter agencies vs. later phase adopter agencies), with central coordination by FLPPS.	Project		In Progress	06/01/2015	12/31/2015	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Establish job description for PAM trainers and PAM administrators and disseminate to project participant providers	Project		Completed	06/01/2015	08/16/2015	06/01/2015	08/16/2015	09/30/2015	DY1 Q2
Task Integrate cultural and linguistic competency as well as health literacy trainings (with established standards) in long term PAM and Patient engagement expertise training strategy by coordinating with identified CC/HL strategy vendor.	Project		In Progress	08/31/2015	09/30/2016	08/31/2015	09/30/2016	09/30/2016	DY2 Q2
Task Establish reporting guidelines manual for organizations administering PAM that will include guidance on data to be reported on trainers (e.g. names of trainers, dates of training, location etc.) and process for reporting patient engagement data.	Project		In Progress	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Coordinate PAM training with providers through Insignia	Project		In Progress	07/24/2015	03/31/2017	07/24/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinate Patient Engagement training through identified training vendor	Project		Completed	07/27/2015	08/31/2015	07/27/2015	08/31/2015	09/30/2015	DY1 Q2
Task Establish protocols for PAM patient engagement expertise	Project		In Progress	07/24/2015	03/30/2016	07/24/2015	09/30/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
trained team to be evaluated at intervals and on-going training as new patient engagement training –and educations methods arise. Evaluation will also include shadowing/obeserving and monitoring of FLPPS coordinated PAM and Patient engagement training sessions by relevant groups to help optimize training efficacy.									
Task Establish a PAM team community (periodic conferences to do trainings, etc.); as well as a communication infrastructure (like CMMI's "wiggios") or a FLPPS "Facebook" approach to ask questions, send out updates, share learned lessons etc. across the network.	Project		In Progress	04/01/2015	03/31/2020	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Analysis to identify "hot spot" areas completed and CBOs performing outreach engaged.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Define hot spots using project team members and Partnership for the Uninsured (local cross regional collaborative comprised of agencies serving the uninsured).	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Identify and map hot spots by target audience using a variety of data sources (e.g. salient, enroll America, project partner listing, community forums)	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Work with FLPPS data analytics staff in conjunction with feedback from the FLPPS 5 regional Naturally Occuring Care Network (NOCN) workgroups (comprised of FLPPS regional partners) and community forums to prioritize hot spots where targeted outreach activities can be orchestrated with project partners in those spots.	Project		In Progress	08/31/2015	03/31/2016	08/31/2015	09/30/2016	09/30/2016	DY2 Q2
Task Identify CBOs that have trusted relationships within hot spot areas, particularly priority hot spots, and are currently conducting validated successful outreach to target audience.	Project		In Progress	06/01/2015	03/31/2016	06/01/2015	01/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Finalize contracts, memorandums of understanding, with CBOs in identified "hot spots"	Project		In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Survey the targeted population about healthcare needs in the PPS' region.	Project	N/A	In Progress	06/15/2015	03/31/2017	06/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Community engagement forums and other information-gathering mechanisms established and performed.	Project		In Progress	06/15/2015	03/31/2017	06/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Collaborate with relevant partners (for e.g. CBOs, NOCN workgroups) to identify forums where the needs of target population and their barriers to health care can be assessed or collected for e.g. Anti-Poverty Initiative in Rochester is currently doing so and the project team will partner with this effort.	Project		In Progress	06/15/2015	03/31/2016	06/15/2015	06/30/2016	06/30/2016	DY2 Q1
Task Create strategy to collect information on the healthcare needs and barriers to care from various identified priority under-utilizer populations e.g. deaf community, migrant workers, refugees, previously incacerated, high risk youth etc., in various formats - including, focus groups, survey administration, web based portal, through texting, social media platform, and community gatherings.	Project		In Progress	06/15/2015	03/31/2016	06/15/2015	09/30/2016	09/30/2016	DY2 Q2
Task Work with community partners (for e.g. CBOs, NOCN workgroups) and project organizations to collect this information.	Project		In Progress	06/15/2015	03/31/2017	06/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop a process to analyze and utilize this data at provider and consumer level	Project		In Progress	09/30/2015	03/31/2017	09/30/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.	Project	N/A	In Progress	06/15/2015	03/31/2017	06/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Providers (located in "hot spot" areas) trained in patient activation techniques by "PAM(R) trainers".	Project		In Progress	06/15/2015	03/31/2017	06/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Determine number of project partners from pre-contracting data assessment and identify those that are in hot spots.	Project		In Progress	06/15/2015	03/31/2016	06/15/2015	06/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Identify providers to be trained with project partners within hot spots, particularly hot spots that have been prioritized based on certain criteria.	Project		In Progress	04/01/2015	03/31/2020	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Work with identified workforce and CC/HL vendors/s to create provider training strategy that incorporates patient engagement expertise including adopting consumer choice driven approaches in service delivery	Project		In Progress	04/01/2015	03/31/2020	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Coordinate and execute identified training modules with providers utilizing persons trained in PAM and patient activation	Project		In Progress	04/01/2015	03/31/2020	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Develop a process for tracking and documenting providers who were trained	Project		In Progress	04/01/2015	03/31/2020	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Establish protocols for providers trained in PAM utilization and patient engagement expertise to have access to refresher programs and on-going training as new patient engagement training and educations methods arise.	Project		In Progress	04/01/2015	03/31/2020	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #6 Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10). • This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member. • Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104.	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Procedures and protocols established to allow the PPS to work	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
with the member's MCO and assigned PCP to help reconnect that beneficiary to his/her designated PCP.									
Task Determine PPS criteria to select MCO(s) for engagement and identify key MCO(s) based on such criteria	Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Coordinate with MCO representatives to obtain list of PCPs assigned to NU and LU enrollees	Project		In Progress	09/30/2015	09/30/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Develop protocols and procedures between MCOs and PPS around the reconnecting of disconnected Medicaid enrollees to their PCP and preventative care services, including potential need for case management support to take persons to needed appointments.	Project		In Progress	09/30/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Establish LU, NU, UI FLPPS centralized patient registry using data from MCOs and DOH and create data exchange process for project partner organizations to input additional information (add new patients) and to receive information so as to perform targeted outreach to underutilizers.	Project		In Progress	09/30/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop and implement targeted outreach and education activities to identified patient listings as coordinated by FLPPS strategic education and outreach patient workgroup (See Requirement #9 Step 8) and MCO partners.	Project		Not Started	02/28/2016	03/31/2017	02/28/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.	Project	N/A	In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task For each PAM(R) activation level, baseline and set intervals toward improvement determined at the beginning of each performance period (defined by the state).	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify tool for to tracking (Insignia and/or RHIO linked case management platform) patients that allows capacity for FLPPS	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
partner organizations administering PAM to communicate if PAM due or done (flag) on patient and to capture baseline information of cohort.									
Task Establish reporting guidelines/ protocols for project partner agencies to report by NU, LU, and UI numbers and levels of PAM engagement using Insignia Survey administration tool.	Project		In Progress	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Establish centralized database or access points to existing where PPS can check in on an individual person's PAM score in case multiple points of contact exist in the PPS for a patient to allow for accurate aggregation of patient cohort data to state.	Project		In Progress	07/22/2015	03/31/2016	07/22/2015	03/31/2016	03/31/2016	DY1 Q4
Task Establish a process to provide support for training for PAM reporting particularly with CBOs that currently have limited resources.	Project		In Progress	12/31/2015	03/31/2016	12/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Define time period to aggregate baseline cohort (Specific date and time)	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #8 Include beneficiaries in development team to promote preventive care.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Beneficiaries are utilized as a resource in program development and awareness efforts of preventive care services.	Project		In Progress	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop protocols for conducting focus groups including recruitment guidelines, consent forms. Base protocols on evidence based guidelines and in conjunction with identified community partners who have expertise in consumer engagement.	Project		Completed	05/01/2015	06/15/2015	05/01/2015	06/15/2015	06/30/2015	DY1 Q1
Task Work with community partners to conduct focus groups with representative members of target population in both urban and rural settings to inform development of project implementation plan.	Project		Completed	06/15/2015	07/15/2015	06/15/2015	07/15/2015	09/30/2015	DY1 Q2
Task Create process for the development and sustainability of a FLPPS patient advisory council ensuring representation from	Project		In Progress	05/01/2015	03/31/2016	05/01/2015	06/30/2016	06/30/2016	DY2 Q1

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rural and urban settings, as well as ethno cultural diversity.									
Task Develop a mechanism for reimbursing or incentivizing project beneficiaries that sit on patient advisory council.	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Work with community partners, NOCN workgroups and FLPPS identified CC/HL vendor expertise to recuit and develop a patient advisory board.	Project		In Progress	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Establish additional forums to gain consumer feedback and involvement in the development of PPS coordinated outreach and education events e.g. volunteering on strategic and education patient outreach workgroup (Referenced in Requirement 9, Step 8), focus groups in hot spot areas, utilizing social media and other electronic platforms to solicit ideas, recommendations and feedback	Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Provide recommendations and suggested resources to project partners as to how best to incorporate patient or consumer feedback into patient engagement program development teams.	Project		Not Started	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Measure PAM(R) components, including: • Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service. • If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score. • Individual member's score must be averaged to calculate a baseline measure for that year's cohort. • The cohort must be followed for the entirety of the DSRIP program. • On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. • If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

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utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP. • The PPS will NOT be responsible for assessing the patient via PAM(R) survey. • PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes. • Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis.									
Task Performance measurement reports established, including but not limited to: - Number of patients screened, by engagement level - Number of clinicians trained in PAM(R) survey implementation - Number of patient: PCP bridges established - Number of patients identified, linked by MCOs to which they are associated - Member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis - Member engagement lists to DOH (for NU & LU populations) on a monthly basis - Annual report assessing individual member and the overall cohort's level of engagement	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Develop a simple screen for navigators to detect UI, NU, LU self-report screener, and build into integrated case management platform in long term. In short term (first phase) establish simple stand-alone registry (e.g. excel) to detect target population.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Utilize patient advisory groups to create guidelines for demographic data being collected about project beneficiaries by project partners to have CLC considerations to inform community navigator when conecting project beneficiaries to PCP and other services for a more patient centered approach.	Project		In Progress	07/01/2015	09/30/2016	07/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task As guidance to project partner organizations create project workflow(s) that show how PAM can be incorprated in various	Project		In Progress	04/30/2015	12/31/2015	04/30/2015	09/30/2016	09/30/2016	DY2 Q2

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settings.									
Task As guidance to project partner organizations create workflow for following project beneficiaries who move frequently/do not interface with system often and where possible points of opportunity may be to access or engage project beneficiaries.	Project		In Progress	09/30/2015	09/30/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Establish reporting guidelines/ protocols for project partner agencies to report by NU, LU, and UI numbers and levels of PAM engagement using Insignia Survey administration tool.	Project		In Progress	06/14/2015	03/31/2016	06/14/2015	03/31/2016	03/31/2016	DY1 Q4
Task Establish centralized database or access points to existing where PPS can check in on an individual person's PAM score in case multiple points of contact exist in the PPS for a patient to allow for accurate aggregation of patient cohort data to state.	Project		In Progress	07/22/2015	03/31/2016	07/22/2015	03/31/2016	03/31/2016	DY1 Q4
Task Establish LU, NU, UI FLPPS centralized patient registry and create data exchange process for project partner organizations to input information and to receive information so as to perform targeted outreach to underutilizers and follow up engagement encounters particularly change in insurance status, PCP, dental and behavioral health appointments.	Project		In Progress	09/30/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Establish a PPS driven strategic education and outreach patient working group informed by CC/HL committee and having representative consumers as members that will work in partnership with project partners and CBOs to develop and implement centrally coordinated outreach and education events/ materials tailored to target populations.	Project		In Progress	08/30/2015	09/30/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Implement centrally coordinate activities in conjunction with CC/HL branch of FLPPS that will focus on increasing patient awareness of health activation (defined), local health care resources, knowing health care choices, changing patient and provider culture around importance of health activation.	Project		In Progress	11/30/2015	03/31/2018	11/30/2015	03/31/2018	03/31/2018	DY3 Q4
Task Coordinate with FLPPS identified workforce vendor/s to incorporate PAM training and/education (usefulness of tool,	Project		In Progress	08/31/2015	09/30/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3

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appropriate utilization for e.g.) into workforce training strategy for identified clinician workforce.									
Task Train identified clinician workforce in PAM utilization and include in effort identified physician PAM champions/ advocates to increase provider buy-in	Project		Not Started	06/30/2016	03/31/2018	06/30/2016	03/31/2018	03/31/2018	DY3 Q4
Task Coordinate with relevant agencies (e.g. insurance, MCO) and project partners to establish communication loops from community navigator placed at hot spot or site of PAM administration to PCP/integrated care team and back to hot spot to ensure follow-through.	Project		Not Started	06/30/2016	03/31/2018	06/30/2016	03/31/2018	03/31/2018	DY3 Q4
Task Define "bridge" so it is operationalized (e.g., information given, appointment made, etc.) as clear concept that agencies can clearly report	Project		In Progress	08/31/2015	06/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #10 Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	Project	N/A	In Progress	08/31/2015	03/31/2018	08/31/2015	03/31/2018	03/31/2018	DY3 Q4
Task Volume of non-emergent visits for UI, NU, and LU populations increased.	Project		In Progress	08/31/2015	03/31/2018	08/31/2015	03/31/2018	03/31/2018	DY3 Q4
Task Determine baseline of non-emergent visits for NU and LU using salient claims data. Ensure data fidelity by cross referencing with project partner organizations data. Use reconciled data as baseline.	Project		In Progress	08/31/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Develop protocols or guidelines for self-reporting data on UI for non-emergent visits and disseminate to relevant project partners.	Project		In Progress	08/31/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Determine baseline of non-emergent visits for UI by collecting self-reported data from partner organizations serving the uninsured. Develop process for determining validity of data.	Project		In Progress	12/31/2015	09/30/2016	12/31/2015	09/30/2016	09/30/2016	DY2 Q2
Task Engage relevant agencies (e.g. MCOs, health homes, insurance) and project partner organizations of identified NU, LU member lists around reconnecting persons to PCP.	Project		In Progress	09/30/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task	Project		Not Started	02/28/2016	03/31/2018	02/28/2016	03/31/2018	03/31/2018	DY3 Q4

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Perform targeted outreach to member lists in partnership with relevant agency or project partner and with FLPPS strategic outreach and education patient workgroup (See Requirement 9, Step 8) and other needed community partners.									
Task Identify new providers within and outside of FLPPS network who will be willing to take on determined numbers of Medicaid patients to serve population for referral and increased access to care.	Project		In Progress	11/01/2015	03/31/2018	11/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Work with FLPPS transportation committee to coordinate transportation solutions with project partners to increase project beneficiaries' capacity to get to non-urgent visits.	Project		In Progress	08/31/2015	03/31/2018	08/31/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #11 Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Community navigators identified and contracted.	Provider	PAM(R) Providers	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Community navigators trained in connectivity to healthcare coverage and community healthcare resources, (including primary and preventive services), as well as patient education.	Provider	PAM(R) Providers	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Determine project partners who are CBO's and identify CBOs within hot spot areas and are currently conducting outreach to target audience. Utilize project SME team, NOCN workgroups and CCHL committee to identify key CBOs.	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Coordinate with FLPPS identified workforce vendor/s to assess community navigator capacity, shortages, and strategies to fill gaps.	Project		In Progress	08/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Develop criteria or job description for desired community navigator.	Project		In Progress	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Share criteria with identified CBOs and ask CBO's to identify potential community navigator to be trained in connectivity to	Project		In Progress	11/01/2015	09/30/2016	11/01/2015	09/30/2016	09/30/2016	DY2 Q2

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health care resources. (These will likely overlap with community navigators trained in PAM see Requirements 2, 13, 15).									
Task Develop contracting process for PPS to support these identified (hired, redeployed) community navigators.	Project		In Progress	06/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Train identified community navigators in connectivity to health care resourecs and insurance, particularly in helping consumers understand their choices and being able to articulate to providers what they need to understand to inform health care choices.	Project		Not Started	02/28/2016	03/31/2018	02/28/2016	03/31/2018	03/31/2018	DY3 Q4
Task Develop a process for tracking and documenting community navigators who were trained	Project		In Progress	08/31/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #12 Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	Project	N/A	In Progress	09/30/2015	03/30/2016	10/01/2015	03/30/2016	03/31/2016	DY1 Q4
Task Policies and procedures for customer service complaints and appeals developed.	Project		In Progress	09/30/2015	03/30/2016	10/01/2015	03/30/2016	03/31/2016	DY1 Q4
Task Explore avenues or options for project beneficiaries to report complaints and receive customers service from project partners,	Project		In Progress	11/30/2015	03/30/2016	11/30/2015	03/30/2016	03/31/2016	DY1 Q4
Task Establish guidelines for project partners to refine/ develop a process for project beneficiaries to report complaints and receive customer service	Project		In Progress	12/31/2015	06/30/2016	12/31/2015	03/30/2016	03/31/2016	DY1 Q4
Task Establish a protocol for the PPS to compile and aggregate consumer complaint reports from project partners.	Project		In Progress	12/31/2015	03/30/2016	12/31/2015	03/30/2016	03/31/2016	DY1 Q4
Task Establish quality improvement committee that will oversee partner agencies' aggregate Medicaid complaint reports and provide recommendations for improvement.	Project		In Progress	11/30/2015	03/30/2016	11/30/2015	03/30/2016	03/31/2016	DY1 Q4
Task Establish additional forums for patients/ Medicaid recipients to report complaints and all/other feedback e.g. portal on FLPPS for PPS customers to report complaints, mobile app, text banks and social media forums.	Project		In Progress	10/01/2015	03/30/2016	10/01/2015	03/30/2016	03/31/2016	DY1 Q4
Task	Project		Not Started	01/30/2016	03/30/2016	01/30/2016	03/30/2016	03/31/2016	DY1 Q4

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Work with strategic education and outreach work group (Referenced in Requirement 9, Step 8) to publicize to wider community as well as within project partner organizations forums to report complaints and/ or avenues to receive customer service.									
Milestone #13 Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).	Project	N/A	In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task List of community navigators formally trained in the PAM(R).	Provider	PAM(R) Providers	In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Determine number of project partners from pre-contracting data assessment and identify per organization potential sites for PAM administration.	Project		In Progress	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Create strategy to train identified community navigator workforce in PAM, connecting project beneficiaries to care based on level of engagement and being able to educate project beneficiaries in needed competencies (self-advocacy, navigating health system, insurance options, availability and choice of health care resources). Strategy take into consideration a complimentary training approach to existing trainings to minimize duplication of efforts and undue organizational burden.	Project		In Progress	06/15/2015	06/30/2016	06/15/2015	09/30/2016	09/30/2016	DY2 Q2
Task Identify best practice or evidence based trainings that will be used to train community navigators in addition to the PAM training, and including patient engagement expertise and cultural and linguistic competence.	Project		In Progress	08/31/2015	03/31/2017	08/31/2015	03/31/2017	03/31/2017	DY2 Q4
Task Determine menu of training options (ideally that are pre-existing and vetted by patient advisory groups and relevant community partners) such as Insignia toolkit offerings for tailored activation approaches based on scores.	Project		In Progress	08/31/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Establish the FLPPS 'manual' for evidence based or best practice training offerings, including our 'checklist' that should go in there for the newly trained folks to use during their own	Project		In Progress	08/31/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4

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delivery, details of training (e.g. scheduled training dates, location or website, costs etc.)									
Milestone #14 Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.	Project	N/A	In Progress	06/01/2015	03/30/2019	06/01/2015	03/30/2019	03/31/2019	DY4 Q4
Task Community navigators prominently placed (with high visibility) at appropriate locations within identified "hot spot" areas.	Provider	PAM(R) Providers	In Progress	06/01/2015	03/30/2019	06/01/2015	03/30/2019	03/31/2019	DY4 Q4
Task Identify partner agencies within hot spots, as well as CBO's contracted and determine number of community navigators available for deployment within hot spots.	Project		In Progress	06/01/2015	03/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task Create strategy to deploy community navigators in hot spots and protocols for referrals and hand-offs (particularly warm-hand offs)of project beneficiaries to needed resources.	Project		In Progress	10/31/2015	03/31/2017	10/31/2015	03/31/2017	03/31/2017	DY2 Q4
Task Establish a strategy that helps ensure deployed community navigators are receiving due skills based training in cultural and linguistic training (Incorporated in CC/HL training strategy)	Project		In Progress	10/31/2015	06/30/2016	10/31/2015	06/30/2016	06/30/2016	DY2 Q1
Task Establish education plan for PPS providers regarding availability of community navigators in hot spots.	Project		In Progress	10/31/2015	03/31/2017	10/31/2015	03/31/2017	03/31/2017	DY2 Q4
Task Establish a plan to engender formal agreements with organizations serving Medicaid population with PPS to refer clients to community navigator program.	Project		In Progress	10/31/2015	03/31/2018	10/31/2015	03/31/2018	03/31/2018	DY3 Q4
Task Establish education plan for members of wider community to be aware of deployed community navigators in hot spots.	Project		In Progress	10/31/2015	03/31/2018	10/31/2015	03/31/2018	03/31/2018	DY3 Q4
Task Establish community navigator presence in communities through CBO partnerships.	Project		Not Started	06/30/2016	03/30/2019	06/30/2016	03/30/2019	03/31/2019	DY4 Q4
Milestone #15 Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	Project	N/A	In Progress	08/31/2015	03/30/2019	10/01/2015	03/30/2019	03/31/2019	DY4 Q4

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Task Navigators educated about insurance options and healthcare resources available to populations in this project.	Project		In Progress	08/31/2015	03/30/2019	10/01/2015	03/30/2019	03/31/2019	DY4 Q4
Task Determine appropriate resources for insurance options and health care resources and partner with FLPPS workforce and CC/HL vendors to incorporate education on these resources into training strategy for navigators. Utilization of local resources to educate navigators will be made a priority.	Project		In Progress	08/31/2015	03/31/2017	10/01/2015	09/01/2018	09/30/2018	DY4 Q2
Task Identify best practice guidelines for how to help a person get insurance that is driven by patient priorities and choice. Make guidelines available to project partner agencies to disseminate to identified community navigator workforce.	Project		In Progress	10/31/2015	03/31/2018	10/31/2015	03/31/2018	03/31/2018	DY3 Q4
Task Implement education and training strategy for identified navigator workforce	Project		Not Started	06/30/2016	03/30/2019	06/30/2016	03/30/2019	03/31/2019	DY4 Q4
Task Develop a process for tracking and documenting community navigators who were trained	Project		In Progress	08/31/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #16 Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	Project	N/A	In Progress	06/01/2015	03/31/2019	06/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Timely access for navigator when connecting members to services.	Project		In Progress	06/01/2015	03/30/2019	06/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Define 'timely access' as it relates to receiving care. Utilize known standards to set protocols for this, e.g. PCMH. For social support services (e.g. housing) and dental, utilize project team SMEs to help define 'timely' access to those appointments.	Project		In Progress	08/31/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Establish protocol for recommended guideline of care/ referral based on level of engagement as measured by PAM and Establish degrees of community navigator services based on PAM scores (i.e. score of 1 or 2 = one-on-one support; score of 3 or 4 = telephone support + more if desired by customer, etc.)	Project		In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task	Project		Not Started	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4

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Create education plan for providers, community navigators and call center referral staff to become to be guided by protocols in above step.									
Task Create a strategy to educate providers, particularly PCPs about how to improve access, intake of patients and impact of DSRIP on health care practice	Project		Not Started	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Establish a monitoring/ auditing system that will allow the PPS to oversee agency reports on timely access to care	Project		Not Started	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Establish a plan to promote community navigators ability to build relationships with local PCP offices to facilitate ease of referral.	Project		Not Started	01/01/2016	03/31/2019	01/01/2016	03/31/2019	03/31/2019	DY4 Q4
Milestone #17 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.	Project	N/A	In Progress	08/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	08/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Collaborate with project teams (including but not limited to 4.a.iii, 4.b.ii, and 2.a.i) and FLPPS committees (including but not limited to Clinical and Cultural Competency/Health Literacy) to identify high risk/target populations of FLPPS and specify the clinical data required to track this population.	Project		In Progress	08/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Survey safety net providers for existing HIT capabilities as part of the IT Current State Assessment.	Project		In Progress	08/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Map assets by county (clinical providers, CBOs, evidence-based programs)	Project		In Progress	08/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Configure FLPPS data repository for operations, pending NYS Capital Award	Project		In Progress	08/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Establish connection between FLPPS central data repository and RHIO data repository to facilitate sharing of patient data,	Project		In Progress	08/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
including definition, normalization, and validation of incoming data elements for inclusion in a consolidated, relational dataset.									
Task Collect initial clinical and claims data sets from the RHIOs, early participating programs, NYSDOH, and other partners, as available.	Project		In Progress	08/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Implement IT infrastructure required to support Population Health Management (including reporting).	Project		In Progress	08/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Establish registries of identified high risk / PPS target population patients	Project		In Progress	08/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop audit process to ensure report accuracy and validate with IT and Clinical oversight committees	Project		In Progress	08/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify method to distribute reports to safety net providers and PPS contracted care managers as appropriate	Project		In Progress	08/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.										
Task Partnerships with CBOs to assist in patient "hot-spotting" and engagement efforts as evidenced by MOUs, contracts, letters of agreement or other partnership documentation.										
Task Identify CBO partners from FLPPS pre-contracting data assessment.										
Task Identify CBOs that are within target population hot spots and develop a process to contract with CBOs to engage in coordinated patient activation activities and PAM administration ensuring partnering with mental health and substance abuse providers and faith communities.										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Conduct gap-analysis in services and resources (e.g. community health worker capacity) provided by project partners within identified hot spots, and use as guide to drive meaningful collaborations.										
Task Finalize contracts, memorandums of understanding, with CBOs										
Task Develop a quality assurance process to review partnership agreements and outcomes of engagement efforts										
Milestone #2 Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.										
Task Patient Activation Measure(R) (PAM(R)) training team established.										
Task Determine number of project partners from pre-contracting data assessement and identify per organization potential sites for PAM administration.										
Task Create PAM training strategy using Train the Trainer Model and training done in phases or waves of agencies approach (e.g. early adopter agencies vs. later phase adopter agencies), with central coordination by FLPPS.										
Task Create Patient Engagement expertise training strategy that is complimentary to PAM training using Train the Trainer Model and training done in phases or waves of agencies approach (e.g. early adopter agencies vs. later phase adopter agencies), with central coordination by FLPPS.										
Task Establish job description for PAM trainers and PAM administrators and disseminate to project participant providers										
Task Integrate cultural and linguistic competency as well as health literacy trainings (with established standards) in long term PAM and Patient engagement expertise training strategy by coordinating with identified CC/HL strategy vendor.										
Task Establish reporting guidelines manual for organizations administering PAM that will include guidance on data to be reported on trainers (e.g. names of trainers, dates of training, location etc.) and process for reporting patient engagement data.										

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Task Coordinate PAM training with providers through Insignia										
Task Coordinate Patient Engagement training through identified training vendor										
Task Establish protocols for PAM patient engagement expertise trained team to be evaluated at intervals and on-going training as new patient engagement training –and educations methods arise. Evaluation will also include shadowing/obeserving and monitoring of FLPPS coordinated PAM and Patient engagement training sessions by relevant groups to help optimize training efficacy.										
Task Establish a PAM team community (periodic conferences to do trainings, etc.); as well as a communication infrastructure (like CMMI's "wiggios") or a FLPPS "Facebook" approach to ask questions, send out updates, share learned lessons etc. across the network.										
Milestone #3 Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.										
Task Analysis to identify "hot spot" areas completed and CBOs performing outreach engaged.										
Task Define hot spots using project team members and Partnership for the Uninsured (local cross regional collaborative comprised of agencies serving the uninsured).										
Task Identify and map hot spots by target audience using a variety of data sources (e.g. salient, enroll America, project partner listing, community forums)										
Task Work with FLPPS data analytics staff in conjunction with feedback from the FLPPS 5 regional Naturally Occuring Care Network (NOCN) workgroups (comprised of FLPPS regional partners) and community forums to prioritize hot spots where targeted outreach activities can be orchestrated with project partners in those spots.										
Task Identify CBOs that have trusted relationships within hot spot areas, particularly priority hot spots, and are currently conducting										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
validated successful outreach to target audience.										
Task Finalize contracts, memorandums of understanding, with CBOs in identified "hot spots"										
Milestone #4 Survey the targeted population about healthcare needs in the PPS' region.										
Task Community engagement forums and other information-gathering mechanisms established and performed.										
Task Collaborate with relevant partners (for e.g. CBOs, NOCN workgroups) to identify forums where the needs of target population and their barriers to health care can be assessed or collected for e.g. Anti-Poverty Initiative in Rochester is currently doing so and the project team will partner with this effort.										
Task Create strategy to collect information on the healthcare needs and barriers to care from various identified priority under-utilizer populations e.g. deaf community, migrant workers, refugees, previously incacerated, high risk youth etc., in various formats - including, focus groups, survey administration, web based portal, through texting, social media platform, and community gatherings.										
Task Work with community partners (for e.g. CBOs, NOCN workgroups) and project organizations to collect this information.										
Task Develop a process to analyze and utilize this data at provider and consumer level										
Milestone #5 Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.										
Task PPS Providers (located in "hot spot" areas) trained in patient activation techniques by "PAM(R) trainers".										
Task Determine number of project partners from pre-contracting data assessment and identify those that are in hot spots.										
Task Identify providers to be trained with project partners within hot spots, particularly hot spots that have been prioritized based on certain criteria.										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Work with identified workforce and CC/HL vendors/s to create provider training strategy that incorporates patient engagement expertise including adopting consumer choice driven approaches in service delivery										
Task Coordinate and execute identified training modules with providers utilizing persons trained in PAM and patient activation										
Task Develop a process for tracking and documenting providers who were trained										
Task Establish protocols for providers trained in PAM utilization and patient engagement expertise to have access to refresher programs and on-going training as new patient engagement training and educations methods arise.										
Milestone #6 Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10). • This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member. • Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104.										
Task Procedures and protocols established to allow the PPS to work with the member's MCO and assigned PCP to help reconnect that beneficiary to his/her designated PCP.										
Task Determine PPS criteria to select MCO(s) for engagement and identify key MCO(s) based on such criteria										
Task Coordinate with MCO representatives to obtain list of PCPs assigned to NU and LU enrollees										
Task Develop protocols and procedures between MCOs and PPS										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
around the reconnecting of disconnected Medicaid enrollees to their PCP and preventative care services, including potential need for case management support to take persons to needed appointments.										
Task Establish LU, NU, UI FLPPS centralized patient registry using data from MCOs and DOH and create data exchange process for project partner organizations to input additional information (add new patients) and to receive information so as to perform targeted outreach to underutilizers.										
Task Develop and implement targeted outreach and education activities to identified patient listings as coordinated by FLPPS strategic education and outreach patient workgroup (See Requirement #9 Step 8) and MCO partners.										
Milestone #7 Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.										
Task For each PAM(R) activation level, baseline and set intervals toward improvement determined at the beginning of each performance period (defined by the state).										
Task Identify tool for to tracking (Insignia and/or RHIO linked case management platform) patients that allows capacity for FLPPS partner organizations administering PAM to communicate if PAM due or done (flag) on patient and to capture baseline information of cohort.										
Task Establish reporting guidelines/ protocols for project partner agencies to report by NU, LU, and UI numbers and levels of PAM engagement using Insignia Survey administration tool.										
Task Establish centralized database or access points to existing where PPS can check in on an individual person's PAM score in case multiple points of contact exist in the PPS for a patient to allow for accurate aggregation of patient cohort data to state.										
Task Establish a process to provide support for training for PAM reporting particularly with CBOs that currently have limited resources.										

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Task Define time period to aggregate baseline cohort (Specific date and time)										
Milestone #8 Include beneficiaries in development team to promote preventive care.										
Task Beneficiaries are utilized as a resource in program development and awareness efforts of preventive care services.										
Task Develop protocols for conducting focus groups including recruitment guidelines, consent forms. Base protocols on evidence based guidelines and in conjunction with identified community partners who have expertise in consumer engagement.										
Task Work with community partners to conduct focus groups with representative members of target population in both urban and rural settings to inform development of project implementation plan.										
Task Create process for the development and sustainability of a FLPPS patient advisory council ensuring representation from rural and urban settings, as well as ethno cultural diversity.										
Task Develop a mechanism for reimbursing or incentivizing project beneficiaries that sit on patient advisory council.										
Task Work with community partners, NOCN workgroups and FLPPS identified CC/HL vendor expertise to recuit and develop a patient advisory board.										
Task Establish additional forums to gain consumer feedback and involvement in the development of PPS coordinated outreach and education events e.g. volunteering on strategic and education patient outreach workgroup (Referenced in Requirement 9, Step 8), focus groups in hot spot areas, utilizing social media and other electronic platforms to solicit ideas, recommendations and feedback										
Task Provide recommendations and suggested resources to project partners as to how best to incorporate patient or consumer feedback into patient engagement program development teams.										
Milestone #9 Measure PAM(R) components, including:										

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• Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service. • If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score. • Individual member's score must be averaged to calculate a baseline measure for that year's cohort. • The cohort must be followed for the entirety of the DSRIP program. • On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. • If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP. • The PPS will NOT be responsible for assessing the patient via PAM(R) survey. • PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes. • Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis.										
Task Performance measurement reports established, including but not limited to: - Number of patients screened, by engagement level - Number of clinicians trained in PAM(R) survey implementation - Number of patient: PCP bridges established - Number of patients identified, linked by MCOs to which they are associated - Member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis - Member engagement lists to DOH (for NU & LU populations) on a monthly basis - Annual report assessing individual member and the overall cohort's level of engagement										
Task Develop a simple screen for navigators to detect UI, NU, LU self-report screener, and build into integrated case management platform in long term. In short term (first phase) establish simple										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
stand-alone registry (e.g. excel) to detect target population.										
Task Utilize patient advisory groups to create guidelines for demographic data being collected about project beneficiaries by project partners to have CLC considerations to inform community navigator when conecting project beneficiaries to PCP and other services for a more patient centered approach.										
Task As guidance to project partner organizations create project workflow(s) that show how PAM can be incorprated in various settings.										
Task As guidance to project partner organizations create workflow for following project beneficiaries who move frequently/do not interface with system often and where possible points of opportunity may be to access or engage project beneficiaries.										
Task Establish reporting guidelines/ protocols for project partner agencies to report by NU, LU, and UI numbers and levels of PAM engagement using Insignia Survey administration tool.										
Task Establish centralized database or access points to existing where PPS can check in on an individual person's PAM score in case multiple points of contact exist in the PPS for a patient to allow for accurate aggregation of patient cohort data to state.										
Task Establish LU, NU, UI FLPPS centralized patient registry and create data exchange process for project partner organizations to input information and to receive information so as to perform targeted outreach to underutilizers and follow up engagement encounters particularly change in insurance status, PCP, dental and behavioral health appointments.										
Task Establish a PPS driven strategic education and outreach patient working group informed by CC/HL committee and having representative consumers as members that will work in partnership with project partners and CBOs to develop and implement centrally coordinated outreach and education events/ materials tailored to target populations.										
Task Implement centrally coordinate activities in conjunction with CC/HL branch of FLPPS that will focus on increasing patient awareness of health activation (defined), local health care resources, knowing health care choices, changing patient and										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
provider culture around importance of health activation.										
Task Coordinate with FLPPS identified workforce vendor/s to incorporate PAM training and/education (usefulness of tool, appropriate utilization for e.g.) into workforce training strategy for identified clinician workforce.										
Task Train identified clinician workforce in PAM utilization and include in effort identified physician PAM champions/ advocates to increase provider buy-in										
Task Coordinate with relevant agencies (e.g. insurance, MCO) and project partners to establish communication loops from community navigator placed at hot spot or site of PAM administration to PCP/integrated care team and back to hot spot to ensure follow-through.										
Task Define "bridge" so it is operationalized (e.g., information given, appointment made, etc.) as clear concept that agencies can clearly report										
Milestone #10 Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.										
Task Volume of non-emergent visits for UI, NU, and LU populations increased.										
Task Determine baseline of non-emergent visits for NU and LU using salient claims data. Ensure data fidelity by cross referencing with project partner organizations data. Use reconciled data as baseline.										
Task Develop protocols or guidelines for self-reporting data on UI for non-emergent visits and disseminate to relevant project partners.										
Task Determine baseline of non-emergent visits for UI by collecting self-reported data from partner organizations serving the uninsured. Develop process for determining validity of data.										
Task Engage relevant agencies (e.g. MCOs, health homes, insurance) and project partner organizations of identified NU, LU member lists around reconnecting persons to PCP.										
Task Perform targeted outreach to member lists in partnership with										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
relevant agency or project partner and with FLPPS strategic outreach and education patient workgroup (See Requirement 9, Step 8) and other needed community partners.										
Task Identify new providers within and outside of FLPPS network who will be willing to take on determined numbers of Medicaid patients to serve population for referral and increased access to care.										
Task Work with FLPPS transportation committee to coordinate transportation solutions with project partners to increase project beneficiaries' capacity to get to non-urgent visits.										
Milestone #11 Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.										
Task Community navigators identified and contracted.	0	25	100	225	475	875	1,276	1,276	1,276	1,276
Task Community navigators trained in connectivity to healthcare coverage and community healthcare resources, (including primary and preventive services), as well as patient education.	0	25	100	225	475	875	1,276	1,276	1,276	1,276
Task Determine project partners who are CBO's and identify CBOs within hot spot areas and are currently conducting outreach to target audience. Utilize project SME team, NOCN workgroups and CCHL committee to identify key CBOs.										
Task Coordinate with FLPPS identified workforce vendor/s to assess community navigator capacity, shortages, and strategies to fill gaps.										
Task Develop criteria or job description for desired community navigator.										
Task Share criteria with identified CBOs and ask CBO's to identify potential community navigator to be trained in connectivity to health care resources. (These will likely overlap with community navigators trained in PAM see Requirements 2, 13, 15).										
Task Develop contracting process for PPS to support these identified (hired, redeployed) community navigators.										
Task Train identified community navigators in connectivity to health										

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care resourecs and insurance, particularly in helping consumers understand their choices and being able to articulate to providers what they need to understand to inform health care choices.										
Task Develop a process for tracking and documenting community navigators who were trained										
Milestone #12 Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.										
Task Policies and procedures for customer service complaints and appeals developed.										
Task Explore avenues or options for project beneficiaries to report complaints and receive customers service from project partners,										
Task Establish guidelines for project partners to refine/ develop a process for project beneficiaries to report complaints and receive customer service										
Task Establish a protocol for the PPS to compile and aggregate consumer complaint reports from project partners.										
Task Establish quality improvement committee that will oversee partner agencies' aggregate Medicaid complaint reports and provide recommendations for improvement.										
Task Establish additional forums for patients/ Medicaid recipients to report complaints and all/other feedback e.g. portal on FLPPS for PPS customers to report complaints, mobile app, text banks and social media forums.										
Task Work with strategic education and outreach work group (Referenced in Requirement 9, Step 8) to publicize to wider community as well as within project partner organizations forums to report complaints and/ or avenues to receive customer service.										
Milestone #13 Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).										
Task List of community navigators formally trained in the PAM(R).	0	25	100	225	475	875	1,276	1,276	1,276	1,276
Task Determine number of project partners from pre-contracting data										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
assessment and identify per organization potential sites for PAM administration.										
Task Create strategy to train identified community navigator workforce in PAM, connecting project beneficiaries to care based on level of engagement and being able to educate project beneficiaries in needed competencies (self-advocacy, navigating health system, insurance options, availability and choice of health care resources). Strategy take into consideration a complimentary training approach to existing trainings to minimize duplication of efforts and undue organizational burden.										
Task Identify best practice or evidence based trainings that will be used to train community navigators in addition to the PAM training, and including patient engagement expertise and cultural and linguistic competence.										
Task Determine menu of training options (ideally that are pre-existing and vetted by patient advisory groups and relevant community partners) such as Insignia toolkit offerings for tailored activation approaches based on scores.										
Task Establish the FLPPS 'manual' for evidence based or best practice training offerings, including our 'checklist' that should go in there for the newly trained folks to use during their own delivery, details of training (e.g. scheduled training dates, location or website, costs etc.)										
Milestone #14 Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.										
Task Community navigators prominently placed (with high visibility) at appropriate locations within identified "hot spot" areas.	0	25	100	225	475	875	1,276	1,276	1,276	1,276
Task Identify partner agencies within hot spots, as well as CBO's contracted and determine number of community navigators available for deployment within hot spots.										
Task Create strategy to deploy community navigators in hot spots and protocols for referrals and hand-offs (particularly warm-hand offs)of project beneficiaries to needed resources.										

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Task Establish a strategy that helps ensure deployed community navigators are receiving due skills based training in cultural and linguistic training (Incorporated in CC/HL training strategy)										
Task Establish education plan for PPS providers regarding availability of community navigators in hot spots.										
Task Establish a plan to engender formal agreements with organizations serving Medicaid population with PPS to refer clients to community navigator program.										
Task Establish education plan for members of wider community to be aware of deployed community navigators in hot spots.										
Task Establish community navigator presence in communities through CBO partnerships.										
Milestone #15 Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.										
Task Navigators educated about insurance options and healthcare resources available to populations in this project.										
Task Determine appropriate resources for insurance options and health care resources and partner with FLPPS workforce and CC/HL vendors to incorporate education on these resources into training strategy for navigators. Utilization of local resources to educate navigators will be made a priority.										
Task Identify best practice guidelines for how to help a person get insurance that is driven by patient priorities and choice. Make guidelines available to project partner agencies to disseminate to identified community navigator workforce.										
Task Implement education and training strategy for identified navigator workforce										
Task Develop a process for tracking and documenting community navigators who were trained										
Milestone #16 Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.										

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Task Timely access for navigator when connecting members to services.										
Task Define 'timely access' as it relates to receiving care. Utilize known standards to set protocols for this, e.g. PCMH. For social support services (e.g. housing) and dental, utilize project team SMEs to help define 'timely' access to those appointments.										
Task Establish protocol for recommended guideline of care/ referral based on level of engagement as measured by PAM and Establish degrees of community navigator services based on PAM scores (i.e. score of 1 or 2 = one-on-one support; score of 3 or 4 = telephone support + more if desired by customer, etc.)										
Task Create education plan for providers, community navigators and call center referral staff to become to be guided by protocols in above step.										
Task Create a strategy to educate providers, particularly PCPs about how to improve access, intake of patients and impact of DSRIP on health care practice										
Task Establish a monitoring/ auditing system that will allow the PPS to oversee agency reports on timely access to care										
Task Establish a plan to promote community navigators ability to build relationships with local PCP offices to facilitate ease of referral.										
Milestone #17 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.										
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.										
Task Collaborate with project teams (including but not limited to 4.a.iii, 4.b.ii, and 2.a.i) and FLPPS committees (including but not limited to Clinical and Cultural Competency/Health Literacy) to identify high risk/target populations of FLPPS and specify the clinical data required to track this population.										
Task Survey safety net providers for existing HIT capabilities as part of the IT Current State Assessment.										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Map assets by county (clinical providers, CBOs, evidence-based programs)										
Task Configure FLPPS data repository for operations, pending NYS Capital Award										
Task Establish connection between FLPPS central data repository and RHIO data repository to facilitate sharing of patient data, including definition, normalization, and validation of incoming data elements for inclusion in a consolidated, relational dataset.										
Task Collect initial clinical and claims data sets from the RHIOs, early participating programs, NYSDOH, and other partners, as available.										
Task Implement IT infrastructure required to support Population Health Management (including reporting).										
Task Establish registries of identified high risk / PPS target population patients										
Task Develop audit process to ensure report accuracy and validate with IT and Clinical oversight committees										
Task Identify method to distribute reports to safety net providers and PPS contracted care managers as appropriate										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.										
Task Partnerships with CBOs to assist in patient "hot-spotting" and engagement efforts as evidenced by MOUs, contracts, letters of agreement or other partnership documentation.										
Task Identify CBO partners from FLPPS pre-contracting data assessment.										
Task Identify CBOs that are within target population hot spots and										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
develop a process to contract with CBOs to engage in coordinated patient activation activities and PAM administration ensuring partnering with mental health and substance abuse providers and faith communities.										
Task Conduct gap-analysis in services and resources (e.g. community health worker capacity) provided by project partners within identified hot spots, and use as guide to drive meaningful collaborations.										
Task Finalize contracts, memorandums of understanding, with CBOs										
Task Develop a quality assurance process to review partnership agreements and outcomes of engagement efforts										
Milestone #2 Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.										
Task Patient Activation Measure(R) (PAM(R)) training team established.										
Task Determine number of project partners from pre-contracting data assessement and identify per organization potential sites for PAM administration.										
Task Create PAM training strategy using Train the Trainer Model and training done in phases or waves of agencies approach (e.g. early adopter agencies vs. later phase adopter agencies), with central coordination by FLPPS.										
Task Create Patient Engagement expertise training strategy that is complimentary to PAM training using Train the Trainer Model and training done in phases or waves of agencies approach (e.g. early adopter agencies vs. later phase adopter agencies), with central coordination by FLPPS.										
Task Establish job description for PAM trainers and PAM administrators and disseminate to project participant providers										
Task Integrate cultural and linguistic competency as well as health literacy trainings (with established standards) in long term PAM and Patient engagement expertise training strategy by coordinating with identified CC/HL strategy vendor.										

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Task Establish reporting guidelines manual for organizations administering PAM that will include guidance on data to be reported on trainers (e.g. names of trainers, dates of training, location etc.) and process for reporting patient engagement data.										
Task Coordinate PAM training with providers through Insignia										
Task Coordinate Patient Engagement training through identified training vendor										
Task Establish protocols for PAM patient engagement expertise trained team to be evaluated at intervals and on-going training as new patient engagement training –and educations methods arise. Evaluation will also include shadowing/obeserving and monitoring of FLPPS coordinated PAM and Patient engagement training sessions by relevant groups to help optimize training efficacy.										
Task Establish a PAM team community (periodic conferences to do trainings, etc.); as well as a communication infrastructure (like CMMI's "wiggios") or a FLPPS "Facebook" approach to ask questions, send out updates, share learned lessons etc. across the network.										
Milestone #3 Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.										
Task Analysis to identify "hot spot" areas completed and CBOs performing outreach engaged.										
Task Define hot spots using project team members and Partnership for the Uninsured (local cross regional collaborative comprised of agencies serving the uninsured).										
Task Identify and map hot spots by target audience using a variety of data sources (e.g. salient, enroll America, project partner listing, community forums)										
Task Work with FLPPS data analytics staff in conjunction with feedback from the FLPPS 5 regional Naturally Occuring Care Network (NOCN) workgroups (comprised of FLPPS regional partners) and community forums to prioritize hot spots where										

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targeted outreach activities can be orchestrated with project partners in those spots.										
Task Identify CBOs that have trusted relationships within hot spot areas, particularly priority hot spots, and are currently conducting validated successful outreach to target audience.										
Task Finalize contracts, memorandums of understanding, with CBOs in identified "hot spots"										
Milestone #4 Survey the targeted population about healthcare needs in the PPS' region.										
Task Community engagement forums and other information-gathering mechanisms established and performed.										
Task Collaborate with relevant partners (for e.g. CBOs, NOCN workgroups) to identify forums where the needs of target population and their barriers to health care can be assessed or collected for e.g. Anti-Poverty Initiative in Rochester is currently doing so and the project team will partner with this effort.										
Task Create strategy to collect information on the healthcare needs and barriers to care from various identified priority under-utilizer populations e.g. deaf community, migrant workers, refugees, previously incacerated, high risk youth etc., in various formats - including, focus groups, survey administration, web based portal, through texting, social media platform, and community gatherings.										
Task Work with community partners (for e.g. CBOs, NOCN workgroups) and project organizations to collect this information.										
Task Develop a process to analyze and utilize this data at provider and consumer level										
Milestone #5 Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.										
Task PPS Providers (located in "hot spot" areas) trained in patient activation techniques by "PAM(R) trainers".										
Task Determine number of project partners from pre-contracting data assessment and identify those that are in hot spots.										

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Task Identify providers to be trained with project partners within hot spots, particularly hot spots that have been prioritized based on certain criteria.										
Task Work with identified workforce and CC/HL vendors/s to create provider training strategy that incorporates patient engagement expertise including adopting consumer choice driven approaches in service delivery										
Task Coordinate and execute identified training modules with providers utilizing persons trained in PAM and patient activation										
Task Develop a process for tracking and documenting providers who were trained										
Task Establish protocols for providers trained in PAM utilization and patient engagement expertise to have access to refresher programs and on-going training as new patient engagement training and educations methods arise.										
Milestone #6 Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10). • This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member. • Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104.										
Task Procedures and protocols established to allow the PPS to work with the member's MCO and assigned PCP to help reconnect that beneficiary to his/her designated PCP.										
Task Determine PPS criteria to select MCO(s) for engagement and identify key MCO(s) based on such criteria										
Task										

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Coordinate with MCO representatives to obtain list of PCPs assigned to NU and LU enrollees										
Task Develop protocols and procedures between MCOs and PPS around the reconnecting of disconnected Medicaid enrollees to their PCP and preventative care services, including potential need for case management support to take persons to needed appointments.										
Task Establish LU, NU, UI FLPPS centralized patient registry using data from MCOs and DOH and create data exchange process for project partner organizations to input additional information (add new patients) and to receive information so as to perform targeted outreach to underutilizers.										
Task Develop and implement targeted outreach and education activities to identified patient listings as coordinated by FLPPS strategic education and outreach patient workgroup (See Requirement #9 Step 8) and MCO partners.										
Milestone #7 Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.										
Task For each PAM(R) activation level, baseline and set intervals toward improvement determined at the beginning of each performance period (defined by the state).										
Task Identify tool for to tracking (Insignia and/or RHIO linked case management platform) patients that allows capacity for FLPPS partner organizations administering PAM to communicate if PAM due or done (flag) on patient and to capture baseline information of cohort.										
Task Establish reporting guidelines/ protocols for project partner agencies to report by NU, LU, and UI numbers and levels of PAM engagement using Insignia Survey administration tool.										
Task Establish centralized database or access points to existing where PPS can check in on an individual person's PAM score in case multiple points of contact exist in the PPS for a patient to allow for accurate aggregation of patient cohort data to state.										

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Task Establish a process to provide support for training for PAM reporting particularly with CBOs that currently have limited resources.										
Task Define time period to aggregate baseline cohort (Specific date and time)										
Milestone #8 Include beneficiaries in development team to promote preventive care.										
Task Beneficiaries are utilized as a resource in program development and awareness efforts of preventive care services.										
Task Develop protocols for conducting focus groups including recruitment guidelines, consent forms. Base protocols on evidence based guidelines and in conjunction with identified community partners who have expertise in consumer engagement.										
Task Work with community partners to conduct focus groups with representative members of target population in both urban and rural settings to inform development of project implementation plan.										
Task Create process for the development and sustainability of a FLPPS patient advisory council ensuring representation from rural and urban settings, as well as ethno cultural diversity.										
Task Develop a mechanism for reimbursing or incentivizing project beneficiaries that sit on patient advisory council.										
Task Work with community partners, NOCN workgroups and FLPPS identified CC/HL vendor expertise to recuit and develop a patient advisory board.										
Task Establish additional forums to gain consumer feedback and involvement in the development of PPS coordinated outreach and education events e.g. volunteering on strategic and education patient outreach workgroup (Referenced in Requirement 9, Step 8), focus groups in hot spot areas, utilizing social media and other electronic platforms to solicit ideas, recommendations and feedback										
Task Provide recommendations and suggested resources to project										

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partners as to how best to incorporate patient or consumer feedback into patient engagement program development teams.										
Milestone #9 Measure PAM(R) components, including: • Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service. • If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score. • Individual member's score must be averaged to calculate a baseline measure for that year's cohort. • The cohort must be followed for the entirety of the DSRIP program. • On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. • If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP. • The PPS will NOT be responsible for assessing the patient via PAM(R) survey. • PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes. • Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis.										
Task Performance measurement reports established, including but not limited to: - Number of patients screened, by engagement level - Number of clinicians trained in PAM(R) survey implementation - Number of patient: PCP bridges established - Number of patients identified, linked by MCOs to which they are associated - Member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis - Member engagement lists to DOH (for NU & LU populations) on a monthly basis - Annual report assessing individual member and the overall cohort's level of engagement										

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Task Develop a simple screen for navigators to detect UI, NU, LU self-report screener, and build into integrated case management platform in long term. In short term (first phase) establish simple stand-alone registry (e.g. excel) to detect target population.										
Task Utilize patient advisory groups to create guidelines for demographic data being collected about project beneficiaries by project partners to have CLC considerations to inform community navigator when conecting project beneficiaries to PCP and other services for a more patient centered approach.										
Task As guidance to project partner organizations create project workflow(s) that show how PAM can be incorprated in various settings.										
Task As guidance to project partner organizations create workflow for following project beneficiaries who move frequently/do not interface with system often and where possible points of opportunity may be to access or engage project beneficiaries.										
Task Establish reporting guidelines/ protocols for project partner agencies to report by NU, LU, and UI numbers and levels of PAM engagement using Insignia Survey administration tool.										
Task Establish centralized database or access points to existing where PPS can check in on an individual person's PAM score in case multiple points of contact exist in the PPS for a patient to allow for accurate aggregation of patient cohort data to state.										
Task Establish LU, NU, UI FLPPS centralized patient registry and create data exchange process for project partner organizations to input information and to receive information so as to perform targeted outreach to underutilizers and follow up engagement encounters particularly change in insurance status, PCP, dental and behavioral health appointments.										
Task Establish a PPS driven strategic education and outreach patient working group informed by CC/HL committee and having representative consumers as members that will work in partnership with project partners and CBOs to develop and implement centrally coordinated outreach and education events/ materials tailored to target populations.										
Task Implement centrally coordinate activities in conjunction with										

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CC/HL branch of FLPPS that will focus on increasing patient awareness of health activation (defined), local health care resources, knowing health care choices, changing patient and provider culture around importance of health activation.										
Task Coordinate with FLPPS identified workforce vendor/s to incorporate PAM training and/education (usefulness of tool, appropriate utilization for e.g.) into workforce training strategy for identified clinician workforce.										
Task Train identified clinician workforce in PAM utilization and include in effort identified physician PAM champions/ advocates to increase provider buy-in										
Task Coordinate with relevant agencies (e.g. insurance, MCO) and project partners to establish communication loops from community navigator placed at hot spot or site of PAM administration to PCP/integrated care team and back to hot spot to ensure follow-through.										
Task Define "bridge" so it is operationalized (e.g., information given, appointment made, etc.) as clear concept that agencies can clearly report										
Milestone #10 Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.										
Task Volume of non-emergent visits for UI, NU, and LU populations increased.										
Task Determine baseline of non-emergent visits for NU and LU using salient claims data. Ensure data fidelity by cross referencing with project partner organizations data. Use reconciled data as baseline.										
Task Develop protocols or guidelines for self-reporting data on UI for non-emergent visits and disseminate to relevant project partners.										
Task Determine baseline of non-emergent visits for UI by collecting self-reported data from partner organizations serving the uninsured. Develop process for determining validity of data.										
Task Engage relevant agencies (e.g. MCOs, health homes, insurance) and project partner organizations of identified NU, LU member lists around reconnecting persons to PCP.										

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Task Perform targeted outreach to member lists in partnership with relevant agency or project partner and with FLPPS strategic outreach and education patient workgroup (See Requirement 9, Step 8) and other needed community partners.										
Task Identify new providers within and outside of FLPPS network who will be willing to take on determined numbers of Medicaid patients to serve population for referral and increased access to care.										
Task Work with FLPPS transportation committee to coordinate transportation solutions with project partners to increase project beneficiaries' capacity to get to non-urgent visits.										
Milestone #11 Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.										
Task Community navigators identified and contracted.	1,276	1,276	1,276	1,276	1,276	1,276	1,276	1,276	1,276	1,276
Task Community navigators trained in connectivity to healthcare coverage and community healthcare resources, (including primary and preventive services), as well as patient education.	1,276	1,276	1,276	1,276	1,276	1,276	1,276	1,276	1,276	1,276
Task Determine project partners who are CBO's and identify CBOs within hot spot areas and are currently conducting outreach to target audience. Utilize project SME team, NOCN workgroups and CCHL committee to identify key CBOs.										
Task Coordinate with FLPPS identified workforce vendor/s to assess community navigator capacity, shortages, and strategies to fill gaps.										
Task Develop criteria or job description for desired community navigator.										
Task Share criteria with identified CBOs and ask CBO's to identify potential community navigator to be trained in connectivity to health care resources. (These will likely overlap with community navigators trained in PAM see Requirements 2, 13, 15).										
Task Develop contracting process for PPS to support these identified (hired, redeployed) community navigators.										

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Task Train identified community navigators in connectivity to health care resourecs and insurance, particularly in helping consumers understand their choices and being able to articulate to providers what they need to understand to inform health care choices.										
Task Develop a process for tracking and documenting community navigators who were trained										
Milestone #12 Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.										
Task Policies and procedures for customer service complaints and appeals developed.										
Task Explore avenues or options for project beneficiaries to report complaints and receive customers service from project partners,										
Task Establish guidelines for project partners to refine/ develop a process for project beneficiaries to report complaints and receive customer service										
Task Establish a protocol for the PPS to compile and aggregate consumer complaint reports from project partners.										
Task Establish quality improvement committee that will oversee partner agencies' aggregate Medicaid complaint reports and provide recommendations for improvement.										
Task Establish additional forums for patients/ Medicaid recipients to report complaints and all/other feedback e.g. portal on FLPPS for PPS customers to report complaints, mobile app, text banks and social media forums.										
Task Work with strategic education and outreach work group (Referenced in Requirement 9, Step 8) to publicize to wider community as well as within project partner organizations forums to report complaints and/ or avenues to receive customer service.										
Milestone #13 Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).										
Task List of community navigators formally trained in the PAM(R).	1,276	1,276	1,276	1,276	1,276	1,276	1,276	1,276	1,276	1,276

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Task Determine number of project partners from pre-contracting data assessment and identify per organization potential sites for PAM administration.										
Task Create strategy to train identified community navigator workforce in PAM, connecting project beneficiaries to care based on level of engagement and being able to educate project beneficiaries in needed competencies (self-advocacy, navigating health system, insurance options, availability and choice of health care resources). Strategy take into consideration a complimentary training approach to existing trainings to minimize duplication of efforts and undue organizational burden.										
Task Identify best practice or evidence based trainings that will be used to train community navigators in addition to the PAM training, and including patient engagement expertise and cultural and linguistic competence.										
Task Determine menu of training options (ideally that are pre-existing and vetted by patient advisory groups and relevant community partners) such as Insignia toolkit offerings for tailored activation approaches based on scores.										
Task Establish the FLPPS 'manual' for evidence based or best practice training offerings, including our 'checklist' that should go in there for the newly trained folks to use during their own delivery, details of training (e.g. scheduled training dates, location or website, costs etc.)										
Milestone #14 Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.										
Task Community navigators prominently placed (with high visibility) at appropriate locations within identified "hot spot" areas.	1,276	1,276	1,276	1,276	1,276	1,276	1,276	1,276	1,276	1,276
Task Identify partner agencies within hot spots, as well as CBO's contracted and determine number of community navigators available for deployment within hot spots.										
Task Create strategy to deploy community navigators in hot spots and protocols for referrals and hand-offs (particularly warm-hand										

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offs)of project beneficiaries to needed resources.										
Task Establish a strategy that helps ensure deployed community navigators are receiving due skills based training in cultural and linguistic training (Incorporated in CC/HL training strategy)										
Task Establish education plan for PPS providers regarding availability of community navigators in hot spots.										
Task Establish a plan to engender formal agreements with organizations serving Medicaid population with PPS to refer clients to community navigator program.										
Task Establish education plan for members of wider community to be aware of deployed community navigators in hot spots.										
Task Establish community navigator presence in communities through CBO partnerships.										
Milestone #15 Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.										
Task Navigators educated about insurance options and healthcare resources available to populations in this project.										
Task Determine appropriate resources for insurance options and health care resources and partner with FLPPS workforce and CC/HL vendors to incorporate education on these resources into training strategy for navigators. Utilization of local resources to educate navigators will be made a priority.										
Task Identify best practice guidelines for how to help a person get insurance that is driven by patient priorities and choice. Make guidelines available to project partner agencies to disseminate to identified community navigator workforce.										
Task Implement education and training strategy for identified navigator workforce										
Task Develop a process for tracking and documenting community navigators who were trained										
Milestone #16 Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a										

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community member.										
Task Timely access for navigator when connecting members to services.										
Task Define 'timely access' as it relates to receiving care. Utilize known standards to set protocols for this, e.g. PCMH. For social support services (e.g. housing) and dental, utilize project team SMEs to help define 'timely' access to those appointments.										
Task Establish protocol for recommended guideline of care/ referral based on level of engagement as measured by PAM and Establish degrees of community navigator services based on PAM scores (i.e. score of 1 or 2 = one-on-one support; score of 3 or 4 = telephone support + more if desired by customer, etc.)										
Task Create education plan for providers, community navigators and call center referral staff to become to be guided by protocols in above step.										
Task Create a strategy to educate providers, particularly PCPs about how to improve access, intake of patients and impact of DSRIP on health care practice										
Task Establish a monitoring/ auditing system that will allow the PPS to oversee agency reports on timely access to care										
Task Establish a plan to promote community navigators ability to build relationships with local PCP offices to facilitate ease of referral.										
Milestone #17 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.										
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.										
Task Collaborate with project teams (including but not limited to 4.a.iii, 4.b.ii, and 2.a.i) and FLPPS committees (including but not limited to Clinical and Cultural Competency/Health Literacy) to identify high risk/target populations of FLPPS and specify the clinical data required to track this population.										

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Task Survey safety net providers for existing HIT capabilities as part of the IT Current State Assessment.										
Task Map assets by county (clinical providers, CBOs, evidence-based programs)										
Task Configure FLPPS data repository for operations, pending NYS Capital Award										
Task Establish connection between FLPPS central data repository and RHIO data repository to facilitate sharing of patient data, including definition, normalization, and validation of incoming data elements for inclusion in a consolidated, relational dataset.										
Task Collect initial clinical and claims data sets from the RHIOs, early participating programs, NYSDOH, and other partners, as available.										
Task Implement IT infrastructure required to support Population Health Management (including reporting).										
Task Establish registries of identified high risk / PPS target population patients										
Task Develop audit process to ensure report accuracy and validate with IT and Clinical oversight committees										
Task Identify method to distribute reports to safety net providers and PPS contracted care managers as appropriate										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.	
Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.	
Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.	
Survey the targeted population about healthcare needs in the PPS' region.	
Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.	
Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10). • This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member. • Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104.	
Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.	
Include beneficiaries in development team to promote preventive care.	
Measure PAM(R) components, including: • Screen patient status (UI, NU and LU) and collect contact	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
information when he/she visits the PPS designated facility or "hot spot" area for health service. • If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score. • Individual member's score must be averaged to calculate a baseline measure for that year's cohort. • The cohort must be followed for the entirety of the DSRIP program. • On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. • If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP. • The PPS will NOT be responsible for assessing the patient via PAM(R) survey. • PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes. • Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis.	
Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	
Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.	
Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	
Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).	
Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.	
Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	
Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Ongoing	
Milestone #12	Pass & Ongoing	
Milestone #13	Pass & Ongoing	
Milestone #14	Pass & Ongoing	
Milestone #15	Pass & Ongoing	

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #16	Pass & Ongoing	
Milestone #17	Pass & Ongoing	

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IPQR Module 2.d.i.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 2.d.i.5 - IA Monitoring

Instructions :

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Project 3.a.i – Integration of primary care and behavioral health services

IPQR Module 3.a.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

Risk: Financial – partners are concerned about billing multiple visits in one day and/or reimbursement reductions for doing so –
Mitigation: Partners with financially stable models already in place to share best practices with project partners; applying for waivers to address regulations that impact on billing; researching FQHC options
Risk: Technology/multiple EMRs with lack of interoperability –
Mitigation: Will leverage PPS level resources including the established IT committee, and the RHIO, to build functionality for timeliness and ease of information exchange
Risk: Workforce – Shortages in key areas – need to have adequate licensed staff particularly behavioral health clinicians
Mitigation: Multipronged approach to include support from the PPS level in conjunction with Workforce and Clinical committees and through IDS and workforce PPS wide strategies including using staff to top of license, partnering with institutes of higher ed for expansion of psychiatric training (both in psychiatric specialties and general med training) and increased internship opportunities, PPS centralized recruitment for psychiatric providers to highlight opportunities particularly in HPSA areas, use private practice therapists per diem in primary care, explore opportunities for increased telepsychiatry as well as increased psychiatrist to PCP formal collaboration
Risk: Transportation – inadequate transportation was cited as impacting on ability to engage with/attend appointments with primary care
Mitigation: Utilize traditional and nontraditional solutions as developed by PPS transportation committee, including inventory and directory of regional transportation options
Risk: Provider engagement and Provider collaboration for implementation – Success of project relies on collaborative approach to meeting behavioral health and physical health needs of patients; will not be successful without provider buy in to collaborative treatment approaches and comfort in treating patients with behavioral health issues-
Mitigation: Provide education on the project and integration benefits utilizing physician champions with experience in integration; Involve physician representatives on project team that is developing protocols, workflows, and plans for implementation; provide education and work in conjunction with MEB project to address issues of stigma related to behavioral health
Risk: PCMH – Practices may struggle to meet all PCMH requirements within the set time frame-
Mitigation: PPS to provide centralized expertise, support and education on meeting PCMH requirements
Risk: Waivers – Waivers not being issued could have negative impact on speed of implementation;
Mitigation: Barring waivers the traditional processes for obtaining satellite licensure will be utilized if waivers are not approved; PPS will provide centralized support in applying for all applicable waivers
Risk: Waivers - Non-allowance of co-location of multiple entities will impact the ability of providers in our PPS to partner to provide co-located services.
Mitigation: Work with providers on arrangements or other models that are within regulatory limits to co-locate services. Continue to advocate on multiple levels for relief from this rule.

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IPQR Module 3.a.i.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Patient Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for DY1 Q3 should include patients previously reported in DY1 Q2 plus new patients engaged in DY1 Q3. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
100% Actively Engaged By	**Expected Patient Engagement**
DY4,Q4	109,250

Patients Engaged to Date in Current DY	DY1,Q3 Patient Update	% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
3,579	12,412	65.33%	6,588	11.36%

Warning: Please note that your DY1,Q3 Patient update does not meet your committed amount (19,000)

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
oswaldos	Baseline or Performance Documentation	9_PMDL3715_1_3_20160129180034_3.a.i.xlsx	FLPPS 3.a.i PHI Submission	01/29/2016 06:00 PM

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

The 3579 reflected in "Patients Engaged to Date in Current DY" is not correct. The DY1Q1 + DY1Q2 summary is 3869+3579=7448. Our additional Patients Engaged in DY1Q3 of 4964 gives a total of 7448+4964=12,412 for DY1. The 4964 is supported by PHI in the file upload, as we now have BAAs with our reporting Partners for DY1Q3.

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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 3.a.i.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	Model 1	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Behavioral health services are co-located within PCMH/APC practices and are available.		Provider	Mental Health	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Establish Project team with representation from, but not limited to, providers, representatives of local governmental units, subject matter experts, PPS team members, other partners identified across the PPS as important to the project's success.		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify the specific sites, locations implementing model 1 of this project. Services at co-located sites could include behavioral health, and substance use disorder screening, referral, and treatment services. The populations to be served by this model include all patients at each participating site within the established PPS.		Project		In Progress	07/01/2015	12/31/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Create survey for providers and and use survey results to complete current state assessment of integration for project participants.		Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Determine projected future state of integration for sites involved in the project considering projected volume of patients, operational, financial, space, cultural and workforce issues.										
Task Identify plan to close gap between current state and projected future state of project sites		Project		Not Started	03/01/2016	09/30/2016	03/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop staffing plans - identify FTEs needed based on capacity and regional demand; decide on redeployment and/or new hires.		Project		In Progress	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Determine licensure needs/plans/waivers - if an operating certificate/waiver is needed begin the application process through appropriate NYS and local governmental agency and identified process		Project		In Progress	07/01/2015	12/30/2017	07/01/2015	12/30/2017	12/31/2017	DY3 Q3
Task Establish consultation group and resources for each model of the project to assist providers as they develop and implement project		Project		In Progress	07/01/2015	12/30/2017	07/01/2015	12/30/2017	12/31/2017	DY3 Q3
Task Share recruitment plans/needs to PPS for coordinated regional recruitment efforts for hard to fill positions (such as psychiatric NPs, psychiatrists)		Project		In Progress	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Engage and communicate with primary care providers to ensure project understanding and alignment of efforts.		Project		In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Establish PPS PCMH support team to serve as subject matter experts on application completion and practice transformation.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify all PCMH eligible practices in PPS, establish directory of those participating in the project. Identify, document, and assess current state PCMH status of those practices.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task		Project		In Progress	08/01/2015	12/31/2016	08/01/2015	12/31/2016	12/31/2016	DY2 Q3

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Finalize contracts with Behavioral Health providers and Primary Care practices.										
Task Develop and document a plan to engage practices to certify PCMH based on current state and readiness to achieve PCMH Level 3.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Achieve PCMH certification from PCMH practices		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Assist project partners in model selection, informed by data from Community Needs Assessment, NOCN workgroups and project team feedback.		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Collaborate with PPS Data Analyst to identify gaps in service needs based on initial partner model selection. Develop strategy to close gaps to ensure appropriate PPS-wide model utilization meets patient service needs.		Project		Not Started	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Model 1	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify team responsible for protocol development for collaborative treatment in integrated care settings.		Project		In Progress	08/01/2015	10/31/2015	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Create list of protocols/policies/processes needed; prioritize/sequence list ensuring that medication management and care engagement are included.		Project		In Progress	08/15/2015	03/31/2016	08/15/2015	06/30/2016	06/30/2016	DY2 Q1
Task Project team members to share existing protocols and evidence-based practices in support of the development of		Project		In Progress	09/01/2015	03/31/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
PPS-wide general protocols for this project.										
Task Establish procedures outlining coordination of hand-offs between Behavioral Health and Primary Care.		Project		In Progress	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Protocols to be reviewed by Clinical Quality Committee.		Project		Not Started	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Institute clear workflows for assessment, referral and follow-up care to be provided.		Project		In Progress	08/01/2015	12/31/2016	08/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Develop strategy to implement protocols that includes staff education and documentation verifying attendees.		Project		Not Started	09/01/2016	03/31/2017	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Provider to adopt and implement protocols. monitor for compliance and effectiveness.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Establish process for monitoring provider compliance with protocols		Project		In Progress	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Execute processes for monitoring provider compliance with protocols		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	Model 1	Project	N/A	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Policies and procedures are in place to facilitate and document completion of screenings.		Project		In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Screenings are documented in Electronic Health Record.		Project		In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).		Project		In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Positive screenings result in "warm transfer" to behavioral		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
health provider as measured by documentation in Electronic Health Record.										
Task Select specific screening tool(s) to be utilized.		Project		In Progress	06/01/2015	12/31/2015	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Establish workflows for screening - who completes, at what types of visits, at what frequency.		Project		In Progress	12/01/2015	09/30/2016	12/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Establish clear protocol for documentation of assessments and communication of findings to clinical team and patient.		Project		In Progress	12/01/2015	12/31/2016	12/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Create process and protocols for linkage/warm hand offs of positive screens as well as patient refusal of service.		Project		In Progress	12/01/2015	12/31/2016	12/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Establish protocols for referrals to/engagement of care management including health home care management and PCMH care management.		Project		In Progress	12/01/2015	12/31/2016	12/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Develop community resources lists for linkage of identified needs beyond scope of site.		Project		In Progress	12/01/2015	12/31/2016	12/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Develop strategy to implement protocols related to this requirement considering staff educational and training needs.		Project		In Progress	12/01/2016	12/31/2017	12/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Implement development plan related to protocols use related to this requirement.		Project		In Progress	12/01/2017	03/31/2018	12/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	Model 1	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Determine current EHR infrastructure and level of		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
integration of all primary care practices, as part of the IT Current State assessment (see IT Systems & Processes Work stream)										
Task Develop strategy to address potential barriers to EHR integration based on current state assessment.		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Create prioritized list of practices who will need to begin integrating EHR in order to meet project requirement #1.		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Communicate strategy and expectations to practices for EHR integration implementation.		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Set expectations on short & long term patient engagement tracking data delivery mechanisms		Project		In Progress	08/03/2015	12/30/2015	08/03/2015	01/31/2016	03/31/2016	DY1 Q4
Task Define the data elements necessary to track the engagement		Project		In Progress	08/03/2015	12/30/2015	08/03/2015	01/31/2016	03/31/2016	DY1 Q4
Task Establish reporting periods and dates for providers to report on patient engagement		Project		Completed	08/03/2015	12/30/2015	08/03/2015	12/30/2015	12/31/2015	DY1 Q3
Task Identify role/staff that will be responsible for reporting on patient engagement		Project		In Progress	08/03/2015	12/30/2015	08/03/2015	06/30/2016	06/30/2016	DY2 Q1
Task Evaluation of technology toolset (EMR, PMS, etc.), maturity of usage and HIE integration readiness assessment		Project		Completed	07/01/2015	12/30/2015	07/01/2015	12/30/2015	12/31/2015	DY1 Q3
Task Determine level of RHIO Integration and services subscription		Project		Completed	07/01/2015	12/30/2015	07/01/2015	12/30/2015	12/31/2015	DY1 Q3
Task Identify the gaps and develop long term plans to acquire patient data from providers commensurate with current technical capabilities and HIE integration needs		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Work with providers to develop an implementation plan to meet short and long term reporting requirements		Project		In Progress	08/03/2015	06/30/2016	08/03/2015	06/30/2016	06/30/2016	DY2 Q1
Milestone #5	Model 2	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Co-locate primary care services at behavioral health sites.										
Task PPS has achieved NCQA 2014 Level 3 PCMH or Advanced Primary Care Model Practices by the end of DY3.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Primary care services are co-located within behavioral Health practices and are available.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Primary care services are co-located within behavioral Health practices and are available.		Provider	Mental Health	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Establish Project team with representation from, but not limited to, providers, representatives of local governmental units, subject matter experts, PPS team members, other partners identified across the PPS as important to the project's success.		Project		Completed	04/01/2015	03/31/2018	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify the specific sites, locations implementing Model 2 of this project.		Project		In Progress	06/01/2015	12/31/2015	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Complete current state assessment of integration for project participants		Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Determine projected future state of integration for sites involved in the project considering projected volume of patients, operational, financial, space, cultural and workforce issues.		Project		In Progress	06/01/2015	03/31/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Identify plan to close gap between current state and projected future state of project sites		Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Develop staffing plans - identify FTEs needed based on capacity and regional demand; decide on redeployment and/or new hires.		Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Determine licensure needs/plans/waivers - if an operating certificate/waiver is needed begin the application process		Project		In Progress	06/01/2015	12/31/2015	06/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
through appropriate NYS and local governmental agency and identified process.										
Task Establish consultation group and resources for each model of the project to assist providers as they develop and implement project		Project		In Progress	07/01/2015	12/31/2015	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Share recruitment plans/needs to PPS for coordinated regional recruitment efforts for hard to fill positions (such as psychiatric NPs, psychiatrists)		Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Engage and communicate with primary care providers to ensure project understanding and alignment of efforts.		Project		In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Establish PPS PCMH support team to serve as subject matter experts on application completion and practice transformation.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify all PCMH eligible practices in PPS, and assess current state PCMH status of those practices		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Finalize contracts with Behavioral Health providers and Primary Care practices.		Project		In Progress	08/01/2015	12/31/2016	08/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Determine current EHR infrastructure of all primary care practices, as part of the IT Current State assessment (see IT Systems & Processes Work stream)		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Create prioritized list of practices who will need to begin EHR implementation		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop and document a plan to engage practices to certify PCMH based on current state and readiness to achieve PCMH Level 3.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Achieve PCMH certification from PCMH practices		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Develop collaborative evidence-based standards of care	Model 2	Project	N/A	In Progress	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4

Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
including medication management and care engagement process.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices.		Project		In Progress	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.		Project		In Progress	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify team responsible for protocol development for collaborative treatment in integrated care settings.		Project		In Progress	08/01/2015	10/31/2015	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Create list of protocols/policies/processes needed; prioritize/sequence list ensuring that medication management and care engagement are included.		Project		In Progress	09/01/2015	03/31/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Project team members to share existing protocols and evidence-based practices in support of the development of PPS-wide general protocols for this project.		Project		In Progress	09/01/2015	03/31/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Establish procedures outlining coordination of hand-offs between Behavioral Health and Primary Care.		Project		In Progress	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Protocols to be reviewed by Clinical Quality Committee.		Project		Not Started	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Institute clear workflows for assessment, referral and follow-up care to be provided.		Project		In Progress	08/01/2015	12/31/2016	08/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Develop strategy to implement protocols that includes staff education and documentation verifying attendees.		Project		Not Started	09/01/2016	03/31/2017	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Provider to adopt and implement protocols. monitor for compliance and effectiveness.		Project		Not Started	03/01/2017	03/31/2017	03/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Establish process for monitoring provider compliance with protocols		Project		Not Started	03/01/2016	12/31/2016	03/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task		Project		Not Started	03/01/2017	03/31/2017	03/01/2017	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Execute processes for monitoring provider compliance with protocols										
Milestone #7 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	Model 2	Project	N/A	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.		Project		In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Screenings are documented in Electronic Health Record.		Project		In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).		Project		In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Select specific screening tool(s) to be utilized.		Project		In Progress	06/01/2015	12/31/2015	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Establish workflows for screening - who completes, at what types of visits, at what frequency.		Project		In Progress	12/01/2015	09/30/2016	12/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Establish clear protocol for documentation of assessments and communication of findings to clinical team and patient.		Project		In Progress	12/01/2015	12/31/2016	12/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Create process and protocols for linkage/warm hand offs of positive screens as well as patient refusal of service.		Project		In Progress	12/01/2015	12/31/2016	12/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Establish protocols for referrals to/engagement of care management including health home care management and PCMH care management.		Project		In Progress	12/01/2015	12/31/2016	12/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task		Project		In Progress	12/01/2015	12/31/2016	12/01/2015	12/31/2016	12/31/2016	DY2 Q3

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Develop community resources lists for linkage of identified needs beyond scope of site.										
Task Develop plan to implement protocols related to this requirement considering staff educational and training needs.		Project		Not Started	12/01/2016	12/31/2017	12/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Execute development plan related to protocols use related to this requirement.		Project		Not Started	12/01/2017	03/31/2018	12/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	Model 2	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Determine current EHR infrastructure and level of integration of all participating sites, as part of the IT Current State assessment (see IT Systems & Processes Work stream)		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop strategy to address potential barriers to EHR integration based on current state assessment.		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Create prioritized list of sites who will need to begin integrating EHR in order to meet project requirement #1.		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Communicate strategy and expectations to sites for EHR integration implementation		Project		Not Started	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Set expectations on short & long term patient engagement tracking data delivery mechanisms		Project		In Progress	08/03/2015	12/30/2015	08/03/2015	01/31/2016	03/31/2016	DY1 Q4
Task Define the data elements necessary to track the engagement		Project		In Progress	08/03/2015	12/30/2015	08/03/2015	01/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Establish reporting periods and dates for providers to report on patient engagement		Project		Completed	08/03/2015	12/30/2015	08/03/2015	12/30/2015	12/31/2015	DY1 Q3
Task Identify role/staff that will be responsible for reporting on patient engagement		Project		In Progress	08/03/2015	12/30/2015	08/03/2015	06/30/2016	06/30/2016	DY2 Q1
Task Evaluation of technology toolset (EMR, PMS, etc.), maturity of usage and HIE integration readiness assessment		Project		Completed	07/01/2015	12/30/2015	07/01/2015	12/30/2015	12/31/2015	DY1 Q3
Task Determine level of RHIO Integration and services subscription		Project		Completed	07/01/2015	12/30/2015	07/01/2015	12/30/2015	12/31/2015	DY1 Q3
Task Identify the gaps and develop long term plans to acquire patient data from providers commensurate with current technical capabilities and HIE integration needs		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Work with providers to develop an implementation plan to meet short and long term reporting requirements		Project		In Progress	08/03/2015	06/30/2016	08/03/2015	06/30/2016	06/30/2016	DY2 Q1
Milestone #9 Implement IMPACT Model at Primary Care Sites.	Model 3	Project	N/A	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has implemented IMPACT Model at Primary Care Sites.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Establish Project team with representation from, but not limited to, providers, representatives of local governmental units, subject matter experts, PPS team members, other partners identified as important to the project's success.		Project		In Progress	06/01/2015	01/01/2016	06/01/2015	01/01/2016	03/31/2016	DY1 Q4
Task Identify the specific sites, locations implementing the IMPACT model.		Project		In Progress	06/01/2015	12/31/2015	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Complete current state assessment of integration for project participants		Project		In Progress	09/01/2015	03/31/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Determine projected future state of integration for sites involved in the project considering projected volume of		Project		In Progress	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
patients, operational, financial, space, cultural and workforce issues.										
Task Identify plan to close gap between current state and projected future state of project sites		Project		Not Started	03/01/2016	09/30/2016	03/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop staffing plans - identify FTEs needed based on capacity and regional demand; decide on redeployment and/or new hires.		Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Determine licensure needs/plans/waivers - if an operating certificate/waiver is needed begin the application process through appropriate NYS and local governmental agency and identified process.		Project		In Progress	06/01/2015	12/31/2015	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Establish consultation group and resources for each model of the project to assist providers as they develop and implement project		Project		In Progress	07/01/2015	12/31/2015	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Share recruitment plans/needs to PPS for coordinated regional recruitment efforts for hard to fill positions (such as psychiatric NPs, psychiatrists)		Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Develop and submit required reports and documentation		Project		Not Started	12/01/2016	03/31/2018	12/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Establish plan to educate project site staff on standards, data gathering, process improvement/PDSA cycles.		Project		Not Started	12/01/2016	12/31/2017	12/01/2016	12/31/2017	12/31/2017	DY3 Q3
Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	Model 3	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician and care manager.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Policies and procedures include process for consulting with Psychiatrist.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify team responsible for protocol development for collaborative treatment in integrated care settings.		Project		In Progress	08/01/2015	10/31/2015	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Create list of protocols/policies/processes needed; prioritize/sequence list ensuring that medication management and care engagement are included.		Project		In Progress	09/01/2015	03/31/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Project team members to share existing protocols and evidence-based practices in support of the development of PPS-wide general protocols for this project.		Project		In Progress	09/01/2015	03/31/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Establish regular meeting schedule to develop collaborative care practices		Project		In Progress	09/01/2015	12/31/2015	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Protocols to be reviewed by appropriate internal/external review committees.		Project		Not Started	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Protocols approved and communicated to all PPS providers.		Project		In Progress	08/01/2015	12/31/2016	08/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Develop strategy to implement protocols that includes staff education and documentation verifying attendees.		Project		Not Started	09/01/2016	03/31/2017	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Provider to adopt and implement protocols. Monitor for compliance and effectiveness.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Establish process for monitoring provider compliance with protocols		Project		Not Started	03/01/2016	12/31/2016	03/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Monitor provider compliance with protocols using established process .		Project		Not Started	03/01/2017	03/31/2017	03/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	Model 3	Project	N/A	In Progress	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records.		Project		In Progress	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Depression care manager meets requirements of IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan.		Project		In Progress	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS to identify and engage partners implementing the IMPACT model		Project		In Progress	08/01/2015	12/31/2015	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task PPS to work with project site in identifying whom is occupying the Depression Care Manager position within the project site		Project		In Progress	08/01/2015	09/30/2016	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS to assist project site as needed to assure Depression Care Manager is trained in implementing IMPACT model		Project		In Progress	08/01/2015	12/31/2016	08/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS to monitor project sites use of Depression Care Manager to ensure they meet requirements of the project		Project		Not Started	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Process for entering screening data is finalized and implemented.		Project		Not Started	10/31/2016	12/31/2016	10/31/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	Model 3	Project	N/A	In Progress	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task All IMPACT participants in PPS have a designated Psychiatrist.		Project		In Progress	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS to work with IMPACT provider to assure provider meets IMPACT requirements		Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Design workflow that incorporates designated psychiatrist consultation per IMPACT model		Project		Not Started	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #13 Measure outcomes as required in the IMPACT Model.	Model 3	Project	N/A	In Progress	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).		Project		In Progress	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Select specific screening tool(s) to be utilized.		Project		In Progress	08/01/2015	03/31/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Establish workflows for screening - who completes, at what types of visits, at what frequency.		Project		Not Started	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Establish clear protocol for documentation of assessments and communication of findings to clinical team and patient.		Project		Not Started	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Create process and protocols for linkage/warm hand offs of positive screens as well as patient refusal of service.		Project		Not Started	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop community resources lists for linkage of identified needs beyond scope of site.		Project		Not Started	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop strategy to implement protocols related to this requirement considering staff educational and training needs.		Project		Not Started	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Execute development plan related to protocols use related to this requirement.		Project		Not Started	03/31/2017	12/31/2017	03/31/2017	12/31/2017	12/31/2017	DY3 Q3
Milestone #14 Provide "stepped care" as required by the IMPACT Model.	Model 3	Project	N/A	In Progress	10/31/2015	03/31/2018	10/31/2015	03/31/2018	03/31/2018	DY3 Q4
Task In alignment with the IMPACT model, treatment is adjusted based on evidence-based algorithm that includes evaluation of patient after 10-12 weeks after start of treatment plan.		Project		In Progress	10/31/2015	03/31/2018	10/31/2015	03/31/2018	03/31/2018	DY3 Q4
Task Develop evidenced-based algorithm		Project		In Progress	10/31/2015	12/31/2016	10/31/2015	12/31/2016	12/31/2016	DY2 Q3
Task		Project		Not Started	12/31/2016	03/31/2017	12/31/2016	03/31/2017	03/31/2017	DY2 Q4

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Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Sites review evidence based algorithm										
Task Develop strategy to implement the evidenced-based algorithm		Project		Not Started	12/31/2016	03/31/2017	12/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Staff are trained and demonstrate competence in use of algorithm		Project		In Progress	03/31/2017	12/31/2017	03/31/2017	12/31/2017	12/31/2017	DY3 Q3
Task Monitor use of algorithm for compliance and effectiveness		Project		Not Started	12/31/2017	03/31/2018	12/31/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	Model 3	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Set expectations on short & long term patient engagement tracking data delivery mechanisms		Project		Completed	08/03/2015	09/30/2015	08/03/2015	09/30/2015	09/30/2015	DY1 Q2
Task Define the data elements necessary to track the engagement		Project		Completed	08/03/2015	09/30/2015	08/03/2015	09/30/2015	09/30/2015	DY1 Q2
Task Establish reporting periods and dates for providers to report on patient engagement		Project		Completed	08/03/2015	09/30/2015	08/03/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify role/staff that will be responsible for reporting on patient engagement		Project		Completed	08/03/2015	09/30/2015	08/03/2015	09/30/2015	09/30/2015	DY1 Q2
Task Evaluation of technology toolset (EMR, PMS, etc.), maturity of usage and HIE integration readiness assessment		Project		Completed	07/01/2015	12/30/2015	07/01/2015	12/30/2015	12/31/2015	DY1 Q3
Task Determine level of RHIO Integration and services subscription		Project		Completed	07/01/2015	12/30/2015	07/01/2015	12/30/2015	12/31/2015	DY1 Q3
Task Identify the gaps and develop long term plans to acquire		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4

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patient data from providers commensurate with current technical capabilities and HIE integration needs										
Task Work with providers to develop an implementation plan to meet short and long term reporting requirements		Project		In Progress	08/03/2015	06/30/2016	08/03/2015	06/30/2016	06/30/2016	DY2 Q1

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.										
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.	0	0	0	0	0	2	17	18	18	23
Task Behavioral health services are co-located within PCMH/APC practices and are available.	0	0	0	0	1	1	2	22	25	28
Task Establish Project team with representation from, but not limited to, providers, representatives of local governmental units, subject matter experts, PPS team members, other partners identified across the PPS as important to the project's success.										
Task Identify the specific sites, locations implementing model 1 of this project. Services at co-located sites could include behavioral health, and substance use disorder screening, referral, and treatment services. The populations to be served by this model include all patients at each participating site within the established PPS.										
Task Create survey for providers and and use survey results to complete current state assessment of integration for project participants.										
Task Determine projected future state of integration for sites involved in the project considering projected volume of patients, operational, financial, space, cultural and workforce issues.										
Task										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Identify plan to close gap between current state and projected future state of project sites										
Task Develop staffing plans - identify FTEs needed based on capacity and regional demand; decide on redeployment and/or new hires.										
Task Determine licensure needs/plans/waivers - if an operating certificate/waiver is needed begin the application process through appropriate NYS and local governmental agency and identified process										
Task Establish consultation group and resources for each model of the project to assist providers as they develop and implement project										
Task Share recruitment plans/needs to PPS for coordinated regional recruitment efforts for hard to fill positions (such as psychiatric NPs, psychiatrists)										
Task Engage and communicate with primary care providers to ensure project understanding and alignment of efforts.										
Task Establish PPS PCMH support team to serve as subject matter experts on application completion and practice transformation.										
Task Identify all PCMH eligible practices in PPS, establish directory of those participating in the project. Identify, document, and assess current state PCMH status of those practices.										
Task Finalize contracts with Behavioral Health providers and Primary Care practices.										
Task Develop and document a plan to engage practices to certify PCMH based on current state and readiness to achieve PCMH Level 3.										
Task Achieve PCMH certification from PCMH practices										
Task Assist project partners in model selection, informed by data from Community Needs Assessment, NOCN workgroups and project team feedback.										
Task Collaborate with PPS Data Analyst to identify gaps in service needs based on initial partner model selection. Develop strategy to close gaps to ensure appropriate PPS-wide model utilization										

Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
meets patient service needs.										
Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices.										
Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.										
Task Identify team responsible for protocol development for collaborative treatment in integrated care settings.										
Task Create list of protocols/policies/processes needed; prioritize/sequence list ensuring that medication management and care engagement are included.										
Task Project team members to share existing protocols and evidence-based practices in support of the development of PPS-wide general protocols for this project.										
Task Establish procedures outlining coordination of hand-offs between Behavioral Health and Primary Care.										
Task Protocols to be reviewed by Clinical Quality Committee.										
Task Institute clear workflows for assessment, referral and follow-up care to be provided.										
Task Develop strategy to implement protocols that includes staff education and documentation verifying attendees.										
Task Provider to adopt and implement protocols. monitor for compliance and effectiveness.										
Task Establish process for monitoring provider compliance with protocols										
Task Execute processes for monitoring provider compliance with protocols										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.										
Task Policies and procedures are in place to facilitate and document completion of screenings.										
Task Screenings are documented in Electronic Health Record.										
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.	0	0	0	0	0	2	17	18	18	23
Task Select specific screening tool(s) to be utilized.										
Task Establish workflows for screening - who completes, at what types of visits, at what frequency.										
Task Establish clear protocol for documentation of assessments and communication of findings to clinical team and patient.										
Task Create process and protocols for linkage/warm hand offs of positive screens as well as patient refusal of service.										
Task Establish protocols for referrals to/engagement of care management including health home care management and PCMH care management.										
Task Develop community resources lists for linkage of identified needs beyond scope of site.										
Task Develop strategy to implement protocols related to this requirement considering staff educational and training needs.										
Task Implement development plan related to protocols use related to this requirement.										
Milestone #4 Use EHRs or other technical platforms to track all patients										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
engaged in this project.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Determine current EHR infrastructure and level of integration of all primary care practices, as part of the IT Current State assessment (see IT Systems & Processes Work stream)										
Task Develop strategy to address potential barriers to EHR integration based on current state assessment.										
Task Create prioritized list of practices who will need to begin integrating EHR in order to meet project requirement #1.										
Task Communicate strategy and expectations to practices for EHR integration implementation.										
Task Set expectations on short & long term patient engagement tracking data delivery mechanisms										
Task Define the data elements necessary to track the engagement										
Task Establish reporting periods and dates for providers to report on patient engagement										
Task Identify role/staff that will be responsible for reporting on patient engagement										
Task Evaluation of technology toolset (EMR, PMS, etc.), maturity of usage and HIE integration readiness assessment										
Task Determine level of RHIO Integration and services subscription										
Task Identify the gaps and develop long term plans to acquire patient data from providers commensurate with current technical capabilities and HIE integration needs										
Task Work with providers to develop an implementation plan to meet short and long term reporting requirements										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #5 Co-locate primary care services at behavioral health sites.										
Task PPS has achieved NCQA 2014 Level 3 PCMH or Advanced Primary Care Model Practices by the end of DY3.	0	0	0	0	0	1	10	11	11	14
Task Primary care services are co-located within behavioral Health practices and are available.	0	0	0	0	0	1	10	11	11	14
Task Primary care services are co-located within behavioral Health practices and are available.	0	0	0	0	0	1	1	13	15	17
Task Establish Project team with representation from, but not limited to, providers, representatives of local governmental units, subject matter experts, PPS team members, other partners identified across the PPS as important to the project's success.										
Task Identify the specific sites, locations implementing Model 2 of this project.										
Task Complete current state assessment of integration for project participants										
Task Determine projected future state of integration for sites involved in the project considering projected volume of patients, operational, financial, space, cultural and workforce issues.										
Task Identify plan to close gap between current state and projected future state of project sites										
Task Develop staffing plans - identify FTEs needed based on capacity and regional demand; decide on redeployment and/or new hires.										
Task Determine licensure needs/plans/waivers - if an operating certificate/waiver is needed begin the application process through appropriate NYS and local governmental agency and identified process.										
Task Establish consultation group and resources for each model of the project to assist providers as they develop and implement project										
Task Share recruitment plans/needs to PPS for coordinated regional recruitment efforts for hard to fill positions (such as psychiatric NPs, psychiatrists)										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Engage and communicate with primary care providers to ensure project understanding and alignment of efforts.										
Task Establish PPS PCMH support team to serve as subject matter experts on application completion and practice transformation.										
Task Identify all PCMH eligible practices in PPS, and assess current state PCMH status of those practices										
Task Finalize contracts with Behavioral Health providers and Primary Care practices.										
Task Determine current EHR infrastructure of all primary care practices, as part of the IT Current State assessment (see IT Systems & Processes Work stream)										
Task Create prioritized list of practices who will need to begin EHR implementation										
Task Develop and document a plan to engage practices to certify PCMH based on current state and readiness to achieve PCMH Level 3.										
Task Achieve PCMH certification from PCMH practices										
Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices.										
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.										
Task Identify team responsible for protocol development for collaborative treatment in integrated care settings.										
Task Create list of protocols/policies/processes needed; prioritize/sequence list ensuring that medication management and care engagement are included.										
Task										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Project team members to share existing protocols and evidence-based practices in support of the development of PPS-wide general protocols for this project.										
Task Establish procedures outlining coordination of hand-offs between Behavioral Health and Primary Care.										
Task Protocols to be reviewed by Clinical Quality Committee.										
Task Institute clear workflows for assessment, referral and follow-up care to be provided.										
Task Develop strategy to implement protocols that includes staff education and documentation verifying attendees.										
Task Provider to adopt and implement protocols. monitor for compliance and effectiveness.										
Task Establish process for monitoring provider compliance with protocols										
Task Execute processes for monitoring provider compliance with protocols										
Milestone #7 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.										
Task Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.										
Task Screenings are documented in Electronic Health Record.										
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.	0	0	0	0	0	1	10	11	11	14
Task Select specific screening tool(s) to be utilized.										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Establish workflows for screening - who completes, at what types of visits, at what frequency.										
Task Establish clear protocol for documentation of assessments and communication of findings to clinical team and patient.										
Task Create process and protocols for linkage/warm hand offs of positive screens as well as patient refusal of service.										
Task Establish protocols for referrals to/engagement of care management including health home care management and PCMH care management.										
Task Develop community resources lists for linkage of identified needs beyond scope of site.										
Task Develop plan to implement protocols related to this requirement considering staff educational and training needs.										
Task Execute development plan related to protocols use related to this requirement.										
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Determine current EHR infrastructure and level of integration of all participating sites, as part of the IT Current State assessment (see IT Systems & Processes Work stream)										
Task Develop strategy to address potential barriers to EHR integration based on current state assessment.										
Task Create prioritized list of sites who will need to begin integrating EHR in order to meet project requirement #1.										
Task Communicate strategy and expectations to sites for EHR integration implementation										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Set expectations on short & long term patient engagement tracking data delivery mechanisms										
Task Define the data elements necessary to track the engagement										
Task Establish reporting periods and dates for providers to report on patient engagement										
Task Identify role/staff that will be responsible for reporting on patient engagement										
Task Evaluation of technology toolset (EMR, PMS, etc.), maturity of usage and HIE integration readiness assessment										
Task Determine level of RHIO Integration and services subscription										
Task Identify the gaps and develop long term plans to acquire patient data from providers commensurate with current technical capabilities and HIE integration needs										
Task Work with providers to develop an implementation plan to meet short and long term reporting requirements										
Milestone #9 Implement IMPACT Model at Primary Care Sites.										
Task PPS has implemented IMPACT Model at Primary Care Sites.	0	0	0	0	0	1	1	1	2	2
Task Establish Project team with representation from, but not limited to, providers, representatives of local governmental units, subject matter experts, PPS team members, other partners identified as important to the project's success.										
Task Identify the specific sites, locations implementing the IMPACT model.										
Task Complete current state assessment of integration for project participants										
Task Determine projected future state of integration for sites involved in the project considering projected volume of patients, operational, financial, space, cultural and workforce issues.										
Task Identify plan to close gap between current state and projected										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
future state of project sites										
Task Develop staffing plans - identify FTEs needed based on capacity and regional demand; decide on redeployment and/or new hires.										
Task Determine licensure needs/plans/waivers - if an operating certificate/waiver is needed begin the application process through appropriate NYS and local governmental agency and identified process.										
Task Establish consultation group and resources for each model of the project to assist providers as they develop and implement project										
Task Share recruitment plans/needs to PPS for coordinated regional recruitment efforts for hard to fill positions (such as psychiatric NPs, psychiatrists)										
Task Develop and submit required reports and documentation										
Task Establish plan to educate project site staff on standards, data gathering, process improvement/PDSA cycles.										
Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.										
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician and care manager.										
Task Policies and procedures include process for consulting with Psychiatrist.										
Task Identify team responsible for protocol development for collaborative treatment in integrated care settings.										
Task Create list of protocols/policies/processes needed; prioritize/sequence list ensuring that medication management and care engagement are included.										
Task Project team members to share existing protocols and evidence-based practices in support of the development of PPS-wide										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
general protocols for this project.										
Task Establish regular meeting schedule to develop collaborative care practices										
Task Protocols to be reviewed by appropriate internal/external review committees.										
Task Protocols approved and communicated to all PPS providers.										
Task Develop strategy to implement protocols that includes staff education and documentation verifying attendees.										
Task Provider to adopt and implement protocols. Monitor for compliance and effectiveness.										
Task Establish process for monitoring provider compliance with protocols										
Task Monitor provider compliance with protocols using established process .										
Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.										
Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records.										
Task Depression care manager meets requirements of IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan.										
Task PPS to identify and engage partners implementing the IMPACT model										
Task PPS to work with project site in identifying whom is occupying the Depression Care Manager position within the project site										
Task PPS to assist project site as needed to assure Depression Care Manager is trained in implementing IMPACT model										

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Task PPS to monitor project sites use of Depression Care Manager to ensure they meet requirements of the project										
Task Process for entering screening data is finalized and implemented.										
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.										
Task All IMPACT participants in PPS have a designated Psychiatrist.										
Task PPS to work with IMPACT provider to assure provider meets IMPACT requirements										
Task Design workflow that incorporates designated psychiatrist consultation per IMPACT model										
Milestone #13 Measure outcomes as required in the IMPACT Model.										
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
Task Select specific screening tool(s) to be utilized.										
Task Establish workflows for screening - who completes, at what types of visits, at what frequency.										
Task Establish clear protocol for documentation of assessments and communication of findings to clinical team and patient.										
Task Create process and protocols for linkage/warm hand offs of positive screens as well as patient refusal of service.										
Task Develop community resources lists for linkage of identified needs beyond scope of site.										
Task Develop strategy to implement protocols related to this requirement considering staff educational and training needs.										
Task Execute development plan related to protocols use related to this requirement.										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #14 Provide "stepped care" as required by the IMPACT Model.										
Task In alignment with the IMPACT model, treatment is adjusted based on evidence-based algorithm that includes evaluation of patient after 10-12 weeks after start of treatment plan.										
Task Develop evidenced-based algorithm										
Task Sites review evidence based algorithm										
Task Develop strategy to implement the evidenced-based algorithm										
Task Staff are trained and demonstrate competence in use of algorithm										
Task Monitor use of algorithm for compliance and effectiveness										
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Set expectations on short & long term patient engagement tracking data delivery mechanisms										
Task Define the data elements necessary to track the engagement										
Task Establish reporting periods and dates for providers to report on patient engagement										
Task Identify role/staff that will be responsible for reporting on patient engagement										
Task Evaluation of technology toolset (EMR, PMS, etc.), maturity of usage and HIE integration readiness assessment										
Task Determine level of RHIO Integration and services subscription										
Task Identify the gaps and develop long term plans to acquire patient										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
data from providers commensurate with current technical capabilities and HIE integration needs										
Task Work with providers to develop an implementation plan to meet short and long term reporting requirements										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.										
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.	23	345	345	345	345	345	345	345	345	345
Task Behavioral health services are co-located within PCMH/APC practices and are available.	34	78	78	78	78	78	78	78	78	78
Task Establish Project team with representation from, but not limited to, providers, representatives of local governmental units, subject matter experts, PPS team members, other partners identified across the PPS as important to the project's success.										
Task Identify the specific sites, locations implementing model 1 of this project. Services at co-located sites could include behavioral health, and substance use disorder screening, referral, and treatment services. The populations to be served by this model include all patients at each participating site within the established PPS.										
Task Create survey for providers and and use survey results to complete current state assessment of integration for project participants.										
Task Determine projected future state of integration for sites involved in the project considering projected volume of patients, operational, financial, space, cultural and workforce issues.										
Task Identify plan to close gap between current state and projected future state of project sites										
Task Develop staffing plans - identify FTEs needed based on capacity										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
and regional demand; decide on redeployment and/or new hires.										
Task Determine licensure needs/plans/waivers - if an operating certificate/waiver is needed begin the application process through appropriate NYS and local governmental agency and identified process										
Task Establish consultation group and resources for each model of the project to assist providers as they develop and implement project										
Task Share recruitment plans/needs to PPS for coordinated regional recruitment efforts for hard to fill positions (such as psychiatric NPs, psychiatrists)										
Task Engage and communicate with primary care providers to ensure project understanding and alignment of efforts.										
Task Establish PPS PCMH support team to serve as subject matter experts on application completion and practice transformation.										
Task Identify all PCMH eligible practices in PPS, establish directory of those participating in the project. Identify, document, and assess current state PCMH status of those practices.										
Task Finalize contracts with Behavioral Health providers and Primary Care practices.										
Task Develop and document a plan to engage practices to certify PCMH based on current state and readiness to achieve PCMH Level 3.										
Task Achieve PCMH certification from PCMH practices										
Task Assist project partners in model selection, informed by data from Community Needs Assessment, NOCN workgroups and project team feedback.										
Task Collaborate with PPS Data Analyst to identify gaps in service needs based on initial partner model selection. Develop strategy to close gaps to ensure appropriate PPS-wide model utilization meets patient service needs.										
Milestone #2 Develop collaborative evidence-based standards of care										

Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
including medication management and care engagement process.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices.										
Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.										
Task Identify team responsible for protocol development for collaborative treatment in integrated care settings.										
Task Create list of protocols/policies/processes needed; prioritize/sequence list ensuring that medication management and care engagement are included.										
Task Project team members to share existing protocols and evidence-based practices in support of the development of PPS-wide general protocols for this project.										
Task Establish procedures outlining coordination of hand-offs between Behavioral Health and Primary Care.										
Task Protocols to be reviewed by Clinical Quality Committee.										
Task Institute clear workflows for assessment, referral and follow-up care to be provided.										
Task Develop strategy to implement protocols that includes staff education and documentation verifying attendees.										
Task Provider to adopt and implement protocols. monitor for compliance and effectiveness.										
Task Establish process for monitoring provider compliance with protocols										
Task Execute processes for monitoring provider compliance with protocols										
Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Policies and procedures are in place to facilitate and document completion of screenings.										
Task Screenings are documented in Electronic Health Record.										
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.	23	345	345	345	345	345	345	345	345	345
Task Select specific screening tool(s) to be utilized.										
Task Establish workflows for screening - who completes, at what types of visits, at what frequency.										
Task Establish clear protocol for documentation of assessments and communication of findings to clinical team and patient.										
Task Create process and protocols for linkage/warm hand offs of positive screens as well as patient refusal of service.										
Task Establish protocols for referrals to/engagement of care management including health home care management and PCMH care management.										
Task Develop community resources lists for linkage of identified needs beyond scope of site.										
Task Develop strategy to implement protocols related to this requirement considering staff educational and training needs.										
Task Implement development plan related to protocols use related to this requirement.										
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Determine current EHR infrastructure and level of integration of all primary care practices, as part of the IT Current State assessment (see IT Systems & Processes Work stream)										
Task Develop strategy to address potential barriers to EHR integration based on current state assessment.										
Task Create prioritized list of practices who will need to begin integrating EHR in order to meet project requirement #1.										
Task Communicate strategy and expectations to practices for EHR integration implementation.										
Task Set expectations on short & long term patient engagement tracking data delivery mechanisms										
Task Define the data elements necessary to track the engagement										
Task Establish reporting periods and dates for providers to report on patient engagement										
Task Identify role/staff that will be responsible for reporting on patient engagement										
Task Evaluation of technology toolset (EMR, PMS, etc.), maturity of usage and HIE integration readiness assessment										
Task Determine level of RHIO Integration and services subscription										
Task Identify the gaps and develop long term plans to acquire patient data from providers commensurate with current technical capabilities and HIE integration needs										
Task Work with providers to develop an implementation plan to meet short and long term reporting requirements										
Milestone #5 Co-locate primary care services at behavioral health sites.										
Task PPS has achieved NCQA 2014 Level 3 PCMH or Advanced Primary Care Model Practices by the end of DY3.	14	210	210	210	210	210	210	210	210	210

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Primary care services are co-located within behavioral Health practices and are available.	14	210	210	210	210	210	210	210	210	210
Task Primary care services are co-located within behavioral Health practices and are available.	21	48	48	48	48	48	48	48	48	48
Task Establish Project team with representation from, but not limited to, providers, representatives of local governmental units, subject matter experts, PPS team members, other partners identified across the PPS as important to the project's success.										
Task Identify the specific sites, locations implementing Model 2 of this project.										
Task Complete current state assessment of integration for project participants										
Task Determine projected future state of integration for sites involved in the project considering projected volume of patients, operational, financial, space, cultural and workforce issues.										
Task Identify plan to close gap between current state and projected future state of project sites										
Task Develop staffing plans - identify FTEs needed based on capacity and regional demand; decide on redeployment and/or new hires.										
Task Determine licensure needs/plans/waivers - if an operating certificate/waiver is needed begin the application process through appropriate NYS and local governmental agency and identified process.										
Task Establish consultation group and resources for each model of the project to assist providers as they develop and implement project										
Task Share recruitment plans/needs to PPS for coordinated regional recruitment efforts for hard to fill positions (such as psychiatric NPs, psychiatrists)										
Task Engage and communicate with primary care providers to ensure project understanding and alignment of efforts.										
Task Establish PPS PCMH support team to serve as subject matter										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
experts on application completion and practice transformation.										
Task Identify all PCMH eligible practices in PPS, and assess current state PCMH status of those practices										
Task Finalize contracts with Behavioral Health providers and Primary Care practices.										
Task Determine current EHR infrastructure of all primary care practices, as part of the IT Current State assessment (see IT Systems & Processes Work stream)										
Task Create prioritized list of practices who will need to begin EHR implementation										
Task Develop and document a plan to engage practices to certify PCMH based on current state and readiness to achieve PCMH Level 3.										
Task Achieve PCMH certification from PCMH practices										
Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices.										
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.										
Task Identify team responsible for protocol development for collaborative treatment in integrated care settings.										
Task Create list of protocols/policies/processes needed; prioritize/sequence list ensuring that medication management and care engagement are included.										
Task Project team members to share existing protocols and evidence-based practices in support of the development of PPS-wide general protocols for this project.										
Task Establish procedures outlining coordination of hand-offs between										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Behavioral Health and Primary Care.										
Task Protocols to be reviewed by Clinical Quality Committee.										
Task Institute clear workflows for assessment, referral and follow-up care to be provided.										
Task Develop strategy to implement protocols that includes staff education and documentation verifying attendees.										
Task Provider to adopt and implement protocols. monitor for compliance and effectiveness.										
Task Establish process for monitoring provider compliance with protocols										
Task Execute processes for monitoring provider compliance with protocols										
Milestone #7 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.										
Task Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.										
Task Screenings are documented in Electronic Health Record.										
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.	14	210	210	210	210	210	210	210	210	210
Task Select specific screening tool(s) to be utilized.										
Task Establish workflows for screening - who completes, at what types of visits, at what frequency.										
Task Establish clear protocol for documentation of assessments and										

Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
communication of findings to clinical team and patient.										
Task Create process and protocols for linkage/warm hand offs of positive screens as well as patient refusal of service.										
Task Establish protocols for referrals to/engagement of care management including health home care management and PCMH care management.										
Task Develop community resources lists for linkage of identified needs beyond scope of site.										
Task Develop plan to implement protocols related to this requirement considering staff educational and training needs.										
Task Execute development plan related to protocols use related to this requirement.										
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Determine current EHR infrastructure and level of integration of all participating sites, as part of the IT Current State assessment (see IT Systems & Processes Work stream)										
Task Develop strategy to address potential barriers to EHR integration based on current state assessment.										
Task Create prioritized list of sites who will need to begin integrating EHR in order to meet project requirement #1.										
Task Communicate strategy and expectations to sites for EHR integration implementation										
Task Set expectations on short & long term patient engagement tracking data delivery mechanisms										
Task Define the data elements necessary to track the engagement										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Establish reporting periods and dates for providers to report on patient engagement										
Task Identify role/staff that will be responsible for reporting on patient engagement										
Task Evaluation of technology toolset (EMR, PMS, etc.), maturity of usage and HIE integration readiness assessment										
Task Determine level of RHIO Integration and services subscription										
Task Identify the gaps and develop long term plans to acquire patient data from providers commensurate with current technical capabilities and HIE integration needs										
Task Work with providers to develop an implementation plan to meet short and long term reporting requirements										
Milestone #9 Implement IMPACT Model at Primary Care Sites.										
Task PPS has implemented IMPACT Model at Primary Care Sites.	2	2	2	2	2	2	2	2	2	2
Task Establish Project team with representation from, but not limited to, providers, representatives of local governmental units, subject matter experts, PPS team members, other partners identified as important to the project's success.										
Task Identify the specific sites, locations implementing the IMPACT model.										
Task Complete current state assessment of integration for project participants										
Task Determine projected future state of integration for sites involved in the project considering projected volume of patients, operational, financial, space, cultural and workforce issues.										
Task Identify plan to close gap between current state and projected future state of project sites										
Task Develop staffing plans - identify FTEs needed based on capacity and regional demand; decide on redeployment and/or new hires.										
Task										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Determine licensure needs/plans/waivers - if an operating certificate/waiver is needed begin the application process through appropriate NYS and local governmental agency and identified process.										
Task Establish consultation group and resources for each model of the project to assist providers as they develop and implement project										
Task Share recruitment plans/needs to PPS for coordinated regional recruitment efforts for hard to fill positions (such as psychiatric NPs, psychiatrists)										
Task Develop and submit required reports and documentation										
Task Establish plan to educate project site staff on standards, data gathering, process improvement/PDSA cycles.										
Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.										
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician and care manager.										
Task Policies and procedures include process for consulting with Psychiatrist.										
Task Identify team responsible for protocol development for collaborative treatment in integrated care settings.										
Task Create list of protocols/policies/processes needed; prioritize/sequence list ensuring that medication management and care engagement are included.										
Task Project team members to share existing protocols and evidence-based practices in support of the development of PPS-wide general protocols for this project.										
Task Establish regular meeting schedule to develop collaborative care practices										
Task Protocols to be reviewed by appropriate internal/external review										

Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
committees.										
Task Protocols approved and communicated to all PPS providers.										
Task Develop strategy to implement protocols that includes staff education and documentation verifying attendees.										
Task Provider to adopt and implement protocols. Monitor for compliance and effectiveness.										
Task Establish process for monitoring provider compliance with protocols										
Task Monitor provider compliance with protocols using established process .										
Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.										
Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records.										
Task Depression care manager meets requirements of IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan.										
Task PPS to identify and engage partners implementing the IMPACT model										
Task PPS to work with project site in identifying whom is occupying the Depression Care Manager position within the project site										
Task PPS to assist project site as needed to assure Depression Care Manager is trained in implementing IMPACT model										
Task PPS to monitor project sites use of Depression Care Manager to ensure they meet requirements of the project										
Task Process for entering screening data is finalized and implemented.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.										
Task All IMPACT participants in PPS have a designated Psychiatrist.										
Task PPS to work with IMPACT provider to assure provider meets IMPACT requirements										
Task Design workflow that incorporates designated psychiatrist consultation per IMPACT model										
Milestone #13 Measure outcomes as required in the IMPACT Model.										
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
Task Select specific screening tool(s) to be utilized.										
Task Establish workflows for screening - who completes, at what types of visits, at what frequency.										
Task Establish clear protocol for documentation of assessments and communication of findings to clinical team and patient.										
Task Create process and protocols for linkage/warm hand offs of positive screens as well as patient refusal of service.										
Task Develop community resources lists for linkage of identified needs beyond scope of site.										
Task Develop strategy to implement protocols related to this requirement considering staff educational and training needs.										
Task Execute development plan related to protocols use related to this requirement.										
Milestone #14 Provide "stepped care" as required by the IMPACT Model.										
Task In alignment with the IMPACT model, treatment is adjusted based on evidence-based algorithm that includes evaluation of patient after 10-12 weeks after start of treatment plan.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Develop evidenced-based algorithm										
Task Sites review evidence based algorithm										
Task Develop strategy to implement the evidenced-based algorithm										
Task Staff are trained and demonstrate competence in use of algorithm										
Task Monitor use of algorithm for compliance and effectiveness										
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Set expectations on short & long term patient engagement tracking data delivery mechanisms										
Task Define the data elements necessary to track the engagement										
Task Establish reporting periods and dates for providers to report on patient engagement										
Task Identify role/staff that will be responsible for reporting on patient engagement										
Task Evaluation of technology toolset (EMR, PMS, etc.), maturity of usage and HIE integration readiness assessment										
Task Determine level of RHIO Integration and services subscription										
Task Identify the gaps and develop long term plans to acquire patient data from providers commensurate with current technical capabilities and HIE integration needs										
Task Work with providers to develop an implementation plan to meet short and long term reporting requirements										

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	
Develop collaborative evidence-based standards of care including medication management and care engagement process.	
Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	
Use EHRs or other technical platforms to track all patients engaged in this project.	
Co-locate primary care services at behavioral health sites.	
Develop collaborative evidence-based standards of care including medication management and care engagement process.	
Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	
Use EHRs or other technical platforms to track all patients engaged in this project.	
Implement IMPACT Model at Primary Care Sites.	
Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	
Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	
Designate a Psychiatrist meeting requirements of the IMPACT Model.	
Measure outcomes as required in the IMPACT Model.	
Provide "stepped care" as required by the IMPACT Model.	
Use EHRs or other technical platforms to track all patients engaged	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
in this project.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Ongoing	
Milestone #12	Pass & Ongoing	
Milestone #13	Pass & Ongoing	
Milestone #14	Pass & Ongoing	
Milestone #15	Pass & Ongoing	

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IPQR Module 3.a.i.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 3.a.i.5 - IA Monitoring

Instructions :

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Project 3.a.ii – Behavioral health community crisis stabilization services

IPQR Module 3.a.ii.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

Risk: Workforce - The Recruitment & retention of psychiatric providers is a challenge for us and many areas across our region are HPSAs as a result. Wi
Mitigation: a. Use existing providers more efficiently, e.g., share resources across "hubs" b. Use Telepsych so existing providers c. Allow Mobile Teams to transport to where Psych Providers are d. Coordinate resources with NYS initiatives providing similar services e. Facilitate behavioral health certification for non-psych NPs/PAs f. Facilitate path to Mid-Level training for RNs, et al. by working with area colleges. g. Leverage FLPPS Workforce committee/training
Risk: Workforce - Possible insufficient care management capacity and competency, high volume of patients with BH needs in this region requires a more specialized approach, need for adequate staff who are also culturally competent.
Mitigation: a. Work closely with Health Homes to identify need, resources. b. Provide specialized training for Care Managers who will be associated with Community Crisis Stabilization Services, e.g., training in early identification of behavioral health crises and availability of resources.
Risk: Communication for Coordination across the PPS (IT interoperability & Central Triage) - a. Multiple Crisis Lines & Sensitivity regarding a "Central Line" for the region. Identify functionality of present systems and current gaps. b. IT interface with multiple EMRS PLUS those without IT infrastructure c. Constraint due to 42 C.F.R., which does not allow specific sharing of information for those being treated for Substance Use Disorders, HIPPA issues need to be addressed d. Multiple State & Community Initiatives
Mitigation: a. Continue with using successful local call-lines and explore connecting them seamlessly to a "central call center" via IT advances. a. Provide support/oversight to existing regional call line ("211") to improve capability. b. Utilize and leverage FLPPS infrastructure to assist with interoperability & the collection of data for Domain 3 Metric measurement b. Until HIT is up and running, standardized manual tracking by agency as needed. c. Coordinate with 2.a.i efforts. c. Coordinate efforts with other NYS PPS's who are likely working through this same risk. c. Work with OASAS, DOH & OMH for solutions. d. Explore the use SPOA-type Service to assure coordination/collaboration across initiatives d. Work with County Directors to assist with communicating the synergies of the initiatives underway.
Risk: Transportation is a challenge in both our urban and rural communities with cost, limitations on the use of healthcare dollars for non-medical although health-related destinations, distance from BH services and our many lakes making travel longer for care.
Mitigation: a. Assure all Hubs are aware of/connected to various transportation services already in place b. Share & initiate "best practices" re: transportation from other rural areas/communities c. Provide "Regional Transportation Directory" via FLPPS Call Center or "repository" organized by locality, to include scheduling parameters, etc. d. Provide support for co-located services to decrease the amount of travel for health care. e. Use of Telehealth, MCT, home visits (home care)
Risk: Capital Funding- ambiguity regarding funding awards to develop crisis services where there are gaps. Delays our ability to definitively locate some of our "Hubs"
Mitigation: a. Begin establishing those hubs that are not capital-dependent and leverage those locations for piloting/completing Domain 1 metrics. b. Central services to leverage economy of scale where we are able to bring down the cost for services required. c. FLPPS to provide assistance

with additional grant-seeking and development opportunities.

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IPQR Module 3.a.ii.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Patient Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for DY1 Q3 should include patients previously reported in DY1 Q2 plus new patients engaged in DY1 Q3. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
100% Actively Engaged By	**Expected Patient Engagement**
DY4,Q4	13,600

Patients Engaged to Date in Current DY	DY1,Q3 Patient Update	% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
827	2,060	79.23%	540	15.15%

Warning: Please note that your DY1,Q3 Patient update does not meet your committed amount (2,600)

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
oswaldos	Baseline or Performance Documentation	9_PMDL3815_1_3_20160129180231_3.a.ii.xlsx	FLPPS 3.a.ii PHI Submission	01/29/2016 06:02 PM

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

The 827 reflected in "Patients Engaged to Date in Current DY" is not correct. The DY1Q1 + DY1Q2 summary is 509+827=1336. Our additional Patients Engaged in DY1Q3 of 724 gives a total of 724+1336=2060 for DY1. The 724 is supported by PHI in the file upload, as we now have BAAs with our reporting Partners for DY1Q3.

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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 3.a.ii.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	Project	N/A	In Progress	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has established a crisis intervention program that includes outreach, mobile crisis, and intensive crisis services.	Project		In Progress	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Develop, by NOCN, a current state assessment of crisis intervention programs.	Project		In Progress	08/01/2015	03/31/2016	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Provide data to inform current state assessment via survey and/or meeting participation	Project		In Progress	08/01/2015	10/31/2015	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify current state patient flow for crisis stabilization services.	Project		In Progress	08/01/2015	12/31/2015	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Prioritize key points in flow to create diversion processes leading to desired state flow	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Identify challenges to access to crisis services for target population.	Project		In Progress	08/01/2015	03/31/2016	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Identify and engage CBO's and partnerships needed to address gaps/needed services	Project		In Progress	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Design crisis intervention program for NOCN with implementation plan	Project		In Progress	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #2 Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	Project	N/A	In Progress	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task	Project		In Progress	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
PPS has implemented diversion management protocol with PPS Hospitals (specifically Emergency Departments).									
Task PPS partners in this project will create a decision-tree that aligns with a continuum of care for how and when community crisis stabilization services would be accessed and utilized aligned with agreed upon future state model.	Project		In Progress	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify and engage health home providers, ER leaders, and psychiatric inpatient services leaders in protocol work group	Project		In Progress	08/01/2015	03/31/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Complete current state assessment of linkages and protocols related to this project	Project		In Progress	08/01/2015	03/31/2016	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Providers to share data relevant to completion of current state assessment.	Project		In Progress	08/01/2015	03/31/2016	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Identify gaps in linkage and protocol needed to manage diversion from ED and inpatient services in context of desired future state.	Project		In Progress	12/01/2015	06/30/2016	12/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Define protocol development process	Project		In Progress	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop diversion protocols with key stake holders, subject matter expert(s), Behavioral Health Subcommittee, including and consistent with PPS protocol processes	Project		In Progress	12/01/2015	12/31/2016	12/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Conduct appropriate review of protocols through above identified process.	Project		Not Started	12/01/2016	03/31/2017	12/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop plan for communication and dissemination of protocols across PPS.	Project		Not Started	12/01/2016	06/30/2017	12/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task Establish repository for recommended protocols	Project		Not Started	09/01/2016	03/31/2017	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Execute communication and dissemination plan that includes education of partners involved in project.	Project		Not Started	03/01/2017	09/30/2017	03/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Providers to develop plan to implement protocols. Plan to include	Project		Not Started	03/01/2017	09/30/2017	03/01/2017	09/30/2017	09/30/2017	DY3 Q2

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
education of staff and monitoring of protocol use and adherence.									
Task Training for providers involved in the project completed and documented	Project		Not Started	09/01/2017	12/31/2017	09/01/2017	12/31/2017	12/31/2017	DY3 Q3
Task Protocols implemented as appropriate and indicated	Project		In Progress	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #3 Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	Project	N/A	Not Started	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task PPS has engaged MCO in negotiating coverage of services under this project and/or MCO provides coverage for services in project.	Project		Not Started	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Determine PPS criteria to select MCO(s) for engagement and identify key MCO(s) for engagement based on defined criteria.	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Identify FLPPS personnel and/or support appropriate Clinical and Finance Committee members to attend lead meetings	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Utilize FLPPS Clinical Subject Matter Experts and Clinical Project Committee to identify services that are currently covered by MCO(s) and identify potential gaps	Project		Not Started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop proposed strategy to ensure that appropriate services (i.e. intensive crisis services) are covered as part of project efforts	Project		Not Started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Leverage reoccurring meetings with MCO(s) as part of 2.a.i. requirements to introduce proposed strategy to cover all identified essential services and discuss adoption procedures at the provider level, not at FLPPS level as a whole	Project		Not Started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Advocate for formal agreements from partners with MCO(s) to ensure identified services are covered. Partners develop agreements with MCO(s) as necessary.	Project		Not Started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #4 Develop written treatment protocols with consensus from	Project	N/A	In Progress	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
participating providers and facilities.									
Task Regularly scheduled formal meetings are held to develop consensus on treatment protocols.	Project		In Progress	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated treatment care protocols are in place.	Project		In Progress	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify team to work toward consensus of treatment protocols and set forth schedule of formal meetings	Project		In Progress	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Collect protocols currently in place across the region and organize them by treatment aim.	Project		In Progress	12/01/2015	02/28/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop a list of protocols with wide consensus across the PPS. Refine and adapt protocols to regional and local needs and resources.	Project		In Progress	12/01/2015	09/30/2016	12/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Develop a process for protocol review and endorsement that includes PPS committees, subject matter expert(s), behavioral health subcommittee and other identified stake holders.	Project		In Progress	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop a process for communication of protocols that includes written training materials and a plan to deliver trainings to identified staff	Project		Not Started	06/01/2016	11/30/2016	06/01/2016	11/30/2016	12/31/2016	DY2 Q3
Task Deliver training of treatment protocols that accurately tracks attendance.	Project		Not Started	11/01/2016	02/28/2017	11/01/2016	02/28/2017	03/31/2017	DY2 Q4
Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	Project	N/A	In Progress	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS includes at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services in provider network	Project		In Progress	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates access to psychiatric services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and	Provider	Safety Net Hospital	In Progress	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
implements improvement steps.									
Task Identify hospitals in the PPS that meet the criteria of this requirement and their current capacity for specialty psychiatric services and other crisis-oriented services	Project		In Progress	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task By region and hospital within the region, determine current utilization and plan for expansion of services if appropriate	Project		In Progress	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Psychiatric service providers to provide PPS with data related to access, wait times, and other measures identified to track and identify improvement areas.	Project		In Progress	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop access plan to specialty and crisis-oriented services that includes reporting and improvement processes	Project		Not Started	09/01/2016	03/31/2017	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Execute identified improvement plans and steps as identified through process	Project		Not Started	09/01/2016	03/31/2017	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	Project	N/A	In Progress	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS includes hospitals with observation unit or off campus crisis residence locations for crisis monitoring.	Project		In Progress	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	Provider	Safety Net Hospital	In Progress	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	Provider	Safety Net Clinic	In Progress	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies	Provider	Safety Net Mental Health	In Progress	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
improvement areas, and implements improvement steps.									
Task Obtain baseline data on number and current use of observation beds	Project		In Progress	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Assessment of geographical needs, current utilization patterns for planning ready access and coordination of bed placement.	Project		In Progress	12/01/2015	06/30/2016	12/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Define current and proposed levels of crisis stabilization bed services and staffing needs at each level and by Hub/region.	Project		Not Started	06/01/2016	12/31/2017	06/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Establish process for identification of improvement opportunities through assessment of access data.	Project		Not Started	03/01/2017	09/30/2017	03/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Define and establish improvement implementation processes and monitoring.	Project		Not Started	09/01/2017	01/31/2018	09/01/2017	01/31/2018	03/31/2018	DY3 Q4
Task Develop access plan to services that includes reporting and improvement planning process	Project		Not Started	09/01/2017	01/31/2018	09/01/2017	01/31/2018	03/31/2018	DY3 Q4
Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	Project	N/A	In Progress	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS includes mobile crisis teams to help meet crisis stabilization needs of the community.	Project		In Progress	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Coordinated evidence-based care protocols for mobile crisis teams are in place.	Project		In Progress	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Assess current MCT and their reach within the PPS. Developing a coverage map to determine coverage and gaps.	Project		In Progress	08/01/2015	12/31/2015	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop strategy for expansion of MCT services, bandwidth etc. based on assessment of coverage and gaps	Project		In Progress	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Implement plan to expand MCT services across PPS as well as coordinating MCT across each regions crisis intervention program.	Project		Not Started	03/01/2017	03/31/2018	03/01/2017	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Assemble current MCT teams to determine protocol development process that identifies and includes the appropriate stakeholders.	Project		In Progress	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Identify and recommend evidenced-based protocols to be implemented.	Project		Not Started	06/01/2016	06/30/2017	06/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task Develop training materials and schedule for dissemination of treatment protocols across PPS	Project		Not Started	06/01/2017	12/31/2017	06/01/2017	12/31/2017	12/31/2017	DY3 Q3
Task Providers to develop strategy to implement protocols. Plan to include education of staff and monitoring of protocol use and adherence.	Project		Not Started	06/01/2017	03/31/2018	06/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Implement training and track participants.	Project		Not Started	12/01/2017	03/31/2018	12/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #8 Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Hospital	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Mental Health	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Alerts and secure messaging functionality are used to facilitate crisis intervention services.									
Task Establish representative IT committee in accordance with the proposed governance model to support IT needs of PPS and partner organizations	Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Define specific data required to be sent and received as part of data sharing.	Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify PPS safety net providers who will be required to achieve this goal	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task As part of the Current State IT assessment, catalogue existing IT capabilities that includes RHIO data sharing, use of Direct messaging, and Alerts by Safety Net providers	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task Analyze results from Clinical Integration Needs Assessment to prioritize provider organizations to work with RHIOs to achieve requirement deliverables	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task FLPPS - RHIO agreement developed.	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Collaborate with RHIO to create joint training materials to use Direct messaging, alerts, and patient record lookup.	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task Document completed training for PPS safety net providers on use of direct messaging, alerts, and patient record lookup.	Project		Not Started	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Engage providers to integrate the use direct messaging, alerts, and patient record lookup into practice workflows, as appropriate based on provider type.	Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Establish an ongoing process to interactively review Direct and Alert functionality best practices among PPS providers and share with all safety net providers, including continuous review of EHR system adherence to defined data exchange standards (such as minimum required exchange datasets)	Project		Not Started	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #9	Project	N/A	In Progress	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.									
Task PPS has implemented central triage service among psychiatrists and behavioral health providers.	Project		In Progress	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Determine current localized triage services across PPS and assess current state for strengths and opportunities for improvement.	Project		In Progress	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Identify key participants to develop central triage agreements that include at a minimum the participants specified in the requirement.	Project		In Progress	12/01/2015	06/30/2016	12/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Develop strategy to implement centralized triage services based on regional strengths and opportunities	Project		Not Started	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop training based on the agreements and triage services identified.	Project		Not Started	03/01/2017	06/30/2017	03/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Deliver training of policies and procedures of triage services, assuring that participation is accurately tracked.	Project		Not Started	06/01/2017	09/30/2017	06/01/2017	09/30/2017	09/30/2017	DY3 Q2
Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has created an active quality subcommittee that reports to PPS quality committee that is representative of medical and behavioral health staff and is specifically focused on integration of primary care and behavioral health services within practice sites and other behavioral health project initiatives. Note: Only one quality sub-committee is required for medical and behavioral health integration projects in Domain 3a.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 Behavioral Health Metrics.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS quality subcommittee conducts and/or reviews self-audits to ensure compliance with processes and procedures developed for this project.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Service and quality outcome measures are reported to all stakeholders including PPS quality committee.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Collaborate with Clinical Quality Committee to inform quality subcommittee membership, purposes, and charter.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project clinical subject matter expert to collaborate with the quality subcommittee and behavioral health subcommittee to ensure the use of appropriate clinical protocols, metrics, and reporting processes for project quality metrics.	Project		In Progress	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project clinical subject matter expert to collaborate with the quality subcommittee and the behavioral health subcommittee as appropriate in creating a process for identifying quality improvement opportunities, related implementation/action plans, which includes the use of appropriate methodologies.	Project		In Progress	08/01/2015	12/31/2016	08/01/2015	12/31/2016	12/31/2016	DY2 Q3
Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project.	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Set expectations on short & long term patient engagement tracking data delivery mechanisms	Project		Completed	08/03/2015	09/30/2015	08/03/2015	09/30/2015	09/30/2015	DY1 Q2
Task Define the data elements necessary to track the engagement	Project		Completed	08/03/2015	09/30/2015	08/03/2015	09/30/2015	09/30/2015	DY1 Q2
Task Establish reporting periods and dates for providers to report on patient engagement	Project		Completed	08/03/2015	09/30/2015	08/03/2015	09/30/2015	09/30/2015	DY1 Q2

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DSRIP Implementation Plan Project

Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Identify role/staff that will be responsible for reporting on patient engagement	Project		Completed	08/03/2015	09/30/2015	08/03/2015	09/30/2015	09/30/2015	DY1 Q2
Task Evaluation of technology toolset (EMR, PMS, etc.), maturity of usage and HIE integration readiness assessment	Project		Completed	07/01/2015	12/30/2015	07/01/2015	12/30/2015	12/31/2015	DY1 Q3
Task Determine level of RHIO Integration and services subscription	Project		In Progress	07/01/2015	12/30/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify the gaps and develop long term plans to acquire patient data from providers commensurate with current technical capabilities and HIE integration needs	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Work with providers to develop an implementation plan to meet short and long term reporting requirements	Project		In Progress	08/03/2015	06/30/2016	08/03/2015	06/30/2016	06/30/2016	DY2 Q1

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.										
Task PPS has established a crisis intervention program that includes outreach, mobile crisis, and intensive crisis services.										
Task Develop, by NOCN, a current state assessment of crisis intervention programs.										
Task Provide data to inform current state assessment via survey and/or meeting participation										
Task Identify current state patient flow for crisis stabilization services.										
Task Prioritize key points in flow to create diversion processes leading to desired state flow										
Task Identify challenges to access to crisis services for target population.										
Task Identify and engage CBO's and partnerships needed to address gaps/needed services										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Design crisis intervention program for NOCN with implementation plan										
Milestone #2 Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.										
Task PPS has implemented diversion management protocol with PPS Hospitals (specifically Emergency Departments).										
Task PPS partners in this project will create a decision-tree that aligns with a continuum of care for how and when community crisis stabilization services would be accessed and utilized aligned with agreed upon future state model.										
Task Identify and engage health home providers, ER leaders, and psychiatric inpatient services leaders in protocol work group										
Task Complete current state assessment of linkages and protocols related to this project										
Task Providers to share data relevant to completion of current state assessment.										
Task Identify gaps in linkage and protocol needed to manage diversion from ED and inpatient services in context of desired future state.										
Task Define protocol development process										
Task Develop diversion protocols with key stake holders, subject matter expert(s), Behavioral Health Subcommittee, including and consistent with PPS protocol processes										
Task Conduct appropriate review of protocols through above identified process.										
Task Develop plan for communication and dissemination of protocols across PPS.										
Task Establish repository for recommended protocols										
Task Execute communication and dissemination plan that includes education of partners involved in project.										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Providers to develop plan to implement protocols. Plan to include education of staff and monitoring of protocol use and adherence.										
Task Training for providers involved in the project completed and documented										
Task Protocols implemented as appropriate and indicated										
Milestone #3 Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.										
Task PPS has engaged MCO in negotiating coverage of services under this project and/or MCO provides coverage for services in project.										
Task Determine PPS criteria to select MCO(s) for engagement and identify key MCO(s) for engagement based on defined criteria.										
Task Identify FLPPS personnel and/or support appropriate Clinical and Finance Committee members to attend lead meetings										
Task Utilize FLPPS Clinical Subject Matter Experts and Clinical Project Committee to identify services that are currently covered by MCO(s) and identify potential gaps										
Task Develop proposed strategy to ensure that appropriate services (i.e. intensive crisis services) are covered as part of project efforts										
Task Leverage reoccurring meetings with MCO(s) as part of 2.a.i. requirements to introduce proposed strategy to cover all identified essential services and discuss adoption procedures at the provider level, not at FLPPS level as a whole										
Task Advocate for formal agreements from partners with MCO(s) to ensure identified services are covered. Partners develop agreements with MCO(s) as necessary.										
Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities.										
Task Regularly scheduled formal meetings are held to develop consensus on treatment protocols.										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Coordinated treatment care protocols are in place.										
Task Identify team to work toward consensus of treatment protocols and set forth schedule of formal meetings										
Task Collect protocols currently in place across the region and organize them by treatment aim.										
Task Develop a list of protocols with wide consensus across the PPS. Refine and adapt protocols to regional and local needs and resources.										
Task Develop a process for protocol review and endorsement that includes PPS committees, subject matter expert(s), behavioral health subcommittee and other identified stake holders.										
Task Develop a process for communication of protocols that includes written training materials and a plan to deliver trainings to identified staff										
Task Deliver training of treatment protocols that accurately tracks attendance.										
Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.										
Task PPS includes at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services in provider network										
Task PPS evaluates access to psychiatric services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	0	0	0	0	1	2	3	5	7	8
Task Identify hospitals in the PPS that meet the criteria of this requirement and their current capacity for specialty psychiatric services and other crisis-oriented services										
Task By region and hospital within the region, determine current utilization and plan for expansion of services if appropriate										
Task Psychiatric service providers to provide PPS with data related to										

Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
access, wait times, and other measures identified to track and identify improvement areas.										
Task Develop access plan to specialty and crisis-oriented services that includes reporting and improvement processes										
Task Execute identified improvement plans and steps as identified through process										
Milestone #6 Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).										
Task PPS includes hospitals with observation unit or off campus crisis residence locations for crisis monitoring.										
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	0	0	0	0	1	2	3	5	7	9
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	0	0	0	0	2	4	6	8	10	14
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	0	0	0	0	4	6	8	12	18	24
Task Obtain baseline data on number and current use of observation beds										
Task Assessment of geographical needs, current utilization patterns for planning ready access and coordination of bed placement.										
Task Define current and proposed levels of crisis stabilization bed services and staffing needs at each level and by Hub/region.										
Task Establish process for identification of improvement opportunities through assessment of access data.										
Task Define and establish improvement implementation processes and monitoring.										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Develop access plan to services that includes reporting and improvement planning process										
Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.										
Task PPS includes mobile crisis teams to help meet crisis stabilization needs of the community.										
Task Coordinated evidence-based care protocols for mobile crisis teams are in place.										
Task Assess current MCT and their reach within the PPS. Developing a coverage map to determine coverage and gaps.										
Task Develop strategy for expansion of MCT services, bandwidth etc. based on assessment of coverage and gaps										
Task Implement plan to expand MCT services across PPS as well as coordinating MCT across each regions crisis intervention program.										
Task Assemble current MCT teams to determine protocol development process that identifies and includes the appropriate stakeholders.										
Task Identify and recommend evidenced-based protocols to be implemented.										
Task Develop training materials and schedule for dissemination of treatment protocols across PPS										
Task Providers to develop strategy to implement protocols. Plan to include education of staff and monitoring of protocol use and adherence.										
Task Implement training and track participants.										
Milestone #8 Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	10	25	45	62	102	130
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	16	34	65	89	128	160
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	1	2	3	5	7	9
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	4	6	8	12	18	24
Task Alerts and secure messaging functionality are used to facilitate crisis intervention services.										
Task Establish representative IT committee in accordance with the proposed governance model to support IT needs of PPS and partner organizations										
Task Define specific data required to be sent and received as part of data sharing.										
Task Identify PPS safety net providers who will be required to achieve this goal										
Task As part of the Current State IT assessment, catalogue existing IT capabilities that includes RHIO data sharing, use of Direct messaging, and Alerts by Safety Net providers										
Task Analyze results from Clinical Integration Needs Assessment to prioritize provider organizations to work with RHIOs to achieve requirement deliverables										
Task FLPPS - RHIO agreement developed.										
Task Collaborate with RHIO to create joint training materials to use Direct messaging, alerts, and patient record lookup.										
Task Document completed training for PPS safety net providers on use of direct messaging, alerts, and patient record lookup.										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Engage providers to integrate the use direct messaging, alerts, and patient record lookup into practice workflows, as appropriate based on provider type.										
Task Establish an ongoing process to interactively review Direct and Alert functionality best practices among PPS providers and share with all safety net providers, including continuous review of EHR system adherence to defined data exchange standards (such as minimum required exchange datasets)										
Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.										
Task PPS has implemented central triage service among psychiatrists and behavioral health providers.										
Task Determine current localized triage services across PPS and assess current state for strengths and opportunities for improvement.										
Task Identify key participants to develop central triage agreements that include at a minimum the participants specified in the requirement.										
Task Develop strategy to implement centralized triage services based on regional strengths and opportunities										
Task Develop training based on the agreements and triage services identified.										
Task Deliver training of policies and procedures of triage services, assuring that participation is accurately tracked.										
Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.										
Task PPS has created an active quality subcommittee that reports to PPS quality committee that is representative of medical and behavioral health staff and is specifically focused on integration of primary care and behavioral health services within practice sites and other behavioral health project initiatives. Note: Only one quality sub-committee is required for medical and behavioral health integration projects in Domain 3a.										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.										
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 Behavioral Health Metrics.										
Task PPS quality subcommittee conducts and/or reviews self-audits to ensure compliance with processes and procedures developed for this project.										
Task Service and quality outcome measures are reported to all stakeholders including PPS quality committee.										
Task Collaborate with Clinical Quality Committee to inform quality subcommittee membership, purposes, and charter.										
Task Project clinical subject matter expert to collaborate with the quality subcommittee and behavioral health subcommittee to ensure the use of appropriate clinical protocols, metrics, and reporting processes for project quality metrics.										
Task Project clinical subject matter expert to collaborate with the quality subcommittee and the behavioral health subcommittee as appropriate in creating a process for identifying quality improvement opportunities, related implementation/action plans, which includes the use of appropriate methodologies.										
Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Set expectations on short & long term patient engagement tracking data delivery mechanisms										
Task Define the data elements necessary to track the engagement										
Task Establish reporting periods and dates for providers to report on patient engagement										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Identify role/staff that will be responsible for reporting on patient engagement										
Task Evaluation of technology toolset (EMR, PMS, etc.), maturity of usage and HIE integration readiness assessment										
Task Determine level of RHIO Integration and services subscription										
Task Identify the gaps and develop long term plans to acquire patient data from providers commensurate with current technical capabilities and HIE integration needs										
Task Work with providers to develop an implementation plan to meet short and long term reporting requirements										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.										
Task PPS has established a crisis intervention program that includes outreach, mobile crisis, and intensive crisis services.										
Task Develop, by NOCN, a current state assessment of crisis intervention programs.										
Task Provide data to inform current state assessment via survey and/or meeting participation										
Task Identify current state patient flow for crisis stabilization services.										
Task Prioritize key points in flow to create diversion processes leading to desired state flow										
Task Identify challenges to access to crisis services for target population.										
Task Identify and engage CBO's and partnerships needed to address gaps/needed services										
Task Design crisis intervention program for NOCN with implementation plan										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #2 Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.										
Task PPS has implemented diversion management protocol with PPS Hospitals (specifically Emergency Departments).										
Task PPS partners in this project will create a decision-tree that aligns with a continuum of care for how and when community crisis stabilization services would be accessed and utilized aligned with agreed upon future state model.										
Task Identify and engage health home providers, ER leaders, and psychiatric inpatient services leaders in protocol work group										
Task Complete current state assessment of linkages and protocols related to this project										
Task Providers to share data relevant to completion of current state assessment.										
Task Identify gaps in linkage and protocol needed to manage diversion from ED and inpatient services in context of desired future state.										
Task Define protocol development process										
Task Develop diversion protocols with key stake holders, subject matter expert(s), Behavioral Health Subcommittee, including and consistent with PPS protocol processes										
Task Conduct appropriate review of protocols through above identified process.										
Task Develop plan for communication and dissemination of protocols across PPS.										
Task Establish repository for recommended protocols										
Task Execute communication and dissemination plan that includes education of partners involved in project.										
Task Providers to develop plan to implement protocols. Plan to include education of staff and monitoring of protocol use and adherence.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Training for providers involved in the project completed and documented										
Task Protocols implemented as appropriate and indicated										
Milestone #3 Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.										
Task PPS has engaged MCO in negotiating coverage of services under this project and/or MCO provides coverage for services in project.										
Task Determine PPS criteria to select MCO(s) for engagement and identify key MCO(s) for engagement based on defined criteria.										
Task Identify FLPPS personnel and/or support appropriate Clinical and Finance Committee members to attend lead meetings										
Task Utilize FLPPS Clinical Subject Matter Experts and Clinical Project Committee to identify services that are currently covered by MCO(s) and identify potential gaps										
Task Develop proposed strategy to ensure that appropriate services (i.e. intensive crisis services) are covered as part of project efforts										
Task Leverage reoccurring meetings with MCO(s) as part of 2.a.i. requirements to introduce proposed strategy to cover all identified essential services and discuss adoption procedures at the provider level, not at FLPPS level as a whole										
Task Advocate for formal agreements from partners with MCO(s) to ensure identified services are covered. Partners develop agreements with MCO(s) as necessary.										
Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities.										
Task Regularly scheduled formal meetings are held to develop consensus on treatment protocols.										
Task Coordinated treatment care protocols are in place.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Identify team to work toward consensus of treatment protocols and set forth schedule of formal meetings										
Task Collect protocols currently in place across the region and organize them by treatment aim.										
Task Develop a list of protocols with wide consensus across the PPS. Refine and adapt protocols to regional and local needs and resources.										
Task Develop a process for protocol review and endorsement that includes PPS committees, subject matter expert(s), behavioral health subcommittee and other identified stake holders.										
Task Develop a process for communication of protocols that includes written training materials and a plan to deliver trainings to identified staff										
Task Deliver training of treatment protocols that accurately tracks attendance.										
Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.										
Task PPS includes at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services in provider network										
Task PPS evaluates access to psychiatric services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	11	13	13	13	13	13	13	13	13	13
Task Identify hospitals in the PPS that meet the criteria of this requirement and their current capacity for specialty psychiatric services and other crisis-oriented services										
Task By region and hospital within the region, determine current utilization and plan for expansion of services if appropriate										
Task Psychiatric service providers to provide PPS with data related to access, wait times, and other measures identified to track and identify improvement areas.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Develop access plan to specialty and crisis-oriented services that includes reporting and improvement processes										
Task Execute identified improvement plans and steps as identified through process										
Milestone #6 Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).										
Task PPS includes hospitals with observation unit or off campus crisis residence locations for crisis monitoring.										
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	11	13	13	13	13	13	13	13	13	13
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	18	22	22	22	22	22	22	22	22	22
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	30	36	36	36	36	36	36	36	36	36
Task Obtain baseline data on number and current use of observation beds										
Task Assessment of geographical needs, current utilization patterns for planning ready access and coordination of bed placement.										
Task Define current and proposed levels of crisis stabilization bed services and staffing needs at each level and by Hub/region.										
Task Establish process for identification of improvement opportunities through assessment of access data.										
Task Define and establish improvement implementation processes and monitoring.										
Task Develop access plan to services that includes reporting and										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
improvement planning process										
Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.										
Task PPS includes mobile crisis teams to help meet crisis stabilization needs of the community.										
Task Coordinated evidence-based care protocols for mobile crisis teams are in place.										
Task Assess current MCT and their reach within the PPS. Developing a coverage map to determine coverage and gaps.										
Task Develop strategy for expansion of MCT services, bandwidth etc. based on assessment of coverage and gaps										
Task Implement plan to expand MCT services across PPS as well as coordinating MCT across each regions crisis intervention program.										
Task Assemble current MCT teams to determine protocol development process that identifies and includes the appropriate stakeholders.										
Task Identify and recommend evidenced-based protocols to be implemented.										
Task Develop training materials and schedule for dissemination of treatment protocols across PPS										
Task Providers to develop strategy to implement protocols. Plan to include education of staff and monitoring of protocol use and adherence.										
Task Implement training and track participants.										
Milestone #8 Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	150	186	186	186	186	186	186	186	186	186
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	200	259	259	259	259	259	259	259	259	259
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	11	13	13	13	13	13	13	13	13	13
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	30	36	36	36	36	36	36	36	36	36
Task Alerts and secure messaging functionality are used to facilitate crisis intervention services.										
Task Establish representative IT committee in accordance with the proposed governance model to support IT needs of PPS and partner organizations										
Task Define specific data required to be sent and received as part of data sharing.										
Task Identify PPS safety net providers who will be required to achieve this goal										
Task As part of the Current State IT assessment, catalogue existing IT capabilities that includes RHIO data sharing, use of Direct messaging, and Alerts by Safety Net providers										
Task Analyze results from Clinical Integration Needs Assessment to prioritize provider organizations to work with RHIOs to achieve requirement deliverables										
Task FLPPS - RHIO agreement developed.										
Task Collaborate with RHIO to create joint training materials to use Direct messaging, alerts, and patient record lookup.										
Task Document completed training for PPS safety net providers on use of direct messaging, alerts, and patient record lookup.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Engage providers to integrate the use direct messaging, alerts, and patient record lookup into practice workflows, as appropriate based on provider type.										
Task Establish an ongoing process to interactively review Direct and Alert functionality best practices among PPS providers and share with all safety net providers, including continuous review of EHR system adherence to defined data exchange standards (such as minimum required exchange datasets)										
Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.										
Task PPS has implemented central triage service among psychiatrists and behavioral health providers.										
Task Determine current localized triage services across PPS and assess current state for strengths and opportunities for improvement.										
Task Identify key participants to develop central triage agreements that include at a minimum the participants specified in the requirement.										
Task Develop strategy to implement centralized triage services based on regional strengths and opportunities										
Task Develop training based on the agreements and triage services identified.										
Task Deliver training of policies and procedures of triage services, assuring that participation is accurately tracked.										
Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.										
Task PPS has created an active quality subcommittee that reports to PPS quality committee that is representative of medical and behavioral health staff and is specifically focused on integration of primary care and behavioral health services within practice sites and other behavioral health project initiatives. Note: Only one quality sub-committee is required for medical and behavioral health integration projects in Domain 3a.										

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

DSRIP Implementation Plan Project

Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.										
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 Behavioral Health Metrics.										
Task PPS quality subcommittee conducts and/or reviews self-audits to ensure compliance with processes and procedures developed for this project.										
Task Service and quality outcome measures are reported to all stakeholders including PPS quality committee.										
Task Collaborate with Clinical Quality Committee to inform quality subcommittee membership, purposes, and charter.										
Task Project clinical subject matter expert to collaborate with the quality subcommittee and behavioral health subcommittee to ensure the use of appropriate clinical protocols, metrics, and reporting processes for project quality metrics.										
Task Project clinical subject matter expert to collaborate with the quality subcommittee and the behavioral health subcommittee as appropriate in creating a process for identifying quality improvement opportunities, related implementation/action plans, which includes the use of appropriate methodologies.										
Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Set expectations on short & long term patient engagement tracking data delivery mechanisms										
Task Define the data elements necessary to track the engagement										
Task Establish reporting periods and dates for providers to report on patient engagement										

New York State Department Of Health
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DSRIP Implementation Plan Project

Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Identify role/staff that will be responsible for reporting on patient engagement										
Task Evaluation of technology toolset (EMR, PMS, etc.), maturity of usage and HIE integration readiness assessment										
Task Determine level of RHIO Integration and services subscription										
Task Identify the gaps and develop long term plans to acquire patient data from providers commensurate with current technical capabilities and HIE integration needs										
Task Work with providers to develop an implementation plan to meet short and long term reporting requirements										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	
Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	
Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	
Develop written treatment protocols with consensus from participating providers and facilities.	
Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	
Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
(up to 48 hours).	
Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	
Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	
Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	
Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	
Use EHRs or other technical platforms to track all patients engaged in this project.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Ongoing	

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Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

IPQR Module 3.a.ii.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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Delivery System Reform Incentive Payment Project

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Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

IPQR Module 3.a.ii.5 - IA Monitoring

Instructions :

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Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

Project 3.a.v – Behavioral Interventions Paradigm (BIP) in Nursing Homes

IPQR Module 3.a.v.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

R: Recruit/Retain Psychiatric Providers. Shortfall of psychiatric providers (HPSA status) & recruitment/retention has been difficult for SNFs. This jeopardizes ability to meet all project requirements by DY2Q4 (in particular, #4).
M: Use existing NPs/providers efficiently, share resources across SNFs; Use Telepsychiatry so existing providers can cover more of region; Institute Project ECHO as data showing improvement in staff satisfaction & retention; Facilitate BH certification for SW, RN, CNA staff & non-psych NPs/Pas; Facilitate path to Mid-Level training for RNs, et al.; Initiate in-house trainings to improve skill-sets & competencies.
R: Capital Funding. Uncertainty regarding response to capital requests for Telementoring/telepsychiatry infrastructure & for the creation of additional BH/neurobehavioral units at SNF level.
M: We will use FLPPS Central services to leverage economy of scale, e.g., Project ECHO costs will be minimal if funded via GRHF; Alternate funds flow will be identified; Assistance w/ additional grant-seeking opportunities.
R: Communication for coordination across PPS. Transitioning from being separate entities to IDS across regional SNFs & do not have established communication processes yet in place. This is essential to coordinating the successful roll out of project & to measure/monitor outcomes.
M: Partnering SNFs have differing resources to meet project requirements, surveying them for baseline data re: their abilities to meet requirements & to understand what assistance they may need. FLPPS will be a resource for assisting with challenges in project implementation via: direct consultation, through webinars, through Project Team meetings & sharing of best practices; Collection of data across SNFs– Assistance will be offered, as needed, to standardize the collection of data for Domain 1 & Domain 3 metrics. FLPPS IT committee is providing support & assistance with this & will create a web-based system if needed to assist with data collection.
R: IT interface with multiple EMRS PLUS those without IT infrastructure. We are coordinating the IT needs with our FLPPS IT committee & through Project 2.a.i.
R: Legal & policy barriers to sharing BH data (such as 42 CFR 2) at the Federal, State, & Local level, including individual organizations' policies & procedures that may be overly restrictive of data sharing.
M: Engage in early policy discussions utilizing an inclusive policy committee dedicated to solving issues associated with behavioral health data sharing; Engage with NYSDOH, SHIN-NY, & RHIO resources to learn from past BH data integration pilots or projects to inform a model for sharing these data among FLPPS members.
R: Mistrust of the process & of collaboration. Several factors contribute to this risk: This is a new collaborative effort; funds flow is still in development; project implementation will require work flow changes at each SNF; resistance may occur that can impede our timeline commitment. This has particularly been an issue with the proprietary facilities.
M: Identify SNF Project Champions at each participating SNF who will liaison with the FLPPS; Voice concerns openly so necessary dialogue & assurances can occur; Continue to be transparent with all processes; Include "members", in all applicable decision-making forums.
R: Implementation & sustainability. Organizations tend to drift back to "business as usual" if changes are not fully acculturated.
M: Identifying SNF Champions at leadership level in each SNF & establish a "learning collaborative" among them to keep the project objective & P4P as active motivator.

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IPQR Module 3.a.v.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Patient Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for DY1 Q3 should include patients previously reported in DY1 Q2 plus new patients engaged in DY1 Q3. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
100% Actively Engaged By	**Expected Patient Engagement**
DY4,Q4	4,987

Patients Engaged to Date in Current DY	DY1,Q3 Patient Update	% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
280	659	52.72%	591	13.21%

Warning: Please note that your DY1,Q3 Patient update does not meet your committed amount (1,250)

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
oswaldos	Baseline or Performance Documentation	9_PMDL4115_1_3_20160129180410_3.a.v.xlsx	FLPPS 3.a.v PHI Submission	01/29/2016 06:04 PM

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

The 280 reflected in "Patients Engaged to Date in Current DY" is not correct. The DY1Q1 + DY1Q2 summary is 227+280=507. Our additional Patients Engaged in DY1Q3 of 152 gives a total of 152+507=659 for DY1. The 152 is supported by PHI in the file upload, as we now have BAAs with our reporting Partners for DY1Q3.

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Module Review Status

Review Status	IA Formal Comments
Fail	The PPS failed to meet at least 80% of its actively engaged commitments for DY1Q3. The documentation does not support the reported actively engaged numbers.

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IPQR Module 3.a.v.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement BIP Model in Nursing Homes model using SNF skilled nurse practitioners (NP) and psychiatric social workers to provide early assessment, reassessment, intervention, and care coordination for at risk residents to reduce the risk of crisis requiring transfer to higher level of care.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has implemented BIP Model in Nursing Homes meeting project requirements.	Provider	Nursing Home	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Confirm the number/location of skilled nursing facilities that will participate in this project.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. Identify key project partners and establishes project team membership-(including skilled nursing facility staff, hospice, OMH, Alzheimer's Association, other community providers) and meeting schedule.	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 3. Develop readiness survey; distribute, and collect results from SNF partners in order to gain an understanding of the current state of workforce, resources, and services provided.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 4. Design workflow and identify risks to project implementation and mitigation strategies.	Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 5. Develop processes for review and approval of protocols.	Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 6. Identify and develop data requirements and schedule for reporting requirements.	Project		In Progress	04/01/2015	03/31/2020	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 7. Monitor skilled nursing facilities for project implementation	Project		In Progress	04/01/2015	03/31/2020	10/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
progress in order to identify and implement best practices across PPS providers.									
Task 8. Provide ongoing evaluation on project progress of reported metrics and project implementation speed and scale requirements.	Project		In Progress	04/01/2015	03/31/2020	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #2 Augment skills of the clinical professionals in managing behavioral health issues.	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task The PPS has trained clinical professionals in Skilled Nursing Facilities to provide BIP program services and applicable behavioral interventions.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify and assess current behavioral health staffing levels and skill level of clinical professionals in partner SNFs.	Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Identify and develop an inventory of services and trainings that will provide education and trainings to SNFs in managing behavioral health issues	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Identified services are reviewed by project team, subject matter expert, and clinical quality committee.	Project		In Progress	04/01/2015	03/31/2020	12/31/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4. PPS recommends services to SNFs for training in behavioral interventions.	Project		Not Started	04/01/2015	03/31/2020	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 5. Develop strategy to implement behavioral health trainings for clinical staff.	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 6. Implement INTERACT or other recommended risk assessment and patient monitoring tool in facility.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 7. Implement Project ECHO GEMH learning collaborative in facility.	Project		In Progress	04/01/2015	03/31/2020	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 8. PPS oversees the training strategy implementation.	Project		Not Started	04/01/2015	03/31/2020	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 9. Set up a web-based repository for educational trainings, case	Project		Not Started	04/01/2015	03/31/2020	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
reviews, that can be shared with all participating SNFs.									
Task 10. Develop training and tracking logs for reporting.	Project		In Progress	04/01/2015	03/31/2020	12/31/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #3 Enable the non-clinical staff to effectively interact with a behavioral population	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task The PPS has trained non-clinical staff in identifying early signs of behavioral health issues.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify and assesses current non-clinical staffing levels and skill level of staff in partner SNFs.	Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Identify and develop an inventory of services and trainings that will provide education and trainings to non-clinical staff	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Identified services are reviewed by project team, subject matter expert, and clinical quality committee.	Project		In Progress	04/01/2015	03/31/2020	12/31/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4. PPS recommends services to SNFs for training in effective interactions with a behavioral population.	Project		Not Started	04/01/2015	03/31/2020	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 5. Develop strategy to implement behavioral health trainings non-clinical staff.	Project		Not Started	04/01/2015	03/31/2020	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 6. Implement INTERACT or other recommended risk assessment and patient monitoring tool in facility.	Project		In Progress	04/01/2015	03/31/2020	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 7. Implement Project ECHO GEMH learning collaborative in facility.	Project		In Progress	04/01/2015	03/31/2020	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 8. PPS oversees the training strategy implementation.	Project		Not Started	04/01/2015	03/31/2020	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 9. Set up a web-based repository for educational trainings, case reviews, that can be shared with all participating SNFs.	Project		Not Started	04/01/2015	03/31/2020	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 10. Develop training and tracking logs for reporting.	Project		In Progress	04/01/2015	03/31/2020	12/31/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #4 Assign a NP with Behavioral Health Training as a coordinator of	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
care.									
Task The PPS has assigned a NP with Behavioral Health Training as a coordinator of care.	Provider	Nursing Home	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Assess current SNF partner utilization of NPs and other providers as coordinator of care for patients with behavior health issues.	Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Consult with workforce Project Manager and vendor to identify gaps in availability of NPs with Behavioral Health Training in the PPS region.	Project		In Progress	04/01/2015	03/31/2020	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Based on workforce gap analysis, ascertain viable options and timeline for psychiatric care coordination considering HPSA status for psychiatric providers and project timeline.	Project		In Progress	04/01/2015	03/31/2020	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Develop strategy for obtaining enhanced behavioral health training for NPs.	Project		In Progress	04/01/2015	03/31/2020	12/31/2015	06/30/2016	06/30/2016	DY2 Q1
Task 5. Obtain confirmation of strategies that we may use to meet project requirements despite shortage of psychiatric providers.	Project		Not Started	04/01/2015	03/31/2020	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 6. Implements strategy for enhanced training for NPs and sharing of resources across providers.	Project		Not Started	04/01/2015	03/31/2020	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Implement a Behavior Management Interdisciplinary Team Approach to care.	Project	N/A	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Resources have been assigned to Behavior Team as part of Behavior Management interdisciplinary Team; PPS has a description of structure and function of behavior team.	Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop interdisciplinary team care protocols.	Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Interdisciplinary care standards are in place, specifically including interdisciplinary behavior management protocols and practices.	Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Interdisciplinary team staff have been trained on interdisciplinary protocols.	Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify and assess what current staffing patterns and utilization of clinical staff are in SNF patient care planning.	Project		In Progress	04/01/2015	03/31/2020	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2. Develop workflow diagrams that identify team members, their roles, and the overall team structure.	Project		Not Started	04/01/2015	03/31/2020	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 3. Develop interdisciplinary behavior management protocols.	Project		Not Started	04/01/2015	03/31/2020	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 4. Protocols are reviewed by project team, subject matter expert, and clinical quality committee.	Project		Not Started	04/01/2015	03/31/2020	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 5. PPS recommends interdisciplinary behavior management protocols to skilled nursing facilities.	Project		Not Started	04/01/2015	03/31/2020	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 6. Develop strategy to implement behavior management protocols.	Project		Not Started	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 7. Develop training materials and schedules for interdisciplinary team.	Project		Not Started	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 8. PPS oversees the training strategy implementation.	Project		Not Started	04/01/2015	03/31/2020	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 9. Develop training and tracking logs for reporting.	Project		Not Started	04/01/2015	03/31/2020	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Implement a medication reduction and reconciliation program.	Project	N/A	In Progress	07/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS monitors medication administration to identify opportunities for medication reduction, especially where early behavioral interventions can be used to prevent use of medication.	Project		In Progress	07/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed medication reconciliation program.	Project		In Progress	07/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify and assess medication use programs currently being utilized by SNFs.	Project		In Progress	07/01/2015	12/31/2015	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task	Project		Not Started	04/01/2015	03/31/2020	01/01/2016	06/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
2. Construct protocols and algorithms to inform a medication reduction and reconciliation program.									
Task 3. Develop process flow diagrams of protocols and algorithms for medication reduction and reconciliation.	Project		Not Started	04/01/2015	03/31/2020	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 4. Process flow diagrams are reviewed by subject matter experts and clinical quality committee.	Project		Not Started	04/01/2015	03/31/2020	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 5. PPS recommends process flow diagrams and protocols to skilled nursing facilities.	Project		Not Started	04/01/2015	03/31/2020	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 6. Develop strategy for implementing medication reduction and reconciliation plan.	Project		Not Started	04/01/2015	03/31/2020	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 7. Develop training materials and schedules for medication program.	Project		Not Started	04/01/2015	03/31/2020	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 8. PPS oversees the training strategy implementation.	Project		Not Started	04/01/2015	03/31/2020	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 9. Providers will report ongoing medication usage data to PPS on an to-be established schedule.	Project		Not Started	04/01/2015	03/31/2020	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 10. Develop training and tracking logs for reporting on medication program.	Project		Not Started	04/01/2015	03/31/2020	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Increase the availability of psychiatric and psychological services via telehealth and urgently available providers.	Project	N/A	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates access to psychiatric services (in terms of community needs assessment, geographic access, wait times, and other measures).	Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS offers telehealth services for SNF patients where access to psychiatric and psychological services is limited.	Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Evaluate Community Needs Assessment data to determine current status of psychiatric services in the PPS region.	Project		In Progress	04/01/2015	03/31/2020	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task	Project		In Progress	04/01/2015	03/31/2020	10/01/2015	03/31/2016	03/31/2016	DY1 Q4

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2. Consult with workforce Project Manager and vendor to identify gaps in availability of psychiatric providers in the PPS region.									
Task 3. Based on workforce gap analysis, PPS ascertains viable telehealth options and develops strategy for access.	Project		Not Started	04/01/2015	03/31/2020	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 4. Develop guidelines of PPS-wide best practices for utilization of telemedicine throughout the PPS participating SNFs.	Project		Not Started	04/01/2015	03/31/2020	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 5. Guidelines are reviewed by subject matter experts and clinical quality committee.	Project		Not Started	04/01/2015	03/31/2020	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 6. PPS oversees the implementation strategy for telehealth provider access and utilization.	Project		Not Started	04/01/2015	03/31/2020	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Provide holistic psychological Interventions.	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task The PPS has defined the types of behavioral health services that are provided, factors that will make the services holistic, and plan to hire or train staff to provide holistic interventions.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Develop categories of holistic interventions and characteristics of interventions that meet criteria.	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2. Assess the current types of behavioral services provided in SNFs and whether they can be considered as holistic	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Share current services and tools via project team meetings and/or local webinars.	Project		In Progress	04/01/2015	03/31/2020	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4. Identify and develop training protocols for staff providing holistic interventions.	Project		Not Started	04/01/2015	03/31/2020	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 5. Training protocols are reviewed by subject matter experts and clinical quality committee.	Project		Not Started	04/01/2015	03/31/2020	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 6. Assess how these interventions would be staffed and sustained over time.	Project		Not Started	04/01/2015	03/31/2020	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task	Project		Not Started	04/01/2015	03/31/2020	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

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7. PPS oversees the training strategy implementation.									
Task 8. Develop training and tracking logs for reporting.	Project		Not Started	04/01/2015	03/31/2020	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Provide enhanced recreational services.	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has increased availability of recreational services.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Define recreational services and query project team partners on current state of recreational services offered in SNFs.	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2. Identify areas of recreational services that could be enhanced.	Project		In Progress	04/01/2015	03/31/2020	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Provider implements additional, enhanced recreational services as appropriate.	Project		Not Started	04/01/2015	03/31/2020	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4.Develop training and tracking logs for reporting of staff and patients engaged in these services.	Project		Not Started	04/01/2015	03/31/2020	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone #10 Develop crisis intervention strategies via development of an algorithm for staff intervention and utilization of sitter services.	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed crisis intervention program for facilities that includes appropriately trained staff.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed an algorithm for interventions.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Staff are trained on crisis intervention strategies.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS uses sitter services for crisis intervention where necessary.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Assess current crisis intervention strategies being employed by skilled nursing facilities.	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2. Develop strategy to address areas where crisis intervention strategies are underutilized.	Project		In Progress	04/01/2015	03/31/2020	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 3. Develop protocols and algorithms for crisis intervention programs.	Project		In Progress	04/01/2015	03/31/2020	10/01/2015	06/30/2016	06/30/2016	DY2 Q1

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Task 4. Protocols are reviewed by subject matter experts and clinical quality committee.	Project		In Progress	04/01/2015	03/31/2020	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 5. Provider conducts staff trainings on crisis intervention protocols and algorithms.	Project		Not Started	04/01/2015	03/31/2020	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 6. Assess current use/need for sitter services and how they are obtained.	Project		In Progress	04/01/2015	03/31/2020	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 7. Develop plan to address areas where sitter services are underutilized.	Project		Not Started	04/01/2015	03/31/2020	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 8. Develop training and tracking logs for reporting on crisis intervention.	Project		Not Started	04/01/2015	03/31/2020	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone #11 Improve documentation and communication re: patient status.	Project	N/A	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS documents patient status in patient health record, including behavioral health interventions and medication use.	Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS provides periodic training on documentation of patient status and best practices communicating patient status to multidisciplinary care team and patient.	Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Assess current SNF practices in patient status documentation and communication with treatment team.	Project		In Progress	04/01/2015	03/31/2020	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2. Identify areas where documentation and communication could be improved.	Project		Not Started	04/01/2015	03/31/2020	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 3. Develop patient status documentation protocols to include BH interventions and medication use.	Project		Not Started	04/01/2015	03/31/2020	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 4. Protocols are reviewed by subject matter experts and clinical quality committee.	Project		Not Started	04/01/2015	03/31/2020	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 5. Provider conducts staff trainings on documentation and communication protocols.	Project		Not Started	04/01/2015	03/31/2020	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Task 6. Develop training and tracking logs for reporting.	Project		Not Started	04/01/2015	03/31/2020	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone #12 Modify the facility environment.	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has made evidence-based changes to facility environment to promote behavioral health.	Provider	Nursing Home	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Assess current SNF facility environment(s)	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2. Identify evidenced-based environment modifications that could be used in SNFs to promote behavioral health well being.	Project		In Progress	04/01/2015	03/31/2020	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Identified modifications are reviewed by the subject matter expert and clinical quality committee.	Project		In Progress	04/01/2015	03/31/2020	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4. Provider executes evidenced-based environmental improvement changes .	Project		Not Started	04/01/2015	03/31/2020	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Develop tracking logs for reporting.	Project		Not Started	04/01/2015	03/31/2020	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone #13 Formal agreements with the Medicaid Managed Care organizations (including MLTC and FIDA plans) serving the affected population to provide coverage for the service array under this project.	Project	N/A	Not Started	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has engaged MCO to develop protocols for coordination of services under this project.	Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Determine PPS criteria to select MCO(s) for engagement.	Project		Not Started	04/01/2015	03/31/2020	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 2. Identify key MCO(s) for engagement based on defined data.	Project		Not Started	04/01/2015	03/31/2020	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 3. Identify FLPPS personnel and/or appropriate Clinical and Finance Committee members to attend lead meetings.	Project		Not Started	04/01/2015	03/31/2020	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 4. Utilize FLPPS Clinical SMEs and Clinical Project Committee to develop proposed coordination protocols for MCO discussions.	Project		Not Started	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2

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Task 5. Leverage reoccurring meetings with MCO(s) as part of 2.a.i. requirements and introduce coordination protocols and discuss adoption procedures.	Project		Not Started	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 6. Identify discussion topics for next steps as well as assign owners to key deliverables for future meetings.	Project		Not Started	04/01/2015	03/31/2020	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 7. Develop process for provider compliance with established and agreed upon protocols.	Project		Not Started	04/01/2015	03/31/2020	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #14 Use EHRs or other technical platforms to track all patients engaged in this project.	Project	N/A	In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Set expectations on short and long term patient engagement tracking data delivery mechanisms.	Project		Completed	08/03/2015	09/30/2015	08/03/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Define the data elements necessary to track the engagement.	Project		Completed	08/03/2015	09/30/2015	08/03/2015	09/30/2015	09/30/2015	DY1 Q2
Task 3. Establish reporting periods and dates for providers to report patient engagement.	Project		Completed	08/03/2015	09/30/2015	08/03/2015	09/30/2015	09/30/2015	DY1 Q2
Task 4. Identify role/staff that will be responsible for reporting on patient engagement.	Project		Completed	08/03/2015	09/30/2015	08/03/2015	09/30/2015	09/30/2015	DY1 Q2
Task 5. Evaluation of technology toolset (EMR, PMS, etc…), maturity of usage and HIE integration readiness assessment.	Project		Completed	07/01/2015	12/30/2015	07/01/2015	12/30/2015	12/31/2015	DY1 Q3
Task 6. Determine level of RHIO integration and service subscription.	Project		Completed	07/01/2015	12/30/2015	07/01/2015	12/30/2015	12/31/2015	DY1 Q3
Task 7. Identify the gaps and develop long term plans to acquire patient data from providers commensurate with current technical capabilities and HIE integration needs.	Project		In Progress	04/01/2015	03/31/2020	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 8. Work with providers to develop an implementation plan to meet short and long term reporting requirements.	Project		In Progress	04/01/2015	03/31/2020	10/01/2015	06/30/2016	06/30/2016	DY2 Q1

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Milestone #1 Implement BIP Model in Nursing Homes model using SNF skilled nurse practitioners (NP) and psychiatric social workers to provide early assessment, reassessment, intervention, and care coordination for at risk residents to reduce the risk of crisis requiring transfer to higher level of care.										
Task PPS has implemented BIP Model in Nursing Homes meeting project requirements.	0	0	4	24	33	35	35	47	47	47
Task 1. Confirm the number/location of skilled nursing facilities that will participate in this project.										
Task 2. Identify key project partners and establishes project team membership-(including skilled nursing facility staff, hospice, OMH, Alzheimer's Association, other community providers) and meeting schedule.										
Task 3. Develop readiness survey; distribute, and collect results from SNF partners in order to gain an understanding of the current state of workforce, resources, and services provided.										
Task 4. Design workflow and identify risks to project implementation and mitigation strategies.										
Task 5. Develop processes for review and approval of protocols.										
Task 6. Identify and develop data requirements and schedule for reporting requirements.										
Task 7. Monitor skilled nursing facilities for project implementation progress in order to identify and implement best practices across PPS providers.										
Task 8. Provide ongoing evaluation on project progress of reported metrics and project implementation speed and scale requirements.										
Milestone #2 Augment skills of the clinical professionals in managing behavioral health issues.										
Task The PPS has trained clinical professionals in Skilled Nursing Facilities to provide BIP program services and applicable behavioral interventions.										

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Task 1. Identify and assess current behavioral health staffing levels and skill level of clinical professionals in partner SNFs.										
Task 2. Identify and develop an inventory of services and trainings that will provide education and trainings to SNFs in managing behavioral health issues										
Task 3. Identified services are reviewed by project team, subject matter expert, and clinical quality committee.										
Task 4. PPS recommends services to SNFs for training in behavioral interventions.										
Task 5. Develop strategy to implement behavioral health trainings for clinical staff.										
Task 6. Implement INTERACT or other recommended risk assessment and patient monitoring tool in facility.										
Task 7. Implement Project ECHO GEMH learning collaborative in facility.										
Task 8. PPS oversees the training strategy implementation.										
Task 9. Set up a web-based repository for educational trainings, case reviews, that can be shared with all participating SNFs.										
Task 10. Develop training and tracking logs for reporting.										
Milestone #3 Enable the non-clinical staff to effectively interact with a behavioral population										
Task The PPS has trained non-clinical staff in identifying early signs of behavioral health issues.										
Task 1. Identify and assesses current non-clinical staffing levels and skill level of staff in partner SNFs.										
Task 2. Identify and develop an inventory of services and trainings that will provide education and trainings to non-clinical staff										
Task 3. Identified services are reviewed by project team, subject matter expert, and clinical quality committee.										

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Task 4. PPS recommends services to SNFs for training in effective interactions with a behavioral population.										
Task 5. Develop strategy to implement behavioral health trainings non-clinical staff.										
Task 6. Implement INTERACT or other recommended risk assessment and patient monitoring tool in facility.										
Task 7. Implement Project ECHO GEMH learning collaborative in facility.										
Task 8. PPS oversees the training strategy implementation.										
Task 9. Set up a web-based repository for educational trainings, case reviews, that can be shared with all participating SNFs.										
Task 10. Develop training and tracking logs for reporting.										
Milestone #4 Assign a NP with Behavioral Health Training as a coordinator of care.										
Task The PPS has assigned a NP with Behavioral Health Training as a coordinator of care.	0	0	0	4	24	33	35	47	47	47
Task 1. Assess current SNF partner utilization of NPs and other providers as coordinator of care for patients with behavior health issues.										
Task 2. Consult with workforce Project Manager and vendor to identify gaps in availability of NPs with Behavioral Health Training in the PPS region.										
Task 3. Based on workforce gap analysis, ascertain viable options and timeline for psychiatric care coordination considering HPSA status for psychiatric providers and project timeline.										
Task 4. Develop strategy for obtaining enhanced behavioral health training for NPs.										
Task 5. Obtain confirmation of strategies that we may use to meet project requirements despite shortage of psychiatric providers.										
Task										

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6. Implements strategy for enhanced training for NPs and sharing of resources across providers.										
Milestone #5 Implement a Behavior Management Interdisciplinary Team Approach to care.										
Task Resources have been assigned to Behavior Team as part of Behavior Management interdisciplinary Team; PPS has a description of structure and function of behavior team.										
Task Regularly scheduled formal meetings are held to develop interdisciplinary team care protocols.										
Task Interdisciplinary care standards are in place, specifically including interdisciplinary behavior management protocols and practices.										
Task Interdisciplinary team staff have been trained on interdisciplinary protocols.										
Task 1. Identify and assess what current staffing patterns and utilization of clinical staff are in SNF patient care planning.										
Task 2. Develop workflow diagrams that identify team members, their roles, and the overall team structure.										
Task 3. Develop interdisciplinary behavior management protocols.										
Task 4. Protocols are reviewed by project team, subject matter expert, and clinical quality committee.										
Task 5. PPS recommends interdisciplinary behavior management protocols to skilled nursing facilities.										
Task 6. Develop strategy to implement behavior management protocols.										
Task 7. Develop training materials and schedules for interdisciplinary team.										
Task 8. PPS oversees the training strategy implementation.										
Task 9. Develop training and tracking logs for reporting.										
Milestone #6 Implement a medication reduction and reconciliation program.										

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Task PPS monitors medication administration to identify opportunities for medication reduction, especially where early behavioral interventions can be used to prevent use of medication.										
Task PPS has developed medication reconciliation program.										
Task 1. Identify and assess medication use programs currently being utilized by SNFs.										
Task 2. Construct protocols and algorithms to inform a medication reduction and reconciliation program.										
Task 3. Develop process flow diagrams of protocols and algorithms for medication reduction and reconciliation.										
Task 4. Process flow diagrams are reviewed by subject matter experts and clinical quality committee.										
Task 5. PPS recommends process flow diagrams and protocols to skilled nursing facilities.										
Task 6. Develop strategy for implementing medication reduction and reconciliation plan.										
Task 7. Develop training materials and schedules for medication program.										
Task 8. PPS oversees the training strategy implementation.										
Task 9. Providers will report ongoing medication usage data to PPS on an to-be established schedule.										
Task 10. Develop training and tracking logs for reporting on medication program.										
Milestone #7 Increase the availability of psychiatric and psychological services via telehealth and urgently available providers.										
Task PPS evaluates access to psychiatric services (in terms of community needs assessment, geographic access, wait times, and other measures).										
Task PPS offers telehealth services for SNF patients where access to										

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psychiatric and psychological services is limited.										
Task 1. Evaluate Community Needs Assessment data to determine current status of psychiatric services in the PPS region.										
Task 2. Consult with workforce Project Manager and vendor to identify gaps in availability of psychiatric providers in the PPS region.										
Task 3. Based on workforce gap analysis, PPS ascertains viable telehealth options and develops strategy for access.										
Task 4. Develop guidelines of PPS-wide best practices for utilization of telemedicine throughout the PPS participating SNFs.										
Task 5. Guidelines are reviewed by subject matter experts and clinical quality committee.										
Task 6. PPS oversees the implementation strategy for telehealth provider access and utilization.										
Milestone #8 Provide holistic psychological Interventions.										
Task The PPS has defined the types of behavioral health services that are provided, factors that will make the services holistic, and plan to hire or train staff to provide holistic interventions.										
Task 1. Develop categories of holistic interventions and characteristics of interventions that meet criteria.										
Task 2. Assess the current types of behavioral services provided in SNFs and whether they can be considered as holistic										
Task 3. Share current services and tools via project team meetings and/or local webinars.										
Task 4. Identify and develop training protocols for staff providing holistic interventions.										
Task 5. Training protocols are reviewed by subject matter experts and clinical quality committee.										
Task 6. Assess how these interventions would be staffed and sustained over time.										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task 7. PPS oversees the training strategy implementation.										
Task 8. Develop training and tracking logs for reporting.										
Milestone #9 Provide enhanced recreational services.										
Task PPS has increased availability of recreational services.										
Task 1. Define recreational services and query project team partners on current state of recreational services offered in SNFs.										
Task 2. Identify areas of recreational services that could be enhanced.										
Task 3. Provider implements additional, enhanced recreational services as appropriate.										
Task 4.Develop training and tracking logs for reporting of staff and patients engaged in these services.										
Milestone #10 Develop crisis intervention strategies via development of an algorithm for staff intervention and utilization of sitter services.										
Task PPS has developed crisis intervention program for facilities that includes appropriately trained staff.										
Task PPS has developed an algorithm for interventions.										
Task Staff are trained on crisis intervention strategies.										
Task PPS uses sitter services for crisis intervention where necessary.										
Task 1. Assess current crisis intervention strategies being employed by skilled nursing facilities.										
Task 2. Develop strategy to address areas where crisis intervention strategies are underutilized.										
Task 3. Develop protocols and algorithms for crisis intervention programs.										
Task 4. Protocols are reviewed by subject matter experts and clinical quality committee.										
Task										

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Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
5. Provider conducts staff trainings on crisis intervention protocols and algorithms.										
Task 6. Assess current use/need for sitter services and how they are obtained.										
Task 7. Develop plan to address areas where sitter services are underutilized.										
Task 8. Develop training and tracking logs for reporting on crisis intervention.										
Milestone #11 Improve documentation and communication re: patient status.										
Task PPS documents patient status in patient health record, including behavioral health interventions and medication use.										
Task PPS provides periodic training on documentation of patient status and best practices communicating patient status to multidisciplinary care team and patient.										
Task 1. Assess current SNF practices in patient status documentation and communication with treatment team.										
Task 2. Identify areas where documentation and communication could be improved.										
Task 3. Develop patient status documentation protocols to include BH interventions and medication use.										
Task 4. Protocols are reviewed by subject matter experts and clinical quality committee.										
Task 5. Provider conducts staff trainings on documentation and communication protocols.										
Task 6. Develop training and tracking logs for reporting.										
Milestone #12 Modify the facility environment.										
Task PPS has made evidence-based changes to facility environment to promote behavioral health.	0	0	0	4	24	33	35	47	47	47
Task 1. Assess current SNF facility environment(s)										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task 2. Identify evidenced-based environment modifications that could be used in SNFs to promote behavioral health well being.										
Task 3. Identified modifications are reviewed by the subject matter expert and clinical quality committee.										
Task 4. Provider executes evidenced-based environmental improvement changes .										
Task 5. Develop tracking logs for reporting.										
Milestone #13 Formal agreements with the Medicaid Managed Care organizations (including MLTC and FIDA plans) serving the affected population to provide coverage for the service array under this project.										
Task PPS has engaged MCO to develop protocols for coordination of services under this project.										
Task 1. Determine PPS criteria to select MCO(s) for engagement.										
Task 2. Identify key MCO(s) for engagement based on defined data.										
Task 3. Identify FLPPS personnel and/or appropriate Clinical and Finance Committee members to attend lead meetings.										
Task 4. Utilize FLPPS Clinical SMEs and Clinical Project Committee to develop proposed coordination protocols for MCO discussions.										
Task 5. Leverage reoccurring meetings with MCO(s) as part of 2.a.i. requirements and introduce coordination protocols and discuss adoption procedures.										
Task 6. Identify discussion topics for next steps as well as assign owners to key deliverables for future meetings.										
Task 7. Develop process for provider compliance with established and agreed upon protocols.										
Milestone #14 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively										

Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
engaged patients for project milestone reporting.										
Task 1. Set expectations on short and long term patient engagement tracking data delivery mechanisms.										
Task 2. Define the data elements necessary to track the engagement.										
Task 3. Establish reporting periods and dates for providers to report patient engagement.										
Task 4. Identify role/staff that will be responsible for reporting on patient engagement.										
Task 5. Evaluation of technology toolset (EMR, PMS, etc…), maturity of usage and HIE integration readiness assessment.										
Task 6. Determine level of RHIO integration and service subscription.										
Task 7. Identify the gaps and develop long term plans to acquire patient data from providers commensurate with current technical capabilities and HIE integration needs.										
Task 8. Work with providers to develop an implementation plan to meet short and long term reporting requirements.										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Implement BIP Model in Nursing Homes model using SNF skilled nurse practitioners (NP) and psychiatric social workers to provide early assessment, reassessment, intervention, and care coordination for at risk residents to reduce the risk of crisis requiring transfer to higher level of care.										
Task PPS has implemented BIP Model in Nursing Homes meeting project requirements.	47	47	47	47	47	47	47	47	47	47
Task 1. Confirm the number/location of skilled nursing facilities that will participate in this project.										
Task 2. Identify key project partners and establishes project team membership-(including skilled nursing facility staff, hospice, OMH, Alzheimer's Association, other community providers) and										

Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
meeting schedule.										
Task 3. Develop readiness survey; distribute, and collect results from SNF partners in order to gain an understanding of the current state of workforce, resources, and services provided.										
Task 4. Design workflow and identify risks to project implementation and mitigation strategies.										
Task 5. Develop processes for review and approval of protocols.										
Task 6. Identify and develop data requirements and schedule for reporting requirements.										
Task 7. Monitor skilled nursing facilities for project implementation progress in order to identify and implement best practices across PPS providers.										
Task 8. Provide ongoing evaluation on project progress of reported metrics and project implementation speed and scale requirements.										
Milestone #2 Augment skills of the clinical professionals in managing behavioral health issues.										
Task The PPS has trained clinical professionals in Skilled Nursing Facilities to provide BIP program services and applicable behavioral interventions.										
Task 1. Identify and assess current behavioral health staffing levels and skill level of clinical professionals in partner SNFs.										
Task 2. Identify and develop an inventory of services and trainings that will provide education and trainings to SNFs in managing behavioral health issues										
Task 3. Identified services are reviewed by project team, subject matter expert, and clinical quality committee.										
Task 4. PPS recommends services to SNFs for training in behavioral interventions.										
Task 5. Develop strategy to implement behavioral health trainings for clinical staff.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task 6. Implement INTERACT or other recommended risk assessment and patient monitoring tool in facility.										
Task 7. Implement Project ECHO GEMH learning collaborative in facility.										
Task 8. PPS oversees the training strategy implementation.										
Task 9. Set up a web-based repository for educational trainings, case reviews, that can be shared with all participating SNFs.										
Task 10. Develop training and tracking logs for reporting.										
Milestone #3 Enable the non-clinical staff to effectively interact with a behavioral population										
Task The PPS has trained non-clinical staff in identifying early signs of behavioral health issues.										
Task 1. Identify and assesses current non-clinical staffing levels and skill level of staff in partner SNFs.										
Task 2. Identify and develop an inventory of services and trainings that will provide education and trainings to non-clinical staff										
Task 3. Identified services are reviewed by project team, subject matter expert, and clinical quality committee.										
Task 4. PPS recommends services to SNFs for training in effective interactions with a behavioral population.										
Task 5. Develop strategy to implement behavioral health trainings non-clinical staff.										
Task 6. Implement INTERACT or other recommended risk assessment and patient monitoring tool in facility.										
Task 7. Implement Project ECHO GEMH learning collaborative in facility.										
Task 8. PPS oversees the training strategy implementation.										
Task 9. Set up a web-based repository for educational trainings, case										

Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
reviews, that can be shared with all participating SNFs.										
Task 10. Develop training and tracking logs for reporting.										
Milestone #4 Assign a NP with Behavioral Health Training as a coordinator of care.										
Task The PPS has assigned a NP with Behavioral Health Training as a coordinator of care.	47	47	47	47	47	47	47	47	47	47
Task 1. Assess current SNF partner utilization of NPs and other providers as coordinator of care for patients with behavior health issues.										
Task 2. Consult with workforce Project Manager and vendor to identify gaps in availability of NPs with Behavioral Health Training in the PPS region.										
Task 3. Based on workforce gap analysis, ascertain viable options and timeline for psychiatric care coordination considering HPSA status for psychiatric providers and project timeline.										
Task 4. Develop strategy for obtaining enhanced behavioral health training for NPs.										
Task 5. Obtain confirmation of strategies that we may use to meet project requirements despite shortage of psychiatric providers.										
Task 6. Implements strategy for enhanced training for NPs and sharing of resources across providers.										
Milestone #5 Implement a Behavior Management Interdisciplinary Team Approach to care.										
Task Resources have been assigned to Behavior Team as part of Behavior Management interdisciplinary Team; PPS has a description of structure and function of behavior team.										
Task Regularly scheduled formal meetings are held to develop interdisciplinary team care protocols.										
Task Interdisciplinary care standards are in place, specifically including interdisciplinary behavior management protocols and practices.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Interdisciplinary team staff have been trained on interdisciplinary protocols.										
Task 1. Identify and assess what current staffing patterns and utilization of clinical staff are in SNF patient care planning.										
Task 2. Develop workflow diagrams that identify team members, their roles, and the overall team structure.										
Task 3. Develop interdisciplinary behavior management protocols.										
Task 4. Protocols are reviewed by project team, subject matter expert, and clinical quality committee.										
Task 5. PPS recommends interdisciplinary behavior management protocols to skilled nursing facilities.										
Task 6. Develop strategy to implement behavior management protocols.										
Task 7. Develop training materials and schedules for interdisciplinary team.										
Task 8. PPS oversees the training strategy implementation.										
Task 9. Develop training and tracking logs for reporting.										
Milestone #6 Implement a medication reduction and reconciliation program.										
Task PPS monitors medication administration to identify opportunities for medication reduction, especially where early behavioral interventions can be used to prevent use of medication.										
Task PPS has developed medication reconciliation program.										
Task 1. Identify and assess medication use programs currently being utilized by SNFs.										
Task 2. Construct protocols and algorithms to inform a medication reduction and reconciliation program.										
Task 3. Develop process flow diagrams of protocols and algorithms for medication reduction and reconciliation.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task 4. Process flow diagrams are reviewed by subject matter experts and clinical quality committee.										
Task 5. PPS recommends process flow diagrams and protocols to skilled nursing facilities.										
Task 6. Develop strategy for implementing medication reduction and reconciliation plan.										
Task 7. Develop training materials and schedules for medication program.										
Task 8. PPS oversees the training strategy implementation.										
Task 9. Providers will report ongoing medication usage data to PPS on an to-be established schedule.										
Task 10. Develop training and tracking logs for reporting on medication program.										
Milestone #7 Increase the availability of psychiatric and psychological services via telehealth and urgently available providers.										
Task PPS evaluates access to psychiatric services (in terms of community needs assessment, geographic access, wait times, and other measures).										
Task PPS offers telehealth services for SNF patients where access to psychiatric and psychological services is limited.										
Task 1. Evaluate Community Needs Assessment data to determine current status of psychiatric services in the PPS region.										
Task 2. Consult with workforce Project Manager and vendor to identify gaps in availability of psychiatric providers in the PPS region.										
Task 3. Based on workforce gap analysis, PPS ascertains viable telehealth options and develops strategy for access.										
Task 4. Develop guidelines of PPS-wide best practices for utilization of telemedicine throughout the PPS participating SNFs.										
Task 5. Guidelines are reviewed by subject matter experts and clinical										

Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
quality committee.										
Task 6. PPS oversees the implementation strategy for telehealth provider access and utilization.										
Milestone #8 Provide holistic psychological Interventions.										
Task The PPS has defined the types of behavioral health services that are provided, factors that will make the services holistic, and plan to hire or train staff to provide holistic interventions.										
Task 1. Develop categories of holistic interventions and characteristics of interventions that meet criteria.										
Task 2. Assess the current types of behavioral services provided in SNFs and whether they can be considered as holistic										
Task 3. Share current services and tools via project team meetings and/or local webinars.										
Task 4. Identify and develop training protocols for staff providing holistic interventions.										
Task 5. Training protocols are reviewed by subject matter experts and clinical quality committee.										
Task 6. Assess how these interventions would be staffed and sustained over time.										
Task 7. PPS oversees the training strategy implementation.										
Task 8. Develop training and tracking logs for reporting.										
Milestone #9 Provide enhanced recreational services.										
Task PPS has increased availability of recreational services.										
Task 1. Define recreational services and query project team partners on current state of recreational services offered in SNFs.										
Task 2. Identify areas of recreational services that could be enhanced.										
Task 3. Provider implements additional, enhanced recreational services as appropriate.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task 4.Develop training and tracking logs for reporting of staff and patients engaged in these services.										
Milestone #10 Develop crisis intervention strategies via development of an algorithm for staff intervention and utilization of sitter services.										
Task PPS has developed crisis intervention program for facilities that includes appropriately trained staff.										
Task PPS has developed an algorithm for interventions.										
Task Staff are trained on crisis intervention strategies.										
Task PPS uses sitter services for crisis intervention where necessary.										
Task 1. Assess current crisis intervention strategies being employed by skilled nursing facilities.										
Task 2. Develop strategy to address areas where crisis intervention strategies are underutilized.										
Task 3. Develop protocols and algorithms for crisis intervention programs.										
Task 4. Protocols are reviewed by subject matter experts and clinical quality committee.										
Task 5. Provider conducts staff trainings on crisis intervention protocols and algorithms.										
Task 6. Assess current use/need for sitter services and how they are obtained.										
Task 7. Develop plan to address areas where sitter services are underutilized.										
Task 8. Develop training and tracking logs for reporting on crisis intervention.										
Milestone #11 Improve documentation and communication re: patient status.										
Task PPS documents patient status in patient health record, including behavioral health interventions and medication use.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task PPS provides periodic training on documentation of patient status and best practices communicating patient status to multidisciplinary care team and patient.										
Task 1. Assess current SNF practices in patient status documentation and communication with treatment team.										
Task 2. Identify areas where documentation and communication could be improved.										
Task 3. Develop patient status documentation protocols to include BH interventions and medication use.										
Task 4. Protocols are reviewed by subject matter experts and clinical quality committee.										
Task 5. Provider conducts staff trainings on documentation and communication protocols.										
Task 6. Develop training and tracking logs for reporting.										
Milestone #12 Modify the facility environment.										
Task PPS has made evidence-based changes to facility environment to promote behavioral health.	47	47	47	47	47	47	47	47	47	47
Task 1. Assess current SNF facility environment(s)										
Task 2. Identify evidenced-based environment modifications that could be used in SNFs to promote behavioral health well being.										
Task 3. Identified modifications are reviewed by the subject matter expert and clinical quality committee.										
Task 4. Provider executes evidenced-based environmental improvement changes .										
Task 5. Develop tracking logs for reporting.										
Milestone #13 Formal agreements with the Medicaid Managed Care organizations (including MLTC and FIDA plans) serving the affected population to provide coverage for the service array under this project.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task PPS has engaged MCO to develop protocols for coordination of services under this project.										
Task 1. Determine PPS criteria to select MCO(s) for engagement.										
Task 2. Identify key MCO(s) for engagement based on defined data.										
Task 3. Identify FLPPS personnel and/or appropriate Clinical and Finance Committee members to attend lead meetings.										
Task 4. Utilize FLPPS Clinical SMEs and Clinical Project Committee to develop proposed coordination protocols for MCO discussions.										
Task 5. Leverage reoccurring meetings with MCO(s) as part of 2.a.i. requirements and introduce coordination protocols and discuss adoption procedures.										
Task 6. Identify discussion topics for next steps as well as assign owners to key deliverables for future meetings.										
Task 7. Develop process for provider compliance with established and agreed upon protocols.										
Milestone #14 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task 1. Set expectations on short and long term patient engagement tracking data delivery mechanisms.										
Task 2. Define the data elements necessary to track the engagement.										
Task 3. Establish reporting periods and dates for providers to report patient engagement.										
Task 4. Identify role/staff that will be responsible for reporting on patient engagement.										
Task 5. Evaluation of technology toolset (EMR, PMS, etc…), maturity of usage and HIE integration readiness assessment.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task 6. Determine level of RHIO integration and service subscription.										
Task 7. Identify the gaps and develop long term plans to acquire patient data from providers commensurate with current technical capabilities and HIE integration needs.										
Task 8. Work with providers to develop an implementation plan to meet short and long term reporting requirements.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement BIP Model in Nursing Homes model using SNF skilled nurse practitioners (NP) and psychiatric social workers to provide early assessment, reassessment, intervention, and care coordination for at risk residents to reduce the risk of crisis requiring transfer to higher level of care.	
Augment skills of the clinical professionals in managing behavioral health issues.	
Enable the non-clinical staff to effectively interact with a behavioral population	
Assign a NP with Behavioral Health Training as a coordinator of care.	
Implement a Behavior Management Interdisciplinary Team Approach to care.	
Implement a medication reduction and reconciliation program.	
Increase the availability of psychiatric and psychological services via telehealth and urgently available providers.	
Provide holistic psychological Interventions.	
Provide enhanced recreational services.	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop crisis intervention strategies via development of an algorithm for staff intervention and utilization of sitter services.	
Improve documentation and communication re: patient status.	
Modify the facility environment.	
Formal agreements with the Medicaid Managed Care organizations (including MLTC and FIDA plans) serving the affected population to provide coverage for the service array under this project.	
Use EHRs or other technical platforms to track all patients engaged in this project.	Project 3.a.v Milestone 14 MAPP Narrative for DY1Q3: FLPPS is moving this milestone to 3/31/17 to align the date with the exact same Milestone of other projects (i.e. 3.a.i). This same milestone is in other Projects, with a due date of 3/31/17.

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Ongoing	
Milestone #12	Pass & Ongoing	
Milestone #13	Pass & Ongoing	
Milestone #14	Pass & Ongoing	

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IPQR Module 3.a.v.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 3.a.v.5 - IA Monitoring

Instructions :

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Project 3.f.i – Increase support programs for maternal & child health (including high risk pregnancies) (Example: Nurse-Family Partnership)

IPQR Module 3.f.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

Risk: Financial: Collaboration and engagement with MCO's - contracting for payment of services provided
Mitigation: PPS will develop service MOU'S with MCO's for payment.
Risk: Technology: The success of the project will require Interoperable Electronic Health Records - Bidirectional connectivity and IT data platform for patient information and referrals.
Mitigation: The PPS IT staff will assist in the development of interoperability for care management/patient tracking, referral system and standardized method of manual tracking which will be required until all electronic systems are in place across the PPS. The PPS will select the vendor to be used for the referral system and patient data tracking. The PPS will provide technical assistance to users.
Risk: Workforce: Recruitment of BSN or LCSW may be a challenge in the rural area creating limited workforce of appropriate level staff. PPS will work with NOCN leads to assist in the recruitment of staff to fill role expectations for success of the project. PPS workforce vendor will determine workforce availability in PPS region and develop plan for hiring appropriate level staff. The PPS will develop and deploy job descriptions and protocols across the PPS. The PPS willl coordinate hiring of CHW's and CHW coordinators. Centralized training will occur using NYSDOH CHW criteria.
Risk: Transportation. Input received through NOCN meetings, tranpsortation committee and community feedback, transportation is a barrier to patients receiving health care. In the rural areas across the PPS region, there is a lack of adequate means of transportation in very large geographical areas. In several counties there is lack access to cab service, as well as, limited other local transportation systems –buses may have limited routes or the inability of bus services to cross over county lines. The lack of adequate transportation is a barrier for patients accessing medical care.
Mitigation: Utilize traditional and nontraditional solutions as developed by PPS transportation committee, including inventory and directory of regional transportation options. Provide education to patients considering cultural and linguistic barrier about transportation services available and how to access the transportation. Care managers and patient navigators assigned to patients will assist patient in coordinating transportation. Incorporating this project with other PPS projects to assist in the education of patients of how to access transportation. Risk: Provider participation Lack of understanding of the goals and benefits of the project, as well as, lack of knowledge of CHW and NFP programs available to refer identified high risk prenatal patients.
Mitigation: PPS project manager and Provider Relation Assistants will provide education and training on perinatal referral system and use, process for referral and assist in the collaboration between OB practices and CHW and NFP programs to meet metrics and milestones.
Risk: Patient Engagement: Engaging patient into CHW and NFP programs can be challenging due to distrust of medical community. Referrals for services through CHW program will come from Obstetricians, Pedicatric provider and community based organizations.
Mitigation: Hiring CHW(s) and NFP staff that are indigenous to the community served, knowledge of community services, and bilingual skills will help facilitate engagement of patients. The PPS working in colloboration with OB/Peds providers to educate them on the process of referring, risk tool being used and the quality clinical outcomes to be achieved
Risk: Cultural Competency & HL: Within the PPS there is a large diversity of patient population.

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Mitigation: PPS to assess the cultural needs of the population served and provide education and outreach to community through patient activation project.

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IPQR Module 3.f.i.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Patient Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for DY1 Q3 should include patients previously reported in DY1 Q2 plus new patients engaged in DY1 Q3. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
100% Actively Engaged By	**Expected Patient Engagement**
DY4,Q4	2,099

Patients Engaged to Date in Current DY	DY1,Q3 Patient Update	% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
23	83	197.62%	-41	3.95%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
oswaldos	Baseline or Performance Documentation	9_PMDL5015_1_3_20160129180525_3.f.i.xlsx	FLPPS 3.f.i PHI Submission	01/29/2016 06:05 PM

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

The 23 reflected in "Patients Engaged to Date in Current DY" is not correct. The DY1Q1 + DY1Q2 summary is 25+23=48. Our additional Patients Engaged in DY1Q3 of 35 gives a total of 35+48=83 for DY1. The 35 is supported by PHI in the file upload, as we now have BAAs with our reporting Partners for DY1Q3.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

IPQR Module 3.f.i.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement an evidence-based home visitation model, such as the Nurse Family Partnership, for pregnant high- risk mothers including high-risk first time mothers.	Model 1	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has developed a project plan that includes a timeline for implementation of an evidence-based home visiting model, such as Nurse-Family Partnership visitation model, for this population.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #2 Develop a referral system for early identification of women who are or may be at high-risk.	Model 1	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has developed a referral system for early identification of women who are or may be at high-risk.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #3 Establish a quality oversight committee of OB/GYN and primary care providers to monitor quality outcomes and implement new or change activities as appropriate.	Model 1	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Membership of quality committee is representative of PPS staff involved in quality improvement processes and other stakeholders.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 Perinatal Care Metrics.										
Task Service and quality outcome measures are reported to all stakeholders.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #4 Use EHRs or other IT platforms to track all patients engaged in this project.	Model 1	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #5 Identify and engage a regional medical center with expertise in management of high-risk pregnancies and infants (must have Level 3 NICU services or Regional Perinatal Center).	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has identified and engaged with a regional medical center to address the care of high-risk pregnancies and infants (must have Level 3 NICU services or Regional Perinatal Center). Assessment of the volume of high-risk pregnancies to be obtained through the CNA.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #6 Develop a multidisciplinary team of experts with clinical and social support expertise who will co-manage care of the high-risk mother and infant with local community obstetricians and pediatric providers.	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has assembled a team of experts, including the number and type of experts and specialists and roles in the multidisciplinary team, to address the management of care of high-risk mothers and infants.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has established MOUs or joint operating agreements with substantive multidisciplinary team responsible for co-managing care of high-risk mothers and infants.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #7 Develop service MOUs between multidisciplinary team and OB/GYN providers.	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has identified and established MOUs or joint operating agreements between multidisciplinary team and OB/GYN providers.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #8 Utilize best evidence care guidelines for management of high risk pregnancies and newborns and implement uniform clinical protocols based upon evidence-based guidelines.	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has developed/adopted uniform clinical protocols guidelines based upon evidence-based standards agreed to by all partners.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has established best practice guidelines, policies and procedures, and plans for dissemination and training for interdisciplinary team on best practices.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Training has been completed.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #9 Ensure that all PPS safety net providers are actively sharing EHR systems or other IT platforms with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR or other IT platforms, meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR or other IT platforms, meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR or other IT platforms, meets connectivity to RHIO's		Provider	Safety Net Clinic	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
HIE and SHIN-NY requirements.										
Task PPS uses alerts and secure messaging functionality.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #10 Ensure that EHR systems or other IT platforms used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR or other IT platforms meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #11 Use EHRs or other IT platforms to track all patients engaged in this project.	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #12 Develop a Community Health Worker (CHW) program on the model of the Maternal and Infant Community Health Collaboratives (MICHC) program; access NYSDOH-funded CHW training program.	Model 3	Project	N/A	In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS developed a work plan to use NYSDOH CHW training program and ensure CHW-trained members are integrated into the multidisciplinary team. PPS has obtained DOH funding for CHW training.		Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Form a multidisciplinary PPS project team comprised of OB providers, nurses, hospitals, county health departments, and community agencies who will develop a CHW and NFP program for the region		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Develop workflows for CHW and NFP programs including roles of multidisciplinary team.		Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Understand current MICHC CHW and NFP programs in PPS region		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Determine gaps in MICHC CHW and NFP services within PPS region, based on C NA data information and needs of the counties.		Project		Completed	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Determine the expansion capacity of existing MICHC CHW and NFP programs		Project		In Progress	04/01/2015	12/31/2015	04/01/2015	02/29/2016	03/31/2016	DY1 Q4
Task Evaluate existing programs to MICHC CHW requirements and develop plan to enhance the programs		Project		In Progress	04/01/2015	12/31/2015	04/01/2015	02/29/2016	03/31/2016	DY1 Q4
Task Colloborative with Healthy Families, county social services, and other community based organizations to develop working relationships for input into program design and referral sources		Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop MICHC CHW and NPF Program Expansion plan based on county needs for the success of the project		Project		In Progress	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Determine number of MICHC CHW's to be trained		Project		In Progress	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Utilize NYSDOH training, when available		Project		In Progress	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Coordinate training schedule with Center of Excellence approved CHW Training Center - UR Medicine		Project		In Progress	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Obtain NYSDOH funding for training, when available - estimate September		Project		In Progress	09/01/2015	04/30/2016	09/01/2015	04/30/2016	06/30/2016	DY2 Q1
Task Develop ongoing centralized training plan		Project		In Progress	09/01/2015	07/31/2016	09/01/2015	07/31/2016	09/30/2016	DY2 Q2
Task Implement training		Project		In Progress	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Develop plan for monitoring training activities and need for re-training.		Project		In Progress	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #13 Employ a Community Health Worker Coordinator responsible for supervision of 4 - 6 community health workers. Duties and qualifications are per NYS DOH criteria.	Model 3	Project	N/A	In Progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task PPS has named assigned CHW Coordinator(s) or timeline for hiring CHW Coordinator(s).		Project		In Progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Develop job description based on NYSDOH MICHC criteria 1.) Develop PPS wide standard for job description elements 2.) Identify requirement for job description and its purpose for CHW program 3.) Identify team who will draft job descriptions in conjunction with FLPPS PM and Clinical SME based on DSRIP need 4.) Develop job description elements 5.) Review other PPS job descriptions and ensure alignment– edit protocols if needed to ensure alignment with other PPS protocols 6.) Review and obtain approval of job description from internal project team 7.) Once project team provides approval, present and seek approval of job description trough PPS full clinical quality committee and 8.) Once approved by clinical quality committee, cascade job description to CHW providers though multi-faceted communication, training, and education channels 9.) Hold PPS wide educational webinars on job description 10.) Develop PPS wide compliance monitoring processes to ensure CHW Coordinator's are using protocols correctly		Project		In Progress	07/01/2015	02/29/2016	07/01/2015	02/29/2016	03/31/2016	DY1 Q4
Task Based on MICHC CHW expansion plan, determine time		Project		In Progress	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
frame for hiring of MICHC CHW Coordinator(s)										
Task Employ CHW Coordinator(s).		Project		Not Started	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone #14 Employ qualified candidates for Community Health Workers who meet criteria such as cultural competence, communication, and appropriate experience and training.	Model 3	Project	N/A	In Progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task PPS has developed a CHW workforce strategy and attendant qualifications of CHW(s) who meet the following criteria: 1) Indigenous community resident of the targeted area; 2) Writing ability sufficient to provide adequate documentation in the family record, referral forms and other service coordination forms, and reading ability to the level necessary to comprehend training materials and assist others to fill out forms; 3) Bilingual skills, depending on the community and families being served; 4) Knowledge of the community, community organizations, and community leaders; 5)Ability to work flexible hours, including evening and weekend hours.		Project		In Progress	07/01/2015	01/31/2016	07/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task Develop job description based on NYSDOH MICHC criteria - using same process as development of CHW Coordinator job description.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Based on Community Health Needs Assessment, develop strategy to hire CHW's that meet the job requirements outlined in NYSDOH MICHC criteria.		Project		In Progress	07/01/2015	12/31/2015	07/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task Coordinate with workforce to develop work plan and strategy for recruitment and hiring of CHW's including colloboration with PPS county public health departments and existing programs.		Project		In Progress	09/01/2015	01/31/2016	09/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task Hire and deploy CHW's		Project		Not Started	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #15 Establish protocols for deployment of CHW.	Model 3	Project	N/A	In Progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task PPS has established timelines to complete protocols (policies and procedures) for CHW program, including methods for new and ongoing training for CHWs.		Project		In Progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task PPS has developed plans to develop operational program components of CHW.		Project		In Progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Project team will review current Maternal Child Health protocols for CHW and NFP		Project		In Progress	08/01/2015	12/31/2015	08/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task Project team will review NYSDOH MICHC criteria		Project		In Progress	09/01/2015	12/31/2015	09/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task Develop workflow for CHW and NFP program		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project team will write policies and procedures		Project		In Progress	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Coordinate with workforce vendor to develop work plan		Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #16 Coordinate with the Medicaid Managed Care organizations serving the target population.	Model 3	Project	N/A	Not Started	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task PPS has established agreements with MCOs demonstrating coordination regarding CHW program, or attestation of intent to establish coverage agreements, as well as progress to date.		Project		Not Started	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Determine PPS criteria to select MCO(s) for engagement and identify key MCO(s) for engagement based on defined criteria		Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Identify FLPPS personnel and/or appropriate Clinical and Finance Committee members to attend lead meetings		Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Utilize FLPPS Clinical Subject Matter Experts and Clinical Project Committee to identify services that are currently		Project		Not Started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
covered by MCO(s) and identify potential gaps										
Task Develop proposed strategy to ensure that appropriate services (CHW program) are covered as part of project efforts		Project		Not Started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Leverage reoccurring meetings with MCO(s) as part of 2.a.i. requirements to introduce proposed strategy to cover all identified essential services and discuss adoption procedures at the provider level, not at FLPPS level as a whole		Project		Not Started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Advocate for formal agreements from partners with MCO(s) to ensure identified services are covered. Partners develop agreements with MCO(s) as necessary.		Project		Not Started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #17 Use EHRs or other IT platforms to track all patients engaged in this project.	Model 3	Project	N/A	In Progress	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	07/01/2015	09/30/2016	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Set expectations on short & long term patient engagement tracking data delivery mechanisms		Project		Completed	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Define the data elements necessary to track the engagement		Project		Completed	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Establish reporting periods and dates for providers to report on patient engagement		Project		Completed	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify role/staff that will be responsible for reporting on patient engagement		Project		Completed	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Evaluation of technology toolset (EMR, PMS, etc.), maturity of usage and HIE integration readiness assessment		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Determine level of RHIO Integration and services		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
subscription										
Task Identify the gaps and develop long term plans to acquire patient data from providers commensurate with current technical capabilities and HIE integration needs		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Work with providers to develop an implementation plan to meet short and long term reporting requirements		Project		In Progress	08/01/2015	09/30/2016	08/01/2015	09/30/2016	09/30/2016	DY2 Q2

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Implement an evidence-based home visitation model, such as the Nurse Family Partnership, for pregnant high- risk mothers including high-risk first time mothers.										
Task PPS has developed a project plan that includes a timeline for implementation of an evidence-based home visiting model, such as Nurse-Family Partnership visitation model, for this population.										
Milestone #2 Develop a referral system for early identification of women who are or may be at high-risk.										
Task PPS has developed a referral system for early identification of women who are or may be at high-risk.										
Milestone #3 Establish a quality oversight committee of OB/GYN and primary care providers to monitor quality outcomes and implement new or change activities as appropriate.										
Task Membership of quality committee is representative of PPS staff involved in quality improvement processes and other stakeholders.										
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.										
Task PPS evaluates and creates action plans based on key quality										

Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
metrics, to include applicable metrics listed in Attachment J Domain 3 Perinatal Care Metrics.										
Task Service and quality outcome measures are reported to all stakeholders.										
Milestone #4 Use EHRs or other IT platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Milestone #5 Identify and engage a regional medical center with expertise in management of high-risk pregnancies and infants (must have Level 3 NICU services or Regional Perinatal Center).										
Task PPS has identified and engaged with a regional medical center to address the care of high-risk pregnancies and infants (must have Level 3 NICU services or Regional Perinatal Center). Assessment of the volume of high-risk pregnancies to be obtained through the CNA.										
Milestone #6 Develop a multidisciplinary team of experts with clinical and social support expertise who will co-manage care of the high-risk mother and infant with local community obstetricians and pediatric providers.										
Task PPS has assembled a team of experts, including the number and type of experts and specialists and roles in the multidisciplinary team, to address the management of care of high-risk mothers and infants.										
Task PPS has established MOUs or joint operating agreements with substantive multidisciplinary team responsible for co-managing care of high-risk mothers and infants.										
Milestone #7 Develop service MOUs between multidisciplinary team and OB/GYN providers.										
Task PPS has identified and established MOUs or joint operating agreements between multidisciplinary team and OB/GYN providers.										
Milestone #8 Utilize best evidence care guidelines for management of high risk pregnancies and newborns and implement uniform clinical										

Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
protocols based upon evidence-based guidelines.										
Task PPS has developed/adopted uniform clinical protocols guidelines based upon evidence-based standards agreed to by all partners.										
Task PPS has established best practice guidelines, policies and procedures, and plans for dissemination and training for interdisciplinary team on best practices.										
Task Training has been completed.										
Milestone #9 Ensure that all PPS safety net providers are actively sharing EHR systems or other IT platforms with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.										
Task EHR or other IT platforms, meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task EHR or other IT platforms, meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task EHR or other IT platforms, meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task PPS uses alerts and secure messaging functionality.										
Milestone #10 Ensure that EHR systems or other IT platforms used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.										
Task EHR or other IT platforms meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	0	0	0	0	0	0	0	0	0	0
Milestone #11 Use EHRs or other IT platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
engaged patients for project milestone reporting.										
Milestone #12 Develop a Community Health Worker (CHW) program on the model of the Maternal and Infant Community Health Collaboratives (MICHC) program; access NYSDOH-funded CHW training program.										
Task PPS developed a work plan to use NYSDOH CHW training program and ensure CHW-trained members are integrated into the multidisciplinary team. PPS has obtained DOH funding for CHW training.										
Task Form a multidisciplinary PPS project team comprised of OB providers, nurses, hospitals, county health departments, and community agencies who will develop a CHW and NFP program for the region										
Task Develop workflows for CHW and NFP programs including roles of multidisciplinary team.										
Task Understand current MICHC CHW and NFP programs in PPS region										
Task Determine gaps in MICHC CHW and NFP services within PPS region, based on C NA data information and needs of the counties.										
Task Determine the expansion capacity of existing MICHC CHW and NFP programs										
Task Evaluate existing programs to MICHC CHW requirements and develop plan to enhance the programs										
Task Colloborative with Healthy Families, county social services, and other community based organizations to develop working relationships for input into program design and referral sources										
Task Develop MICHC CHW and NPF Program Expansion plan based on county needs for the success of the project										
Task Determine number of MICHC CHW's to be trained										
Task Utilize NYSDOH training, when available										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Coordinate training schedule with Center of Excellence approved CHW Training Center - UR Medicine										
Task Obtain NYSDOH funding for training, when available - estimate September										
Task Develop ongoing centralized training plan										
Task Implement training										
Task Develop plan for monitoring training activities and need for re-training.										
Milestone #13 Employ a Community Health Worker Coordinator responsible for supervision of 4 - 6 community health workers. Duties and qualifications are per NYS DOH criteria.										
Task PPS has named assigned CHW Coordinator(s) or timeline for hiring CHW Coordinator(s).										
Task Develop job description based on NYSDOH MICHC criteria 1.) Develop PPS wide standard for job description elements 2.) Identify requirement for job description and its purpose for CHW program 3.) Identify team who will draft job descriptions in conjunction with FLPPS PM and Clinical SME based on DSRIP need 4.) Develop job description elements 5.) Review other PPS job descriptions and ensure alignment– edit protocols if needed to ensure alignment with other PPS protocols 6.) Review and obtain approval of job description from internal project team 7.) Once project team provides approval, present and seek approval of job description trough PPS full clinical quality committee and 8.) Once approved by clinical quality committee, cascade job description to CHW providers though multi-faceted communication, training, and education channels 9.) Hold PPS wide educational webinars on job description 10.) Develop PPS wide compliance monitoring processes to ensure CHW Coordinator's are using protocols correctly										
Task Based on MICHC CHW expansion plan, determine time frame										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
for hiring of MICHC CHW Coordinator(s)										
Task Employ CHW Coordinator(s).										
Milestone #14 Employ qualified candidates for Community Health Workers who meet criteria such as cultural competence, communication, and appropriate experience and training.										
Task PPS has developed a CHW workforce strategy and attendant qualifications of CHW(s) who meet the following criteria: 1) Indigenous community resident of the targeted area; 2) Writing ability sufficient to provide adequate documentation in the family record, referral forms and other service coordination forms, and reading ability to the level necessary to comprehend training materials and assist others to fill out forms; 3) Bilingual skills, depending on the community and families being served; 4) Knowledge of the community, community organizations, and community leaders; 5)Ability to work flexible hours, including evening and weekend hours.										
Task Develop job description based on NYSDOH MICHC criteria - using same process as development of CHW Coordinator job description.										
Task Based on Community Health Needs Assessment, develop strategy to hire CHW's that meet the job requirements outlined in NYSDOH MICHC criteria.										
Task Coordinate with workforce to develop work plan and strategy for recruitment and hiring of CHW's including colloboration with PPS county public health departments and existing programs.										
Task Hire and deploy CHW's										
Milestone #15 Establish protocols for deployment of CHW.										
Task PPS has established timelines to complete protocols (policies and procedures) for CHW program, including methods for new and ongoing training for CHWs.										
Task PPS has developed plans to develop operational program components of CHW.										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Project team will review current Maternal Child Health protocols for CHW and NFP										
Task Project team will review NYSDOH MICHC criteria										
Task Develop workflow for CHW and NFP program										
Task Project team will write policies and procedures										
Task Coordinate with workforce vendor to develop work plan										
Milestone #16 Coordinate with the Medicaid Managed Care organizations serving the target population.										
Task PPS has established agreements with MCOs demonstrating coordination regarding CHW program, or attestation of intent to establish coverage agreements, as well as progress to date.										
Task Determine PPS criteria to select MCO(s) for engagement and identify key MCO(s) for engagement based on defined criteria										
Task Identify FLPPS personnel and/or appropriate Clinical and Finance Committee members to attend lead meetings										
Task Utilize FLPPS Clinical Subject Matter Experts and Clinical Project Committee to identify services that are currently covered by MCO(s) and identify potential gaps										
Task Develop proposed strategy to ensure that appropriate services (CHW program) are covered as part of project efforts										
Task Leverage reoccurring meetings with MCO(s) as part of 2.a.i. requirements to introduce proposed strategy to cover all identified essential services and discuss adoption procedures at the provider level, not at FLPPS level as a whole										
Task Advocate for formal agreements from partners with MCO(s) to ensure identified services are covered. Partners develop agreements with MCO(s) as necessary.										
Milestone #17 Use EHRs or other IT platforms to track all patients engaged in this project.										
Task										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Set expectations on short & long term patient engagement tracking data delivery mechanisms										
Task Define the data elements necessary to track the engagement										
Task Establish reporting periods and dates for providers to report on patient engagement										
Task Identify role/staff that will be responsible for reporting on patient engagement										
Task Evaluation of technology toolset (EMR, PMS, etc.), maturity of usage and HIE integration readiness assessment										
Task Determine level of RHIO Integration and services subscription										
Task Identify the gaps and develop long term plans to acquire patient data from providers commensurate with current technical capabilities and HIE integration needs										
Task Work with providers to develop an implementation plan to meet short and long term reporting requirements										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Implement an evidence-based home visitation model, such as the Nurse Family Partnership, for pregnant high- risk mothers including high-risk first time mothers.										
Task PPS has developed a project plan that includes a timeline for implementation of an evidence-based home visiting model, such as Nurse-Family Partnership visitation model, for this population.										
Milestone #2 Develop a referral system for early identification of women who are or may be at high-risk.										
Task PPS has developed a referral system for early identification of women who are or may be at high-risk.										
Milestone #3 Establish a quality oversight committee of OB/GYN and primary										

Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
care providers to monitor quality outcomes and implement new or change activities as appropriate.										
Task Membership of quality committee is representative of PPS staff involved in quality improvement processes and other stakeholders.										
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.										
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 Perinatal Care Metrics.										
Task Service and quality outcome measures are reported to all stakeholders.										
Milestone #4 Use EHRs or other IT platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Milestone #5 Identify and engage a regional medical center with expertise in management of high-risk pregnancies and infants (must have Level 3 NICU services or Regional Perinatal Center).										
Task PPS has identified and engaged with a regional medical center to address the care of high-risk pregnancies and infants (must have Level 3 NICU services or Regional Perinatal Center). Assessment of the volume of high-risk pregnancies to be obtained through the CNA.										
Milestone #6 Develop a multidisciplinary team of experts with clinical and social support expertise who will co-manage care of the high-risk mother and infant with local community obstetricians and pediatric providers.										
Task PPS has assembled a team of experts, including the number and type of experts and specialists and roles in the multidisciplinary team, to address the management of care of high-risk mothers and infants.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task PPS has established MOUs or joint operating agreements with substantive multidisciplinary team responsible for co-managing care of high-risk mothers and infants.										
Milestone #7 Develop service MOUs between multidisciplinary team and OB/GYN providers.										
Task PPS has identified and established MOUs or joint operating agreements between multidisciplinary team and OB/GYN providers.										
Milestone #8 Utilize best evidence care guidelines for management of high risk pregnancies and newborns and implement uniform clinical protocols based upon evidence-based guidelines.										
Task PPS has developed/adopted uniform clinical protocols guidelines based upon evidence-based standards agreed to by all partners.										
Task PPS has established best practice guidelines, policies and procedures, and plans for dissemination and training for interdisciplinary team on best practices.										
Task Training has been completed.										
Milestone #9 Ensure that all PPS safety net providers are actively sharing EHR systems or other IT platforms with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.										
Task EHR or other IT platforms, meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task EHR or other IT platforms, meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task EHR or other IT platforms, meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task PPS uses alerts and secure messaging functionality.										
Milestone #10 Ensure that EHR systems or other IT platforms used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Demonstration Year 3.										
Task EHR or other IT platforms meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	0	0	0	0	0	0	0	0	0	0
Milestone #11 Use EHRs or other IT platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Milestone #12 Develop a Community Health Worker (CHW) program on the model of the Maternal and Infant Community Health Collaboratives (MICHC) program; access NYSDOH-funded CHW training program.										
Task PPS developed a work plan to use NYSDOH CHW training program and ensure CHW-trained members are integrated into the multidisciplinary team. PPS has obtained DOH funding for CHW training.										
Task Form a multidisciplinary PPS project team comprised of OB providers, nurses, hospitals, county health departments, and community agencies who will develop a CHW and NFP program for the region										
Task Develop workflows for CHW and NFP programs including roles of multidisciplinary team.										
Task Understand current MICHC CHW and NFP programs in PPS region										
Task Determine gaps in MICHC CHW and NFP services within PPS region, based on C NA data information and needs of the counties.										
Task Determine the expansion capacity of existing MICHC CHW and NFP programs										
Task Evaluate existing programs to MICHC CHW requirements and										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
develop plan to enhance the programs										
Task Colloborative with Healthy Families, county social services, and other community based organizations to develop working relationships for input into program design and referral sources										
Task Develop MICHC CHW and NPF Program Expansion plan based on county needs for the success of the project										
Task Determine number of MICHC CHW's to be trained										
Task Utilize NYSDOH training, when available										
Task Coordinate training schedule with Center of Excellence approved CHW Training Center - UR Medicine										
Task Obtain NYSDOH funding for training, when available - estimate September										
Task Develop ongoing centralized training plan										
Task Implement training										
Task Develop plan for monitoring training activities and need for re-training.										
Milestone #13 Employ a Community Health Worker Coordinator responsible for supervision of 4 - 6 community health workers. Duties and qualifications are per NYS DOH criteria.										
Task PPS has named assigned CHW Coordinator(s) or timeline for hiring CHW Coordinator(s).										
Task Develop job description based on NYSDOH MICHC criteria 1.) Develop PPS wide standard for job description elements 2.) Identify requirement for job description and its purpose for CHW program 3.) Identify team who will draft job descriptions in conjunction with FLPPS PM and Clinical SME based on DSRIP need 4.) Develop job description elements 5.) Review other PPS job descriptions and ensure alignment– edit protocols if needed to ensure alignment with other PPS protocols 6.) Review and obtain approval of job description from internal										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
project team 7.) Once project team provides approval, present and seek approval of job description trough PPS full clinical quality committee and 8.) Once approved by clinical quality committee, cascade job description to CHW providers though multi-faceted communication, training, and education channels 9.) Hold PPS wide educational webinars on job description 10.) Develop PPS wide compliance monitoring processes to ensure CHW Coordinator's are using protocols correctly										
Task Based on MICHC CHW expansion plan, determine time frame for hiring of MICHC CHW Coordinator(s)										
Task Employ CHW Coordinator(s).										
Milestone #14 Employ qualified candidates for Community Health Workers who meet criteria such as cultural competence, communication, and appropriate experience and training.										
Task PPS has developed a CHW workforce strategy and attendant qualifications of CHW(s) who meet the following criteria: 1) Indigenous community resident of the targeted area; 2) Writing ability sufficient to provide adequate documentation in the family record, referral forms and other service coordination forms, and reading ability to the level necessary to comprehend training materials and assist others to fill out forms; 3) Bilingual skills, depending on the community and families being served; 4) Knowledge of the community, community organizations, and community leaders; 5)Ability to work flexible hours, including evening and weekend hours.										
Task Develop job description based on NYSDOH MICHC criteria - using same process as development of CHW Coordinator job description.										
Task Based on Community Health Needs Assessment, develop strategy to hire CHW's that meet the job requirements outlined in NYSDOH MICHC criteria.										
Task Coordinate with workforce to develop work plan and strategy for recruitment and hiring of CHW's including colloboration with PPS county public health departments and existing programs.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Hire and deploy CHW's										
Milestone #15 Establish protocols for deployment of CHW.										
Task PPS has established timelines to complete protocols (policies and procedures) for CHW program, including methods for new and ongoing training for CHWs.										
Task PPS has developed plans to develop operational program components of CHW.										
Task Project team will review current Maternal Child Health protocols for CHW and NFP										
Task Project team will review NYSDOH MICHC criteria										
Task Develop workflow for CHW and NFP program										
Task Project team will write policies and procedures										
Task Coordinate with workforce vendor to develop work plan										
Milestone #16 Coordinate with the Medicaid Managed Care organizations serving the target population.										
Task PPS has established agreements with MCOs demonstrating coordination regarding CHW program, or attestation of intent to establish coverage agreements, as well as progress to date.										
Task Determine PPS criteria to select MCO(s) for engagement and identify key MCO(s) for engagement based on defined criteria										
Task Identify FLPPS personnel and/or appropriate Clinical and Finance Committee members to attend lead meetings										
Task Utilize FLPPS Clinical Subject Matter Experts and Clinical Project Committee to identify services that are currently covered by MCO(s) and identify potential gaps										
Task Develop proposed strategy to ensure that appropriate services (CHW program) are covered as part of project efforts										
Task Leverage reoccurring meetings with MCO(s) as part of 2.a.i.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
requirements to introduce proposed strategy to cover all identified essential services and discuss adoption procedures at the provider level, not at FLPPS level as a whole										
Task Advocate for formal agreements from partners with MCO(s) to ensure identified services are covered. Partners develop agreements with MCO(s) as necessary.										
Milestone #17 Use EHRs or other IT platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Set expectations on short & long term patient engagement tracking data delivery mechanisms										
Task Define the data elements necessary to track the engagement										
Task Establish reporting periods and dates for providers to report on patient engagement										
Task Identify role/staff that will be responsible for reporting on patient engagement										
Task Evaluation of technology toolset (EMR, PMS, etc.), maturity of usage and HIE integration readiness assessment										
Task Determine level of RHIO Integration and services subscription										
Task Identify the gaps and develop long term plans to acquire patient data from providers commensurate with current technical capabilities and HIE integration needs										
Task Work with providers to develop an implementation plan to meet short and long term reporting requirements										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement an evidence-based home visitation model, such as the Nurse Family Partnership, for pregnant high- risk mothers including high-risk first time mothers.	
Develop a referral system for early identification of women who are or may be at high-risk.	
Establish a quality oversight committee of OB/GYN and primary care providers to monitor quality outcomes and implement new or change activities as appropriate.	
Use EHRs or other IT platforms to track all patients engaged in this project.	
Identify and engage a regional medical center with expertise in management of high-risk pregnancies and infants (must have Level 3 NICU services or Regional Perinatal Center).	
Develop a multidisciplinary team of experts with clinical and social support expertise who will co-manage care of the high-risk mother and infant with local community obstetricians and pediatric providers.	
Develop service MOUs between multidisciplinary team and OB/GYN providers.	
Utilize best evidence care guidelines for management of high risk pregnancies and newborns and implement uniform clinical protocols based upon evidence-based guidelines.	
Ensure that all PPS safety net providers are actively sharing EHR systems or other IT platforms with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	
Ensure that EHR systems or other IT platforms used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	
Use EHRs or other IT platforms to track all patients engaged in this project.	
Develop a Community Health Worker (CHW) program on the model of the Maternal and Infant Community Health Collaboratives (MICHC) program; access NYSDOH-funded CHW training program.	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Employ a Community Health Worker Coordinator responsible for supervision of 4 - 6 community health workers. Duties and qualifications are per NYS DOH criteria.	
Employ qualified candidates for Community Health Workers who meet criteria such as cultural competence, communication, and appropriate experience and training.	
Establish protocols for deployment of CHW.	
Coordinate with the Medicaid Managed Care organizations serving the target population.	
Use EHRs or other IT platforms to track all patients engaged in this project.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Ongoing	
Milestone #12	Pass & Ongoing	
Milestone #13	Pass & Ongoing	
Milestone #14	Pass & Ongoing	

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #15	Pass & Ongoing	
Milestone #16	Pass & Ongoing	
Milestone #17	Pass & Ongoing	

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IPQR Module 3.f.i.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 3.f.i.5 - IA Monitoring

Instructions :

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Project 4.a.iii – Strengthen Mental Health and Substance Abuse Infrastructure across Systems

IPQR Module 4.a.iii.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

R: Target Population: The most significant risk at the outset of project design is Scope Creep due to lack of a fully defined target population.
M: Through early brainstorming sessions with the 4.aiii Project Team, over 100 high-risk individuals, groups and communities were identified as being in need of MEB Health disorder prevention services. Particularly through Q2, it will be necessary for the team to significantly narrow the target population to ensure a defined project scope and associated measurable benefits over time. To this end, the project team, and others, have been engaged in several strategic visioning sessions which will be used to focus the project and help guide the DY1 population-based data collection activities. Once the data collection is complete, the target population will be further refined prior to the implementation of interventions.

R: Stigma: A second major risk is to successful implementation of project 4.a.iii is the stigma associated with individuals diagnosed with MEB Health disorders.
M: A central focus of the MEB Health Partnership will be to confront this stigma, both through training on cultural competence across the PPS and through other mechanisms, to be determined.

R: Reimbursement: The lack of reimbursement for prevention services, particularly those focused on MEB Health, is a significant risk to program success. Existing fee-for-service reimbursement models do not support the provision of evidence-based prevention programs, particularly in the community setting. Often, community-based programs are grant funded and unsustainable, despite their level of effectiveness. This paradigm represents a root cause for service-related gaps.
M: The move to value-based reimbursement is an opportunity to increase access to evidence-based prevention programs. However, to be successful, community-based providers must implement infrastructure improvements and demonstrate the value of evidence-based interventions; that they are ultimately able to bill for those programs which highly contribute to the health of population. The PPS will support this evolution by facilitating the implementation of information technology and standardized data collection across targeted community-based prevention programs. This will facilitate evaluation activities that clearly define programmatic value in terms of cost, quality and outcomes. In this way, at the end of the five-year project period, the PPS will have developed a core set of MEB health promotion and prevention-related interventions that are worthy of reimbursement under a value-based system.

R: Information Technology: The PPS will support this evolution by facilitating the implementation of information technology and standardized data collection across targeted community-based prevention programs.
M: Develop an IT Change Management Strategy .This will facilitate evaluation activities that clearly define programmatic value in terms of cost, quality and outcomes. In this way, at the end of the five-year project period, the PPS will have developed a core set of MEB health promotion and prevention-related interventions that are worthy of reimbursement under a value-based system.

R: Financing: The implementation of programs to support MEB health promotion and disorder prevention requires resources not readily available

to project participants.
M: In recognition of these financial constraints, the PPS will create an "Evidence-Based Practice Implementation Fund" to help green-light adoption of evidence-based programs across the region, with the goal of having at least 3 programs implemented in each NOCN by the end of Project Year 3. The PPS will work with local foundations and conduct additional development activities, as needed.

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IPQR Module 4.a.iii.2 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Participate in MEB Health and MEB Disorder Prevention Partnership	In Progress	Participate in MEB Health and MEB Disorder Prevention Partnership	04/01/2015	12/31/2018	04/01/2015	12/31/2018	12/31/2018	DY4 Q3
Task 1. Form workgroup at FLPPS of providers comprised of attested mental health, substance abuse, and community providers.	Completed	1. Form workgroup at FLPPS of providers comprised of attested mental health, substance abuse, and community providers.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Review existing partnerships/programs to identify gaps and strengths, build collaboration, and help define MEB Health Partnership-Finger Lakes Organization for Wellness, Education, and Recovery (FLOWER) goals to develop and document partnership structure, vision, goals, and decision-making processes.	Completed	2. Review existing partnerships/programs to identify gaps and strengths, build collaboration, and help define MEB Health Partnership-Finger Lakes Organization for Wellness, Education, and Recovery (FLOWER) goals to develop and document partnership structure, vision, goals, and decision-making processes.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Establish FLOWER partnership with Charter Agreement in PPS region detailing the goals and objectives of the project.	Completed	3. Establish FLOWER partnership with Charter Agreement in PPS region detailing the goals and objectives of the project.	05/20/2015	09/30/2015	05/20/2015	09/30/2015	09/30/2015	DY1 Q2
Task 4. Identify and invite mental health and substance abuse providers and other community organizations to become members of the MEB Health Partnership including DOH/OMH/OASAS.	Completed	4. Identify and invite mental health and substance abuse providers and other community organizations to become members of the MEB Health Partnership including DOH/OMH/OASAS.	06/05/2015	12/31/2015	06/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task 5. Establish a date for the Finger Lakes Organization for Wellness, Education, and Recovery (FLOWER) to host the first MEB	Completed	5. Establish a date for the Finger Lakes Organization for Wellness, Education, and Recovery (FLOWER) to host the first MEB Health Partnership Meeting.	06/05/2015	09/30/2015	06/05/2015	09/30/2015	09/30/2015	DY1 Q2

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Health Partnership Meeting.								
Task 6. Continue FLOWER partnership and other partnerships during DSRIP period.	In Progress	6. Continue FLOWER partnership and other partnerships during DSRIP period.	09/01/2015	12/31/2018	09/01/2015	12/31/2018	12/31/2018	DY4 Q3
Task 7. Maintain ongoing collaboration with other PPS's to share best practices, educational materials, training strategies, and other strategies to overcome project implementation barriers.	In Progress	7. Maintain ongoing collaboration with other PPS's to share best practices, educational materials, training strategies, and other strategies to overcome project implementation barriers.	09/01/2015	12/31/2018	09/01/2015	12/31/2018	12/31/2018	DY4 Q3
Milestone Provide Cultural and Linguistic Training on MEB Health Prevention, Promotion and Treatment	In Progress	Provide Cultural and Linguistic Training on MEB Health Prevention, Promotion and Treatment	04/01/2015	03/31/2020	10/19/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Partner with cultural competency and health literacy committee to review needs assessment data regarding MEB training needs.	In Progress	1. Partner with cultural competency and health literacy committee to review needs assessment data regarding MEB training needs.	04/01/2015	03/31/2020	10/19/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2. Define and develop MEB health and cultural competency and health literacy curriculum goals and objectives	In Progress	2. Define and develop MEB health and cultural competency and health literacy curriculum goals and objectives	04/01/2015	03/31/2020	10/19/2015	06/30/2016	06/30/2016	DY2 Q1
Task 3. Assess workforce training needs of providers in PPS.	Not Started	3. Assess workforce training needs of providers in PPS.	04/01/2015	03/31/2020	01/25/2016	09/30/2016	09/30/2016	DY2 Q2
Task 4. Design and produce MEB health competency curriculum content and learning models based on training needs.	Not Started	4. Design and produce MEB health competency curriculum content and learning models based on training needs.	04/01/2015	03/31/2020	06/09/2016	12/31/2016	12/31/2016	DY2 Q3
Task 5. Develop and document trainings for providers with the support of the culture competency and health literacy committee.	Not Started	5. Develop and document trainings for providers with the support of the culture competency and health literacy committee.	04/01/2015	03/31/2020	11/09/2016	03/31/2017	03/31/2017	DY2 Q4
Task 6. Initiate, document, and track workforce training.	Not Started	6. Initiate, document, and track workforce training.	04/01/2015	03/31/2020	12/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Share Data and Information on MEB health Promotion and MEB Disorder Prevention and Treatment	Not Started	Share Data and Information on MEB health Promotion and MEB Disorder Prevention and Treatment	04/01/2015	03/31/2020	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 1. Identify and document high priority population-health data variables that will be collected	Not Started	1. Identify and document high priority population-health data variables that will be collected	04/01/2015	03/31/2020	04/01/2016	11/30/2016	12/31/2016	DY2 Q3
Task 2. Identify and document roles and responsibilities of individuals charged with collecting, managing, and analyzing population-based data.	Not Started	2. Identify and document roles and responsibilities of individuals charged with collecting, managing, and analyzing population-based data.	04/01/2015	03/31/2020	04/01/2016	11/30/2016	12/31/2016	DY2 Q3
Task 3. Identify data collection sources and methodology	Not Started	3. Identify data collection sources and methodology	04/01/2015	03/31/2020	04/01/2016	11/30/2016	12/31/2016	DY2 Q3
Task 4. Gather data, categorize data into data sets, and prepare the data for analysis.	Not Started	4. Gather data, categorize data into data sets, and prepare the data for analysis.	04/01/2015	03/31/2020	05/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 5. Analyze data and provide a detailed report of population- based data.	Not Started	5. Analyze data and provide a detailed report of population- based data.	04/01/2015	03/31/2020	05/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 6. Establish incubator fund and develop funding process to test implementation of evidence-based practices.	Not Started	6. Establish incubator fund and develop funding process to test implementation of evidence-based practices.	04/01/2015	03/31/2020	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 7. Identify and develop IT solutions to support program evaluations.	Not Started	7. Identify and develop IT solutions to support program evaluations.			04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone Begin roll-out of evidence-based programs	Not Started	Begin roll-out of evidence-based programs	04/01/2015	03/31/2020	05/09/2016	09/30/2019	09/30/2019	DY5 Q2
Task 1. Research and select evidence-based MEB health promotion and disorder prevention models for roll-out.	Not Started	1. Research and select evidence-based MEB health promotion and disorder prevention models for roll-out.	04/01/2015	03/31/2020	07/11/2016	12/30/2016	12/31/2016	DY2 Q3
Task 2. Document implementation, monitoring, evaluation, and outcomes of evidence-based	Not Started	2. Document implementation, monitoring, evaluation, and outcomes of evidence-based programs being rolled-out.	04/01/2015	03/31/2020	05/09/2016	03/31/2017	03/31/2017	DY2 Q4

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
programs being rolled-out.								
Task 3. Report outcomes of evaluation and cost benefit analysis of evidence-based programs.	Not Started	3. Report outcomes of evaluation and cost benefit analysis of evidence-based programs.	04/01/2015	03/31/2020	07/01/2017	09/14/2018	09/30/2018	DY4 Q2
Task 4. Collect and synthesize relevant information on MEB health promotion, disorder prevention and treatment.	Not Started	4. Collect and synthesize relevant information on MEB health promotion, disorder prevention and treatment.	04/01/2015	03/31/2020	01/01/2019	07/19/2019	09/30/2019	DY5 Q2
Task 5. Compile a compendium of MEB health promotion and disorder prevention and treatment information.	Not Started	5. Compile a compendium of MEB health promotion and disorder prevention and treatment information.	04/01/2015	03/31/2020	07/01/2019	09/30/2019	09/30/2019	DY5 Q2
Milestone Develop value-based payment methodology for MEB health prevention programs	Not Started	Develop value-based payment methodology for MEB health prevention programs	04/01/2015	03/31/2020	07/01/2019	03/31/2020	03/31/2020	DY5 Q4
Task 1. Research and select an emerging value-based payment model to assess and implement.	Not Started	1. Research and select an emerging value-based payment model to assess and implement.	04/01/2015	03/31/2020	10/14/2019	02/07/2020	03/31/2020	DY5 Q4
Task 2. Gather and formulate data analysis to determine cost-benefit analysis of evidence based programs.	Not Started	2. Gather and formulate data analysis to determine cost-benefit analysis of evidence based programs.	04/01/2015	03/31/2020	07/01/2019	03/31/2020	03/31/2020	DY5 Q4

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Participate in MEB Health and MEB Disorder Prevention Partnership	
Provide Cultural and Linguistic Training on MEB Health	

NYS Confidentiality – High

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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Prevention, Promotion and Treatment	
Share Data and Information on MEB health Promotion and MEB Disorder Prevention and Treatment	
Begin roll-out of evidence-based programs	
Develop value-based payment methodology for MEB health prevention programs	

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 4.a.iii.3 - IA Monitoring

Instructions :

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Project 4.b.ii – Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer

IPQR Module 4.b.ii.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

R: Inadequate engagement of CBO's is a significant risk to successful project implementation - to this end, there are a number of outstanding issues, including (1) The state-defined 5% funding limit for non-safety net providers; (2) An underdeveloped infrastructure across CBO entities; (3) An evolving understanding of regional CBO assets; and (4) Limited existing cross-sector collaboration.
M: FLPPS has hired a Provider Relations Associate to solely focus on CBO engagement, including the documentation and mapping of CBO assets by county and Naturally Occurring Care Network (NOCN). Phase II contracting will recognize CBO assets, connect assets to the IDS and facilitate referral and subcontracting relationships, as necessary. FLPPS will provided technical assistance, as needed, to ensure high-value CBOs have the resources necessary to contract/report/track outcomes.

R: The focus of this project is tied to the creation and implementation of a standardized risk assessment. This strategy was identified before New York State fully implemented their process for building the value-based payment methodology, which also includes the use of what will likely become a standardized risk assessment. FLPPS needs to move forward with project implementation while not developing or duplicating tools that will ultimately be dictated and implemented state-wide.
M: In response, FLPPS has undertaken a full analysis of chronic disease prevalence across the region to support the identification of a target population for whom the project can be focused prior to the development and adoption of a PPS-wide risk assessment. This process included the review of all high-cost chronic illness targeted by the advanced primary care model. This work will be reviewed with the project team in November 2015, and will likely result in the selection of a preliminary target population, which can be further refined when the state releases its risk assessment strategy.

R: Ability to contract with MCOs and get 90% of payments under value-based payment methodologies
M: FLPPS will work in close collaboration with the State in incentivizing MCOs to negotiate and work with FLPPS and engage and educate partners to ensure buy-in for supporting VBP transition efforts.

R: There is currently a significant data gap around the measurement and evaluation of community-based prevention programs. CBOs often track programmatic success using process measures. There aren't clearly defined indicators/measures to track the value of a community based prevention/management intervention, nor the IT infrastructure to capture this data discreetly.
M: Through the work of the Integrated Delivery System project, FLPPS will implement an integrated IT solution that includes community-based prevention programs, to enable population health management based on identified indicators/measures that will have the ability to monitor a patient's health status before, during and after participation. Over time, this type of evaluation will allow the PPS to identify best practices and determine the value of a given intervention in preparation for the inclusion of high quality prevention and disease management programming in a value-based payment.

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IPQR Module 4.b.ii.2 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Achieve PCMH as outlined in 2.a.i	In Progress	Achieve PCMH as outlined in 2.a.i	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Engage and communicate with primary care providers to ensure project understanding and alignment.	Completed	Engage and communicate with primary care providers to ensure project understanding and alignment.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Establish PPS PCMH support team to serve as subject matter experts on application completion and practice transformation.	Completed	Establish PPS PCMH support team to serve as subject matter experts on application completion and practice transformation.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify all PCMH eligible practices in PPS, and assess current state PCMH status of those practices	Completed	Identify all PCMH eligible practices in PPS, and assess current state PCMH status of those practices	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify major barriers to PCMH 2014 implementation to tailor support services to practices	Completed	Identify major barriers to PCMH 2014 implementation to tailor support services to practices	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Determine current EHR infrastructure of all primary care practices, as part of the IT Current State assessment (see IT Systems & Processes Work stream)	In Progress	Determine current EHR infrastructure of all primary care practices, as part of the IT Current State assessment (see IT Systems & Processes Work stream)	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Create prioritized list of practices who will need to begin EHR implementation	In Progress	Create prioritized list of practices who will need to begin EHR implementation	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop and document a plan to engage practices to certify PCMH based on current state and readiness to achieve PCMH Level 3.	In Progress	Develop and document a plan to engage practices to certify PCMH based on current state and readiness to achieve PCMH Level 3.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Obtain PCMH certification from PCMH practices	In Progress	Obtain PCMH certification from PCMH practices	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone Establish contracts with CBOs	In Progress	Establish contracts with CBOs	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Review the Local Health Department (LHD) Community Health Improvement Plans and Prevention Agenda Goals of PPS service area	Completed	Review the Local Health Department (LHD) Community Health Improvement Plans and Prevention Agenda Goals of PPS service area	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Determine target populations of each county to align with Community Needs Assessment and Prevention Agenda Goals	Completed	Determine target populations of each county to align with Community Needs Assessment and Prevention Agenda Goals	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Conduct PPS network assessment to identify Community Based Organizations in the network, the populations served, and services offered	Not Started	Conduct PPS network assessment to identify Community Based Organizations in the network, the populations served, and services offered	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Develop FLPPS contract attachment specific to project 4.b.ii	Not Started	Develop FLPPS contract attachment specific to project 4.b.ii	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Identify CBO providers serving target populations in each county	Not Started	Identify CBO providers serving target populations in each county	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Engage identified CBO providers to complete contracting	Not Started	Engage identified CBO providers to complete contracting	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone Identify and test standardized risk assessment	In Progress	Identify and test standardized risk assessment	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Host a meeting to discuss goals of project and overlap of PCMH with FQHC and other Primary Care providers in network. Meeting will develop understanding of existing risk assessment and stratification in primary care settings.	Completed	Host a meeting to discuss goals of project and overlap of PCMH with FQHC and other Primary Care providers in network. Meeting will develop understanding of existing risk assessment and stratification in primary care settings.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task As part of project team, understand what risk	Completed	As part of project team, understand what risk assessments and stratification exist in community based organizations and public	07/01/2015	08/01/2015	07/01/2015	08/01/2015	09/30/2015	DY1 Q2

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
assessments and stratification exist in community based organizations and public health departments		health departments						
Task Draft initial list of components of a risk assessment that will identify the target populations of the project	In Progress	Draft initial list of components of a risk assessment that will identify the target populations of the project	08/01/2015	11/01/2015	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Engage vendors of Population Health Management software as part of the FLPPS central services vendor selection process and evaluate vendor's risk assessment library and workflows	In Progress	Engage vendors of Population Health Management software as part of the FLPPS central services vendor selection process and evaluate vendor's risk assessment library and workflows	08/01/2015	12/31/2015	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify Vendor of population health management software	In Progress	Identify Vendor of population health management software	12/01/2015	12/31/2015	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Test vendor risk assessment content and workflow via electronic 'sandbox' environment or printed version of assessment with representation of CBO, public health, and PCP providers.	Not Started	Test vendor risk assessment content and workflow via electronic 'sandbox' environment or printed version of assessment with representation of CBO, public health, and PCP providers.	01/01/2016	03/01/2016	01/01/2016	03/01/2016	03/31/2016	DY1 Q4
Task Receive feedback and incorporate changes as appropriate	In Progress	Receive feedback and incorporate changes as appropriate	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone Expand clinical interventions across diverse provider-types	In Progress	Expand clinical interventions across diverse provider-types	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Complete current state analysis of PPS network, including mapping of chronic disease prevention and management services by county to determine the clinical settings a patient currently has access to chronic disease management and prevention services.	In Progress	Complete current state analysis of PPS network, including mapping of chronic disease prevention and management services by county to determine the clinical settings a patient currently has access to chronic disease management and prevention services.	07/01/2015	12/31/2015	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Define ideal state of chronic disease	In Progress	Define ideal state of chronic disease prevention and management services in a clinical setting (including behavioral health) required to	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
prevention and management services in a clinical setting (including behavioral health) required to meet the needs of the project target populations		meet the needs of the project target populations						
Task Conduct gap analysis and identify areas where expansion of services is needed, by provider type (stratified by target population of specific county)	In Progress	Conduct gap analysis and identify areas where expansion of services is needed, by provider type (stratified by target population of specific county)	07/01/2015	04/30/2016	07/01/2015	04/30/2016	06/30/2016	DY2 Q1
Task Distribute gap analysis to regional committee (Naturally Ocurring Care Network) for review and feedback, including recommended next steps	Not Started	Distribute gap analysis to regional committee (Naturally Ocurring Care Network) for review and feedback, including recommended next steps	05/01/2016	06/30/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop action plan for increasing services provided in appropriate communities	Not Started	Develop action plan for increasing services provided in appropriate communities	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop workflow process to refer patients to PCMH and other clinical resources and distribute throughout PPS to ensure awareness of local primary care providers accepting new Medicaid patients	Not Started	Develop workflow process to refer patients to PCMH and other clinical resources and distribute throughout PPS to ensure awareness of local primary care providers accepting new Medicaid patients	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Engage providers to increase services to fill identified gaps via process in action plan	Not Started	Engage providers to increase services to fill identified gaps via process in action plan	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone Assess gaps and support the implementation of community-based services	In Progress	Assess gaps and support the implementation of community-based services	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Host focus group with local health departments to better understand organization structure, services offered, and collect feedback on the project goals and target populations	In Progress	Host focus group with local health departments to better understand organization structure, services offered, and collect feedback on the project goals and target populations	07/01/2015	12/31/2015	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Complete current state analysis of PPS	In Progress	Complete current state analysis of PPS network, including mapping of chronic disease prevention and management services by county	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
network, including mapping of chronic disease prevention and management services by county								
Task Define ideal service mix of preventive and management services in the community setting required to meet the needs of the project target populations	Not Started	Define ideal service mix of preventive and management services in the community setting required to meet the needs of the project target populations	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Conduct gap analysis and identify areas where expansion of services is needed, by provider type (stratified by target population of specific county)	In Progress	Conduct gap analysis and identify areas where expansion of services is needed, by provider type (stratified by target population of specific county)	07/01/2015	04/30/2016	07/01/2015	04/30/2016	06/30/2016	DY2 Q1
Task Distribute gap analysis to regional committee (Naturally Ocurring Care Network) for review and feedback, including recommended next steps	Not Started	Distribute gap analysis to regional committee (Naturally Ocurring Care Network) for review and feedback, including recommended next steps	05/01/2016	06/30/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop action plan for increasing services provided in appropriate communities	In Progress	Develop action plan for increasing services provided in appropriate communities	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Develop workflow process to refer patients to community based resources	Not Started	Develop workflow process to refer patients to community based resources	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Engage providers to increase services to fill identified gaps via process in action plan	Not Started	Engage providers to increase services to fill identified gaps via process in action plan	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Distribute list of community based programming and developed referral workflow throughout PPS to ensure awareness and to facilitate referrals for appropriate services, especially by primary care providers	Not Started	Distribute list of community based programming and developed referral workflow throughout PPS to ensure awareness and to facilitate referrals for appropriate services, especially by primary care providers	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone Implement an Integrated IT solution including standardized risk assessment	In Progress	Implement an Integrated IT solution including standardized risk assessment	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task	Completed	Determine functionality requirements necessary in IT solution	04/01/2015	08/01/2015	04/01/2015	08/01/2015	09/30/2015	DY1 Q2

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Finger Lakes Performing Provider Systems, Inc. (PPS ID:9)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Determine functionality requirements necessary in IT solution								
Task Identify list of vendors that could likely deliver identified functionality	Completed	Identify list of vendors that could likely deliver identified functionality	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Engage software vendors as part of the FLPPS central services vendor selection process and evaluate vendor's risk assessment library and workflows	In Progress	Engage software vendors as part of the FLPPS central services vendor selection process and evaluate vendor's risk assessment library and workflows	08/01/2015	12/31/2015	08/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Choose IT Vendor and engage in contracting	In Progress	Choose IT Vendor and engage in contracting	12/01/2015	12/31/2015	12/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Develop action plan and timline for configuration and implementation based on feedback from vendor and project stakeholders	In Progress	Develop action plan and timline for configuration and implementation based on feedback from vendor and project stakeholders	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Implementation of software including	Not Started	Implementation of software including	01/01/2016	09/30/2017	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Engage Greater Rochester Regional Information Offering (GRRHIO) to plan interface necessary to share data across providers	In Progress	Engage Greater Rochester Regional Information Offering (GRRHIO) to plan interface necessary to share data across providers	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop implementation plan of the identified interface and execute plan	Not Started	Develop implementation plan of the identified interface and execute plan	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone Review and expand incentive programs	Not Started	Review and expand incentive programs	07/01/2016	09/30/2017	07/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Per 2.a.i workplan, develop and vet FLPPS incentive payments aligned with patient outcomes in support of goals of DSRIP	Not Started	Per 2.a.i workplan, develop and vet FLPPS incentive payments aligned with patient outcomes in support of goals of DSRIP	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Review existing incentives for providers to conduct preventive care	Not Started	Review existing incentives for providers to conduct preventive care	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Review existing charge schedule for	Not Started	Review existing charge schedule for prevention services	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
prevention services								
Task Hold focus group of providers to understand existing prevention services offered and barriers to increasing services	Not Started	Hold focus group of providers to understand existing prevention services offered and barriers to increasing services	09/30/2016	12/31/2016	09/30/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop plan to mitigate barriers identified in focus groups	Not Started	Develop plan to mitigate barriers identified in focus groups	01/01/2017	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Determine what additional incentives are necessary (if any) to achieve goals of project	Not Started	Determine what additional incentives are necessary (if any) to achieve goals of project	04/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Implement expanded incentive programs (with PPS network providers) as appropriate based on previous determination	Not Started	Implement expanded incentive programs (with PPS network providers) as appropriate based on previous determination	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task REMOVE LATER	On Hold	REMOVE LATER	08/01/2016	08/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone Reduce out of pocket cost	Not Started	Reduce out of pocket cost	01/01/2016	09/30/2017	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Identify prevention services offered to project target populations in clinical and community settings	Not Started	Identify prevention services offered to project target populations in clinical and community settings	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Document out of pocket costs to patients for preventive and management services in clinical and community settings of each partner and for each payor (MCO versus FFS)	Not Started	Document out of pocket costs to patients for preventive and management services in clinical and community settings of each partner and for each payor (MCO versus FFS)	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Identify financial requirements to reduce or eliminate out of pocket costs for the target population of the project	Not Started	Identify financial requirements to reduce or eliminate out of pocket costs for the target population of the project	10/01/2016	06/30/2017	10/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task As part of ongoing discussions between FLPPS and at least one MCO, engage to discuss coverage of preventive services to reduce or eliminate out of pocket costs for target populations	Not Started	As part of ongoing discussions between FLPPS and at least one MCO, engage to discuss coverage of preventive services to reduce or eliminate out of pocket costs for target populations	04/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Begin cost-benefit analysis	Not Started	Begin cost-benefit analysis	04/01/2017	09/30/2018	04/01/2017	09/30/2018	09/30/2018	DY4 Q2
Task Collect initial clinical and claims data sets from the RHIO, early participating programs, NYSDOH, and other partners, as available (per 2.a.i workplan)	Not Started	Collect initial clinical and claims data sets from the RHIO, early participating programs, NYSDOH, and other partners, as available (per 2.a.i workplan)	04/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Evaluate outcomes of reduced or eliminated out of pocket costs as part of cost-benefit analysis to drive future discussions / reductions with MCO and DOH	Not Started	Evaluate outcomes of reduced or eliminated out of pocket costs as part of cost-benefit analysis to drive future discussions / reductions with MCO and DOH	09/30/2017	06/30/2018	09/30/2017	06/30/2018	06/30/2018	DY4 Q1
Task Determine (via direct cost or proxy) total cost of care of target population in the time periods prior to DSRIP and as a result of any reduction in out of pocket costs for prevention services.	Not Started	Determine (via direct cost or proxy) total cost of care of target population in the time periods prior to DSRIP and as a result of any reduction in out of pocket costs for prevention services.	09/30/2017	06/30/2018	09/30/2017	06/30/2018	06/30/2018	DY4 Q1
Task Identify savings (or losses) generated as a result of the reduction in out of pocket costs	Not Started	Identify savings (or losses) generated as a result of the reduction in out of pocket costs	01/01/2018	05/01/2018	01/01/2018	05/01/2018	06/30/2018	DY4 Q1
Task Identify potential additional savings in total cost of care by increasing utilization of specific services by analyzing cohorts of medicaid members who received a given intervention compared to those who did not, and their outcomes	Not Started	Identify potential additional savings in total cost of care by increasing utilization of specific services by analyzing cohorts of medicaid members who received a given intervention compared to those who did not, and their outcomes	05/01/2018	06/30/2018	05/01/2018	06/30/2018	06/30/2018	DY4 Q1
Task Engage payers to continue to reduce out of pocket expenses for preventive services, especially those identified in previous analysis that show an opportunity for additonal savings	Not Started	Engage payers to continue to reduce out of pocket expenses for preventive services, especially those identified in previous analysis that show an opportunity for additonal savings	07/01/2018	09/30/2018	07/01/2018	09/30/2018	09/30/2018	DY4 Q2
Milestone Develop value-based payment methodology (primarily per 2.a.i workplan)	In Progress	Develop value-based payment methodology (primarily per 2.a.i workplan)	07/01/2015	03/30/2020	07/01/2015	03/30/2020	03/31/2020	DY5 Q4
Task Review Value Based Payment Roadmap	Completed	Review Value Based Payment Roadmap released by NYSDOH	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
released by NYSDOH								
Task Develop value-based metrics consistent with Domains 2, 3, and 4 of PPS's selected project goals that also align with other evidence-based measures (QARR, NCQA, NQF, IHI, CMS, etc.) as approved by Finance, IT and Clinical Committees	In Progress	Develop value-based metrics consistent with Domains 2, 3, and 4 of PPS's selected project goals that also align with other evidence-based measures (QARR, NCQA, NQF, IHI, CMS, etc.) as approved by Finance, IT and Clinical Committees	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Circulate value-based payment metrics through project workgroups, PPS regional workgroups, and other committees including those including MCOs, as appropriate, for structured review and feedback	Not Started	Circulate value-based payment metrics through project workgroups, PPS regional workgroups, and other committees including those including MCOs, as appropriate, for structured review and feedback	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Schedule meetings with neighboring PPSs to discuss patient-outcome measures to ensure alignment of incentives for overlapping populations	In Progress	Schedule meetings with neighboring PPSs to discuss patient-outcome measures to ensure alignment of incentives for overlapping populations	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Store final plan for presentation to NYSDOH and Independent Assessor as requested	Not Started	Store final plan for presentation to NYSDOH and Independent Assessor as requested	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop a plan to utilize performance against goals to calculate corresponding incentive amount to PPS providers	Not Started	Develop a plan to utilize performance against goals to calculate corresponding incentive amount to PPS providers	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Clinical Committee to make recommendations regarding additional provider and patient incentives	Not Started	Clinical Committee to make recommendations regarding additional provider and patient incentives	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task BOD to review and approve proposed incentive payment plan for the patient outcome metrics	Not Started	BOD to review and approve proposed incentive payment plan for the patient outcome metrics	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop draft of provider - FLPPS contract to include value based payment	Not Started	Develop draft of provider - FLPPS contract to include value based payment	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Determine appropriate providers to participate in value based contracts	Not Started	Determine appropriate providers to participate in value based contracts	07/01/2016	12/31/2017	07/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Engage identified providers in contracting for value based contract	Not Started	Engage identified providers in contracting for value based contract	08/01/2016	03/31/2018	08/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Develop process to regularly revise contractual arrangements as necessary to incorporate updated information, both internal and external to FLPPS	Not Started	Develop process to regularly revise contractual arrangements as necessary to incorporate updated information, both internal and external to FLPPS	04/01/2018	06/30/2018	04/01/2018	06/30/2018	06/30/2018	DY4 Q1
Task Update methodology (and contracts) as necessary	Not Started	Update methodology (and contracts) as necessary	07/01/2019	03/30/2020	07/01/2019	03/30/2020	03/31/2020	DY5 Q4
Milestone Facilitate long term partnerships	In Progress	Facilitate long term partnerships	07/01/2015	03/30/2020	07/01/2015	03/30/2020	03/31/2020	DY5 Q4
Task Engage stakeholders in regular project team meetings to update on milestone progress and status	In Progress	Engage stakeholders in regular project team meetings to update on milestone progress and status	07/01/2015	03/30/2020	07/01/2015	03/30/2020	03/31/2020	DY5 Q4
Task Hold PPS wide summits at least annually to provide updates, education, and facilitate engagement between partners and FLPPS	In Progress	Hold PPS wide summits at least annually to provide updates, education, and facilitate engagement between partners and FLPPS	07/01/2015	03/30/2020	07/01/2015	03/30/2020	03/31/2020	DY5 Q4
Task Engage in regular communication between FLPPS network providers and FLPPS via Provider Relations Associates, Project Managers, and other staff as necessary to achieve goals of DSRIP	In Progress	Engage in regular communication between FLPPS network providers and FLPPS via Provider Relations Associates, Project Managers, and other staff as necessary to achieve goals of DSRIP	07/01/2015	03/30/2020	07/01/2015	03/30/2020	03/31/2020	DY5 Q4

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Achieve PCMH as outlined in 2.a.i	
Establish contracts with CBOs	
Identify and test standardized risk assessment	
Expand clinical interventions across diverse provider-types	
Assess gaps and support the implementation of community-based services	
Implement an Integrated IT solution including standardized risk assessment	
Review and expand incentive programs	
Reduce out of pocket cost	
Begin cost-benefit analysis	
Develop value-based payment methodology (primarily per 2.a.i workplan)	
Facilitate long term partnerships	

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 4.b.ii.3 - IA Monitoring

Instructions :

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Attestation

The Lead Representative has been designated by the Primary Lead PPS Provider (PPS Lead Entity) as the signing officiate for the DSRIP Quarterly Report. The Lead Representative has the authority to complete this attestation on behalf of the PPS network. The Lead Representative and PPS Lead Entity are responsible for the authenticity and accuracy of the material submitted in this report.

The Lead Representative of the Performing Provider System (PPS) must complete this attestation form in order for the project application to be accepted by the NYS Department of Health. Once the attestation is complete, the Quarterly Report will be locked down from any further editing. Do not complete this section until the entire Quarterly Report is complete.

If the Quarterly Report becomes locked in error and additional changes are necessary, please use the contact information on the Home Page to request that the Quarterly Report be unlocked.

To electronically sign this Quarterly Report, please enter the required information and check the box below:

☐ **I here by attest, as the Lead Representative of the 'Finger Lakes Performing Provider Systems, Inc. ', that all information provided on this Quarterly report is true and accurate to the best of my knowledge, and that, following initial submission in the current quarterly reporting period as defined by NY DOH, changes made to this report were pursuant only to documented instructions or documented approval of changes from DOH or DSRIP Independent Assessor.**

Primary Lead PPS Provider:	ROCHESTER GENERAL HOSPITAL
Secondary Lead PPS Provider:	UNITY HOSPITAL ROCHESTER
Lead Representative:	Carol Tegas
Submission Date:	03/15/2016 04:17 PM
Comments:	

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Status Log				
Quarterly Report (DY,Q)	**Status**	**Lead Representative Name**	**User ID**	**Date Timestamp**
DY1, Q3	Adjudicated	Carol Tegas	mrurak	03/31/2016 05:15 PM
DY1, Q3	Submitted	Carol Tegas	ctegas	03/15/2016 04:17 PM
DY1, Q3	Returned	Carol Tegas	mrurak	03/01/2016 05:14 PM
DY1, Q3	Submitted	Carol Tegas	ctegas	02/03/2016 09:44 PM
DY1, Q3	In Process		ETL	01/03/2016 08:01 PM

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Comments Log			
Status	**Comments**	**User ID**	**Date Timestamp**
Adjudicated	The IA has adjudicated the DY1Q3 Quarterly Report.	mrurak	03/31/2016 05:15 PM
Returned	The IA is returning the DY1Q3 Quarterly Report to the PPS for Remediation.	mrurak	03/01/2016 05:14 PM

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Section	Module Name	Status
Section 01	IPQR Module 1.1 - PPS Budget Report (Baseline)	Completed
	IPQR Module 1.2 - PPS Budget Report (Quarterly)	Completed
	IPQR Module 1.3 - PPS Flow of Funds (Baseline)	Completed
	IPQR Module 1.4 - PPS Flow of Funds (Quarterly)	Completed
	IPQR Module 1.5 - Prescribed Milestones	Completed
	IPQR Module 1.6 - PPS Defined Milestones	Completed
	IPQR Module 1.7 - IA Monitoring	
Section 02	IPQR Module 2.1 - Prescribed Milestones	Completed
	IPQR Module 2.2 - PPS Defined Milestones	Completed
	IPQR Module 2.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 2.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 2.5 - Roles and Responsibilities	Completed
	IPQR Module 2.6 - Key Stakeholders	Completed
	IPQR Module 2.7 - IT Expectations	Completed
	IPQR Module 2.8 - Progress Reporting	Completed
	IPQR Module 2.9 - IA Monitoring	
Section 03	IPQR Module 3.1 - Prescribed Milestones	Completed
	IPQR Module 3.2 - PPS Defined Milestones	Completed
	IPQR Module 3.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 3.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 3.5 - Roles and Responsibilities	Completed
	IPQR Module 3.6 - Key Stakeholders	Completed
	IPQR Module 3.7 - IT Expectations	Completed
	IPQR Module 3.8 - Progress Reporting	Completed
	IPQR Module 3.9 - IA Monitoring	
Section 04	IPQR Module 4.1 - Prescribed Milestones	Completed
	IPQR Module 4.2 - PPS Defined Milestones	Completed

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Section	Module Name	Status
	IPQR Module 4.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 4.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 4.5 - Roles and Responsibilities	Completed
	IPQR Module 4.6 - Key Stakeholders	Completed
	IPQR Module 4.7 - IT Expectations	Completed
	IPQR Module 4.8 - Progress Reporting	Completed
	IPQR Module 4.9 - IA Monitoring	
Section 05	IPQR Module 5.1 - Prescribed Milestones	Completed
	IPQR Module 5.2 - PPS Defined Milestones	Completed
	IPQR Module 5.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 5.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 5.5 - Roles and Responsibilities	Completed
	IPQR Module 5.6 - Key Stakeholders	Completed
	IPQR Module 5.7 - Progress Reporting	Completed
	IPQR Module 5.8 - IA Monitoring	
Section 06	IPQR Module 6.1 - Prescribed Milestones	Completed
	IPQR Module 6.2 - PPS Defined Milestones	Completed
	IPQR Module 6.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 6.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 6.5 - Roles and Responsibilities	Completed
	IPQR Module 6.6 - Key Stakeholders	Completed
	IPQR Module 6.7 - IT Expectations	Completed
	IPQR Module 6.8 - Progress Reporting	Completed
	IPQR Module 6.9 - IA Monitoring	
Section 07	IPQR Module 7.1 - Prescribed Milestones	Completed
	IPQR Module 7.2 - PPS Defined Milestones	Completed
	IPQR Module 7.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 7.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 7.5 - Roles and Responsibilities	Completed

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Section	Module Name	Status
	IPQR Module 7.6 - Key Stakeholders	Completed
	IPQR Module 7.7 - IT Expectations	Completed
	IPQR Module 7.8 - Progress Reporting	Completed
	IPQR Module 7.9 - IA Monitoring	
Section 08	IPQR Module 8.1 - Prescribed Milestones	Completed
	IPQR Module 8.2 - PPS Defined Milestones	Completed
	IPQR Module 8.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 8.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 8.5 - Roles and Responsibilities	Completed
	IPQR Module 8.6 - Key Stakeholders	Completed
	IPQR Module 8.7 - IT Expectations	Completed
	IPQR Module 8.8 - Progress Reporting	Completed
	IPQR Module 8.9 - IA Monitoring	
Section 09	IPQR Module 9.1 - Prescribed Milestones	Completed
	IPQR Module 9.2 - PPS Defined Milestones	Completed
	IPQR Module 9.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 9.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 9.5 - Roles and Responsibilities	Completed
	IPQR Module 9.6 - Key Stakeholders	Completed
	IPQR Module 9.7 - IT Expectations	Completed
	IPQR Module 9.8 - Progress Reporting	Completed
	IPQR Module 9.9 - IA Monitoring	
Section 10	IPQR Module 10.1 - Overall approach to implementation	Completed
	IPQR Module 10.2 - Major dependencies between work streams and coordination of projects	Completed
	IPQR Module 10.3 - Project Roles and Responsibilities	Completed
	IPQR Module 10.4 - Overview of key stakeholders and how influenced by your DSRIP projects	Completed
	IPQR Module 10.5 - IT Requirements	Completed
	IPQR Module 10.6 - Performance Monitoring	Completed
	IPQR Module 10.7 - Community Engagement	Completed

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Section	Module Name	Status
	IPQR Module 10.8 - IA Monitoring	
Section 11	IPQR Module 11.1 - Workforce Strategy Spending	Completed
	IPQR Module 11.2 - Prescribed Milestones	Completed
	IPQR Module 11.3 - PPS Defined Milestones	Completed
	IPQR Module 11.4 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 11.5 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 11.6 - Roles and Responsibilities	Completed
	IPQR Module 11.7 - Key Stakeholders	Completed
	IPQR Module 11.8 - IT Expectations	Completed
	IPQR Module 11.9 - Progress Reporting	Completed
	IPQR Module 11.10 - Staff Impact	Completed
	IPQR Module 11.11 - IA Monitoring	

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Project ID	Module Name	Status
2.a.i	IPQR Module 2.a.i.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.a.i.2 - Prescribed Milestones	Completed
	IPQR Module 2.a.i.3 - PPS Defined Milestones	Completed
	IPQR Module 2.a.i.4 - IA Monitoring	
2.b.iii	IPQR Module 2.b.iii.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.b.iii.2 - Patient Engagement Speed	Completed
	IPQR Module 2.b.iii.3 - Prescribed Milestones	Completed
	IPQR Module 2.b.iii.4 - PPS Defined Milestones	Completed
	IPQR Module 2.b.iii.5 - IA Monitoring	
2.b.iv	IPQR Module 2.b.iv.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.b.iv.2 - Patient Engagement Speed	Completed
	IPQR Module 2.b.iv.3 - Prescribed Milestones	Completed
	IPQR Module 2.b.iv.4 - PPS Defined Milestones	Completed
	IPQR Module 2.b.iv.5 - IA Monitoring	
2.b.vi	IPQR Module 2.b.vi.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.b.vi.2 - Patient Engagement Speed	Completed
	IPQR Module 2.b.vi.3 - Prescribed Milestones	Completed
	IPQR Module 2.b.vi.4 - PPS Defined Milestones	Completed
	IPQR Module 2.b.vi.5 - IA Monitoring	
2.d.i	IPQR Module 2.d.i.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.d.i.2 - Patient Engagement Speed	Completed
	IPQR Module 2.d.i.3 - Prescribed Milestones	Completed
	IPQR Module 2.d.i.4 - PPS Defined Milestones	Completed
	IPQR Module 2.d.i.5 - IA Monitoring	
3.a.i	IPQR Module 3.a.i.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 3.a.i.2 - Patient Engagement Speed	Completed
	IPQR Module 3.a.i.3 - Prescribed Milestones	Completed

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Project ID	Module Name	Status
	IPQR Module 3.a.i.4 - PPS Defined Milestones	Completed
	IPQR Module 3.a.i.5 - IA Monitoring	
3.a.ii	IPQR Module 3.a.ii.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 3.a.ii.2 - Patient Engagement Speed	Completed
	IPQR Module 3.a.ii.3 - Prescribed Milestones	Completed
	IPQR Module 3.a.ii.4 - PPS Defined Milestones	Completed
	IPQR Module 3.a.ii.5 - IA Monitoring	
3.a.v	IPQR Module 3.a.v.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 3.a.v.2 - Patient Engagement Speed	Completed
	IPQR Module 3.a.v.3 - Prescribed Milestones	Completed
	IPQR Module 3.a.v.4 - PPS Defined Milestones	Completed
	IPQR Module 3.a.v.5 - IA Monitoring	
3.f.i	IPQR Module 3.f.i.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 3.f.i.2 - Patient Engagement Speed	Completed
	IPQR Module 3.f.i.3 - Prescribed Milestones	Completed
	IPQR Module 3.f.i.4 - PPS Defined Milestones	Completed
	IPQR Module 3.f.i.5 - IA Monitoring	
4.a.iii	IPQR Module 4.a.iii.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 4.a.iii.2 - PPS Defined Milestones	Completed
	IPQR Module 4.a.iii.3 - IA Monitoring	
4.b.ii	IPQR Module 4.b.ii.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 4.b.ii.2 - PPS Defined Milestones	Completed
	IPQR Module 4.b.ii.3 - IA Monitoring	

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Section	Module Name / Milestone #	Review Status	
Section 01	Module 1.1 - PPS Budget Report (Baseline)	Pass & Complete	
	Module 1.2 - PPS Budget Report (Quarterly)	Pass & Ongoing	
	Module 1.3 - PPS Flow of Funds (Baseline)	Pass & Complete	
	Module 1.4 - PPS Flow of Funds (Quarterly)	Pass (with Exception) & Ongoing	IA
	Module 1.5 - Prescribed Milestones		
	Milestone #1 Complete funds flow budget and distribution plan and communicate with network	Pass & Ongoing	
Section 02	Module 2.1 - Prescribed Milestones		
	Milestone #1 Finalize governance structure and sub-committee structure	Pass & Complete	
	Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project	Pass & Complete	
	Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable	Pass & Complete	
	Milestone #4 Establish governance structure reporting and monitoring processes	Pass & Complete	
	Milestone #5 Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	Pass & Ongoing	
	Milestone #6 Finalize partnership agreements or contracts with CBOs	Pass & Ongoing	
	Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	Pass & Ongoing	
	Milestone #8 Finalize workforce communication and engagement plan	Pass & Ongoing	
	Milestone #9 Inclusion of CBOs in PPS Implementation.	Pass & Ongoing	
Section 03	Module 3.1 - Prescribed Milestones		
	Milestone #1 Finalize PPS finance structure, including reporting structure	Pass & Complete	
	Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	Pass & Ongoing	
	Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d	Pass & Complete	
	Milestone #4 Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy.	Pass & Ongoing	
	Milestone #5 Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the	Pass & Ongoing	

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Section	Module Name / Milestone #	Review Status	
	latest		
	Milestone #6 Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation	Pass & Ongoing	
	Milestone #7 Contract 50% of care-costs through Level 1 VBPs, and >= 30% of these costs through Level 2 VBPs or higher	Pass & Ongoing	
	Milestone #8 >=90% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and >= 70% of total costs captured in VBPs has to be in Level 2 VBPs or higher	Pass & Ongoing	
Section 04	Module 4.1 - Prescribed Milestones		
	Milestone #1 Finalize cultural competency / health literacy strategy.	Pass & Complete	
	Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	Pass & Ongoing	
Section 05	Module 5.1 - Prescribed Milestones		
	Milestone #1 Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	Pass & Ongoing	
	Milestone #2 Develop an IT Change Management Strategy.	Pass & Ongoing	
	Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	Pass & Ongoing	
	Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	Pass & Ongoing	
	Milestone #5 Develop a data security and confidentiality plan.	Pass & Ongoing	
Section 06	Module 6.1 - Prescribed Milestones		
	Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	Pass & Ongoing	
	Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	Pass & Ongoing	
Section 07	Module 7.1 - Prescribed Milestones		
	Milestone #1 Develop Practitioners communication and engagement plan.	Pass & Ongoing	
	Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	Pass & Ongoing	
Section 08	Module 8.1 - Prescribed Milestones		
	Milestone #1 Develop population health management roadmap.	Pass & Ongoing	
	Milestone #2 Finalize PPS-wide bed reduction plan.	Pass & Ongoing	
Section 09	Module 9.1 - Prescribed Milestones		
	Milestone #1 Perform a clinical integration 'needs assessment'.	Pass & Ongoing	

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Section	Module Name / Milestone #	Review Status	
	Milestone #2 Develop a Clinical Integration strategy.	Pass & Ongoing	
Section 11	Module 11.2 - Prescribed Milestones		
	Milestone #1 Define target workforce state (in line with DSRIP program's goals).	Pass & Ongoing	
	Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state.	Pass & Ongoing	
	Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state.	Pass & Ongoing	
	Milestone #4 Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	Pass & Ongoing	
	Milestone #5 Develop training strategy.	Pass & Ongoing	

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2.a.i	Module 2.a.i.2 - Prescribed Milestones		
	Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	Pass & Ongoing	
	Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	Pass & Ongoing	
	Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	Pass & Ongoing	
	Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	Pass & Ongoing	
	Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Pass & Ongoing	
	Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	Pass & Ongoing	
	Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	Pass & Ongoing	
	Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	Pass & Ongoing	
	Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	Pass & Ongoing	
	Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	Pass & Ongoing	
	Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	Pass & Ongoing	
2.b.iii	Module 2.b.iii.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.b.iii.3 - Prescribed Milestones		
	Milestone #1 Establish ED care triage program for at-risk populations	Pass & Ongoing	
	Milestone #2 Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary	Pass & Ongoing	

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	care providers. c. Ensure real time notification to a Health Home care manager as applicable		
	Milestone #3 For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).	Pass & Ongoing	
	Milestone #4 Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)	Pass & Ongoing	
	Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Ongoing	
2.b.iv	Module 2.b.iv.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.b.iv.3 - Prescribed Milestones		
	Milestone #1 Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.	Pass & Ongoing	
	Milestone #2 Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.	Pass & Ongoing	
	Milestone #3 Ensure required social services participate in the project.	Pass & Ongoing	
	Milestone #4 Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.	Pass & Ongoing	
	Milestone #5 Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	Pass & Ongoing	
	Milestone #6 Ensure that a 30-day transition of care period is established.	Pass & Ongoing	
	Milestone #7 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Ongoing	
2.b.vi	Module 2.b.vi.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.b.vi.3 - Prescribed Milestones		
	Milestone #1 Partner with community housing providers and home care service organizations to develop transitional supportive housing for high-risk patients.	Pass & Ongoing	
	Milestone #2 Develop protocols to identify chronically ill super-utilizers who qualify for this service. Once identified, this targeted population will be monitored using a priority listing for access to transitional supportive housing.	Pass & Ongoing	
	Milestone #3 Establish MOUs and other service agreements between participating hospitals and community housing providers to allow the supportive housing and home care services staff to meet with patients in the hospital and coordinate the transition.	Pass & Ongoing	

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	Milestone #4 Establish coordination of care strategies with Medicaid Managed Care Organizations to ensure needed services at discharge are covered and in place at the transitional supportive housing site.	Pass & Ongoing	
	Milestone #5 Develop transition of care protocols to ensure all chronically ill super-utilizers receive appropriate health care and community support including medical, behavioral health, post-acute care, long-term care and public health services.	Pass & Ongoing	
	Milestone #6 Ensure medical records and post-discharge care plans are transmitted in a timely manner to the patient's primary care provider and frequently used specialists.	Pass & Ongoing	
	Milestone #7 Establish procedures to connect the patient to their Health Home (if a HH member) care manager in the development of the transitional housing plan or provide a "warm" referral for assessment and enrollment into a Health Home (with assignment of a care manager).	Pass & Ongoing	
	Milestone #8 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Ongoing	
2.d.i	Module 2.d.i.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.d.i.3 - Prescribed Milestones		
	Milestone #1 Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.	Pass & Ongoing	
	Milestone #2 Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.	Pass & Ongoing	
	Milestone #3 Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.	Pass & Ongoing	
	Milestone #4 Survey the targeted population about healthcare needs in the PPS' region.	Pass & Ongoing	
	Milestone #5 Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.	Pass & Ongoing	
	Milestone #6 Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10). • This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member. • Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104.	Pass & Ongoing	
	Milestone #7 Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.	Pass & Ongoing	
	Milestone #8 Include beneficiaries in development team to promote preventive care.	Pass & Ongoing	
	Milestone #9 Measure PAM(R) components, including: • Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot	Pass & Ongoing	

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	spot" area for health service. • If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score. • Individual member's score must be averaged to calculate a baseline measure for that year's cohort. • The cohort must be followed for the entirety of the DSRIP program. • On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. • If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP. • The PPS will NOT be responsible for assessing the patient via PAM(R) survey. • PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes. • Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis.		
	Milestone #10 Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	Pass & Ongoing	
	Milestone #11 Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.	Pass & Ongoing	
	Milestone #12 Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	Pass & Ongoing	
	Milestone #13 Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).	Pass & Ongoing	
	Milestone #14 Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.	Pass & Ongoing	
	Milestone #15 Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	Pass & Ongoing	
	Milestone #16 Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	Pass & Ongoing	
	Milestone #17 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.	Pass & Ongoing	
3.a.i	Module 3.a.i.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.a.i.3 - Prescribed Milestones		
	Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	Pass & Ongoing	
	Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Pass & Ongoing	

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	Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	Pass & Ongoing	
	Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
	Milestone #5 Co-locate primary care services at behavioral health sites.	Pass & Ongoing	
	Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Pass & Ongoing	
	Milestone #7 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	Pass & Ongoing	
	Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
	Milestone #9 Implement IMPACT Model at Primary Care Sites.	Pass & Ongoing	
	Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	Pass & Ongoing	
	Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	Pass & Ongoing	
	Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	Pass & Ongoing	
	Milestone #13 Measure outcomes as required in the IMPACT Model.	Pass & Ongoing	
	Milestone #14 Provide "stepped care" as required by the IMPACT Model.	Pass & Ongoing	
	Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
3.a.ii	Module 3.a.ii.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.a.ii.3 - Prescribed Milestones		
	Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	Pass & Ongoing	
	Milestone #2 Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	Pass & Ongoing	
	Milestone #3 Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	Pass & Ongoing	
	Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities.	Pass & Ongoing	
	Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	Pass & Ongoing	
	Milestone #6 Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	Pass & Ongoing	
	Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	Pass & Ongoing	

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Project ID	Module Name / Milestone #	Review Status	
	Milestone #8 Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	Pass & Ongoing	
	Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	Pass & Ongoing	
	Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	Pass & Ongoing	
	Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
3.a.v	Module 3.a.v.2 - Patient Engagement Speed	Fail	
	Module 3.a.v.3 - Prescribed Milestones		
	Milestone #1 Implement BIP Model in Nursing Homes model using SNF skilled nurse practitioners (NP) and psychiatric social workers to provide early assessment, reassessment, intervention, and care coordination for at risk residents to reduce the risk of crisis requiring transfer to higher level of care.	Pass & Ongoing	
	Milestone #2 Augment skills of the clinical professionals in managing behavioral health issues.	Pass & Ongoing	
	Milestone #3 Enable the non-clinical staff to effectively interact with a behavioral population	Pass & Ongoing	
	Milestone #4 Assign a NP with Behavioral Health Training as a coordinator of care.	Pass & Ongoing	
	Milestone #5 Implement a Behavior Management Interdisciplinary Team Approach to care.	Pass & Ongoing	
	Milestone #6 Implement a medication reduction and reconciliation program.	Pass & Ongoing	
	Milestone #7 Increase the availability of psychiatric and psychological services via telehealth and urgently available providers.	Pass & Ongoing	
	Milestone #8 Provide holistic psychological Interventions.	Pass & Ongoing	
	Milestone #9 Provide enhanced recreational services.	Pass & Ongoing	
	Milestone #10 Develop crisis intervention strategies via development of an algorithm for staff intervention and utilization of sitter services.	Pass & Ongoing	
	Milestone #11 Improve documentation and communication re: patient status.	Pass & Ongoing	
	Milestone #12 Modify the facility environment.	Pass & Ongoing	
	Milestone #13 Formal agreements with the Medicaid Managed Care organizations (including MLTC and FIDA plans) serving the affected population to provide coverage for the service array under this project.	Pass & Ongoing	
	Milestone #14 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
3.f.i	Module 3.f.i.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.f.i.3 - Prescribed Milestones		

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Project ID	Module Name / Milestone #	Review Status	
	Milestone #1 Implement an evidence-based home visitation model, such as the Nurse Family Partnership, for pregnant high- risk mothers including high-risk first time mothers.	Pass & Ongoing	
	Milestone #2 Develop a referral system for early identification of women who are or may be at high-risk.	Pass & Ongoing	
	Milestone #3 Establish a quality oversight committee of OB/GYN and primary care providers to monitor quality outcomes and implement new or change activities as appropriate.	Pass & Ongoing	
	Milestone #4 Use EHRs or other IT platforms to track all patients engaged in this project.	Pass & Ongoing	
	Milestone #5 Identify and engage a regional medical center with expertise in management of high-risk pregnancies and infants (must have Level 3 NICU services or Regional Perinatal Center).	Pass & Ongoing	
	Milestone #6 Develop a multidisciplinary team of experts with clinical and social support expertise who will co-manage care of the high-risk mother and infant with local community obstetricians and pediatric providers.	Pass & Ongoing	
	Milestone #7 Develop service MOUs between multidisciplinary team and OB/GYN providers.	Pass & Ongoing	
	Milestone #8 Utilize best evidence care guidelines for management of high risk pregnancies and newborns and implement uniform clinical protocols based upon evidence-based guidelines.	Pass & Ongoing	
	Milestone #9 Ensure that all PPS safety net providers are actively sharing EHR systems or other IT platforms with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	Pass & Ongoing	
	Milestone #10 Ensure that EHR systems or other IT platforms used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Pass & Ongoing	
	Milestone #11 Use EHRs or other IT platforms to track all patients engaged in this project.	Pass & Ongoing	
	Milestone #12 Develop a Community Health Worker (CHW) program on the model of the Maternal and Infant Community Health Collaboratives (MICHC) program; access NYSDOH-funded CHW training program.	Pass & Ongoing	
	Milestone #13 Employ a Community Health Worker Coordinator responsible for supervision of 4 - 6 community health workers. Duties and qualifications are per NYS DOH criteria.	Pass & Ongoing	
	Milestone #14 Employ qualified candidates for Community Health Workers who meet criteria such as cultural competence, communication, and appropriate experience and training.	Pass & Ongoing	
	Milestone #15 Establish protocols for deployment of CHW.	Pass & Ongoing	
	Milestone #16 Coordinate with the Medicaid Managed Care organizations serving the target population.	Pass & Ongoing	
	Milestone #17 Use EHRs or other IT platforms to track all patients engaged in this project.	Pass & Ongoing	
4.a.iii	Module 4.a.iii.2 - PPS Defined Milestones	Pass & Ongoing	
4.b.ii	Module 4.b.ii.2 - PPS Defined Milestones	Pass & Ongoing	