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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

TABLE OF CONTENTS

Index....6
Section 01 - Budget....8
Module 1.1....8
Module 1.2....10
Module 1.3....12
Module 1.4....14
Module 1.5....16
Module 1.6....19
Module 1.7....20
Section 02 - Governance....21
Module 2.1....21
Module 2.2....34
Module 2.3....35
Module 2.4....36
Module 2.5....38
Module 2.6....40
Module 2.7....42
Module 2.8....43
Module 2.9....43
Section 03 - Financial Stability....44
Module 3.1....44
Module 3.2....53
Module 3.3....54
Module 3.4....54
Module 3.5....56
Module 3.6....57
Module 3.7....59
Module 3.8....59
Module 3.9....60
Section 04 - Cultural Competency & Health Literacy....61
Module 4.1....61
Module 4.2....66
Module 4.3....67
Module 4.4....67
Module 4.5....69
Module 4.6....71

Staten Island Performing Provider System, LLC (PPS ID:43)

Module 4.7....73
Module 4.8....74
Module 4.9....74
Section 05 - IT Systems and Processes....75
Module 5.1....75
Module 5.2....84
Module 5.3....85
Module 5.4....86
Module 5.5....87
Module 5.6....89
Module 5.7....92
Module 5.8....92
Section 06 - Performance Reporting....93
Module 6.1....93
Module 6.2....97
Module 6.3....98
Module 6.4....98
Module 6.5....100
Module 6.6....103
Module 6.7....105
Module 6.8....106
Module 6.9....106
Section 07 - Practitioner Engagement....108
Module 7.1....108
Module 7.2....113
Module 7.3....114
Module 7.4....114
Module 7.5....116
Module 7.6....118
Module 7.7....120
Module 7.8....120
Module 7.9....121
Section 08 - Population Health Management....122
Module 8.1....122
Module 8.2....126
Module 8.3....127
Module 8.4....127
Module 8.5....129

Staten Island Performing Provider System, LLC (PPS ID:43)

Module 8.6....130
Module 8.7....134
Module 8.8....135
Module 8.9....135
Section 09 - Clinical Integration....136
Module 9.1....136
Module 9.2....140
Module 9.3....141
Module 9.4....141
Module 9.5....143
Module 9.6....145
Module 9.7....149
Module 9.8....149
Module 9.9....150
Section 10 - General Project Reporting....151
Module 10.1....151
Module 10.2....152
Module 10.3....154
Module 10.4....158
Module 10.5....160
Module 10.6....160
Module 10.7....162
Module 10.8....162
Section 11 - Workforce....163
Module 11.1....163
Module 11.2....164
Module 11.3....171
Module 11.4....172
Module 11.5....173
Module 11.6....174
Module 11.7....177
Module 11.8....179
Module 11.9....179
Module 11.10....181
Module 11.11....186
Projects....187
Project 2.a.iii....187
Module 2.a.iii.1....187

Module 2.a.iii.2....189
Module 2.a.iii.3....191
Module 2.a.iii.4....219
Module 2.a.iii.5....220
Project 2.b.iv....221
Module 2.b.iv.1....221
Module 2.b.iv.2....223
Module 2.b.iv.3....224
Module 2.b.iv.4....248
Module 2.b.iv.5....249
Project 2.b.vii....250
Module 2.b.vii.1....250
Module 2.b.vii.2....252
Module 2.b.vii.3....253
Module 2.b.vii.4....290
Module 2.b.vii.5....291
Project 2.b.viii....292
Module 2.b.viii.1....292
Module 2.b.viii.2....293
Module 2.b.viii.3....294
Module 2.b.viii.4....337
Module 2.b.viii.5....338
Project 2.d.i....339
Module 2.d.i.1....339
Module 2.d.i.2....341
Module 2.d.i.3....342
Module 2.d.i.4....381
Module 2.d.i.5....382
Project 3.a.i....383
Module 3.a.i.1....383
Module 3.a.i.2....385
Module 3.a.i.3....386
Module 3.a.i.4....426
Module 3.a.i.5....427
Project 3.a.iv....428
Module 3.a.iv.1....428
Module 3.a.iv.2....430
Module 3.a.iv.3....432

Staten Island Performing Provider System, LLC (PPS ID:43)

Module 3.a.iv.4....459
Module 3.a.iv.5....460
Project 3.c.i....461
Module 3.c.i.1....461
Module 3.c.i.2....462
Module 3.c.i.3....463
Module 3.c.i.4....487
Module 3.c.i.5....488
Project 3.g.ii....489
Module 3.g.ii.1....489
Module 3.g.ii.2....491
Module 3.g.ii.3....492
Module 3.g.ii.4....509
Module 3.g.ii.5....510
Project 4.a.iii....511
Module 4.a.iii.1....511
Module 4.a.iii.2....512
Module 4.a.iii.3....518
Project 4.b.ii....519
Module 4.b.ii.1....519
Module 4.b.ii.2....520
Module 4.b.ii.3....525
Attestation....526
Status Log....527
Comments Log....528
Module Status....529
Sections Module Status....529
Projects Module Status....533
Review Status....535
Section Module / Milestone....535
Project Module / Milestone....538

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Quarterly Report - Implementation Plan for Staten Island Performing Provider System, LLC

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.iii	Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services	Completed
2.b.iv	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions	Completed
2.b.vii	Implementing the INTERACT project (inpatient transfer avoidance program for SNF)	Completed
2.b.viii	Hospital-Home Care Collaboration Solutions	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.iv	Development of Withdrawal Management (e.g., ambulatory detoxification, ancillary withdrawal services) capabilities and appropriate enhanced abstinence services within community-based addiction treatment programs	Completed
3.c.i	Evidence-based strategies for disease management in high risk/affected populations (adults only)	Completed
3.g.ii	Integration of palliative care into nursing homes	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	Completed

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Status By Project

Project ID	Project Title	Status
	diseases that are not included in domain 3, such as cancer	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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	33,088,559	35,261,528	57,022,317	50,493,044	33,088,559	208,954,006
Cost of Project Implementation & Administration	**16,823,998**	**19,649,156**	**16,111,452**	**16,297,838**	**15,988,772**	**84,871,216**
Individual Cost of Project Implemention (see attachment for details)	9,136,086	8,734,332	4,362,454	4,580,816	4,335,702	31,149,390
Cost of Project Implementation (see attachment for details)	3,554,812	5,166,933	6,102,981	6,071,005	6,007,053	26,902,784
Cost of Administration (see attachment for details)	4,133,100	5,747,891	5,646,017	5,646,017	5,646,017	26,819,042
Revenue Loss	**1,101,189**	**3,047,558**	**6,768,672**	**10,163,378**	**10,163,378**	**31,244,175**
Internal PPS Provider Bonus Payments	**11,358,682**	**11,836,359**	**15,351,626**	**14,835,652**	**14,760,652**	**68,142,971**
Cost of non-covered services	**1,676,676**	**2,114,873**	**2,856,152**	**3,085,218**	**3,440,596**	**13,173,515**
Other	**361,375**	**380,222**	**1,947,500**	**3,997,500**	**4,835,540**	**11,522,137**
Contingency Fund (See attachment for Explanation)	361,375	380,222	1,947,500	3,997,500	4,835,540	11,522,137
Total Expenditures	**31,321,920**	**37,028,168**	**43,035,402**	**48,379,586**	**49,188,938**	**208,954,014**
Undistributed Revenue	**1,766,639**	**0**	**13,986,915**	**2,113,458**	**0**	**0**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
if12345	Other	43_MDL0105_1_2_20160316152954_BUDGET_Section_01_Attachment.pdf	Line Item Update	03/16/2016 03:30 PM

Narrative Text :

Cost of Project Implementation and Administration includes PMO-Administrative Costs, PMO-Project Implementation Funds, and Project Implementation Funds distributed to providers. Other-Contingency funds includes dollars held for "contingency" to be spent on unforeseen costs; and undistributed revenue including funds received from DOH but not distributed during the year in which they are received, but distributed in subsequent years.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Module Review Status

Review Status	IA Formal Comments
Pass & Complete	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
33,088,559	208,954,006	20,063,302	195,928,749

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	**4,404,828**	**7,829,496**	**8,994,502**	**53.46%**	**77,041,720**	**90.77%**
Individual Cost of Project Implemention (see attachment for details)	3,382,583					
Cost of Project Implementation (see attachment for details)	92,346					
Cost of Administration (see attachment for details)	929,899					
Revenue Loss	**0**	**0**	**1,101,189**	**100.00%**	**31,244,175**	**100.00%**
Internal PPS Provider Bonus Payments	**3,241,204**	**4,975,761**	**6,382,921**	**56.19%**	**63,167,210**	**92.70%**
Cost of non-covered services	**220,000**	**220,000**	**1,456,676**	**86.88%**	**12,953,515**	**98.33%**
Other	**0**	**0**	**361,375**	**100.00%**	**11,522,137**	**100.00%**
Contingency Fund (See attachment for Explanation)	0					
Total Expenditures	**7,866,032**	**13,025,257**				

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
if12345	Other	43_MDL0117_1_3_20160125145152_MAPP_Section_01_Attachment.pdf	Description of Budget Line Items	01/25/2016 02:52 PM

Narrative Text :

NYS Confidentiality – High

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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	33,088,559	35,261,528	57,022,317	50,493,044	33,088,559	208,954,006
Practitioner - Primary Care Provider (PCP)	1,983,975	1,380,005	2,337,772	1,685,772	1,715,772	9,103,296
Practitioner - Non-Primary Care Provider (PCP)	537,281	541,462	640,910	679,910	732,410	3,131,973
Hospital	4,250,377	4,818,514	4,300,470	4,518,297	4,583,114	22,470,772
Clinic	2,788,511	2,882,652	4,200,654	3,467,415	3,466,120	16,805,352
Case Management / Health Home	2,654,573	3,611,436	3,663,836	3,894,836	3,894,836	17,719,517
Mental Health	1,149,661	1,173,327	1,169,544	1,262,305	1,261,010	6,015,847
Substance Abuse	1,790,319	1,803,307	1,923,293	2,017,539	2,000,688	9,535,146
Nursing Home	4,475,000	3,760,000	1,866,670	1,954,170	2,037,500	14,093,340
Pharmacy	100,000	100,000	200,000	200,000	200,000	800,000
Hospice	128,629	633,237	450,235	469,435	487,840	2,169,376
Community Based Organizations	498,118	1,206,624	1,041,848	1,577,006	1,382,658	5,706,254
All Other	1,815,000	775,000	775,000	775,000	775,000	4,915,000
PPS PMO	7,687,911	10,914,823	11,748,997	11,717,021	11,653,069	53,721,821
Total Funds Distributed	**29,859,355**	**33,600,387**	**34,319,229**	**34,218,706**	**34,190,017**	**166,187,694**
Undistributed Revenue	**3,229,204**	**1,661,141**	**22,703,088**	**16,274,338**	**0**	**42,766,312**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
if12345	Communication Documentation	43_MDL0106_1_2_20160316164924_BUDGET_Section_01_Attachment.pdf	Details on line items	03/16/2016 04:49 PM
if12345	Communication Documentation	43_MDL0106_1_2_20160316164906_Funds_Flow___DY1_Q3.pdf	Funds Flow details	03/16/2016 04:49 PM

Narrative Text :

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

The provider type "All Other" includes the costs for the Project Management Office (PMO) including PMO - Administration and PMO costs to support individual project Implementation. Please note the provider type "All Other" also includes funds distributed to "Other" providers not identified in the provider types listed. Further, a portion of Contingency Funds, as identified in the Budget, are included in the "All Other" Funds Flow Item. "Undistributed Revenue" includes funds received from DOH that are not distributed during the year in which they are received, but distributed in subsequent years.

Module Review Status

Review Status	IA Formal Comments
Pass & Complete	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
33,088,559	208,954,006	23,139,903	199,005,350

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.iii	2.b.iv	2.b.vii	2.b.viii	2.d.i	3.a.i	3.a.iv	3.c.i	3.g.ii	4.a.iii	4.b.ii	
Practitioner - Primary Care Provider (PCP)	0	515,678	0	0	0	0	0	0	0	0	0	0	0	1,468,297	8,587,618
Practitioner - Non-Primary Care Provider (PCP)	350,969	350,969	0	0	0	0	5.7	34.35	17.21	42.74	0	0	0	186,312	2,781,004
Hospital	4,314,461	4,314,461	6.77	33.23	3.59	10.26	4.31	15.27	12.76	11.28	.9	1.04	.58	-64,084	18,156,311
Clinic	0	231,379	0	0	0	0	0	0	0	0	0	0	0	2,557,132	16,573,973
Case Management / Health Home	876,563	876,563	100	0	0	0	0	0	0	0	0	0	0	1,778,010	16,842,954
Mental Health	150,192	150,192	0	0	0	0	23.57	66.58	9.85	0	0	0	0	999,469	5,865,655
Substance Abuse	572,572	572,572	0	0	0	0	12	20	43	25	0	0	0	1,217,747	8,962,574
Nursing Home	412,500	2,080,000	0	0	63.64	0	0	0	0	0	36.36	0	0	2,395,000	12,013,340
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	100,000	800,000
Hospice	0	0	0	0	0	0	0	0	0	0	0	0	0	128,629	2,169,376
Community Based Organizations	166,531	166,531	0	0	0	0	0	0	0	0	0	100	0	331,587	5,539,723
All Other	0	690,311	0	0	0	0	0	0	0	0	0	0	0	1,124,689	4,224,689
PPS PMO	0	0												7,687,911	53,721,821
Total Funds Distributed	**6,843,788**	**9,948,656**													

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
if12345	Documentation/Certification	43_MDL0118_1_3_20160202112009_MAPP_Section_01_Attachment_BudgetLineItems.pdf	Budget Line Item details	02/02/2016 11:20 AM
if12345	Templates	43_MDL0118_1_3_20160128141828_DSRIP_Funds_Flow_Reporting_Template_for_OMIG_9_30_15_-12.31.15.xlsx	OMIG Termplate DY1 Q3	01/28/2016 02:18 PM

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Narrative Text :

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.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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	Completed	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	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Develop funds flow budget and distribution plan draft approach	Completed	Develop funds flow budget and distribution plan draft approach, including details of approach to funds flow.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop a project specific accountability matrix and distribute to providers	Completed	Develop project specific accountability matrix and distribute to providers as basis for funds flow.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Determine provider specific accountability by project including level of participation on a project-by-project basis.	Completed	Determine provider specific accountability by project including level of participation on a project-by-project basis.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop preliminary budget estimates for Project Management Office (PMO)	Completed	Develop preliminary budget estimates for Project Management Office (PMO), project implementation, revenue loss, and costs of services not covered.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop preliminary funds flow model including bonus payments, costs of services not covered, cost of project implementation and contingency funds	Completed	Develop preliminary funds flow model including bonus payments, costs of services not covered, cost of project implementation and contingency funds (ensure funds flow model complies with funding restrictions imposed by the DSRIP program).	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Review funds flow model and approach with PPS providers	Completed	Review funds flow model and approach with PPS providers including governance committees, project implementation teams, among others.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Request and review provider specific budgets	Completed	Request and review provider specific budgets (cost of project implementation and costs previously not covered or under-	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	

Staten Island Performing Provider System, LLC (PPS ID:43)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		reimbursed).							
Task Develop funds flow budget and distribution models and key policies, procedures and requirements, and performance reporting requirements around fund distribution.	Completed	Develop funds flow budget and distribution models and key policies, procedures and requirements, and performance reporting requirements around fund distribution.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop PPS provider Operating Agreement, Funds Flow Plan Term Sheets, and communicate with individual providers.	Completed	Develop PPS provider Operating Agreement, Funds Flow Plan Term Sheets, and communicate with individual providers.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Review funds flow budget and distribution plan with PPS partners and obtain feedback.	Completed	Review funds flow budget and distribution plan with PPS partners and obtain feedback.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Gain approval on funds flow budget and funds flow from PPS Finance Committee and Board.	Completed	Gain approval on funds flow budget and funds flow from PPS Finance Committee and Board.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop funds flow education program, timeline, and distribution schedule.	Completed	Develop funds flow education program, timeline, and distribution schedule.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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
Complete funds flow budget and distribution plan and communicate with network	if12345	Documentation/Certification	43_MDL0103_1_3_20160202111534_Provider_Involvement_Section01Milestone1.pdf	Provider Involvement List	02/02/2016 11:15 AM
	if12345	Documentation/Certification	43_MDL0103_1_3_20160202110817_SIPPS_Budget_and_Funds_Flow_Projections_12312015.pdf	SI PPS Budget and Funds flow distribution plan.	02/02/2016 11:08 AM
	if12345	Templates	43_MDL0103_1_3_20160202110621_Meeting_Schedule_Template_Q3.xlsx	Meeting Schedule Template	02/02/2016 11:06 AM

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 & Complete	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

IPQR Module 1.7 - IA Monitoring

Instructions :

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Co-Leads form a Board of Managers.	Completed	Co-Leads form a Board of Managers and define their role within the PPS.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Design the SI PPS, LLC governance structure.	Completed	Board of Managers design the SI PPS, LLC governance structure (including committee structures).	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Develop a PPS operating agreement.	Completed	Board of Managers develop a PPS operating agreement.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Complete a Medicaid application.	Completed	Co-Leads complete a Medicaid application for the SI PPS, LLC.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Cbtain a Federal Employer Identification Number.	Completed	Co-Leads obtain a Federal Employer Identification Number.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Form the Steering Committee.	Completed	Form the Steering Committee.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Define the Steering Committee's role and appoint members.	Completed	Define the Steering Committee's role within the PPS and develop criteria to appoint members.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Appoint Steering Committee members.	Completed	Appoint Steering Committee members.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Develop Steering Committee Charter.	Completed	Develop Committee Charter outlining committee role within the Governance structure, process for decision making, etc., and review charter with Committee members.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Design SI PPS, LLC Project Management Office	Completed	Design SI PPS, LLC Project Management Office (PMO) staffing.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	

Staten Island Performing Provider System, LLC (PPS ID:43)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
(PMO) staffing.									
Task Define specific staffing roles.	Completed	Define specific staffing roles to be hired and confirm staffing with the Board.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Recruit positions for the PMO office.	Completed	Executive Director recruits key positions for the PMO office.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Form the Project Advisory Committee (PAC).	Completed	Form the Project Advisory Committee (PAC).	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Define the PAC's role and develop criteria to appoint members.	Completed	Define the PAC's role within the PPS and develop criteria to appoint members.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Appoint PAC members.	Completed	Appoint PAC members.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Develop PAC Committee Charter.	Completed	Develop Committee Charter outlining committee role within the Governance structure, process for decision making, etc., and review charter with Committee members.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Form the Finance Committee.	Completed	Form the Finance Committee.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Define the Finance Committee's role and develop criteria to appoint members	Completed	Define the Finance Committee's role within the PPS and develop criteria to appoint members	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Appoint members to the Finance Committee.	Completed	Appoint members to the Finance Committee.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Develop Finance Committee Charter.	Completed	Develop Committee Charter outlining committee role within the Governance structure, process for decision making, etc., and review charter with Committee members.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Form the Data/IT Committee.	Completed	Form the Data/IT Committee.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Define the Data/IT Committee's role and develop criteria to appoint members.	Completed	Define the Data/IT Committee's role within the PPS and develop criteria to appoint members.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Appoint members to the Data/IT Committee.	Completed	Appoint members to the Data/IT Committee.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Develop Data/IT Committee Charter.	Completed	Develop Committee Charter outlining committee role within the Governance structure, process for decision making, etc., and review charter with Committee members.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Form the Workforce Committee.	Completed	Form the Workforce Committee.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 the Workforce Committee's role and develop criteria to appoint members.	Completed	Define the Workforce Committee's role within the PPS and develop criteria to appoint members.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Appoint members to the Workforce Committee.	Completed	Appoint members to the Workforce Committee.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Develop Workforce Committee Charter.	Completed	Develop Committee Charter outlining committee role within the Governance structure, process for decision making, etc., and review charter with Committee members.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Form the Compliance Committee.	Completed	Form the Compliance Committee.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Define the Compliance Committee's role and develop criteria to appoint members.	Completed	Define the Compliance Committee's role within the PPS and develop criteria to appoint members.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Appoint members to the Compliance Committee.	Completed	Appoint members to the Compliance Committee.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Develop Compliance Committee Charter outlining committee role.	Completed	Develop Committee Charter outlining committee role within the Governance structure, process for decision making, etc., and review charter with Committee members.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Form the Communications & Marketing Committee.	Completed	Form the Communications & Marketing Committee.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Define the Communication & Marketing Committee's role	Completed	Define the Communication & Marketing Committee's role within the PPS and develop criteria to appoint members, including defining approach to market to Medicaid beneficiaries and the uninsured	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Appoint members to the Communication & Marketing Committee.	Completed	Appoint members to the Communication & Marketing Committee.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop Communication & Marketing Committee Charter.	Completed	Develop Committee Charter outlining committee role within the Governance structure, process for decision making, etc., and review charter with Committee members.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Form the Diversity & Inclusion Committee.	Completed	Form the Diversity & Inclusion Committee.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Define the Diversity & Inclusion Committee's role within the PPS.	Completed	Define the Diversity & Inclusion Committee's role within the PPS.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task	Completed	Develop criteria to appoint members to Diversity & Inclusion	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

Staten Island Performing Provider System, LLC (PPS ID:43)

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 criteria to appoint members to Diversity & Inclusion Committee.		Committee.							
Task Appoint members to the Diversity & Inclusion Committee.	Completed	Appoint members to the Diversity & Inclusion Committee.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop Diversity & Inclusion Committee Charter.	Completed	Develop Committee Charter outlining committee role within the Governance structure, process for decision making, etc., and review charter with Committee members.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Implement procedures to report committee membership changes to the Board.	Completed	Executive Director and PMO implements procedures to report committee membership changes to the Board.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Form the Clinical Committee and Clinical Subcommittees (steps included in Milestone 2).	Completed	Form the Clinical Committee and Clinical Subcommittees (steps included in Milestone 2).	04/01/2015	09/30/2015	04/01/2015	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 Define the Clinical Quality Committee's role.	Completed	Define the Clinical Quality Committee's role within the PPS and develop criteria to appoint members.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Appoint members to the Clinical Committee.	Completed	Appoint members to the Clinical Committee.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Develop Clinical Quality Committee Structure Chart.	Completed	Chief Medical Officer in conjunction with Clinical Committee develops Clinical Quality Committee Structure Chart (including a charter for Clinical Quality Committee and Clinical/Quality Subcommittees made up of representatives from Project Implementation Teams).	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Assess the quality of clinical care standards and metrics for each project and overall for Performance Reporting.	Completed	Chief Medical Officer and Project Directors, in conjunction with Clinical Quality Committee develop criteria to assess quality of clinical care standards and metrics for each project and overall for Performance Reporting.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Obtains PPS provider feedback on standards, metrics, and criteria.	Completed	Obtains PPS provider feedback on standards, metrics, and criteria.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Obtain approval from Clinical Committee and Board on clinical quality care standards and	Completed	Obtain approval from Clinical Committee and Board on clinical quality care standards and metrics.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

Staten Island Performing Provider System, LLC (PPS ID:43)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
metrics.									
Task Implement quality of clinical care standards and metrics in coordination with the Project Implementation Teams for applicable DSRIP projects.	Completed	PMO implements quality of clinical care standards and metrics in coordination with the Project Implementation Teams for applicable DSRIP projects.	10/01/2015	12/31/2015	10/01/2015	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 Develop draft bylaws related to the governing of the SI PPS LLC.	Completed	Co-Leads develop draft bylaws related to the governing of the SI PPS LLC.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Define the process for conflict resolution.	Completed	Board of Managers defines the process by which conflicts and/or issues will be resolved by the governing body.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Gain approval on bylaws and policies from Board of Managers.	Completed	Gain approval on bylaws and policies from Board of Managers.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Develop policies for committee operations and guidelines/Committee Charters and reviews Charters with applicable Committees	Completed	In conjunction with the Board of Managers, PMO develops policies for committee operations and guidelines/ Committee Charters and reviews these Charters with applicable Committees.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Approve Committee Charters/guidelines.	Completed	Board of Managers approves Committee Charters/guidelines.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Certify to the Office of Medicaid Inspector General that the mandatory elements of a compliance program have been established.	Completed	Certify to the Office of Medicaid Inspector General that the mandatory elements of a compliance program have been established.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Design and implement compliance program.	Completed	Compliance Officer, in conjunction with Compliance Committee designs and implements compliance program.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Establish policies and procedures around compliance.	Completed	Establish policies and procedures around compliance.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Establish protocols to enable reporting of compliance issues.	Completed	Establish protocols to enable reporting of compliance issues.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop a compliance training plan for PPS	Completed	Develop a compliance training plan for PPS partners, as needed.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

Staten Island Performing Provider System, LLC (PPS ID:43)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
partners, as needed.									
Task Implement protocols to document changes/updates to bylaws and policies.	Completed	Implement protocols to document changes/updates to bylaws and policies	04/01/2015	09/30/2015	04/01/2015	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 Identify metrics to be reported on an ongoing basis.	Completed	Project Implementation Teams, Project Directors and Chief Medical Officer in conjunction with Clinical Committee representatives identify metrics to be reported on an ongoing basis.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Identify required IT platforms and capabilities.	Completed	Project Implementation Teams and Data /IT Committee identify the IT platforms and capabilities required to monitor and report the approved clinical care standards and metrics and other metrics (in conjunction with IT systems and processes workstream).	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop performance dashboard(s) to track and monitor project progress and clinical standards, financial sustainability metrics, and workforce, etc.	Completed	Senior Director of Enterprise Data & Analytics and PMO staff, in conjunction with Project Management Software vendor (Performance Logic) and IT vendor SpectraMedix develop performance dashboard(s) to track and monitor project progress and clinical standards, financial sustainability metrics, and workforce, etc.	10/10/2015	12/31/2015	10/10/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop interim reporting tools to report required metrics pre-IT integration.	Completed	Senior Director of Enterprise Data & Analytics and PMO staff develop interim reporting tools to allow PPS providers to report required metrics pre-IT integration.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Establish a governance and committee structure around reporting and monitoring processes.	Completed	Establish a governance and committee structure around reporting and monitoring processes including the Data/ IT Committee, Clinical Committee, and PMO.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Implement the reporting process to ensure rapid cycle evaluation.	Completed	Implement the reporting process to ensure rapid cycle evaluation including the use of tools to track and report project milestones, clinical care standards and metrics, financial tracking, performance monitoring and funds flow, and workforce strategy.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #5 Finalize community engagement plan, including	Completed	Community engagement plan, including plans for two-way communication with stakeholders.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)									
Task Form a Communication & Marketing Committee, and Diversity and Inclusion Committee.	Completed	Board of Managers form a Communication & Marketing Committee, and Diversity and Inclusion Committee inclusive of various community stakeholders currently engaged with the Medicaid population (e.g. church representation from various congregations, homeless services, schools, housing, among others).	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Identify existing resources and forums to support community engagement.	Completed	Executive Director and PMO support staff in conjunction with these committees identify existing resources and forums to support community engagement (including community based organizations, Staten Island Partnership for Community Wellness, and the Borough Presidents Office, among others).	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Collect best practices and input around community engagement strategies to engage Medicaid beneficiaries.	Completed	PMO support staff collect best practices and input from community stakeholders, Project Implementation Teams, Communication & Marketing Committee, in and Diversity and Inclusion Committee, around community engagement strategies to engage Medicaid beneficiaries.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Conduct workgroups with Medicaid population to obtain input on community engagement plan.	Completed	PMO support staff conduct workgroups with Medicaid population to obtain input on community engagement plan.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Finalize communications and marketing plan.	Completed	Based on recommendations and feedback from key stakeholders, finalize communications and marketing plan including identifying processes and mechanisms by which to communicate with community stakeholders including public forum meetings, the PPS website, and participation in workgroups and committees.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Establish and communicate complaint/concern/input filing procedures to community stakeholders.	Completed	Establish and communicate complaint/concern/input filing procedures to community stakeholders.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Schedule and hold DSRIP community forum meetings.	Completed	Determine a DSRIP community forum meeting schedule for Staten Island and begin holding community forum meetings.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Begin distributing quarterly reports or newsletters	Completed	Begin distributing quarterly reports or newsletters to PPS	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2	

Staten Island Performing Provider System, LLC (PPS ID:43)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
to PPS partners and the Staten Island community regarding progress on DSRIP implementation.		partners and the Staten Island community regarding progress on DSRIP implementation.							
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 Assess participation of CBOs on a project-by-project level and for organizational workstreams including cultural competency.	Completed	Project Directors and Project Leads, in coordination with Project Implementation Teams assess participation of CBOs identified to participate on a project-by-project level and for organizational workstreams including cultural competency.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Meet with identified CBOs to understand services being provided, existing resources and infrastructure that can be leveraged for the DSRIP projects and organizational workstreams.	Completed	Project Directors and Project Leads meet with identified CBOs to gain an understanding of services being provided, existing resources and infrastructure that can be leveraged for the DSRIP projects and organizational workstreams.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Determine which CBOs should enter into an agreement with the SI PPS, LLC.	Completed	Project Directors and Project Leads in conjunction with Project Implementation Teams determine which participating CBOs should enter into an agreement with the SI PPS, LLC including defining the scope of services and funds flow model.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Finalize list of participating CBOs to enter in a contract with the SI PPS, LLC.	Completed	PMO prepares finalized list of participating CBOs to enter in a contract with the SI PPS, LLC.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Review CBO recommendations and obtain appropriate input.	Completed	PPS PMO reviews CBO recommendations with appropriate governance committees and other key stakeholders for input.	01/01/2016	03/31/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop partnership agreements/contracts and funds flow approach to be signed by the identified CBOs.	In Progress	Develop partnership agreements/contracts and funds flow approach to be signed by the identified CBOs to participate in DSRIP projects and organizational workstreams.	01/01/2016	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Execute agreements/contracts with CBOs.	In Progress	Executive Director executes agreements/contracts with CBOs.	01/01/2016	03/31/2016	10/01/2015	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.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Identify public sector agencies for participation on a project-by-project level and for organizational workstreams.	Completed	Project Directors in coordination with Project Lead's identify public sector agencies for participation on a project-by-project level and for organizational workstreams.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Determine engagement approach including an agency coordination plan.	Completed	Project Directors determine an engagement approach including an agency coordination plan with Project Implementation Teams, the PMO and PPS Governance Committees.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Gain input/feedback from public sector agencies on the coordination plan.	In Progress	Project Directors gain input/feedback from public sector agencies on the coordination	01/01/2016	03/31/2016	10/01/2015	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).	01/01/2016	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Identify PPS workforce impacted by DSRIP project implementation.	In Progress	Utilize the current state workforce assessment and gap analysis, target future state workforce, and components of workforce transition roadmap (workforce workstream) to identify the PPS workforce impacted by DSRIP project implementation.	01/01/2016	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Develop a workforce communication and engagement strategy.	In Progress	In conjunction with 1199 Training and Employment Fund, public center agencies, Workforce Committee, and Director of Workforce/HR, based on feedback from workforce strategy deliverables, develops a workforce communication and engagement strategy.	01/01/2016	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Assess potential communication strategies and link to specific workforce categories.	Not Started	Assess potential communication strategies and link to specific workforce categories.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Develop process to incorporate workforce feedback to enhance collaboration and achieve project results and goals.	Not Started	Develop a process to incorporate workforce feedback to enhance collaboration and achieve project results and goals (including utilizing workforce surveys, town hall meetings, workgroup meetings, and a comment/virtual comment box, etc.).	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Develop a communication and engagement plan for each of the workforce levels.	Not Started	Develop a communication and engagement plan for each of the workforce levels, including plans for two-way communication.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Submit the workforce communication and engagement plan to Workforce Committee for approval.	Not Started	Submit the workforce communication and engagement plan to the Workforce Committee for approval.	04/01/2016	06/30/2016	04/01/2016	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	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	NO
Task Inclusion of CBOs	In Progress	Many of Staten Island's Community Based Organizations (CBOs) are also Health Home providers, OASAS licensed providers, and are already active participants in the Staten Island Performing Provider System, LLC's (SI PPS) project implementation teams. These CBO's, including Project Hospitality and Community Health Action of Staten Island, will be part of the SI PPS's implementation plan for Project 2.d.i. Further, the PPS plans to utilize partnerships/agreements with CBO's to execute a significant portion of the PAM activation and other project requirements. The project 2.d.i Project Director, in discussions with the Project Implementation Team is currently in the process of assessing/meeting with CBO's for possible participation. In developing implementation plans for the Domain 4 projects, the SI PPS plans to contract with CBOs to achieve project requirements and is in contract/budget discussions with the Staten Island Partnership for Community Wellness to support the execution of the Project 4.a.iii Implementation Plan. The SI PPS's project implementation teams, in conjunction with the Steering Committee, Communications & Marketing Committee, and Diversity & Inclusion Committee will define the CBOs' roles with regards to each organizational workstream and DSRIP project and the PPS will define these roles in the partnership agreements executed between the SI PPS and each CBO. Within these agreements, each CBO's	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		role, reporting requirements and funds flow will be defined. The SI PPS plans to begin executing partnership agreements with the CBOs as early as Demonstration Year (DY) 1, Quarter (Q) 2. The PPS continues to engage with the Developmental Disability providers on Staten Island including the United Cerebral Palsy of New York State. The PPS has also worked to assess DD providers that may not currently be identified in project implementation participation including working with the Developmental Disabilities Counsel on Staten Island.							

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.

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Finalize governance structure and sub-committee structure	if12345	Templates	43_MDL0203_1_3_20160127125333_Meeting_Schedule_Template.xlsx	Meeting Template Q3	01/27/2016 12:53 PM
	if12345	Templates	43_MDL0203_1_3_20160127123917_Governance_Committee_Template_q3.xlsx	Governance Committee Template for DY1 Q3	01/27/2016 12:39 PM
	howens83	Documentation/Certification	43_MDL0203_1_3_20160118112931_TO_Governance_Structure_12_17_15.pdf	Up to date Governance Structure of Staten Island PPS	01/18/2016 11:29 AM
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	howens83	Policies/Procedures	43_MDL0203_1_3_20160127153048_Workgroup_Charters_Final.pdf	Workgroup Charters	01/27/2016 03:30 PM
	howens83	Documentation/Certification	43_MDL0203_1_3_20160127152941_Clinical_Committee_Structure_Final.pdf	Sub-committee Structure showing alignment of sub-committes and DSRIP Projects	01/27/2016 03:29 PM
	if12345	Templates	43_MDL0203_1_3_20160127133914_Clinical_Co	Meeting Template Q3 Governance Milestone 2	01/27/2016 01:39 PM

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
			mmittee_Meeting_Schedule_Template.xlsx		
	if12345	Templates	43_MDL0203_1_3_20160127131526_Clinical_Governance_Committees_Final_Template.xlsx	Template showing all workgroup (aka sub-committee) members for clinical sub-committeesQ3	01/27/2016 01:15 PM
Establish governance structure reporting and monitoring processes	if12345	Documentation/Certification	43_MDL0203_1_3_20160127140209_Performance_Reporting_Structure_and_Strategy_vf.pdf	Governance committee reporting and monitoring document	01/27/2016 02:02 PM
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	if12345	Templates	43_MDL0203_1_3_20160127141507_Community_Engagement_Template_FINAL.xlsx	Community activities completed to date DY1 Q3	01/27/2016 02:15 PM
	if12345	Policies/Procedures	43_MDL0203_1_3_20160127140920_Community_Engagement_Plan.pdf	DY1 Q3 Community Engagement Plan for SI PPS	01/27/2016 02:09 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize governance structure and sub-committee structure	DY1 Q3 Submission: Changes: Governance Template: 1) Updated Board Member - Robert Ren (RUMC) replaced by Joe Saporito (RUMC) 2) Added Steering Committee Members - Amanda Wexler, YMCA; Rhonda Soberman VNSNY; Benny Lindo, CHCR; Donna Litchi, VNSNY 3) Updated Data/IT Committee Member - Steven Prewitt (VNSNY) is replaced by Timothy Peng (VNSNY) 4) Clinical Committee - Co-chair selected - Louis Emmer Victory Internal Medicine Governance Org Chart - Internal PMO Structure Refined
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	
Finalize bylaws and policies or Committee Guidelines where applicable	No changes to bylaws in DY1 Q3.
Establish governance structure reporting and monitoring processes	
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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	
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 & Complete	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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

Staten Island Performing Provider System, LLC (PPS ID:43)

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.

The following identifies key challenges and risks to achieving the milestones in the above project plan and describes the SI PPS's ability to achieve outcome measure targets:

1. The SI PPS network is comprised of two co-lead hospitals and representation from a broad spectrum of providers and has elected to form a new limited liability company, the Staten Island Performing Provider System, LLC. The SI PPS has implemented a Delegated Governance Model to oversee the management and decision making process of the large diversified network. The development and implementation of the milestones and steps listed in the tables above will not occur over night and the SI PPS will require an appropriate amount of time to develop and implement policies, procedures, workflows, and an organizational structure that is rooted throughout the PPS network. The SI PPS has identified, as a risk, the requirement to develop and implement the governance structure and PMO while project implementation is underway. This will include hiring new staff to support PMO activities. In developing the implementation plan steps, the SI PPS allotted an appropriate amount of time in order to manage deliverables, expectations and deadlines.

2. The SI PPS anticipates that ensuring the appropriate level of participation in governance committees by PPS partner organizations including the Clinical Committee, Finance Committee, Steering Committee, and Workforce Committee, among others, will be a challenge to being able to execute the workplan steps identified in previous sections. To mitigate this risk, the SI PPS will appoint participants to the governance committees with experience and a history of participation in similar committees as well as consider providing incentives through the funds flow to ensure ongoing participation.

3. The milestone related to developing a workforce communication and engagement plan is dependent upon the completion of key milestones in the workforce workstream. If the SI PPS does not meet required milestones within the workforce workstream this might create a risk in meeting this and other governance milestone. The PMO in coordination with the PPS's governance will develop an overall approach to track/monitor risks on an ongoing basis, ensuring appropriate attention and resources are dedicated to developing and implementing strategies to mitigate risks identified by the PPS.

4. The SI PPSDSRIP valuation was not in line with previous estimates for DSRIP funding, and may not be sufficient to implement projects as they have been envisioned across the provider networks, creating a risk across workstreams including governance. The SI PPS has communicated this uncertainty around funding to the PPS network throughout the planning process, and has focused on creating efficiencies across project implementation as well as strategies to ensure project implementation is sustainable and not entirely dependent on DSRIP funding and will continue to be dependent to mitigate this risk.

5. The SI PPS anticipates that shared IT infrastructure is a gap for implementation. The SI PPS will mitigate this risk by developing interim procedures as the SI PPS advances through different stages of implementation. For example, the SI PPS anticipates that PPS providers will be

fully integrated into the IT platform in DY3. However, the SI PPS has develop interim procedures for reporting on a quarterly basis to the DOH beginning in DY1. The SI PPS has incorporated incremental steps prior to IT platform integration with the goal of ensuring a smooth transition.

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.)

The SI PPS's governance infrastructure is composed of several committees including Workforce, Compliance, Clinical, Finance, Data/IT, Communication & Marketing, and Diversity & Inclusion Committees. These committees are interconnected with the SI PPS's governance structure as well as various workstreams, such as IT systems & processes, performance reporting, practitioner engagement, population health management, and clinical integration. The development of a governance structure will serve as the foundation by which each of these workstreams is based.

The interdependencies between the workstreams, where various components of infrastructure are reliant on each other, have the potential to create a cascade of delays that will impact all workstreams. For example, a delay in identifying an appropriate funds flow model for PPS providers might delay their ability to hire and train key staff which will impact workforce milestones. Any delay in the development of an appropriate IT change management and governance mechanism will delay the development and implementation of an IT platform across the PPS network. This will impact PPS providers' ability to meet IT project requirements for the DSRIP projects, thereby impacting DSRIP funding.

The interdependent nature of the SI PPS's infrastructure increases the need for coordinated governance arrangements as well a strong PMO and a designated committee structure aimed at ensuring that the appropriate expertise and staff support is dedicated to meeting all workplan steps and milestones.

All workstreams are assigned to a committee with the intent that the committee oversees the development and implementation of incorporating the workstream into the SI PPS. The following list provides the workstreams and their assigned committees.

- Financial Sustainability – Finance Committee
- Cultural Competency – Diversity & Inclusion Committee
- IT Systems and Processes – Data/IT Committee
- Performance Reporting – Performance Reporting Workgroup made up of Finance, Clinical, and Data/IT Committee members
- Practitioner Engagement – Practitioner Communication & Engagement Workgroup made up of Communication & Marketing Committee members and key PPS practitioner stakeholders
- Population Health Management – Population Health Management Workgroup made up of Clinical, Finance, and Data/IT Committee members as well as key PPS practitioner stakeholders
- Clinical Integration – Clinical Integration Workgroup made up of Clinical and Data/IT Committee members
- Project Implementation Teams, Clinical Subcommittees and Leads and well as PMO Project Coordinators and Data Analysts will support all

project implementation requirements.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
Lead Entity	SI PPS, LLC	Form all planned Governance Committees; define bylaws and policies to identify funding and staff resources; and establish a reporting structure and monitoring processes.
Overall SI PPS, LLC and Board of Managers Advisor	Steering Committee: Beacon Christian Community Health Center, David Kim, MD; Community Health Action of Staten Island, Diane Arneth; Community Health Center of Richmond, Henry Thompson; Eger Health and Rehabilitation Center, David Rose; North Shore- LIJ Homecare, Irina Mitzner; Richmond Center for Rehabilitation and Residential Healthcare, Philip Buchsbaum; Richmond University Medical Center, Richard Salhany; Richmond University Medical Center, Pankaj Patel, MD; Richmond University Medical Center, Elizabeth Wolff, MD ; Staten Island Mental Health Society, Fern Zagor; Staten Island University Hospital, Joanne Pietro; Staten Island University Hospital, Dina Wong; Staten Island University Hospital, Diane Gonzalez; YMCA of Greater New York, Jacqueline Filis; Visiting Nurse Services of New York, Donna Lichti; Project Advisory Committee (all SI PPS Partners)	Serve in an advisory role to overall PPS operations and the Board of Managers.
Overall SI PPS Advisor (including Workforce Advisory)	Project Advisory Committee (all SI PPS Partners)	Serve in an advisory role to overall PPS operations.
Major hospital partners	• Richmond University Medical Center • Staten Island University Hospital	Appoint members to the Board and serve on governance committees.
Physician organizations and other representative PPS providers	• Beacon Christian Community Health Center • University Physicians Group • Victory Internal Medicine • Community Health Center of Richmond, Inc. • Community Health Action of Staten Island	Serve as Steering Committee members, and Clinical Committee members.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
	• Eger Health Care and Rehabilitation • North Shore Home Care • Richmond Center for Rehabilitation and Residential Healthcare • Staten Island Mental Health Society • Visiting Nurse Services of New York • YMCA of Greater New York	
Major CBOs and/or social service agencies	• Lifestyles for the Disabled • New York City Department of Health and Mental Hygiene • Person Centered Care Services • Sky Light Center • Staten Island Partnership for Community Wellness • United Cerebral Palsy of New York * Meals on Wheels * El Centro	Serve as committee members.
Outside counsel, attorneys, and consultants	TBD	Draft bylaws, operating agreements and other key governance documents.
Project Management and Oversight	SI PPS PMO	Support the monitoring and implementation of all workplan steps.

Staten Island Performing Provider System, LLC (PPS ID:43)

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		
Staten Island University Hospital	Co-Lead Applicant and Co-Equity Contributor, Co-Leadership participant	Provide leadership personnel, committee chairs, and Board participation.
Richmond University Medical Center	Co-Lead Applicant and Co-Equity Contributor, Co-Leadership participant	Provide leadership personnel, committee chairs, Board participation.
Richmond County Medical Society	Participating Provider Organization	Committee member
Metro Community Health Centers/CP of NYS	Participating Provider Organization	Committee member
Carmel Richmond Healthcare and Rehabilitation Center	Participating Provider Organization	Committee member
Camelot of Staten Island	Participating Provider Organization	Committee member
Staten Island Partnership for Community Wellness	Participating Provider Organization	Committee member
Clove Lakes Health Care	Participating Provider Organization	Committee member
Coordinated Behavioral Care (CBC)	Participating Provider Organization	Committee member
Cerebral Palsy Association of NY / Metro Health Clinic	Participating Provider Organization	Committee member
Carmel Richmond Healthcare and Rehabilitation Center	Participating Provider Organization	Committee member
Project Hospitality	Participating Provider Organization	Committee member
External Stakeholders		
New York City Department of Health and Mental Hygiene	Participating Provider Organization	PAC member
Staten Island Foundation	Community Stakeholder	PAC member
Jewish Community Center of Staten Island	Community Stakeholder	PAC member
Wagner College	Community Stakeholder	PAC member
Staten Island Immigrants Counsel	Community Stakeholder	Committee member
El Centro del Immigrante	Community Stakeholder	Committee member
New York City Department of Education	Community Stakeholder	PAC member

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Make the Road New York	Community Stakeholder	Committee member

Staten Island Performing Provider System, LLC (PPS ID:43)

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.

The governance workstream serves as the mechanism by which members of the SI PPS develop accountability, make decisions around the development of IT infrastructure, and determine activities and resources required to execute the IT infrastructure plan. Further, the governance infrastructure provides the mechanism by which the IT Systems and Processes workstream integrate with other workstreams including Clinical Integration, Performance Reporting, and Workforce, among others.

The IT infrastructure provides the mechanisms by which standardized clinical, financial, and other operations data are collected and reported. The standardization of data collection and reporting enables the governance committees to quickly evaluate and adjust policies, procedures, and standards of care based on the rapid cycle evaluation approach which is grounded in the IT infrastructure. Similarly, the ability to collect, synthesize and report on data is critical to communicate progress and performance to PPS providers and other key stakeholders.

The following provides an overview of how the SI PPS will develop the IT infrastructure:

• Success of communication among different stakeholders in the various governance committees, including progress on milestones and provider level performance, is dependent on the implementation of a robust project management software that is delivered through a secure cloud-based server accessible by provider agencies and the SI PPS PMO. The SI PPS has implemented Performance Logic, to provide this support. This IT platform also allows governance committee members to have a two-way communication mechanism with the SI PPS PMO and providers, and allows for ongoing performance monitoring or Domain 1 milestones, among others.
• SpectraMedix has been selected as the health IT vendor for SI PPS. SpectraMedix works collaboratively with the SI-PPS PMO, IT/Data Committee, and the work stream teams (i.e. Information Technology Systems & Processes, Performance Reporting, Clinical Integration, Population Health and Practitioner Engagement) to provide an IT foundation for a clinically integrated healthcare delivery system.
• The PPS is in the progress of building an Enterprise Data Warehouse that integrates NYS Medicaid attribution roaster, claims data and pharmacy data.
• The PPS will promote and support integration of PPS partners into the RHIO (Healthix) through resource support and funds flow.
• The PPS implemented a healthcare analytics platform within the secure private cloud hosting environment described above, which allows SI-PPS to have visibility into Performing Provider System performance and to meet reporting requirements for the metrics associated with the System Transformation Projects (Domain 2), Clinical Improvement Projects (Domain 3) and Population-Wide Projects (Domain 4) that have been selected by SI-PPS. This platform includes the following functions and dashboards for performance management and identifying opportunities for program improvement.

Further details are provided in the IT Systems and Processes Workstream.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

IPQR Module 2.8 - Progress Reporting

Instructions :

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

The New York State DOH has identified specific milestones related to the governance workstream that all PPSs must report on. These milestones include finalizing a governance structure and sub-committee structure; establishing a clinical governance structure; finalizing bylaws and policies and committee guidelines; establishing governance structure reporting processes; finalizing a community engagement plan; finalizing partnership agreements or contracts with CBOs; finalizing an agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels; and finalizing a workforce communication and engagement plan.

The SI PPS will provide Board approved plans for the milestones listed above to the DOH and will monitor the progress of the designated implementation plan steps to report to the DOH on a quarterly basis. The SI PPS has developed a detailed implementation plan with additional sub-steps under each milestone that captures the responsible resources needed to execute/coordinate the implementation of the steps under each milestone as well as designated timeframe estimates to complete the steps. The PMO will implement a standardized dashboard for the collection and reporting of progress as it relates to workplan implementation and milestones for reporting progress and risks for internal updates to relevant governance committees as well as for quarterly progress reports to the DOH.

The PPS PMO will also develop performance reporting dashboards, communication plans, and timelines associated with reporting progress to the PPS network and other key stakeholders. Reporting will be through the PPS website, public forums, among others.

IPQR Module 2.9 - IA Monitoring

Instructions :

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Define the Finance Committee's role and responsibilities within the PPS.	Completed	Define the Finance Committee's role and responsibilities within the PPS, to be defined by the PPS Board of Managers which is made up of the PPS Co-leads, Richmond University Medical Center (RUMC) and Staten Island University Hospital (SIUH).	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Develop criteria to appoint members to the Finance Committee.	Completed	Develop criteria to appoint members to the Finance Committee, to be developed by the PPS Board of Managers.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Appoint members to the Finance Committee.	Completed	Board of Managers appoint members to the Finance Committee.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task PMO and Board of Managers develop the PPS's finance structure.	Completed	PMO in conjunction with the Board of Managers develops the PPS's finance structure including the Finance Committee, PPS Finance Business Office within the Project Management Office and Board of Managers approve the finance structure.	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop Finance Committee charter.	Completed	PMO develops Finance Committee charter to formalize roles and responsibilities of the finance structure and establish schedule for Finance Committee meetings.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Gain approval of the PPS finance structure by the Board.	Completed	Gain approval of the PPS finance structure by the Board.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop a communication plan for the PPS partners.	Completed	PMO/Finance Director develops a communication plan for the PPS partners including the PPS's finance structure including the reporting structure.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 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 approach to assess the current state financial health of the PPS providers.	Completed	Finance Director in conjunction with Finance Committee develops an approach to assess the current state financial health of the PPS providers including identifying financial reporting metrics and the frequency of assessments.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop criteria to identify financially fragile providers.	Completed	Finance Director in conjunction with Finance Committee, develop a criteria to identify financially fragile providers including those that will be impacted by the DSRIP project initiatives.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Utilize financial impact assessment document to modify and distribute updated financial assessment survey and data request to PPS providers.	Completed	Finance Director utilizes the financial impact assessment document developed and distributed in November; modifies and distributes the updated financial assessment survey and data request to PPS providers.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Collect financial assessment survey and data requests from providers and identify financially fragile providers.	In Progress	Finance Director and support staff collects the financial assessment survey and data requests from providers and identify financially fragile providers.	07/01/2015	12/31/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Determine metrics that each PPS provider must submit to the PPS on an ongoing basis.	Completed	Finance Director in conjunction with Finance Committee, determine metrics that each PPS provider must submit to the PPS on an ongoing basis and the timeline for submissions.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Begin ongoing financial assessment survey distribution/data requests on the financially fragile providers.	Completed	PPS PMO beings ongoing financial assessment survey distribution/data requests on the financially fragile providers including: 1) Requesting information on financial indicators including day's cash on hand, debt ratio, operating margin,	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

Staten Island Performing Provider System, LLC (PPS ID:43)

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 current ratio. 2) Tracking and reporting performance metrics (the ability to deliver services) of financially fragile providers. 3) Monitoring the impact of a provider's financial status on their ability to complete services (performance of financially fragile providers will be tracked).							
Task Develop an approach and calendar/timeline to monitor the financially fragile providers	In Progress	Finance Director in conjunction with Finance Committee, develop an approach and calendar/timeline to monitor the financially fragile providers (the Financially Fragile Provider Sustainability Plan) on an ongoing basis as well as monitor any efforts made by the PPS to support financially fragile providers.	10/01/2015	12/31/2015	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Review and obtain approval of the Financially Fragile Provider Sustainability Plan from the Finance Committee.	Not Started	Finance Director reviews and obtains approval of the Financially Fragile Provider Sustainability Plan from the Finance Committee.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Communicate PPS's financial health assessment approach and reports with PPS partners.	Not Started	PMO communicates the PPS's financial health assessment approach and reports with PPS partners through identified communication platform.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
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 plan to perform an internal PPS-wide risk assessment.	Completed	Compliance Director and PMO support staff in conjunction with Compliance Committee develop a plan to perform an internal PPS-wide risk assessment including identifying providers with existing compliance programs, as well as those that have not implemented independent compliance programs, an obligation for providers receiving $500,000 in Medicaid funding.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop a Compliance Plan.	Completed	Compliance Director utilizes existing Compliance structure/programming and training from the PPS network providers to develop a Compliance Plan that includes ongoing monitoring procedures, developing an approach to address corrective actions, and establishing policies for periodic reporting.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Review compliance plan for consistency with	Completed	Compliance Director in conjunction with Compliance Committee and PPS partner stakeholders review compliance	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

Staten Island Performing Provider System, LLC (PPS ID:43)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
New York State Social Services Law 363-d, specific to Elements 1 thru 8 of the Law.		plan to ensure that the compliance plan is consistent with New York State Social Services Law 363-d, specific to Elements 1 thru 8 of the Law including written policies and procedures, the designation of a Compliance Officer, a training and education plan, a communication plan, disciplinary actions, a system to respond to compliance issues, and a policy around non intimidation and non-retaliation.							
Task Incorporate feedback into Compliance Plan.	Completed	Compliance Director and support staff incorporates feedback into Compliance Plan.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Review PPS's compliance plan with Compliance Committee, Board of Managers, and North Shore-LIJ Legal Counsel for feedback.	Completed	Compliance Director reviews the PPS's compliance plan with Compliance Committee, Board of Managers, and North Shore-LIJ Legal Counsel for feedback.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task PPS providers commit to participating in the PPS's Compliance Program within the PPS's operating agreements to ensure participation across network.	Completed	PMO requires PPS providers to commit to participating in the PPS's Compliance Program within the PPS's operating agreements to ensure participation across network.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Submit Compliance Plan to Board for approval.	Completed	PMO submits the Compliance Plan to Board for approval.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
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	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES
Task Create a Value Based Workgroup composed of Finance Committee members and other PPS key stakeholders.	Completed	Finance Committee designates a team of members from the Finance Committee and other PPS key stakeholders to participate in the Value-Based Payment Workgroup (include MCOs).	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Schedule ongoing meetings with Value-Based Payment Workgroup.	Completed	PMO schedules ongoing meetings with Value-Based Payment Workgroup to determine shared objectives in the PPS's value-based payment strategy (include MCOs).	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop an assessment/stakeholder engagement approach.	Completed	Value-Based Payment Workgroup develops an assessment/stakeholder engagement approach including stakeholder meetings/interviews and provider surveys.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	In Progress	Value-Based Payment Workgroup conducts an assessment	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Conduct an assessment of PPS providers to facilitate the move towards value-based payments.		of PPS providers to facilitate the move towards value-based payments. The assessment will evaluate PPS providers' education and understanding of shared objectives for achieving value-based payments including: 1. Revenue linked to value-based payment 2. Current compensation models for the Medicaid population and other payors by provider type/service type 3. Value-based payment readiness 4. Understand ongoing MCO strategies 5. PPS providers willingness to participate in value-based payment arrangements as well as the timeline for including shared risk and shared savings 6. Existing arrangement that may inhibit the adoption of value based payment approaches established through DSRIP.							
Task Develop provider/stakeholder outreach and education plan.	Not Started	Value-Based Payment Workgroup develops provider/stakeholder outreach and education plan regarding short and long term strategy to transition to value based payment.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Conduct stakeholder engagement sessions with MCOs.	Not Started	PMO conducts stakeholder engagement sessions with MCOs to understand potential contracting options and needs.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Draft report on baseline assessment of revenue linked to value-based payments, preferred compensation modalities, and MCO strategy.	Not Started	Based on assessment and stakeholder outreach approach, PMO drafts a report on the baseline assessment of revenue linked to value-based payments, preferred compensation modalities, and MCO strategy.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Share report with the Board for approval.	Not Started	PMO shares the report with the Board for approval.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #5 Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest	Not Started	This milestone must be completed by 12/31/2016. Value-based payment plan, signed off by PPS board	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3	YES
Task Analyze the cost of care data for the PPS's population and subpopulations for use in developing the PPS's value-based payment approach.	Not Started	Finance Director in conjunction with Value-Based Payment Workgroup analyzes the cost of care data for the PPS's population and subpopulations for use in developing the PPS's value-based payment approach.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Identify and develop an approach to promote the use of quality measures through pay-for-performance/funds flow bonus structure.	Not Started	Value-Based Payment Workgroup and Chief Medical Officer identify and develop an approach to promote the use of quality measures through pay-for-performance/funds flow bonus structure.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Works with the Clinical Committee to determine clinical/process metrics to be met as indications of quality improvement.	Not Started	Value-Based Payment Workgroup works with the Clinical Committee to determine clinical/process metrics to be met as indications of quality improvement (potential to utilize shared savings strategies already in place for other populations).	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Work with the Data/IT Committee to identify necessary technology/infrastructure needed to support value based payment across providers.	Not Started	Value-Based Payment Workgroup works with the Data/IT Committee to determine the necessary technology/infrastructure needed to support value based payment across providers as well as the PPS's timeline for ensuring the ability to measure performance on a range of clinical quality, patient satisfaction and efficiency metrics.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Develop initial phased approach and timeline for PPS providers to move towards a value-based payment system.	Not Started	Value-Based Payment Workgroup develops initial phased approach and timeline for PPS providers to move towards a value-based payment system including shared savings, shared risk and capitation models including specific shared savings model(s) to be employed. 1. Identifying "level 1" provider or provider groups with required infrastructure and expertise to enter into such arrangements. 2. Identify "level 2" and "level 3" providers where additional education and infrastructure development is required and develop plans for these providers.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Hold meetings/workgroups with MCO's and "level 1" providers to discuss timeline and implementation steps related to developing value based payment arrangements.	Not Started	Finance Director and support staff holds meetings/workgroups with MCO's and "level 1" providers to discuss timeline and implementation steps related to developing value based payment arrangements.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Develop plan for "level 2 and 3" providers to adopt value based payment arrangements.	Not Started	Finance Director and support staff develops a plan for "level 2 and 3" providers to adopt value based payment arrangements.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Establish timeline to conduct continued education and outreach campaign for PPS	Not Started	PMO establishes a timeline to conduct continued education and outreach campaign for PPS providers to broaden their knowledge of the plan to move towards sub-capitated	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
providers.		payments/full capitated payments.							
Task Review value based payment plan with PPS stakeholders and obtain feedback.	Not Started	PMO reviews value based payment plan with PPS stakeholders and obtain feedback.	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task Submit revised plan to Board for approval.	Not Started	PMO submits revised plan to Board for approval.	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
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

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
Finalize PPS finance structure, including reporting 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.

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Finalize PPS finance structure, including reporting structure	if12345	Templates	43_MDL0303_1_3_20160127104730_Meeting_Schedule_Template_Q3.xlsx	Meeting Template for Q3	01/27/2016 10:47 AM
Finalize Compliance Plan consistent with New York State Social Services Law 363-d	if12345	Documentation/Certification	43_MDL0303_1_3_20160127110104_FW__NYS_OMIG_Compliance_Certification_(SSL).pdf	OMIG Certifications_SSL	01/27/2016 11:01 AM
	if12345	Documentation/Certification	43_MDL0303_1_3_20160127110021_FW__NYS_OMIG_Compliance_Certification_(DRA).pdf	OMIG Certifications_DRA	01/27/2016 11:00 AM

NYS Confidentiality – High

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	if12345	Policies/Procedures	43_MDL0303_1_3_20160127105937_SI_PPS_2015_2017_Compliance_Work_Plan.pdf	Compliance plan for Financial Sustainability Milestone 3	01/27/2016 10:59 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize PPS finance structure, including reporting structure	No updates to Financial Structure
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	
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	
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	

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	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Milestone Review Status

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

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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.

The Staten Island Performing Provider System, LLC (SI PPS) anticipates the following risks associated with implementing this workstream:

1. The ability to develop a funds flow model and achieve PPS network buy-in within the designated timeframe to incentivize providers and support project implementation. To mitigate this risk the SI PPS will involve PPS providers in the development of the funds flow model as well as receive buy-in at the organizational and practitioner level for operating agreements that detail the funds flow approach by clearly communicating the funds flow model, tying funds flow directly to project participation and meeting DSRIP goals, and being transparent with the PPS network.

2. The ability to develop an integrated information technology (IT) platform in a timely manner that is shared across the PPS network to track key performance metrics, evaluate PPS providers on their performance, measure project milestones for funds flow, track financially fragile providers, and to gauge performance of partners related to value based payment. To mitigate this risk, the SI PPS's Project Management Office (PMO) will design standardized data collection templates with standardized definitions and timelines as well as a Project Management software tool and provide training to PPS providers on all DSRIP reporting requirements.

3. The ability to identify and support financially fragile providers. The assessment of the financial health of PPS providers will help to mitigate this risk by identifying financially fragile providers early on, as well as determining a method to monitor these providers and collect needed data. In November 2014, the PPS began the process of assessing the financial health of its providers to begin to mitigate this risk. The Finance Committee will utilize the results from the assessment to develop a Financially Fragile Provider Sustainability Plan that will include considerations for training education and resources.

4. The ability to transition to value-based payments especially with providers that are accustomed to the more traditional fee-for-service environment and have not yet begun to experiment with risk sharing/shared savings agreements or do not have the infrastructure to enter into such arrangements. The SI PPS will begin an educational process for PPS providers which will be ongoing throughout DSRIP implementation. The SI PPS will also include provider representatives in the Value-Based Purchasing Workgroup to ensure the engagement of key stakeholders.

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.)

The success of the SI PPS's financial sustainability plan is interdependent on several workstreams including governance, clinical integration, IT

systems & processes, performance reporting, practitioner engagement, and individual project implementation.

The financial sustainability workstream serves as one of the key components in the SI PPS's overall goal of moving towards a value-based payment strategy. It also allows for the distribution of funds to incentivize provider and practitioner participation in DSRIP goals. Project implementation teams will help define the project specific accountability matrix and distribute it to providers as the basis for funds flow.

Clinical integration, performance reporting, and IT systems & processes will set the foundation for facilitating the collection and analysis of key data points to gauge provider performance, for funds flow purposes, as well as to monitor the financial performance for financially fragile providers. Data analysis will also set the foundation for value-based payment contracting and enable the PPS and MCOs to understand the total cost of care for specific services or provider groups.

The interdependent nature of the SI PPS infrastructure increases the need for coordination across all workstreams, especially the finance workstream which sets the foundation to enable project implementation. Although the Finance Committee has been assigned the primary role of developing and overseeing the financial performance and sustainability of the SI PPS, other SI PPS committees will collaborate and provide feedback and inputs to the Finance Committee, to enable coordination across the various workstreams. For example, key members from the Data/IT and Clinical Committees will be assigned to assist in the development of preferred compensation models and MCO strategy understand the total cost of care for specific services or provider groups.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
Executive Director	Joseph Conte	Oversight for the development and implementation of the Finance workstream.
Finance Director	Richard Olsen	Responsible for developing and managing the PPS's finance office and its specific functions; provide guidance and oversight around the Funds Flow Plan, the Financial Stability Plan, and other relevant processes and; ensure that funds are managed and distributed according to the PPS's approved plan, that reporting requirements are met and that communication regarding finance-related functions are timely and accurate.
Finance Committee	Beacon Christian Community Health Center, David Kim Community Health Center of Richmond, Benny Lindo Coordinated Behavioral Care, TBD Eger Health and Rehabilitation Center, Gary de Leeiwek Richmond University Medical Center, Robert Ren Staten Island University Hospital, Tom Reca	Develop, implement, and oversee the financial management process, fund distribution, fund status monitoring, fund reporting, budget and financial compliance, and preparation for value-based reimbursement.
Compliance Officer	Regina Bergren	Oversee compliance monitoring and compliance plan implementation.
Financial Analysts	North Shore-LIJ Finance Office (Administrative Financial Services Agreement)	Support the collection, analysis and reporting of financial and other performance metrics from PPS providers.
Accounts Payable Staff & Finance Business Office	North Shore-LIJ Finance Office (Administrative Financial Services Agreement)	Responsible for the day-to-day operations of the accounts payable function including updating policies and procedures, monitoring the accounts payable system, and developing protocols around reporting and AP check writing related to DSRIP funds distribution.
Financial Analyst	Lashana Lewis	Documents progress and maintains record of all financial transactions, financial sustainability deliverables and training materials.
Value-based Workgroup	Richard Miller, SVP Payer Reimbursements and Contracting, North Shore LIJ; Richard Olsen, Finance Director, Staten Island PPS; Lashana Lewis, Financial Analyst, Staten Island PPS; Joseph Conte, Executive Director, Staten Island PPS;	Oversee PPS's formulation value-based reimbursement strategy

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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		
Irene Frohlich	PPS Director of Project Management	Provide guidance to PPS Finance Director and Financial Analyst to ensure all progress is documented correctly to substantiate progress to DOH
Richard Olsen	PPS Finance Director	Oversee and lead the finance-related projects, value-based reimbursement strategy, and overall implementation plan deliverables that impact finance function reporting.
Anyi Chen	Senior Director of Enterprise Data & Analytics	Oversee IT related requirements for the finance function and provide access to data for finance function reporting requirements.
Regina Bergren	PPS Compliance Committee	Oversee the PPS's Compliance Plan and the related training, education, and reporting requirements of the plan.
Salvatore Volpe, MD	PPS Chief Medical Officer	Identify and develop an approach to promote the use of quality measures for pay-for-performance programs.
North Shore-LIJ Finance Office (Administrative Financial Services Agreement)	Internal Audit	Oversee internal control functions; the completion of audit processes related to funds flow, network provider reporting, and other finance related control processes.
Beacon Christian Community Health Center, David Kim, MD Community Health Center of Richmond, Benny Lindo Coordinated Behavioral Care, TBD (Danika Mills) Eger Health and Rehabilitation Center, Gary de Leeiwek Richmond University Medical Center, Robert Ren Staten Island University Hospital, Tom Reca	PPS Finance Committee	Provide board-level oversight and responsibility for the PPS finance function; review and approve finance related policies and procedures; oversee the PPS Lead role, responsibilities and deliverables; and oversee audit and compliance processes.
Bill Myhre	Senior Director of Workforce & Human Relations	Oversee HR related functions of the PPS's employees and provide guidance related to workforce strategies.
CEOs of PPS Network Providers	Overseeing party from Network Providers	Oversee their organizations' execution of DSRIP responsibilities to contribute to the success of the finance function and finance strategies.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
CFO/Finance Team of PPS Network Partner	Coordinators from Network Providers	Serve as the primary contact for the PPS Lead finance function for conducting DSRIP related business and ensure their organizations' execution of DSRIP finance responsibilities and participation in finance strategies.
Boards of Directors for PPS Network Partners	Overseeing party from Network Providers	Oversee their organizations' execution of DSRIP responsibilities and contribute to the success of the finance function and finance strategies.
Lashana Lewis	Financial Analyst	Documents progress and maintains record of all financial transactions, financial sustainability deliverable and training materials.
External Stakeholders		
TBD	External audit	Perform external audits and report to the Finance Committee.
New York State Department of Health	NY DOH defines the DSRIP requirements	Responsible for the PPS Lead and PPS finance function overall administration of DSRIP reporting to the DOH and the funds flow process.
Managed Care Organizations	Healthfirst Amerigroup United Healthcare Fidelis (others to be determined)	Participate in the Value-Based Payment Workgroup and work with the Finance Committee and project implementation teams around project-specific reimbursement strategies.
TBD	Community Representatives	Contribute to the adoption and buy-in across the PPS network by incorporating the community's needs and interests and establish communication regarding DSRIP status, results, and future strategies to maintain their contribution and influence.
Office of Mental Health; Office of Alcoholism and Substance Abuse Services; New York City Department of Health and Mental Hygiene	Government Agencies/Regulators	Provide oversight and influence in a number of DSRIP related areas including the importance of waivers or regulatory relief, construction/renovation projects, and other items and establish communication regarding DSRIP status, results, future strategies and their role in DSRIP success.
Finance Consultant – BDO Consulting	Responsible for assisting PPS with value-based payment strategy development and execution.	Responsible parties will be determined pursuant to the development of Staten Island's baseline assessment and Value-Based Payment Adoption Plan.

Staten Island Performing Provider System, LLC (PPS ID:43)

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 developed shared IT infrastructure across the SI PPS network enables the financial sustainability workstream to better communicate across the PPS network including on the required data collection, analysis and reporting.

The ability to collect performance data from PPS providers and track providers as they meet project requirements as well as the SI PPS's ability to implement processes and protocols in line with project goals is dependent on IT infrastructure. These performance measures will serve as the basis for the funds flow to PPS providers and also allow for rapid cycle evaluation of underperforming providers. The IT infrastructure has set the foundation to allow the SI PPS to quickly identify financial performance issues, specifically with regard to financially fragile providers.

The value-based payment system is highly dependent on the developed infrastructure to support the ability to track performance metrics including process metrics related to how care is delivered and outcome metrics related to patient experience and clinical outcomes. The ability for the SI PPS to collect such data from PPS providers and across the network will be highly dependent on how and when the IT infrastructure is developed.

Finally, the SI PPS utilizes the shared IT infrastructure to facilitate communication related to the financial sustainability workstream including providing an introduction and training programs on the SI PPS's financial sustainability plan including metrics and how to understand/interpret PPS provider financial sustainability metrics.

IPQR Module 3.8 - Progress Reporting

Instructions :

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

The New York State DOH has identified specific milestones that all PPSs must report on. These milestones include finalizing the PPS's finance structure; performing network financial health current state assessments and developing a financial sustainability strategy to address key issues; finalizing a compliance plan consistent with New York State Social Services Law 363-d; developing a detailed baseline assessment of revenue linked to value-based payments, preferred compensation modalities, a Managed Care Organization strategy; and finalizing a plan towards achieving 90% value-based payments across the PPS network by Demonstration Year 5. The finance work stream will also monitor the distribution of funds to providers including collecting data relevant to provider performance related to meeting or exceeding project requirements and goals.

The SI PPS plans to provide Board approved plans for the milestones listed above to the DOH and will monitor the progress of the designated implementation plan steps to report to the DOH on a quarterly basis. The SI PPS has developed a detailed implementation plan with additional sub-

Staten Island Performing Provider System, LLC (PPS ID:43)

steps under each milestone to capture the responsible resources to execute/coordinate the implementation of the steps under each milestone as well as designated timeframes to complete interim steps. The SI PPS anticipates that the PMO will work under the guidance of the Finance Committee to monitor the overall progress of the SI PPS's implementation, monitor and report on the progress of financially fragile providers, and provide reports to key governance committees and stakeholders on an ongoing basis as well as ensure rapid cycle evaluation related to these milestones.

IPQR Module 3.9 - IA Monitoring

Instructions :

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Establish Diversity and Inclusion Committee.	Completed	Board of Managers establishes a Diversity and Inclusion Committee to advise on cultural competency and health literacy strategies related to the implementation of the DSRIP projects and organizational workstreams.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Conduct analysis on health disparities.	Completed	Director of Cultural Competency and Health Literacy in conjunction with Diversity and Inclusion Committee conducts further analysis of health disparities among Staten Island's population including cultural, linguistic, financial and socioeconomic factors.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	Completed	Director of Cultural Competency and Health Literacy	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Incorporate community needs assessment findings.		Incorporates findings from the Staten Island Community Needs Assessment.							
Task Prioritize groups experiencing health disparities.	Completed	Director of Cultural Competency and Health Literacy in conjunction with governance committees (Clinical Committee) Identify and prioritize groups experiencing health disparities.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop tools for workforce assessment.	Completed	Director of Cultural Competency and Health Literacy and Director and Human Resources/Workforce, support staff, and 1199 Training and Development fund, develops survey tools to perform a baseline assessment (in conjunction with the Workforce Committee and Diversity &Inclusion Committee).	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Conduct baseline assessment.	Completed	Director of Cultural Competency and Health Literacy in conjunction with Director of Workforce & HR, conduct a baseline assessment of the current cultural competency and health literacy status of the PPS's workforce to identify workforce diversity needs, interests, and capabilities as well as gaps in training at PPS providers and participating CBO sites.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Gain feedback on assessment.	Completed	Baseline assessment is shared with the Workforce Committee and Diversity & Inclusion Committee for feedback on developing a cultural competency/health literacy strategy.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Hold focus groups.	Completed	Director of Health Literacy and Diversity and Inclusion Committee facilitate focus groups among Medicaid beneficiaries and uninsured to gain input for inclusion in the strategy.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop Cultural Competency and Health Literacy strategy.	Completed	Director of Cultural Competency and Health Literacy in conjunction with the Diversity & Inclusion Committee develops a cultural competency/health literacy strategy to achieve the future state and address gaps and barriers.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop two way communication plan.	Completed	Director of Cultural Competency and Health Literacy work with Marketing and Communications Committee, and other PPS marketing resources to develop (as part of the overall PPS DSRIP communication plan) plans to establish two-way communication between the PPS and the Staten Island community (CBOs, patients, etc.) as well as ways to receive community feedback on the PPS's strategy through community and/or web-based forums.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Identify implementation steps and timeline for strategy.	Completed	Director of Cultural Competency and Health Literacy and support staff identifies steps and a timeline to improve health literacy through the development and sharing of best practices between providers including simple language and verbal/written communication and languages access policies to all participating PPS providers (including training schedule and learning collaborative) .	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Gain feedback from the Diversity and Inclusion Committee.	Completed	Director shares the PPS's cultural competency and health literacy strategic plan with key PPS provider stakeholders and Diversity & Inclusion Committee to obtain feedback.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Submit strategy for Board approval.	Completed	Submit to the PPS Board for approval of Cultural Competency/ Health Literacy Strategy.	10/01/2015	12/31/2015	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	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	YES
Task Identify training needs at the project level.	Completed	Project Implementation Teams/Directors in conjunction with Director of Cultural Competency and Health Literacy identify training needs on a project-by-project level related to cultural competency.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Identify training gaps for clinicians and other segments of the workforce.	Completed	Leveraging a baseline assessment completed on the PPS workforce, Project Implementation Teams, Director of Human Resources/Workforce and Director of Cultural Competency identify training gaps for clinicians and other segments in the workforce.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Identify number/location of sites for strategy.	Completed	Identify the communities served and the number/location of sites to include in strategy.	09/01/2015	03/31/2016	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Identify training components.	Completed	Identify training components including health literacy principles, the teach back method, reliable electronic resources, working with a qualified medical interpreter, and accessing translated material, etc.	09/01/2015	03/31/2016	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 cross cultural training programs.	In Progress	Project Implementation Teams in conjunction with the Workforce Committee; develop cross cultural staff training programs specific to the needs of each site and communities served.	01/01/2016	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Develop training plans for clinicians.	Not Started	Develop training plans for clinicians focused on available evidence-based research addressing health disparities for particular groups identified in the cultural competency strategy.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Develop training plans for non-clinical staff and CBOs.	Not Started	Develop training plans for non-clinical staff, including staff at CBOs and other PPS organizations.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Assess potential to utilize Medicaid beneficiaries.	Not Started	Assess potential to utilize Medicaid beneficiaries in targeted communities to perform outreach/training and other activities.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Develop approach to update training.	Not Started	Develop an approach to updating training programs periodically to ensure that healthcare settings and services remain culturally appropriate.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Develop system to monitor training.	Not Started	Develop a system to monitor the effectiveness of the cultural competency/health literacy training program including receiving feedback on ways to improve the program from trained staff.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Gain feedback on training plans.	Not Started	PMO shares training plans with key PPS provider stakeholders for feedback.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Modify training plans.	Not Started	PMO modifies training plan based on feedback as needed.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Submit training plans for Board approval.	Not Started	PMO submits training plans for Board approval.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Finalize cultural competency / health literacy strategy.	if12345	Communication Documentation	43_MDL0403_1_3_20160316122113_IA_Remediation_BoardApprovalProof_DY1Q3.pdf	BoardApprovalProof_DY1Q3	03/16/2016 12:21 PM
	howens83	Training Documentation	43_MDL0403_1_3_20160119121544_Bias_Culture_and_Values_12222015_Sign_in.pdf	Cultural Competency Training Meeting Sign In	01/19/2016 12:15 PM
	howens83	Meeting Materials	43_MDL0403_1_3_20160115124219_Bias_Culture_and_Values2_12222015_Materials_SIPPS.pdf	Cultural Competency Training Meeting Material Activities	01/15/2016 12:42 PM
	howens83	Meeting Materials	43_MDL0403_1_3_20160115123535_Bias_Culture_and_Values_12222015_Materials_SIPPS.pdf	Cultural Competency Training Meeting Material	01/15/2016 12:35 PM
	howens83	Templates	43_MDL0403_1_3_20160115123313_Training_Materials_Template.pdf	Cultural Competency Training Materials Template	01/15/2016 12:33 PM
	howens83	Templates	43_MDL0403_1_3_20160115102517_Meeting_Schedule_Template.pdf	Diversity and Inclusion full and subcommittee meeting template	01/15/2016 10:25 AM
	howens83	Baseline or Performance Documentation	43_MDL0403_1_3_20160113163302_SI_PPS_CCHL_Strategy.pdf	Cultural Competency and Health Literacy strategy	01/13/2016 04:33 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize cultural competency / health literacy strategy.	IA Response DY1 Q3: Please see attachments.
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	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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.

Staten Island is comprised of an ethnically diverse population, presenting linguistic and cultural barriers for Medicaid enrollees as well as for the uninsured population attempting to self-manage care as well as access and navigate the healthcare system. As indicated in the Staten Island Performing Provider System, LLC's (SI PPS) Community Needs Assessment, Staten Island's patients speak over 158 languages and one in five English speakers read at a 5th grade reading level. The following identifies key challenges and risks to achieving the milestones in the above project plan and describes the SI PPS's ability to achieve outcome measure targets:
1. The SI PPS recognizes the risk in effectively engaging and motivating this population to improve their own health literacy in addition to the development of culturally competent and linguistically appropriate materials for Staten Island's highly diverse population, which will be both challenging and costly. Training of providers and CBOs that are engaged with these populations will be the means by which the PPS addresses this risk. Add partnering, via an innovative Cultural Competency/Health Literacy circular responding to Staten Island's health desperations, with educational instructions to improve health literacy of the population.

2. The SI PPS also anticipates workforce recruitment/hiring, training, and adoption of the cultural competency/health literacy strategy as an implementation risk. Because there may not be the appropriate level of linguistically appropriate individuals to provide healthcare services on Staten Island, the SI PPS will offer a centralized language access service provider available to all PPS partners to mitigate this risk.

To further mitigate implementation risks, the SI PPS's strategic plan requires that the Diversity and Inclusion Committee conduct a baseline survey of healthcare workers to measure and identify workforce diversity needs, interests, and linguistic capabilities at each PPS provider facility and participating CBO sites. Incorporating findings from the assessment, the Diversity and Inclusion Committee will be responsible for the development of policies and initiatives including training, testing and the qualification process for language access, health literacy, diversity and inclusion and cultural competency, continuing education workshops, and the distribution of materials for healthcare workers.

Further, cross cultural staff training programs will be developed specific to the needs of each site and the communities served. The SI PPS's PMO will provide appropriate support and resources to CBOs and other PPS partners to ensure that cultural competency /health literacy training does not create a significant burden for participating organizations and that staff are able to adopt established practices.

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.)

The SI PPS's overall success in reducing avoidable readmissions on Staten Island is directly related to engaging its diverse population. As such,

Staten Island Performing Provider System, LLC (PPS ID:43)

all workstreams must incorporate a cultural competency and health literacy component into all strategic plans and implementation steps. Therefore, the cultural competency and health literacy workstream is interdependent on several organizational workstreams, including governance, population health management, practitioner engagement, workforce, and individual project implementation.

Although the Diversity and Inclusion Committee has been assigned the primary role of developing and overseeing the implementation of the SI PPS's cultural competency and health literacy strategy, the development of the strategy will be highly dependent on the needs and plans identified by other workstreams. A large focus of the SI PPS's strategy will include developing training programs, in conjunction with the Workforce Implementation Team and Training Workgroup, and the practitioner engagement workstream, to ensure the SI PPS workforce is appropriately trained on cultural competency and health literacy to address health disparities. To support collaboration across workstreams, the Diversity and Inclusion Committee will work with project implementation teams, the Practitioner Engagement Workgroup, the Communications and Marketing Committee, the Workforce Committee (including its Training Workgroup), and the Clinical Committee in developing and implementing the strategy.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
Director of Health Literacy, Diversity and Outreach	Celina Ramsey	Lead development, implementation, and oversight for the PPS's cultural competency/health literacy strategy and corresponding training strategy, focused on addressing the drivers of health disparities.
Diversity and Inclusion Committee	Visiting Nurse Service of New York Home Care, Bonnie Lauder; Community Health Center of Richmond, Christina Tavarez; Community Health Action of Staten Island, Dawn Littlejohn; Archcare, Michael Guglielmo and Jim Williams; Project Hospitality, Terry Troia; Richmond University Medical Center, Kelly Navarro; Bridge Back to Life, Everett Miller; Staten Island Care Center, Rafi Motichen; University Physicians Group, Kevin Leo; Coordinated Behavioral Care, Deeana Dobrer; Richmond Center for Rehabilitation and Health Care, Philip Buchsbaum; YMCA of Greater NY Counseling Services, Regina Marks; Staten Island University Hospital, Patricia Muniz; Seaview Hospital Rehabilitation Center and Home, William Burfeind; Staten Island Pride Center, Ralph Vogel; Borough President's Office, Ginny Mantello; Make the Road, Rebecca Telzalk; Camelot Counseling, Logan Lewis and Doris Valentin; Beacon Community Health Center, David Kim; Clove Lakes Nursing Home, Lillian McCormick	Develop, implement and oversee the cultural competency/health literacy strategy and its corresponding training strategy focused on addressing the drivers of health disparities.
Communications and Marketing Committee	Staten Island University Hospital, John Demoleas and Maria Ksvan Jewish Community Center, David Sorkin; Amerigroup, Anthony Woods; Richmond University Medical Center, William Smith and Amanda LoMonaco; Staten Island Borough President's Office, Ginny Mantello; Staten Island Partnership for Community Wellness, Adrienne Abbate;	Develop, implement, and oversee the communication related to cultural competency/health literacy across the PPS network.
Director of Workforce/Human Resources	Bill Myhre	Coordinate with the Training Workgroup and Workforce Committee to develop a training plan for the PPS's diversity and inclusion strategy; Provide quarterly reports to the DOH regarding the

Staten Island Performing Provider System, LLC (PPS ID:43)

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		delivery of training program.
PMO Staff Support	Heather Milata	Develop surveys for a baseline assessment and analyze survey results.
Senior Director of Enterprise Data & Analytics	Anyi Chen	Develop, launch and maintain electronic surveys and communication tools to facilitate the PPS's diversity and inclusion strategy.
Director of Project Management	Irene Frohlich	Provides guidance to Director of Cultural Competency and Health Literacy to ensure all progress is documented correctly to substantiate progress to DOH

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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		
Director of Health Literacy, Diversity and Outreach	Ensure the successful implementation of the SI PPS's cultural competency/health literacy strategy on a daily basis	Provide oversight for the PPS's cultural competency/health literacy strategy including daily operations.
Celina Ramsey, Diversity and Inclusion Committee Chair	Lead the Diversity & Inclusion Committee	Provide oversight and approval on the PPS's cultural competency/health literacy strategy
Jessica Steinhart, Director of Ambulatory Initiatives Victoria Njoku-Anokam, Director of Behavioral Health Initiatives Mary Han, Continuing Care Initiatives	Oversee the daily operations of the SI PPS	Provide oversight and leadership for the PPS's diversity and inclusion projects and its overall implementation plan deliverables that impact diversity and inclusion policies and initiatives.
PPS DSRIP Project Leads/Coordinator	Serve as a project champion and representative for the PPS partners involved in the DSRIP projects	Support diversity and inclusion initiatives and operation and coordinate with CBOs to collect feedback and insights.
PPS IT Department	Ensure the development of IT systems and processes	Support the IT-related requirements for diversity and inclusion initiatives.
Representatives from PPS Network Members	Represent providers within the PPS network	Provide expertise and input on diversity and inclusion initiatives.
CEOs of PPS Network Providers	Oversight from Network Providers	Oversee their organizations' execution of DSRIP responsibilities to contribute to the success of the diversity and inclusion initiatives and their related strategies.
Boards of Directors for PPS Network Partners	Oversight from Network Providers	Oversee their organizations' execution of DSRIP responsibilities to contribute to the success of the diversity and inclusion initiatives and their related strategies.
External Stakeholders		
David Sorkin, Jewish Community Center	Represent community based organizations	Provide input and feedback to support the diversity and inclusion initiatives.
Ginny Mantello, MD, Staten Island Borough President's Office, Health & Wellness Department	Represent community based organizations	Provide input and feedback to support the diversity and inclusion initiatives.
Gonazalo Mercado, Staten Island Immigrants Counsel	Represent community based organizations	Provide input and feedback to support the diversity and inclusion initiatives.
Dulce Chuva, El Centro Del Immigrante	Represent community based organizations	Provide input and feedback to support the diversity and inclusion initiatives.
Bobbi Digi, Island Voice	Represent community based organizations	Provide input and feedback to support the diversity and inclusion

Staten Island Performing Provider System, LLC (PPS ID:43)

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		initiatives.
1199 Training and Employment Fund	Workforce vendor	Support the implementation of the training strategy
Cyracom Bridging the Gap Entercomm	Language Specialists/Vendors	Provide language skills and translation services to support the diversity and inclusion strategy operation.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 across the PPS network enables the SI PPS's cultural competency and health literacy workstream to establish two-way communication across the PPS network. It also provides a defined standard for cultural competency and health literacy training assessments and tools and easily identifies and monitors community-based interventions to reduce health disparities and improve outcomes across the SI PPS.

The SI PPS has appointed a Health Literacy, Diversity and Outreach Committee to be responsible for the development, implementation, and oversight of its cultural competency/health literacy strategy focused on addressing the drivers of health disparities across Staten Island. This committee works with the IT Systems and Processes workstream to develop two-way communication across the PPS network and ensures effective integration with all involved organizations including CBOs. The shared IT infrastructure will also be used to continuously track the population's needs as they change, to distribute cultural competency materials and resources across the SI PPS, and to track training as well as the use of resources.

Overall, the SI PPS plans to leverage this shared IT infrastructure as a tool to ensure standardization of best practices across the PPS network and to monitor the effectiveness of the SI PPS's cultural competency/health literacy strategy.

The following provides an overview of how the SI PPS will develop the IT infrastructure:

• Success of communication among different stakeholders in the various governance committees, including progress on milestones and provider level performance, is dependent on the implementation of a robust project management software that is delivered through a secure cloud-based server accessible by provider agencies and the SI PPS PMO. The SI PPS has implemented Performance Logic, to provide this support. This IT platform also allows governance committee members to have a two-way communication mechanism with the SI PPS PMO and providers, and will allows for ongoing performance monitoring or Domain 1 milestones, among others.
• SpectraMedix has been selected as the health IT vendor for SI PPS. SpectraMedix works collaboratively with the SI-PPS PMO, IT/Data Committee, and the work stream teams (i.e. Information Technology Systems & Processes, Performance Reporting, Clinical Integration, Population Health and Practitioner Engagement) to provide an IT foundation for a clinically integrated healthcare delivery system. Through their system, the PPS is able to geomap health disparities across Staten Island.
• The PPS is in the progress of building an Enterprise Data Warehouse that integrates NYS Medicaid attribution roster, claims data and pharmacy data.
• The PPS will promote and support integration of PPS partners into the RHIO (Healthix) through resource support and funds flow.
• The PPS has implemented a healthcare analytics platform within the secure private cloud hosting environment described above, which has allowed SI-PPS to have visibility into Performing Provider System performance and meet reporting requirements for the metrics associated with the System Transformation Projects (Domain 2), Clinical Improvement Projects (Domain 3) and Population-Wide Projects (Domain 4) that have

been selected by SI-PPS. This platform includes the following functions and dashboards for performance management and identifying opportunities for program improvement.

Further details are provided in the IT Systems and Processes Workstream.

IPQR Module 4.8 - Progress Reporting

Instructions :

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

PPSs are required to provide quarterly progress updates on specific cultural competency and health literacy workstream milestones, as identified by DOH. These milestones include finalizing a cultural competency/health literacy strategy and developing a training strategy focused on addressing the drivers of health disparities.

The SI PPS will provide Board approved plans for the milestones prescribed by the DOH and will monitor the progress of the designated implementation plan steps for quarterly reporting to the DOH. The SI PPS has developed a detailed implementation plan with additional sub-steps under each milestone to capture the responsible resources for executing/coordinating the implementation of steps under each milestone as well as designated timeframe estimates. The SI PPS anticipates that the Health Literacy, Diversity and Outreach Committee, in collaboration with other committees and workgroups, will develop these implementation steps. The Diversity and Inclusion Committee will oversee progress reporting for their respective metrics as well as interpret PPS provider, CBO, and patient feedback received on the cultural competency/health literacy program through community and web-based forums. The PMO will implement as well as report on progress updates and changes to the DOH on a quarterly basis. To substantiate progress pre-milestone completion, the PPS will submit on a quarterly basis any templates that the IA identifies are necessary, such as the Meeting Template.

IPQR Module 4.9 - IA Monitoring

Instructions :

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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).	Completed	Detailed IT current state assessment. Relevant QEs (RHIOs/HIEs) should be involved in performing this assessment.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	NO
Task Establish a Data/IT Committee.	Completed	Board of Managers establishes a Data/IT Committee, as part of the SI PPS's governance structure, ensuring representation from key stakeholders.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Establish a Data/IT governance structure.	Completed	Establish a Data/IT governance structure including identifying the role of the Data/IT Committee and Board in IT governance and decision making.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Perform an assessment of current IT systems and processes through interviews and participating provider surveys.	Completed	Senior Director of Enterprise Data & Analytics and PMO BI Analysts in conjunction with Data/IT Committee perform an assessment of current IT systems and processes through interviews and participating provider surveys. The assessment will identify IT capabilities as well as gaps for achieving clinical data sharing and interoperable systems including: 1. Review of electronic health records (EHR) including whether providers have an EHR have plans to implement an EHR. 2. Review of data sharing and interoperability capacity, level of integration with the RHIO. 3. Review of other IT capabilities, e.g. use of care management systems, population health capabilities, etc.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	

Staten Island Performing Provider System, LLC (PPS ID:43)

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 results of assessment.	Completed	Review results of assessment; identify key gaps, current vendor relationships throughout the PPS network, barriers to implementing IT strategy.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Complete current state assessment and document findings.	Completed	Complete current state assessment and document findings in a report that will be shared with key PPS provider stakeholders.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Share IT current state assessment results with the Data/IT Committee.	Completed	Share IT current state assessment results with the Data/IT Committee.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
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	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Identify the PPS's vision and strategy for implementing IT systems and processes.	Completed	Utilize information gathered during Milestone 1 to identify the PPS's vision and strategy for implementing IT systems and processes (Data/IT Committee), including the development of an IT governance change management oversight process driven by the Data/IT Committee.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop workgroup (including Clinical Committee and Data/IT Committee representation) to develop change management strategy and approach throughout the network.	Completed	Chief Medical Officer in conjunction with Senior Director of Enterprise Data and Analytics and Executive Director develop workgroup (including Clinical Committee and Data/IT Committee representation) to develop change management strategy and approach throughout the network. 1. Identify SI PPS PMO Leadership and stakeholders responsible for planning and developing change management strategy. 2. Create a decision model to clearly define who will authorize and implement the change management strategy once developed 3. Receive Board approval of proposed decision model	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	In Progress	Define workflows, policies and procedures as part of the	07/01/2015	12/31/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Define workflows, policies and procedures as part of the PPS's IT change management strategy (Data/IT Committee).		PPS's IT change management strategy (Data/IT Committee).							
Task Develop an impact/risk assessment plan to address IT change management and processes (Data/IT Committee).	Completed	Develop an impact/risk assessment plan to address IT change management and processes (Data/IT Committee).	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop a communication plan to manage communication to and involvement of PPS stakeholders regarding IT change management strategy.	Completed	Develop a communication plan to manage communication to and involvement of PPS stakeholders regarding IT change management strategy.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop written IT change management strategy.	In Progress	Chief Medical Officer in conjunction with Senior Director of Enterprise Data and Analytics and support staff develop written IT change management strategy.	10/01/2015	12/31/2015	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Develop an education and training plan related to IT change management.	In Progress	Develop an education and training plan related to IT change management that will be rolled out across the PPS network.	10/01/2015	12/31/2015	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Share the IT change management strategy with key PPS provider stakeholders for feedback.	Not Started	Share the IT change management strategy with key PPS provider stakeholders for feedback.	10/01/2015	12/31/2015	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Revise and update the IT change management strategy.	Not Started	Revise and update the IT change management strategy based on feedback received from key PPS provider stakeholders.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Submit IT change management strategy to Data/IT Committee and Board for approval.	Not Started	Submit IT change management strategy to Data/IT Committee and Board for approval	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	Completed	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	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO

Staten Island Performing Provider System, LLC (PPS ID:43)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		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).							
Task Develop a data governance plan to include partner and project data sharing needs.	Completed	Utilize workgroup decision model identified in Milestone 2 to develop a data governance plan to include partner and project data sharing needs, as well as assist the PPS in achieving interoperability and clinical data sharing across the PPS network.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Define technical standards/ policies and procedures for data sharing.	Completed	Define technical standards/ policies and procedures for data sharing across the PPS network including the sharing of clinical data.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop a transition plan for PPS providers without EHR to move to full EHR implementation.	Completed	Develop a transition plan for PPS providers without EHR to move to full EHR implementation.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Design a training plan for PPS providers to support successful implementation of interoperable systems and the sharing of clinical data.	Completed	Design a training plan for PPS providers to support successful implementation of interoperable systems and the sharing of clinical data (The plan will clearly define PPS policies and procedures as well as identify resources that are available to PPS providers).	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop a plan for establishing data exchange agreements with all PPS providers and community based organizations.	Completed	As part of the SI PPS's operating agreements, develop a plan for establishing data exchange agreements with all PPS providers and community based organizations including identifying the level of appropriate patient health information to be shared.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop a written PPS roadmap to achieve clinical data sharing and interoperable systems across PPS network.	Completed	Using inputs from the previous steps, develop a written PPS roadmap to achieve clinical data sharing and interoperable systems across PPS network with a focus on the sharing of standardized/normalized data across PPS providers. As part of this process, the SI PPS may develop a "data dictionary" to establish standardized data terminology to be used across the PPS network.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Share draft roadmap with PPS providers and key stakeholders for feedback.	Completed	Share draft roadmap with PPS providers and key stakeholders for feedback.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	Completed	Submit the PPS's roadmap including policies, procedures and	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Submit the PPS's roadmap including policies, procedures and training to the Data/IT Committee and Board for approval.		training to the Data/IT Committee and Board for approval.							
Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	Completed	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.	07/01/2015	03/31/2016	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task Develop a workgroup aimed at designing a framework for engaging attributed members and identifying qualifying entities.	Completed	In conjunction with the Diversity & Inclusion Committee and Communication & Marketing Committee develop a workgroup aimed at designing a framework for engaging attributed members and identifying qualifying entities.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Identify priority groups experiencing health disparities in the culturally and linguistically isolated communities.	Completed	Identify priority groups experiencing health disparities in the culturally and linguistically isolated communities.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Identify key factors to be included in the patient engagement plan to improve outreach to the culturally and linguistically isolated communities.	Completed	Identify key factors to be included in the patient engagement plan to improve outreach to the culturally and linguistically isolated communities.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Assess system needs and identify current capabilities for achieving patient engagement.	Completed	Assess system needs and identify current capabilities for achieving patient engagement (mail, email, calls, comment boxes, etc.).	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Define plans for establishing two-way communication between the PPS and the community/newly attributed patients.	Completed	Define plans for establishing two-way communication between the PPS and the community/newly attributed patients including but not limited to call centers, online forums/chat rooms, etc.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Define how the PPS will measure the effectiveness of patient engagement techniques.	Completed	Define how the PPS will measure the effectiveness of patient engagement techniques including defining patient engagement metrics.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop and submit a plan to the Data/IT Committee, Marketing & Communications Committee, and Diversity & Inclusion Committees for review.	Completed	Develop and submit a plan to the Data/IT Committee, Marketing & Communications Committee, and Diversity & Inclusion Committees for review.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Revise and update plan based on feedback received.	Completed	Revise and update plan based on feedback received.	01/01/2016	03/31/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	Completed	Submit plan to Board for approval.	01/01/2016	03/31/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Submit plan to Board for approval.									
Milestone #5 Develop a data security and confidentiality plan.	Completed	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.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task Creates a Data Security Workgroup.	Completed	Senior Director of Enterprise Data and Analytics creates a Data Security Workgroup composed of SI PPS PMO Data Analytics Official and Analysts, RHIO affiliated lead, data-warehousing vendor, CIO provider, and compliance qualified entity.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Define a decision model to approve plan development.	Completed	Define a decision model to approve plan development (Begin regularly scheduled meetings of the Compliance Committee to review SI PPS guidelines for electronic data receipt, storage, and distribution.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Begin biweekly onsite meeting with SpectraMedix.	Completed	Begin biweekly onsite meeting with SpectraMedix is to review data security related issues and monitor data warehouse development progress.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop a model of connectivity for SI PPS and Healthix.	Completed	In conjunction with Healthix to develop a model of connectivity for SI PPS and Healthix. Currently reviewing Healthix Flat File Integration data specifications.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Perform a risk management analysis.	Completed	Perform a risk management analysis to identify security risks and controls that should be put into place to mitigate security concerns.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop data collection and retention policies and procedures.	Completed	Develop data collection and retention policies and procedures based on the risk management analysis findings including data collection, data exchange, data use, data storage, and data disposal.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Identify the best model for patient consent for the SI PPS network in collaboration with RHIO vendor or qualified entity.	Completed	Identify the best model for patient consent for the SI PPS network in collaboration with RHIO vendor or qualified entity 1. Approve patient consent model by Data/IT Committee, Clinical Committee, and Compliance Committee 2. Develop communication and education strategy to share selected patient consent model for SI PPS providers and community based partners	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	Completed	Develop plans for ongoing severity testing and controls to be	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

Staten Island Performing Provider System, LLC (PPS ID:43)

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 plans for ongoing severity testing and controls.		rolled out throughout the PPS network.							
Task Build redundancy testing into data warehousing capabilities.	Completed	Build redundancy testing into data warehousing capabilities in locally-hosted secure servers for PPS PHI data.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task A standalone server is installed at SI-PPS office location as the SFTP platform.	Completed	A standalone server is installed at SI-PPS office location as the SFTP platform.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Sign Business Associate Agreements with all providers wishing to receive PPS data analytic products.	Completed	Sign Business Associate Agreements with all providers wishing to receive PPS data analytic products.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Submit plan for Board approval.	Completed	Submit plan for Board approval.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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 roadmap to achieving clinical data sharing and interoperable systems across PPS network	dk12345	Documentation/Certification	43_MDL0503_1_3_20160125142017_SI_PPS_IT_Training_Schedule_Template.pdf	SI PPS IT Systems and Processes Training Schedule Template.	01/25/2016 02:20 PM
	dk12345	Documentation/Certification	43_MDL0503_1_3_20160125141927_SI_PPS___IT_Meeting_Schedule_Template.pdf	SI PPS IT Systems and Processes Meeting Schedule Template.	01/25/2016 02:19 PM
	dk12345	Documentation/Certification	43_MDL0503_1_3_20160125141829_SI_PPS_Interoperability_Roadmap.pdf	SI PPS IT Systems and Processes Clinical Data Sharing and Interoperable Systems Roadmap.	01/25/2016 02:18 PM
Develop a specific plan for engaging attributed members in Qualifying Entities	if12345	Documentation/Certification	43_MDL0503_1_3_20160314141519_IT_Milestone_4__RemediationResponse.pdf	IA Remediation Response to IT Milestone 4	03/14/2016 02:15 PM
	dk12345	Documentation/Certification	43_MDL0503_1_3_20160125134409_SIPPS_Community_Engagement_Plan_Developer_and_Leader_01212016.pdf	Community Engagement Plan Developer Contact Information	01/25/2016 01:44 PM
	dk12345	Documentation/Certification	43_MDL0503_1_3_20160125134308_SI_PPS_Community_Engagement_Plan.pdf	Community Engagement Plan	01/25/2016 01:43 PM

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop a data security and confidentiality plan.	if12345	Other	43_MDL0503_1_3_20160316194915_Supporting_Doc.pdf	IA Remediation Response DY1 Q3: Supporting Documentation Detailing Incident Response Description	03/16/2016 07:49 PM
	if12345	Other	43_MDL0503_1_3_20160316193949_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(PS_Family).docx	IA Remediation Response DY1 Q3: Revised OHIP DOS System Security Plan (SSP) Moderate Plus Workbook (PS Family)	03/16/2016 07:39 PM
	if12345	Other	43_MDL0503_1_3_20160316193916_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(PE_Family).docx	IA Remediation Response DY1 Q3: Revised OHIP DOS System Security Plan (SSP) Moderate Plus Workbook (PE Family)	03/16/2016 07:39 PM
	if12345	Other	43_MDL0503_1_3_20160316193830_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(IR_Family).docx	IA Remediation Response DY1 Q3: Revised OHIP DOS System Security Plan (SSP) Moderate Plus Workbook (IR Family)	03/16/2016 07:38 PM
	if12345	Policies/Procedures	43_MDL0503_1_3_20160316190456_Combined_Security_Pledge_and_DY1_Q3_Submission_Summary.pdf	Combined two files submitted DY1 Q3 to make space for attachments needed for remediation	03/16/2016 07:04 PM
	dk12345	Documentation/Certification	43_MDL0503_1_3_20160203104509_SI_PPS_IT_Systems_and_Processes_Data_Security_Confidentality_Plan_Training_Schedule_IT_Security_and_Confidentiality_Contacts.pdf	SI PPS IT System and Processes (1) Data Security and Confidentiality Plan, (2) IT Security and Confidentiality Contacts, and (3) Training Schedule for HIPAA Compliance Training.	02/03/2016 10:45 AM
	if12345	EHR/HIE Reports and Documentation	43_MDL0503_1_3_20160202202553_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(AU_Family).docx	OHIP DOS System Security Plan (SSP) Moderate Plus Workbook (AU Family)	02/02/2016 08:25 PM
	if12345	EHR/HIE Reports and Documentation	43_MDL0503_1_3_20160202202512_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(AT_Family).docx	OHIP DOS System Security Plan (SSP) Moderate Plus Workbook (AT Family)	02/02/2016 08:25 PM
	if12345	Documentation/Certification	43_MDL0503_1_3_20160202202428_Audit_Settings_and_Logs.docx	Audit Settings and Logs	02/02/2016 08:24 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).	There has been no updates made to the IT Assessment.
Develop an IT Change Management Strategy.	

NYS Confidentiality – High

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	
Develop a specific plan for engaging attributed members in Qualifying Entities	IA Remediation: DY1 Q3 Response was uploaded as a PDF under attachments.
Develop a data security and confidentiality plan.	IA Remediation Response DY1 Q3: Please see attached documents.

Milestone Review Status

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

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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.

The SI PPS's IT systems and processes workstream is interdependent with all other organizational workstreams, and serves as the foundation of a clinically integrated healthcare delivery system.

A shared IT infrastructure that is integrated across the PPS network will enable a defined, standardized, and automated internal and external performance reporting system. This permits the SI PPS to evaluate both the overall and individual PPS provider performance progress and facilitate the ability for rapid cycle evaluation to adjust strategies and support providers as needed. Further, the ability to synthesize data into dashboards from management decision making and reporting while leveraging IT infrastructure to reduce paperwork and workflow inefficiency is a key driver for the SI PPS's success.

Further, clinical integration including sharing clinical and other data amongst providers, as well as coordinating and streamlining transitions of care through data exchange, is highly dependent on the SI PPS's IT systems and processes workstream.

Engaging practitioners in the implementation of evidence-based practices and protocols for DSRIP projects, the integration of care teams, and the proactive monitoring of patients will only be possible if practitioners are provided access to real-time data and notifications from across the PPS network. In doing so, the SI PPS plans to enable proper patient management.

Population Health Management, including the ability to perform population wide analytics and risk stratification to proactively identify patients and prioritize interventions will be dependent on the IT systems in place and in use by the SI PPS and the availability of Medicaid claims and other data. Additionally a population health focused strategy will be strengthened by patient portals and other technology that permits patients to proactively manage their own healthcare including scheduling appointments, receiving reminders regarding preventive care and prescription refills, and emailing with providers.

The SI PPS also recognizes that the workforce workstream is highly dependent on the IT systems and processes workstream as the development of workforce training around IT systems, data sharing and security, IT change management, among others, will be critical for the successful implementation of policies and procedures.

The SI PPS Data/IT Committee has been assigned the primary role of developing and overseeing the implementation of the IT change management strategy, clinical data sharing and interoperable systems roadmap, engagement of attributed members in qualifying entities, and data security and confidentiality plan. However, it is expected that all SI PPS committees will collaborate and provide feedback and inputs in the development of these plans to the Data/IT Committee. This will enable coordination across the various workstreams. For example, members from the Clinical Committee, Population Health Management Workgroup, Clinical Integration Workgroup, and Practitioner Engagement Workgroup will be assigned to inform and advise the Data/IT Committee in the development of clinical data sharing and interoperable systems roadmap.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 SI PPS's IT systems and processes workstream is interdependent with all other organizational workstreams, and serves as the foundation of a clinically integrated healthcare delivery system.

A shared IT infrastructure that is integrated across the PPS network will enable a defined, standardized, and automated internal and external performance reporting system. This permits the SI PPS to evaluate both the overall and individual PPS provider performance progress and facilitate the ability for rapid cycle evaluation to adjust strategies and support providers as needed. Further, the ability to synthesize data into dashboards from management decision making and reporting while leveraging IT infrastructure to reduce paperwork and workflow inefficiency is a key driver for the SI PPS's success.

Further, clinical integration including sharing clinical and other data amongst providers, as well as coordinating and streamlining transitions of care through data exchange, is highly dependent on the SI PPS's IT systems and processes workstream.

Engaging practitioners in the implementation of evidence-based practices and protocols for DSRIP projects, the integration of care teams, and the proactive monitoring of patients will only be possible if practitioners are provided access to real-time data and notifications from across the PPS network. In doing so, the SI PPS plans to enable proper patient management.

Population Health Management, including the ability to perform population wide analytics and risk stratification to proactively identify patients and prioritize interventions will be dependent on the IT systems in place and in use by the SI PPS and the availability of Medicaid claims and other data. Additionally a population health focused strategy will be strengthened by patient portals and other technology that permits patients to proactively manage their own healthcare including scheduling appointments, receiving reminders regarding preventive care and prescription refills, and emailing with providers.

The SI PPS also recognizes that the workforce workstream is highly dependent on the IT systems and processes workstream as the development of workforce training around IT systems, data sharing and security, IT change management, among others, will be critical for the successful implementation of policies and procedures.

The SI PPS Data/IT Committee has been assigned the primary role of developing and overseeing the implementation of the IT change management strategy, clinical data sharing and interoperable systems roadmap, engagement of attributed members in qualifying entities, and data security and confidentiality plan. However, it is expected that all SI PPS committees will collaborate and provide feedback and inputs in the development of these plans to the Data/IT Committee. This will enable coordination across the various workstreams. For example, members from the Clinical Committee, Population Health Management Workgroup, Clinical Integration Workgroup, and Practitioner Engagement Workgroup will be assigned to inform and advise the Data/IT Committee in the development of clinical data sharing and interoperable systems roadmap.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
Executive Director	Joseph Conte	Provide oversight and support for the implementation of IT Systems and processes workstream.
Senior Director of Enterprise Data & Analytics	Anyi Chen	Provide oversight and support for the implementation and monitoring of IT related projects and for the overall IT change management and data sharing/system interface.
Business Intelligence Analyst	Vitaly Druker	Support the analysis of data warehousing health, data analysis and programming.
Staff Analyst	Diana Kohlberg	Support the collection and reporting of data/IT reporting standards.
Board of Managers	Members of the Board	Provide overall governance and oversight over IT change management in conjunction with the Data/IT Committee.
Data/IT Committee	Beacon Christian Community Health Center, Philip Juliano Community Health Action of Staten Island, Joshua Sippen Community Health Center of Richmond, Monique Welbeck Coordinated Behavioral Care, Marty Piccochi Eger Health and Rehabilitation Center, Debra Alexander Healthix, Todd Rogow Northshore-LIJ Care Solutions, Joseph Shulman Richmond University Medical Center, Nancy Taranto Staten Island University Hospital, Kathy Kania University Physicians Group, John Shafer Victory Internal Medicine, David Wortman Visiting Nurse Services of New York, Tim Peng St. Joseph's Medical Center, Woods, Elizabeth	Provide overall governance and oversight over IT change management in conjunction with the PPS Board. Develop, implement, and oversee the integration of IT infrastructure, adherence to data collection and retention policies, and data privacy/security.
Compliance Director	Regina Bergren	Advise in the development of data sharing policies and procedures as well as drafting of data exchange agreements.
Clinical Director	Salvatore Volpe, MD	Support the clinical data sharing assessment and implementation plan with the Data/IT Committee
Training Lead	Vitaly Druker	Support education and training plans resulting from IT Change Management and infrastructure re-engineering.
Data Security Workgroup	Anyi Chen, SI PPS; Diana Kohlberg, SI PPSl Salvatore Volpe, MD, SI PPS; Vitaly Druker, SI PPS; Kenneth Atlee; SpectraMedix	Advise in development of security protocol and ensure that ePHI is being stored and managed securely.

Staten Island Performing Provider System, LLC (PPS ID:43)

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
IT Change Management Workgroup	TBD	Advise in development of a change management strategy and the concurrent approach throughout the network.
Internal Auditor	Data security qualified vendor (TBD)	Assess data security and privacy protocols.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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		
CIO's of PPS Co-Lead Hospitals: Kathy Kania, Site CIO, SIUH Nancy Taranto, VP of Quality and Health Informatics, RUMC	Oversee IT related projects	Provide the PMO with oversight and leadership for IT related projects and for the overall IT change management and data sharing/ system interface.
Communication and Marketing Committee: Fidelis, TBD; Jewish Community Center, David Sorkin; NAMI Staten Island, Linda Wilson; Richmond University Medical Center, William Smith; Staten Island Borough President's Office, Ginny Mantello; Staten Island Partnership for Community Wellness, Adrienne Abbate; Staten Island University Hospital, John Demoleas	Support development of marketing and communication strategies for the PPS	Support the Data/IT Committee in the design of a patient engagement and communication strategy around the implementation of the IT workstream.
Diversity and Inclusion Committee: El Centro Del Immigrante, Dulce Chuva; Make the Road New York, Rebecca Telzak; Mt. Sinai United Christian Church, Rev. Dr. Victor Brown; Port Richmond High School, TBD; Project Hospitality, Terry Troia; Richmond University Medical Center, Kelly Navoor; Stapleton UAME Church, Rev. Maggie Howard; Staten Island Immigrants Counsel, Gonazalo Mercado; Staten Island University Hospital, Celina Ramsey	Support development of diversity and inclusion strategies for the PPS	Support the Data/IT Committee in the design of a patient engagement and communication strategy around the implementation of the IT workstream.
Workforce Committee: Carmel Richmond Healthcare and Rehabilitation, Mary-Beth Francis; Community Health Center of Richmond, Christina	Support development of workforce training strategies for the PPS	Support the Data/IT Committee in the development of training materials around the IT workstream as well as identified IT workforce requirements.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Tavarez; Federation of Teachers, Ann Goldman; New York State Nurse Association, Julie Semente; Richmond University Medical Center, Pat Caldari ; Staten Island Mental Health, Rose Marie Belfini Staten Island University Hospital, Margaret Dialto 1199SEIU, Allison Cohen; 1199SEIU Training & Employment Fund, Eloisa Pelaez and Rebecca Hall		
Key PPS Provider Stakeholders	Provide input in the development of PPS strategies	Review assessment findings and provide input in the development of IT integration strategies.
Internal Audit	Ensure PPS compliance	Assess data security and confidentiality.
CEOs of PPS Network Providers	Oversight party from Network Providers	Oversee their organizations' execution of DSRIP responsibilities and contribute to the success of the IT system integration operation and related strategies.
IT Directors of PPS Network Providers	Oversight party from Network Providers	Serve as the primary contact for the PPS Lead IT function for conducting DSRIP related business and oversee their organizations' execution of DSRIP related IT responsibilities and participation in IT related strategies.
Boards of Directors for PPS Network Partners: Donna Proske, Staten Island University Hospital Tom Reca, Staten Island University Hospital Nicholas Caruselle, Staten Island University Hospital Dr. Matthew Weeks, Staten Island University Hospital Daniel Messina, Richmond University Medical Center Rosemarie Stazzone, Richmond University Medical Center Robert Ren, Richmond University Medical Center Dr. Peter Stathopoulos, Richmond University Medical Center	Oversight party from Network Providers	Oversee their organizations' execution of DSRIP responsibilities and contribute to the success of the IT system integration operation and related strategies.
External Stakeholders		
North Shore -LIJ CIO	Oversight and input on IT implementation	Provide input to the IT Director regarding overall IT implementation and achievement of clinical interoperability across the SI PPS.
Staten Island RHIO (Healthix)	IT Infrastructure Provider	Maintain the Healthix system and provide input in development of clinical integration strategies.
NYS DOH	Define data security and confidentiality standards	Define and administer data security and confidentiality

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		requirements and reporting.
IT Consulting firm	Support IT functions	Support IT infrastructure re-engineering, IT change management, and system maintenance.
Attorneys	Legal Assistance	Draft data exchange agreements.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

IPQR Module 5.7 - Progress Reporting

Instructions :

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

The New York State DOH milestones related to IT systems and processes workstream include performing a current state assessment of IT capabilities across the network; developing an IT change management strategy; developing a roadmap to achieve clinical data sharing and interoperable systems across the SI PPS network; developing a plan for engaging attributed members in qualifying entities; and developing a data security and confidentiality plan.

To ensure that the milestones outlined above are effectively executed and implemented, the SI PPS has developed performance reporting measures to not only measure individual PPS providers but the SI PPS as a whole. The SI PPS plans to leverage data received from the DOH including Salient data and the MAPP tool to benchmark the PPS's performance against other PPSs within the State. Further, the SI PPS plans to conduct ongoing assessments to measure the SI PPS's effectiveness in achieving patient engagement techniques such as establishing two-way communication between the SI PPS and the community.

Through its Compliance and Data/IT Committees, the SI PPS will monitor PPS provider engagement in data exchange policies and procedures, ensure that all PPS providers sign data exchange agreements, and oversee the design of reporting metrics as well as conduct ongoing testing of IT controls to ensure data security. The Project Management Office (PMO) will work with the IT systems and processes workstream to implement standardized dashboards for the collection and reporting of progress as it relates to workplan implementation and milestones for reporting progress and risks for internal updates to relevant governance committees including, but not limited to, the following:

1. Implementation of electronic health records for PPS partners as well as meaningful use standards.
2. Progress around PCMH 2014 NCQA standards at participating primary care provider sites.
3. Patient engagement and communication plan.
4. Integration into the RHIO.

Further, with regard to any vendor relationships that the SI PPS utilizes for the implementation of the IT systems and processes workstream, the SI PPS will develop formal agreements that will address a commitment to meeting and reporting on key milestones and implementation steps.

IPQR Module 5.8 - IA Monitoring

Instructions :

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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.	Completed	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	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task Form a Performance Reporting Workgroup.	Completed	Chief Medical Officer, Executive Director and Senior Director of Enterprise Data and Analytics designates a Performance Reporting Workgroup made up of members from the Data/IT Committee, Finance Committee, Clinical Committee and the Project Management Office (PMO).	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Identify the performance reporting requirements.	Completed	Performance Reporting Workgroup identifies the performance reporting requirements for DSRIP projects and organizational workstreams as well as additional requirements that will assist in rapid cycle evaluation and internal tracking of DSRIP performance and create standard definitions.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Complete an assessment of current performance reporting capabilities.	Completed	Performance Reporting Workgroup completes an assessment of current performance reporting capabilities.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Identify existing performance reporting systems, capabilities, and processes across the PPS network.	Completed	As a component of the IT Assessment/Clinical Integration Assessment, identify existing performance reporting systems, capabilities, and processes across the PPS network (hospitals, SNFs, home care agencies, FQHCs, substance abuse and behavioral health providers, among others).	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Identify data sources and mitigation strategies for	Completed	Identify data sources and mitigation strategies for data not	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	

Staten Island Performing Provider System, LLC (PPS ID:43)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
data not available in a timely manner.		available in a timely manner from various sources including: 1. Data from DOH 2. Data from Managed Care Organizations (MCOs) 3. Data from PPS provider organizations 4. Data available from other sources e.g. OASAS, NYCDOHMH, etc.							
Task Identify individuals responsible for clinical and financial outcomes.	Completed	Performance Reporting Workgroup identifies the individuals that will be responsible for the clinical and financial outcomes for specific patient pathways.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop performance reporting structure.	Completed	Develop a hierarchical performance reporting structure.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develops performance dashboard(s) requirements.	Completed	PMO in conjunction with Spectramedix and Performance Logic develops performance dashboard(s) requirements to track and monitor project progress and clinical and financial outcomes (among others).	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop a plan for rapid cycle evaluation.	Completed	Director of Project Management develops a plan for rapid cycle evaluation including: 1. Goals 2. Individuals responsible for rapid cycle evaluation in the PMO 3. Workflows and timelines around performance reporting and communications 4. Data sources for each required data point	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develops an approach and timeline to reporting performance results.	Completed	Project Director develops an approach and timeline to reporting performance results to the PPS governance structure, PPS partners, the DOH, and other key stakeholders and document approach and accountability matrix.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Share recommendations with key PPS stakeholders for feedback.	Completed	PMO shares recommendations, plans, and the reporting structure with key PPS stakeholders for feedback.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Submits for Board approval.	Completed	PMO submits the reporting and communications strategy to Board for approval.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
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.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Execute the PPS provider specific master service	Completed	Execute the PPS provider specific master service agreements	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	

Staten Island Performing Provider System, LLC (PPS ID:43)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
agreements.		including clearly delineated provider responsibilities by project and funds flow.							
Task Identify PPS provider workforce and other stakeholders for training.	Completed	In coordination with the Clinical Committee, HR/Workforce Director, Project Implementation Teams, Practitioner Engagement Workgroup, and Project Leads, identify PPS provider workforce and other stakeholders for training on clinical quality and performance reporting.	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop training programs.	In Progress	Based on results of Milestone 1, Training Workgroup develops training programs including: 1. Plan for rapid cycle evaluation including workflows and timelines. 2. Data to be collected and key individuals accountable for data collection/reporting. 2. Approach and timeline for reporting performance to PPS governance committees, PPS partners, and the DOH. 3. Performance reporting requirements for DSRIP projects and organizational work streams. 4. The use of IT systems.	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Develop a performance reporting training approach.	In Progress	Utilizing results from Milestone 1, develop a performance reporting training approach including: • Develop lists of key individuals requiring performance reporting training by provider group/PPS partner • Determine, by individual specific training requirements based on involvement in specific DSRIP projects and role/position.	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Develop process/measures to assess the effectiveness of the training.	Not Started	Develop process/measures to assess the effectiveness of the training programs and revise programs, if necessary.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Integrate performance reporting training program into training curriculum and develop training schedule.	Not Started	Training Team integrates performance reporting training program into training curriculum and develop training schedule for immediate roll-out.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
Establish reporting structure for PPS-wide performance reporting and communication.	if12345	Communication Documentation	43_MDL0603_1_3_20160316121759_IA_Remediation_BoardApprovalProof_DY1Q3.pdf	Board Approval Resolution and Communication	03/16/2016 12:17 PM
	if12345	Meeting Materials	43_MDL0603_1_3_20160124155501_SystemandClinTransfProj_01132016.pdf	Document used to explain projects and how they flow to put context to performance measures	01/24/2016 03:55 PM
	if12345	Meeting Materials	43_MDL0603_1_3_20160124155423_Performance_Reporting_Workgroup_vf_v3_(003).pdf	Performance Workgroup presentation	01/24/2016 03:54 PM
	if12345	Policies/Procedures	43_MDL0603_1_3_20160124155303_Performance_Reporting_Structure_and_Strategy_vf.pdf	Performance Reporting Strategy - Board Approved	01/24/2016 03:53 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Establish reporting structure for PPS-wide performance reporting and communication.	IA Remediation Response DY1 Q3 - Please see attachments
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 & Complete	
Milestone #2	Pass & Ongoing	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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.

The SI PPS performance reporting workstream is interdependent on several organizational workstreams, specifically population health management, practitioner engagement, IT systems and processes, clinical integration, and individual project implementation. As such, all workstreams must incorporate a performance reporting component within their strategic plans and implementation steps.

IT System and Processes: A shared IT infrastructure that is integrated across the PPS network will be the foundation of a defined, standardized, and automated internal and external performance reporting system. An analytics portal built for performance reporting will support reporting of project specific process metrics and outcome metrics for use in rapid cycle evaluation and reporting to DOH as well as to internal and external stakeholders.

Financial Sustainability and Funds Flow: The performance reporting workstream will be dependent on the finance workstream as to identify key financial data points to be collected and reported on an ongoing basis to monitor financially fragile providers as well as measure provider performance in meeting key milestones and performance metrics for funds flow purposes.

Project Implementation and Practitioner Engagement: Project implementation teams will be highly dependent on the information collected and reported through the performance reporting workstream to perform rapid cycle evaluation, gauge practitioner performance and overall project performance. This includes meeting outcome and process metrics and engaging underperforming or high performing providers in necessary training and learning collaboratives.

The SI PPS will designate a Performance Reporting Workgroup to serve in the primary role of developing and overseeing the implementation of the performance reporting strategy that includes establishing a reporting structure for SI PPS performance reporting and communication as well as training programs for organizations and providers throughout the PPS network. Additionally, other SI PPS committees will collaborate and provide feedback and inputs to the Performance Reporting Workgroup. This will enable coordination across the various workstreams.

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.)

The SI PPS performance reporting workstream is interdependent on several organizational workstreams, specifically population health management, practitioner engagement, IT systems and processes, clinical integration, and individual project implementation. As such, all workstreams must incorporate a performance reporting component within their strategic plans and implementation steps.

Staten Island Performing Provider System, LLC (PPS ID:43)

IT System and Processes: A shared IT infrastructure that is integrated across the PPS network will be the foundation of a defined, standardized, and automated internal and external performance reporting system. An analytics portal built for performance reporting will support reporting of project specific process metrics and outcome metrics for use in rapid cycle evaluation and reporting to DOH as well as to internal and external stakeholders.

Financial Sustainability and Funds Flow: The performance reporting workstream will be dependent on the finance workstream as to identify key financial data points to be collected and reported on an ongoing basis to monitor financially fragile providers as well as measure provider performance in meeting key milestones and performance metrics for funds flow purposes.

Project Implementation and Practitioner Engagement: Project implementation teams will be highly dependent on the information collected and reported through the performance reporting workstream to perform rapid cycle evaluation, gauge practitioner performance and overall project performance. This includes meeting outcome and process metrics and engaging underperforming or high performing providers in necessary training and learning collaboratives.

The SI PPS will designate a Performance Reporting Workgroup to serve in the primary role of developing and overseeing the implementation of the performance reporting strategy that includes establishing a reporting structure for SI PPS performance reporting and communication as well as training programs for organizations and providers throughout the PPS network. Additionally, other SI PPS committees will collaborate and provide feedback and inputs to the Performance Reporting Workgroup. This will enable coordination across the various workstreams.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
Executive Director	Joseph Conte	Support the development and implementation of the performance reporting workstream.
Performance Reporting Workgroup (1 of 2)	Anyi Chen, SI PPS; Irene Frohlich, SI PPS; Salvatore Volpe, MD, SI PPS; Vitaly Druker, SI PPS; Rick Olsen, SI PPS; Lashana Lewis, SI PPS; Joseph Conte, SI PPS; Kenneth Atlee, SpectraMedix; Jeffrey Phruksaraj, Performance Logic; Diana Kohlberg, SI PPS; Elizabeth Wolff, MD, Richmond University Medical Center; Ariel Hayes, North Shore LIJ Care Solutions; Catherine Shih, North Shore LIJ; Dina Wong, SIUH; Kristin Derespinis, SIUH; David Kim, Beacon Christian Community Health Center; Janet Kim, Beacon Christian Community Health Center; Diane Arneth, Community Health Action of Staten Island; Benny Lindo, Community Health Center of Richmond; David Rose, Eger Healthcare and Rehabilitation Center; David Wortman, Victory Internal Medicine; John Schafer, University Physicians Group ; Kristen Derespinis, Staten Island University Hospital; Jenny Palaguachi, Community Health Center of Richmond; John Mastellone, Community Health Action of Staten Island;	Develop, implement, and oversee performance reporting processes.
Performance Reporting Workgroup (2 of 2)	Marty Piccochi, Coordinated Behavioral Care; Logan Lewis, Camelot of Staten Island; Kevin Leo, University Physicians Group; Tim Peng, Visiting Nurse Services of New York; Rosemarie Santoro, Victory Internal Medicine; Jessica Steinhart, SI PPS; Bill Leo, Beacon Christian Community Health Center	Develop, implement, and oversee performance reporting processes.
Senior Director of Enterprise Data & Analytics	Anyi Chen	Responsible for establishing and maintaining a performance reporting system and performance data collection system.
PPS Project Director – Reporting	Irene Frohlich	Support the overall performance reporting function of the PPS.
Data Analysts	Vitaly Druker Diana Kohlberg	Support data collection and analysis for performance reporting.
Finance Committee	Beacon Christian Community Health Center, David Kim Community Health Center of Richmond, Benny Lindo Coordinated Behavioral Care, TBD	Identify metrics to be collected and reported to monitor financial sustainability. Utilize performance reports to monitor PPS provider performance in various projects for funds flow purposes.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
	Eger Health and Rehabilitation Center, Gary de Leeiwek Richmond University Medical Center, Robert Ren Staten Island University Hospital, Tom Reca	
Data/IT Committee	Beacon Christian Community Health Center, Philip Juliano; Community Health Action of Staten Island, Joshua Sippen;Community Health Center of Richmond, Monique Welbeck; Coordinated Behavioral Care, Marty Piccochi; Eger Health and Rehabilitation Center, Debra Alexander; Healthix, Todd Rogow; Northshore-LIJ Care Solutions, Joseph Shulman; Richmond University Medical Center, Nancy Taranto; Saint Joseph's Medical Center, Elizabeth Woods; Staten Island University Hospital, Kathy Kania University Physicians Group, John Shafer Victory Internal Medicine, David Wortman; Visiting Nurse Services of New York, Tim Peng	Develop, implement, and oversee the integration of IT infrastructure, adherence to data collection and retention policies, and data privacy/security around performance reporting.
Clinical Committee	Beacon Christian Community Health Center, Janet Kim; Camelot of Staten Island, Logan Lewis; Cerebral Palsy Association of NY/ Metro Health Clinic, Azimah Ehr; Clove Lakes Health Care , Thomas Fealey; Community Health Action of Staten Island, Jennifer Lytton Hirsh; North Shore-LIJ Homecare, Meredith DeSimon; New York State Nurses Association, Julie Semente and Eliza Carboni; Richmond County Medical Society , Deborah Aanonsen; Richmond University Medical Center, Mansoor Khan, MD; Richmond University Medical Center, Michael Mathews; Richmond University Medical Center, Peter Stathopoulos, MD; Staten Island Borough President's Office, Ginny Mantello, MD ; Staten Island Mental Health Society, Libby Traynor; Staten Island University Hospital, Brahim Ardolic, MD; Staten Island University Hospital, Russell Joffe, MD; United Physicians Group, Ted Strange, MD / John Shafer; Victory Internal Medicine, Louis Emmer; YMCA of Greater New York, Amanda Wexler; 1199SEIU, Fabienne Joseph	Develop, implement, and oversee clinical quality standards and measurements, oversee clinical performance evaluation processes, prioritize improvements to address identified clinical performance issues, and ensure overall clinical performance for the PPS.
Steering Committee	Beacon Christian Community Health Center, David Kim, MD; Community Health Action of Staten Island, Diane Arneth;	Oversee processes related to performance monitoring, reporting, sanctioning, and removing PPS members.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
	Community Health Center of Richmond, Inc., Henry Thompson; Eger Health and Rehabilitation Center, David Rose; North Shore- LIJ Homecare, Irina Mitzner; Richmond Center for Rehabilitation and Residential Healthcare, Philip Buchsbaum; Richmond University Medical Center, Richard Salhany; Richmond University Medical Center, Pankaj Patel, MD; Richmond University Medical Center, Elizabeth Wolff, MD; Staten Island Mental Health Society, Fern Zagor; Staten Island University Hospital, Joanne Pietro; Staten Island University Hospital, Dina Wong; Staten Island University Hospital, Diane Gonzalez; YMCA of Greater New York, Jacqueline Filis; Visiting Nurse Services of New York, Donna Lichti	
Communications and Marketing Committee	Fidelis, TBD; Jewish Community Center, David Sorkin; NAMI Staten Island, Linda Wilson; Richmond University Medical Center, William Smith; Staten Island Borough President's Office, Ginny Mantello; Staten Island Partnership for Community Wellness, Adrienne Abbate Staten Island University Hospital, John Demoleas	Oversee communications related to performance monitoring and reporting both internally and externally.
Director of Human Resources/Workforce	Bill Myhre	Develop training programs for organizations and individuals throughout the network, focused on financial, clinical quality and performance reporting.
CEOs of PPS Network Providers	Overseeing Party from Network Providers	Oversee their organizations' execution of DSRIP responsibilities and contribute to the success of the performance evaluation and related strategies.
Boards of Directors for PPS Network Partners	Overseeing Party from Network Providers	Oversee their organizations' execution of DSRIP responsibilities and contribute to the success of the performance evaluation and related strategies.
Financial Analyst	Lashana Lewis	Support data collection and analysis for performance reporting for financial indicators

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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		
Irene Frohlich, Director of Project Management, Jessica Steinhart, Director of Ambulatory Initiatives Victoria Njoku-Anokam, Director of Behavioral Health Initiatives Mary Han, Continuing Care Initiatives Anyi Chen, Senior Director of Enterprise Data & Analytics Diana Kohlberg, Staff Analyst Kate Lynn Chimenti, Staff Analyst	Project Management Office	Provide oversight and leadership for performance related projects and for the overall implementation plan deliverables that impact performance reporting.
Regina Bergren Compliance Committee Chair	PPS Compliance Committee	Provide board level oversight and responsibilities for the PPS performance evaluation function.
Fidelis, TBD; Jewish Community Center, David Sorkin; NAMI Staten Island, Linda Wilson; Richmond University Medical Center, William Smith; Staten Island Borough President's Office, Ginny Mantello; Staten Island Partnership for Community Wellness, Adrienne Abbate Staten Island University Hospital, John Demoleas	PPS Marketing & Communication Committee	Communicate performance criteria and monitor results internally and externally.
Representatives from PPS Network Providers	Representatives from PPS Network Providers	Provide insight for performance evaluation criteria, reporting process, and disciplinary actions.
External Stakeholders		
Kenneth Atlee, Sprectramedix	Information Technology vendor	Development, customization, implementation and ongoing data processing and hosting services to support SI PPS.
Neelash Shah, Performance Logic	Project Management Software vendor	Support rapid cycle evaluation for Domain 1 measures for management and reporting and overall project management support.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Managed Care Organizations	Empire Blue Cross/Blue Shield Health Plus, Dr. David Ackman Healthfirst, Dr. Susan Beene Fidelis United Healthcare	Provide data and additional support for performance monitoring and reporting.
Representatives from Medicaid Beneficiaries and Advocates	Representatives from Medicaid Beneficiaries and Advocates	Provide feedback about PPS network providers' performance.
NYS DOH	NYS DOH defines performance expectations	PPS DSRIP reporting to the DOH and the performance expectations.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 that is integrated across the PPS network will enables a defined, standardized, and automated internal and external performance reporting system. Thus, allows the SI PPS to evaluate both the overall and individual PPS provider performance progress and the ability for rapid cycle evaluation to adjust strategies and support providers as needed.

The SI PPS established a Performance Reporting Workgroup to be responsible for the development of a performance reporting structure. This workgroup will collaborate with the IT Systems and Processes workstream to develop the necessary IT design systems and protocols needed for a shared IT infrastructure that will facilitate the implementation of performance reporting across the PPS network. Additionally, shared IT infrastructure has been utilized in the disbursement of performance reporting training tools to ensure standardization across the PPS network. The SI PPS plans to utilize the RHIO (Healthix) to integrate health information between partners. The SI PPS might use additional data analytics IT platforms to support the analysis and reporting of data for this workstream.

The following provides an overview of the IT infrastructure being planned and implemented across the PPS.

Phase 0 - Partnership with 3rd party vendor
o SpectraMedix has been selected as the health IT vendor for SI PPS. SpectraMedix works collaboratively with the SI-PPS PMO, IT/Data Committee, and the work stream teams (i.e. Information Technology Systems & Data Integration, Performance Reporting, Clinical Integration, Population Health and Practitioner Engagement) to provide a solid IT foundation for a clinically integrated healthcare delivery system in a timely, efficient and cost effective manner.
Phase 1 - Build/Implement Enterprise Data Warehouse
o In the process of building Build an Enterprise Data Warehouse that integrates NYS Medicaid attribution roaster, claims data and pharmacy data.
o Develop a patient-centered Clinical Data Repository for storing all Member demographic, clinical, claims and survey data for the attributed SI-PPS Medicaid population, thus creating a longitudinal patient record.
Phase 2 - Data Integration / Health Information Exchange platform
o Promote and support integration of PPS partners into the Staten RHIO (Healthix) through resource support and funds flow
o Import clinical data from the Staten Island RHIO (Healthix) and/or SI-PPS participating providers' EHR systems, using CCD/C-CDA data files collected via secure DIRECT protocol, or other standard HL7 or proprietary interfaces and APIs
o Share patient care management information with the SI-PPS Care Management system (pending) and participating providers' care management systems
Phase 3 – Healthcare Analytics platform
o Implement a healthcare analytics platform within the secure private cloud hosting environment deployed in Phase 1, which will allow SI-PPS to have visibility into Performing Provider System performance and to meet reporting requirements for the metrics associated with the System Transformation Projects (Domain 2), Clinical Improvement Projects (Domain 3) and Population-Wide Projects (Domain 4) that have been selected by SI-PPS. This platform will includes the following functions:

Staten Island Performing Provider System, LLC (PPS ID:43)

- Ad hoc Reporting and Dashboard tools for quick data visualization and knowledge discovery
- Population health intelligence and management tool to identify high risk populations, disease registries, gaps in care and predictive modeling for advanced analytics.
- Measures Framework to track and monitor custom DSRIP-specific measures to obtain optimal outcomes
- Role-based dashboards for performance management and identifying opportunities for program improvement.

IPQR Module 6.8 - Progress Reporting

Instructions :

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

The SI PPS will provide Board approved plans for the milestones that the DOH has specified. The milestones related to performance reporting include performing a current state assessment of IT capabilities across the network; establishing a reporting structure for PPS-wide performance reporting and communication, and developing a training program for organizations and individuals throughout the network that is focused on clinical quality and performance reporting. The SI PPS will monitor the progress of the designated implementation plan steps to report to the DOH on a quarterly basis.

The SI PPS has developed a detailed implementation plan for each DSRIP milestone that captures the responsible resources to execute/coordinate the implementation of the steps under each milestone as well as estimated completion dates and time durations to complete the steps. The SI PPS anticipates that the Clinical, Data/IT, and Finance Committees, in collaboration with other committees and workgroups, will oversee the successful implementation of the steps for this workstream. The Clinical and Finance Committees will oversee the progress reporting for their respective metrics.

The PMO will implement a standardized dashboard for the collection and reporting of SI PPS progress as it relates to workplan implementation and milestones for reporting progress and risks for internal updates to relevant governance committees as well as for quarterly progress reports to the DOH. SI PPS governance committees will utilize performance dashboards to monitor progress by provider and identify issues requiring additional attention or resources, as well as to reward/sanction providers.

If the SI PPS is utilizing vendor relationships for the implementation of the performance workstream, all formal agreements will include a commitment to meeting and reporting on key milestones and implementation steps.

IPQR Module 6.9 - IA Monitoring

Instructions :

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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.	Completed	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	12/31/2015	12/31/2015	DY1 Q3	NO
Task Appoint PPS partners to Clinical Committee	Completed	Appoint key professionals from PPS partner organizations to governance committees including the Clinical Committee. Clinical Committee representation will include physician representatives from Richmond County Medical Society, physician groups, behavioral health/substance abuse providers, home care providers, among others within the SI PPS network.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Form Practitioner Engagement Workgroup	Completed	Form a Practitioner Engagement Workgroup (as a component of the Marketing & Communication Committee and Clinical Committee) to develop a strategy to engage practitioners and facilitate practitioner communication.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Identify key practitioner groups to develop practitioner engagement/communication plans	Completed	Practitioner Engagement Workgroup determines key practitioner groups in Staten Island that should be represented/considered in the development of the practitioner engagement and communication plan	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Conduct assessment for practitioner engagement	Completed	Practitioner Engagement Workgroup conducts an assessment including interviews/meetings with key practitioner group	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	

Staten Island Performing Provider System, LLC (PPS ID:43)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
plans		representatives as well through the use of a survey tool to determine the following: 1. The appropriate level of engagement expected from key practitioner groups. 2. Expectations for the SI PPS's approach to engaging key practitioners. 3. Preferred communication approach/techniques of key practitioners. 4. Areas in which key practitioners would like to receive further education/training related to DSRIP initiatives.							
Task Identify "Champion" or "Lead" to develop practitioner engagement strategy	Completed	Identify a "Champion" or "Lead" from key PPS practitioner groups (physicians, and behavioral health and substance abuse specialists, among others) to represent their key practitioner groups in the development of the strategy.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Draft practitioner communication and engagement plan	Completed	Practitioner Engagement Workgroup drafts a preliminary practitioner communication and engagement plan (Clinical Committee and Marketing & Communication Committee) including the following: 1. Processes for establishing two-way communication between the SI PPS and PPS practitioners. 2. Guidelines and processes for distributing information from the SI PPS to PPS practitioners and vice versa. 3. An approach to reporting to key practitioner groups including format and frequency/timeline for reporting. 4. Guidelines and processes for PPS practitioner clinical reporting. 5. Overview of practitioner support services and resources the SI PPS is making available to PPS practitioners with regards to education/training, initiatives, etc.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Share draft plan with "Champions" or "Leads" for feedback	Completed	PMO shares preliminary practitioner communication and engagement plan with key practitioner "Champions" or "Leads" for input and feedback.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Incorporate feedback	Completed	Practitioner Engagement Workgroup incorporates input and feedback into the practitioner communication and engagement plan.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Submit plan to Board for approval	Completed	PMO submits revised practitioner engagement and communication plan to Board for approval.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 / 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.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Assess DSRIP goals to inform development of practitioner engagement program	Completed	Leverage the Workforce Implementation Team and Practitioner Engagement Workgroup to develop training program aimed at educating practitioner groups on DSRIP fundamentals including: 1. Overview of the DSRIP program including its goal and impact on PPS providers specific to the key practitioner groups (financial and operational impacts). 2. Overview of the DSRIP program as it pertains to the SI PPS including selected DSRIP projects, target care goals (actively engaged numbers and project implementation dates), and how this will impact practitioners. 3. Explanation of financial impacts on practitioners as well as a description of the SI PPS's funds flow and incentive payments approach.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop comprehensive practitioner engagement training and education plan as well as training resources	Not Started	Leverage the Workforce Implementation Team/Training Workgroup and Practitioner Engagement Workgroup to develop a more comprehensive training and education plan and training resources (documented training, presentations, online training tools, etc.) including the following: 1. Description of the IT resources that have been developed or are being developed including data sharing infrastructure and connecting to the RHIO. 2. Description of new clinical care protocols, procedures and best practices as they pertain to DSRIP projects and which practitioners will be impacted by these standards based on the type of care they provide. 3. Overview of services, resources and additional training programs being made available to practitioners through the SI PPS. 4. Expectations around performance reporting and accountability to meet DSRIP goals/metrics/outcomes.	10/01/2015	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		5. Overview of plan to transition to value based payment.							
Task Share training and education plan with key stakeholders for feedback	Not Started	Share the training and education plan with key practitioner "Champions" or "Leads, as well as the Clinical Committee, Workforce Committee and Marketing & Communications Committee for input and feedback as to how training and education should be administered to key practitioner groups.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Incorporate feedback into training and education plan	Not Started	Workforce Implementation Team/Practitioner Engagement Workgroup incorporate feedback and input into the training and education plan.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Schedule practitioner engagement training/education sessions	Not Started	PMO collaborates with key practitioner groups to establish a schedule for training/education sessions and key delivery methods across the SI PPS at PPS partner facilities.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Submit training plan to Board for approval	Not Started	PMO submits the training and education plan as well as the training/education schedule to the Board of Managers for approval.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	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
Develop Practitioners communication and engagement plan.	if12345	Communication Documentation	43_MDL0703_1_3_20160316112944_Practitioner_Engagement_Milestone_1__RemediationResponse.pdf	IA Remediation DY1 Q3 Response	03/16/2016 11:29 AM
	dk12345	Templates	43_MDL0703_1_3_20160115132723_Practitioner_Engagement_Meeting_Schedule_Template.pdf	The Staten Island PPS's Meeting Schedule Template for Practitioner Engagement.	01/15/2016 01:27 PM
	dk12345	Implementation Plan & Periodic Updates	43_MDL0703_1_3_20160115132452_Milestone_1_Practitioner_Engagement_Communication_Plan.pdf	The Staten Island PPS's Practitioner Communication and Engagement Plan.	01/15/2016 01:24 PM

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop Practitioners communication and engagement plan.	See Attachments for IA Remediation DY1 Q3 Response
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.	

Milestone Review Status

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

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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.

The Staten Island Performing Provider System, LLC (SI PPS) has identified several risks in implementing an effective practitioner communication and engagement plan as well as training/education programs to achieve and maintain practitioner engagement, participation, and buy-in for the DSRIP program.

1. The SI PPS views the diversity of provider types across the SI PPS with regards to developing an effective practitioner communication and engagement strategy as an implementation risk.
2. The SI PPS believes another risk to ensuring practitioner engagement is not being able to engage leaders among practitioner groups capable of reaching a diverse group of practitioners from across competitive organizations.
3. Staff turnover will also present an issue to ensuring new staff are continuously educated on information necessary for meeting DSRIP goals; as well as the time required on the part of practitioners to participate in related training programs and other activities related to meeting DSRIP goals and reporting requirements.

To mitigate these risks, the SI PPS plans to identify a "Champion" or "Lead" from each key practitioner group to provide input regarding the needs of all PPS provider types for the development of the SI PPS's strategy to engage practitioners as well as administer training/education programs. The SI PPS will also develop a Practitioner Communication and Engagement Workgroup made up of key practitioner stakeholders to develop a practitioner engagement plan that includes the development of provider accountability measures for realizing outcomes. Practitioners will also hold key positions in governance committees including the Clinical Committees and subcommittees to ensure practitioner buy-in. The SI PPS will make every effort to ensure physician alignment by creating a funds flow model that emphasizes bonus payments to incentivize practitioner participation in DSRIP programs, DSRIP related training as well as to meeting process and outcome measures. To address staff turnover or the hiring/recruitment of new staff, training/education sessions will be ongoing throughout the five year DSRIP program.

Finally, through the practitioner communication plan, the SI PPS plans to leverage the Communications and Marketing Committee to develop resources including presentations, handouts, online forums and web-based tools to ensure that information outside of the training/education program is readily available to PPS providers. In doing so, the SI PPS will ensure that PPS providers clearly understand their roles, the complex DSRIP requirements, and are supported through SI PPS resources.

IPQR Module 7.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

The SI PPS recognizes that the practitioner engagement workstream is interdependent with all other organizational workstreams as practitioner engagement is a fundamental component of the successful implementation of the DSRIP program and meeting DSRIP goals.

In order for the SI PPS to achieve effective practitioner engagement, PPS practitioners must drive the development of clinical best practices and protocols as well as the population health strategy in conjunction with project implementation teams and clinical governance. PPS practitioners will drive the development of training programs in coordination with the Workforce Committee, Workforce Implementation Team/Training Workgroup. PPS practitioners must also be fully engaged in the performance reporting process including the development of key metrics to be used in the assessment of practitioner performance and overall PPS performance, and practitioners across the PPS must be trained in the performance reporting processes and timelines. The practitioner engagement strategy must also be aligned with and include a focus on clinical integration and the IT systems and processes. PPS practitioners must be fully educated in the overall network IT strategy and infrastructure to achieve clinical integration as well as the clinical data to be shared throughout the network.

Based on this understanding of the interdependencies of practitioner engagement among all workstreams, the SI PPS will seek valuable practitioner input across each of the organizational workstreams and will appoint practitioner representatives to key governance committees.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
Practitioner Engagement & Communication Workgroup	Jason Marino, Oceanbreeze Pharmacy; Boris Natenzon, Nate's Pharmacy; Amanda Wexler, YMCA; Laura Novacek, Project Hospitality; Denise Fazio, Carmel Richmond Healthcare and Rehabilitation Center; Salvatore Volpe, MD, SI PPS; Shye Wortman, Victory Internal Medicine; Phillip Leo, University Physicians Group; David Kim, Beacon Christian Community Health Center; Ginny Mantello, MD, Borough President's Office; Eileen Driscoll, Eger Lutheran Homes and Services; Mary Mangle, ArchCare HomeCare; Kate Lynn Chimienti, SI PPS; Steven Cottone, SI PPS	Develop and implement the practitioner communication and engagement plan.
PPS Chief Medical Officer	Salvatore Volpe, MD	Advise on the development of a practitioner communication and engagement plan.
Workforce/Human Resources Director	Bill Myhre	Responsible for the implementation and monitoring of various workforce initiatives.
Key Practitioner Groups	Theodore Strange, MD, United Physicians Group; David Wortman, Victory Internal Medicine	Assist in the development of the practitioner communication and engagement plan by participating in interviews, surveys and other information collecting methods.
Communications and Marketing Committee	Fidelis, TBD; Jewish Community Center, David Sorkin; NAMI Staten Island, Linda Wilson; Richmond University Medical Center, William Smith; Staten Island Borough President's Office, Ginny Mantello; Staten Island Partnership for Community Wellness, Adrienne Abbate; Staten Island University Hospital, John Demoleas	Oversee the development and implementation of the practitioner engagement communications strategies including developing training resources and materials, holding public forums, and releasing/drafting announcements, among other communication methods.
Workforce Committee	Carmel Richmond Healthcare and Rehabilitation, Mary-Beth Francis; Community Health Center of Richmond, Christina Tavarez; Federation of Teachers, Ann Goldman; New York State Nurse Association, Julie Semente; Richmond University Medical Center, Pat Caldari; Staten Island Mental Health, Rose Marie Belfini	Identify and work with key practitioner "Champions" or "Leads" to assist in the development of a training/education plan for practitioners.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
	Staten Island University Hospital, Margaret Dialto 1199SEIU, Allison Cohen; 1199SEIU Training & Employment Fund, Eloisa Pelaez and Rebecca Hall	
Clinical Committee	Beacon Christian Community Health Center, Janet Kim; Camelot of Staten Island, Logan Lewis; Cerebral Palsy Association of NY/ Metro Health Clinic, Azimah Ehr; Clove Lakes Health Care, Thomas Fealey; Community Health Action of Staten Island, Jennifer Lytton Hirsh; North Shore-LIJ Homecare, Meredith DeSimon; New York State Nurses Association, Julie Semente; Richmond County Medical Society, Deborah Aanonsen; Richmond University Medical Center, Mansoor Khan, MD; Richmond University Medical Center, Michael Mathews; Richmond University Medical Center, Peter Stathopoulos, MD; Staten Island Borough President's Office, Ginny Mantello, MD; Staten Island Mental Health Society, Libby Traynor; Staten Island University Hospital, Brahim Ardolic, MD; Staten Island University Hospital, Russell Joffe, MD; United Physicians Group, Ted Strange, MD / John Shafer; Victory Internal Medicine, Louis Emmer; YMCA of Greater New York, Amanda Wexler; 1199SEIU, Fabienne Joseph	Oversee the development and implementation of the practitioner engagement and communication plan including identifying key practitioner groups to collaborate with as well as defining clinical reporting metrics, definitions, and processes to be communicated to providers during training/education.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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		
Irene Frohlich, Director of Project Management Jessica Steinhart, Director of Ambulatory Initiatives Victoria Njoku-Anokam, Director of Behavioral Health Initiatives Mary Han, Assistant Director of Continuing Care Initiatives Anyi Chen, Senior Director of Enterprise Data & Analytics Salvatore Volpe, MD, Chief Medical Officer Diana Kohlberg, Staff Analyst Kate Lynn Chimienti, Staff Analyst	Project Management Office	Provide oversight, leadership, and implementation support for practitioner engagement related projects and for the overall implementation plan deliverables that impact practitioner engagement reporting.
PPS Practitioners	Practitioners involved in the DSRIP program	Provide oversight, leadership, and implementation support for practitioner engagement related projects and for the overall implementation plan deliverables that impact practitioner engagement reporting. Provide input in the development of the practitioner engagement plan and strategy.
Anyi Chen	Senior Director of Enterprise Data & Analytics	Provide IT related requirements for practitioner engagement and develop, launch and maintain electronic survey tools.
Workforce Committee Chair	PPS Workforce Committee	Provide board level oversight and responsibility for the PPS workforce function to efficiently and effectively engage practitioners.
Richard Olsen, Finance Director	Develop funds flow and incentive payments model	Develop and describe the funds flow and incentive payments model for inclusion in training/education programs for participating practitioners.
Celina Ramsey Diversity & Inclusion Committee Chair	Develop a cultural competency and health literacy program.	Develop and describe the SI PPS's cultural competency and health literacy program as well as available resources for inclusion in the training/education program for practitioner engagement. Provide board level oversight and responsibility for the PPS diversity and inclusion function to efficiently and effectively engage practitioners.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
David Kim, MD Steering Committee Chair	PPS Steering Committee	Provide board level oversight and responsibility for the practitioner engagement strategy.
CEOs of PPS Network Partners	Oversight from Network Providers	Oversee their organizations' execution of DSRIP responsibilities and contribute to the success of their practitioner engagement and communication strategy.
Boards of Directors for PPS Network Partners	Oversight from Network Providers	Oversee their organizations' execution of DSRIP responsibilities and contribute to the success of their practitioner engagement and communication strategy.
External Stakeholders		
Rebecca Hall	1199 Training & Employment Funds	Provide training to practitioners.
Medical Society of the State of New York (MSSNY), New York State Society of Physician Assistants, Nurse Practitioner Association (Staten Island Chapter), Pharmacist Society of the State of New York (PSSNY)	Practitioner representative groups	Provide input on practitioner engagement strategies.
Eliza Carboni	New York State Nurses Association (NYSNA)	Provide input on practitioner engagement strategies.
Ann Goldman	Federation of Nurses, UFT	Provide input on practitioner engagement strategies.
President	Richmond County Medical Society	Provide input from community physicians on the development of a practitioner engagement strategy.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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.

Practitioners will be engaged in the development of the IT Systems and Processes and Clinical Integration workstreams.

The ability to integrate systems (through use of the RHIO (Healthix) and other mechanisms) and aggregate data across multiple sites of care to allow providers access to key data is critical to driving the appropriate utilization of care and resources across the SI PPS. The use of integrated care teams and the proactive monitoring of patients will only be possible if practitioners are provided access to real-time data and notifications from across the PPS network to enable proper patient management.

Implementation of PCMH 2014 NCQA standards and meaningful use at participating practice sites is a requirement of multiple DSRIP projects and will be dependent on practitioner's engagement and implementation of the overall IT strategy.

Further a shared IT infrastructure that expands across the PPS network will enable the Practitioner Engagement workstream to develop standard performance reports to be distributed to professional groups and make practitioner training available and accessible across the SI PPS.

The Clinical Committee, in conjunction with other governance committees and project implementation teams, will develop standard performance reports, workflows, and training materials and will collaborate with the Data/IT Committee to translate these standard performance reports into the shared IT infrastructure to make them readily available and accessible across the PPS network. Additionally, the shared IT infrastructure will be utilized for the disbursement of practitioner training programs and tools to ensure standardization across the PPS network.

IPQR Module 7.8 - Progress Reporting

Instructions :

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

The SI PPS has developed a detailed implementation plan with additional steps under each milestone, as designated by the DOH, that captures the responsible resources to execute/coordinate the implementation of the steps under each practitioner engagement and communication milestone as well as designated timeframe estimates to complete the steps. The DOH designated milestones related to the practitioner engagement and communication workstream include developing a practitioner communication and engagement plan and developing training/education plans targeting practitioners/other professional groups to educate them on DSRIP and the SI PPS's quality improvement

agenda.

The SI PPS will provide the Board approved plans for the milestones listed above to the DOH and will monitor the progress of the designated implementation plan steps to report to the DOH on a quarterly basis. The SI PPS anticipates that the Clinical and Communication & Marketing Committees, in collaboration with other committees and workgroups, will monitor the implementation of the plans. The Clinical Committee will also oversee the progress reporting of practitioners and will work with the Practitioner Engagement and Communication Workgroup to engage and communicate to PPS practitioners on progress updates and key issues identified through internal performance reports. The PMO will implement a standardized dashboard for the collection and reporting of progress as it relates to workplan implementation and milestones for reporting progress and risks for internal updates to relevant governance committees as well as for quarterly progress reports to the DOH and standard performance reports to professional groups.

IPQR Module 7.9 - IA Monitoring

Instructions :

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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	03/31/2016	03/31/2016	DY1 Q4	NO
Task Assemble Population Health Management Workgroup	Completed	Assemble a Population Health Management Workgroup that will be made up of members from the other committees, including the Clinical Committee.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Population Health Management Workgroup develops population health strategy	Completed	Executive Director, in conjunction with the Population Health Management Workgroup schedules and holds periodic meetings to conceptualize a population health strategy including how patients will flow in the care delivery system and identify the critical decision points.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Identify infrastructure and IT needs to implement population health management approach	Completed	Senior Director of Enterprise Data and Analytics and Executive Director as part of the population health strategy, Population Health Management Workgroup identifies infrastructure (e.g. workforce) and IT needs to implement a population health management approach for the SI PPS population including risk stratification capabilities.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop approach and timeline for utilization of Enterprise Data Warehouse (EDW)	Completed	As part of an overall IT systems and process strategy, Senior Director of Enterprise Data and Analytics and Executive Director, develops an approach and timeline for the utilization of an EDW that can aggregate and store data in one location	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 is accessible to the PPS network.							
Task Develop approach to standardize vocabulary and patient registries	Completed	Senior Director of Enterprise Data and Analytics and IT vendor develops an approach to create standardized vocabulary and patient registries.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop approach to perform population health analytics	Completed	Senior Director of Enterprise Data and Chief Medical Officer in conjunction with the Population Health Management Workgroup and Data & IT Committee, develops an approach to perform population health analytics utilizing claims and other data including: 1. Population risk stratification 2. Predictive analytics to predict high-cost, high-risk patients and direct and prioritize PPS resources 3. Clinical risk interventions 4. The use of messaging/real time alerts 5. Clinical decision support	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop approach to address risk factor reduction and ensure management of high risk patients and patients with chronic disease	Completed	Chief Medical Officer in conjunction with the Clinical Committee, develops an approach to incorporate evidence-based best practice guidelines and targeted education interventions, across the PPS to address risk factor reduction and ensure the management of high risk patients and patients with chronic disease.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Share population health strategies with Project Leads for feedback	Completed	Share the population health strategies developed in the previous steps with Project Leads for feedback and to incorporate the strategies into project implementation strategies.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Assemble PCMH Workgroup	Completed	Director of Ambulatory Initiatives assembles a workgroup to develop a plan to achieve PCMH 2014 Level 3 Requirements.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Perform current state assessment on PCMH 2014 Level 3 requirements	Completed	In conjunction with PCMH Workgroup, Director of Ambulatory Initiatives performs a current state assessment on PCMH 2014 Level 3 requirements.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop PCMH certification roadmap for each provider	Completed	PCMH Workgroup develops a roadmap for each identified provider to achieve PCMH 2014 Level 3 certification.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Share roadmap with key stakeholders for feedback	Not Started	PCMH Workgroup shares the population health management roadmap with key PPS provider stakeholders for feedback during a designated comment period.	10/01/2015	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task	Not Started	Executive Director, Senior Director of Enterprise Date and	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 population health roadmap		Analytics and Chief Medical Officer finalizes the population health roadmap including IT infrastructure, plans for achieving PCMH, and priority target populations.							
Task Submit roadmap to Board for approval	Not Started	PMO submits the population health management roadmap to Board for approval.	01/01/2016	03/31/2016	01/01/2016	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.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Assemble Bed Reduction Workgroup	Completed	Assemble a Bed Reduction Workgroup with key participants from inpatient facilities including behavioral health and acute inpatient hospitals as well as the Workforce Committee.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Determine strategy to enhance/expand outpatient capacity and reduce inpatient capacity	In Progress	Bed Reduction Workgroup determines a strategy to enhance and expand outpatient capacity and reduce inpatient capacity.	10/01/2015	12/31/2015	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Review/assess impact of planned reductions in inpatient admissions/ER visits	In Progress	Bed Reduction Workgroup reviews and assesses the impacts of planned reductions in inpatient admissions/ER visits as a result of the implementation of DSRIP projects.	10/01/2015	12/31/2015	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Assess patient flow and inventory bed systems in hospitals	In Progress	Bed Reduction Workgroup assesses the current patient flow process across the PPS network and inventory bed systems in the hospitals to shift care from inpatient to outpatient settings.	10/01/2015	12/31/2015	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Develop future state patient flow process	Not Started	Bed Reduction Workgroup develops a future state patient flow process to shift care from inpatient to outpatient settings.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Develop bed reduction plan	Not Started	Bed Reduction Workgroup develops a bed reduction plan to bridge the gap between the current and future state.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Share plan with key stakeholders for feedback	Not Started	PMO shares the bed reduction plan with key PPS provider stakeholders for feedback during a designated comment period.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Submit plan to Board for approval	Not Started	PMO submits the bed reduction plan to Board for approval.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
Develop population health management roadmap.	
Finalize PPS-wide bed reduction plan.	

Milestone Review Status

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

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Staten Island Performing Provider System, LLC (SI PPS) anticipates the following key challenges in implementing a population health management roadmap and PPS-wide bed reduction plan:

1. The SI PPS views the ability to operationalize a fully integrated IT platform with population health analytics capabilities including the ability to identify and proactively engage at risk patients in a timely manner as a key challenge to developing a population health roadmap as well as the reducing inappropriate hospital use. The SI PPS plans to utilize the Staten Island RHIO's (Healthix) infrastructure through an integrated IT platform to allow PPS partners to access/exchange relevant patient information in real-time. The results of the high-level IT assessment that SI PPS performed during the DSRIP planning phase indicated that a subset of PPS providers do not have EMR systems, while other PPS providers participate in Healthix in some capacity. The SI PPS is concerned that there will be delays in integrating the non-EMR providers into the IT infrastructure which could potentially delay standardizing clinical health data and performance measures across the SI PPS. The SI PPS anticipates that there will be a ramp up period for PPS providers in order to implement a shared IT infrastructure and will include this consideration in the development of the implementation plan. The SI PPS anticipates that the PMO will facilitate the distribution and collection of interim reporting tools to the non-EMR providers until they are fully integrated into the SI PPS's IT infrastructure. IT support and training programs will also be designed and made available to PPS providers through each roll-out phase of the IT integration process including population health management and tools.

2. The SI PPS requires timely access to Medicaid claims data in order to enable population health analytics including risk stratification to begin the identification and management of high risk patients in Demonstration Year (DY) 1. To address this challenge, the SI PPS is putting interim strategies into place with the expectation that this data will be made available to the SI PPS early in DY 1.

3. The SI PPS has included in its CRFP grant funding for IT projects related to population health IT capabilities and analytics. If the PPS partners do not receive the requested funding, this will impact the PPS's ability to implement IT interoperability. Further, the development of necessary outpatient capacity to support the reduction of inpatient use to drive bed reduction is highly dependent on the PPS providers' abilities to expand primary care services and behavioral health/substance abuse outpatient capacity through capital projects. The SI PPS is including in its funds flow model dollars allocated for projects that may not receive funding to help mitigate this risk. The SI PPS has also prioritized capital projects aimed at expanding outpatient capacity in its capital grant submission to further mitigate this risk.

4. Although a number of participating primary care providers have implemented or are in the process of implementing PCMH 2014 Level 3 standards, there are a number of providers that are early on in this process and will require additional support and time to meet PCMH standards. The timeline associated with meeting PCMH has been taken into account in developing project implementation timelines. The SI PPS is also developing a strategy to support providers as needed by providing training and vendor relationships.

IPQR Module 8.4 - Major Dependencies on Organizational Workstreams

NYS Confidentiality – High

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Instructions :

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

The SI PPS's population health management workstream is interdependent with other organizational workstreams and serves as the DSRIP program's goals of reducing avoidable hospital use, shifting care to the community, and strengthening preventative care and appropriate utilization of services.

Population health management including the ability to perform population wide analytics and risk stratification to proactively identify patients and prioritize interventions will be dependent on the IT systems that are in place and used by the SI PPS as well as the availability of Medicaid claims and other data. Additionally, the population health strategy will be strengthened through patient portals and other technology that allows patients to proactively manage their own healthcare including scheduling appointments, receiving reminders regarding preventive care and prescription refills, and emailing with providers.

The PPS-wide bed reduction plan will be highly interdependent on the workforce workstream due to its impact on the workforce and the requirement for retraining, redeployment, and new hires.

Practitioners will be fully engaged in the development of the population health management strategy and implementation. Further, the practitioner engagement training strategy will include key components of the population health roadmap including understanding the IT infrastructure approach to population health, and the PPS approach and timeline for meeting PCMH 2014 Level 3 across participating providers.

The clinical integration strategy including the sharing of clinical and performance data is a foundation and driver of the SI PPS's population health strategy. Without appropriate information to manage the patient as a whole, rather than in silos, the SI PPS will not be able to achieve the desired population health outcomes.

The SI PPS Population Health Management Workgroup has been assigned the primary role of developing and overseeing the implementation of the population health management strategy as well as the PPS-wide bed reduction plan. However, it is expected that all SI PPS committees will collaborate and provide feedback on the development of these plans. This will enable coordination across various workstreams. For example, members from the Clinical Committee, Data/IT Committee, Clinical Integration Workgroup, and Practitioner Engagement Workgroup will be asked to inform and advise on Population Health Management Workgroup to facilitate the development of a strategy that achieves DSRIP program objectives.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
Executive Director	Joseph Conte	Oversee the day-to-day operations for the population health management strategy and bed reduction strategy.
Population Health Management Workgroup	Joseph Conte, SIPPS; Salvatore Volpe, MD, SIPPS; Gregory Pedro, DMD, SIPPS; Diana Kohlberg, SIPPS; Kris Smith, MD, Wagner College; Pat Tooker, Wagner College; Ginny Mantello, MD, Staten Island Borough President's Office; Sara Warren Gardener, Fund for Public Health in NY; Ning Jackie Zhang, MD, Seton Hall University; David Ackman, MD, Empire Blue Cross/Blue Shield Health Plus; Rajan Kumar, SpectraMedix; Jessica Steinhart, SIPPS	Develop a population health roadmap based on, but not limited to, the assessment of current infrastructure and IT needs, population health analytics, and clinical risk interventions.
Director of Ambulatory Initiatives, Chair of PCMH Workgroup	Jessica Steinhart	Support the development of the PCMH roadmap
Bed Reduction Workgroup	Salvatore Volpe, MD, SIPPS; Joseph Conte, SIPPS; Diana Kohlberg, SIPPS; Elizabeth Wolff, MD, Richmond University Medical Center; Dina Wong, Staten Island University Hospital; Brahimn Ardolic, MD, Staten Island University Hospital; Mansoor Khan, MD, Richmond University Medical Center; Sundee Naing, MD Richmond University Medical Center; Judy McLoughlin, MD, North Shore LIJ; Lori Howe, Richmond University Medical Center; Aaron Gottesman, MD, North Shore LIJ	Develop a bed reduction plan based on, but not limited to, the assessment of outpatient expansion capability, inpatient admission/ER visits reduction, and current patient flow processes.
Chief Medical Officer	Salvatore Volpe, MD	Oversee the day-to-day clinical aspect of population health management implementation and operations.
Finance Director	Rick Olsen	Oversee the day-to-day finance aspect of population health management implementation and operations.
Senior Director of Enterprise Data & Analytics	Anyi Chen	Oversee the day-to-day data/IT population health management implementation and operations.
Compliance Officer	Regina Bergren	Oversee the day-to-day compliance aspect of population health management implementation and operations.
Data Analysts	Vitaly Druker Diana Kohlberg	Support population health management data/IT functions of the PPS.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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		
Irene Frohlich	PPS Project Director	Provide oversight on the population health management strategy.
Irene Frohlich, Director of Project Management Jessica Steinhart, Director of Ambulatory Initiatives Victoria Njoku-Anokam, Director of Behavioral Health Initiatives Mary Han, Assistant Director, Quality Management Salvatore Volpe, MD, Chief Medical Officer Diana Kohlberg, IT Staff Analyst KateLynn Chimenti, Staff Analyst	Project Management Office	Provide oversight, leadership and support for population health management related projects and for overall implementation plan deliverables that impact health management reporting.
Beacon Christian Community Health Center, Philip Juliano Community Health Action of Staten Island, Joshua Sippen Community Health Center of Richmond, Monique Welbeck Coordinated Behavioral Care, Marty Piccochi Eger Health and Rehabilitation Center, Debra Alexander Healthix, Todd Rogow Northshore-LIJ Care Solutions, Joseph Shulman Richmond University Medical Center, Nancy Taranto Staten Island University Hospital, Kathy Kania University Physicians Group, John Shafer	PPS Data/IT Committee 1 of2	Provide board level oversight and responsibility for the PPS IT function impacted by the population health management strategy and bed reduction strategy.
Victory Internal Medicine, David Wortman Visiting Nurse Services of New York, Tim Peng St. Joseph's Medical Center, Woods, Elizabeth	PPS Data/IT Committee 2 of 2	Provide board level oversight and responsibility for the PPS IT function impacted by the population health management strategy and bed reduction strategy.
Beacon Christian Community Health Center, David Kim	PPS Finance Committee	Provide board level oversight and responsibility for the PPS finance function impacted by the population health management strategy

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Community Health Center of Richmond, Benny Lindo Staten Island Mental Health, Fern Zagor Eger Health and Rehabilitation Center, Gary de Leeiwek Richmond University Medical Center, Robert Ren Staten Island University Hospital, Tom Reca		and bed reduction strategy.
Beacon Christian Community Health Center, Janet Kim; Camelot of Staten Island, Logan Lewis; Cerebral Palsy Association of NY/ Metro Health Clinic, Azimah Ehr; Clove Lakes Health Care , Thomas Fealey; Community Health Action of Staten Island, Jennifer Lytton Hirsh; North Shore-LIJ Homecare, Meredith DeSimon; New York State Nurses Association, Julie Semente and Eliza Carboni; Richmond County Medical Society , Deborah Aanonsen; Richmond University Medical Center, Mansoor Khan, MD;	PPS Clinical Committee 1 of 3	Provide board level oversight and responsibility for the PPS clinical function impacted by the population health management strategy and bed reduction strategy.
Richmond University Medical Center, Michael Mathews; Richmond University Medical Center, Peter Stathopoulos, MD; Staten Island Borough President's Office, Ginny Mantello, MD ; Staten Island Mental Health Society, Libby Traynor; Staten Island University Hospital, Brahim Ardolic, MD; Staten Island University Hospital, Russell Joffe, MD; United Physicians Group, Ted Strange, MD / John Shafer; Victory Internal Medicine, Louis Emmer; YMCA of Greater New York, Amanda Wexler;	PPS Clinical Committee 2 of 3	Provide board level oversight and responsibility for the PPS clinical function impacted by the population health management strategy and bed reduction strategy.
1199SEIU, Fabienne Joseph	PPS Clinical Committee 2 of 3	Provide board level oversight and responsibility for the PPS clinical

Staten Island Performing Provider System, LLC (PPS ID:43)

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		function impacted by the population health management strategy and bed reduction strategy.
Carmel Richmond Healthcare and Rehabilitation, Mary-Beth Francis; Community Health Center of Richmond, Christina Tavarez; Federation of Nurses, UFT, Ann Goldman New York State Nurse Association, Julie Semente; Richmond University Medical Center, Pat Caldari; Staten Island Mental Health, Rose Marie Belfini; Staten Island University Hospital, Margaret Dialto; 1199 SEIU, Alison Cohen; 1199SEIU Training & Employment Fund, Eloisa Pelaez and Rebecca Hall	PPS Workforce Committee	Provide board level oversight and responsibility for the PPS clinical function impacted by the population health management strategy and bed reduction strategy.
Rebecca Hall, 1199 Training & Employment Funds	Training Vendor/Lead	Provide necessary training to clinical workforce based on health management strategy.
CEOs of PPS Network Providers	Oversight Party from Network Providers	Oversee their organizations' execution of DSRIP responsibilities and contribute to the success of the population health management operation and related strategies.
CEOs of PPS Network Providers	Liaison from Network Providers	Serve as the primary contact for the PPS Lead population health management for conducting DSRIP related business and oversee their organizations' execution of DSRIP related health management responsibilities and participation in population health management related strategies
Boards of Directors for PPS Network Partners	Oversight Party from Network Providers	Oversee their organizations' execution of DSRIP responsibilities and contribute to the success of the population health management operation and related strategies.
External Stakeholders		
Insignia	PAM tools	Provide Patient Activation Measurement tools and training.
Empire Blue Cross/Blue Shield Health Plus, Dr. David Ackerman Healthfirst, Dr. Susan Beene Fidelis United Healthcare	Managed Care Organizations	Provide input for disease, case, and care management protocols and procedures.
Jason Thaw, Healthix	Staten Island RHIO	Support the overall integration of network provider data.
Kenneth Atlee, Sprectramedix	Information Technology vendor	Development, customization, implementation and ongoing data processing and hosting services to support SI-PPS as well as provide population health analytics support.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 SI PPS has identified the following IT infrastructure elements that are required to support population health management capabilities:

1. A robust Health Information Exchange that allows providers to exchange clinical data for use in patient treatment and coordination of care.
2. Patient registries that are both project-specific and for use in the overall DSRIP program.
3. A patient portal that allows patients to begin to proactively manage their own healthcare including scheduling appointments, receiving reminders regarding preventive care and prescription refills, and emailing with providers.
4. Day-to-day care management capabilities.
5. An analytics portal to allow for the reporting of project specific process metrics and outcome metrics for use in rapid cycle evaluation and reporting to the State.
6. The ability to perform population wide analytics and risk stratification to proactively identify patients and prioritize interventions.

The following provides an overview of how the SI PPS will develop the IT infrastructure:

• Success of communication among different stakeholders in the various governance committees, including progress on milestones and provider level performance, is dependent on the implemented robust project management software that is delivered through a secure cloud-based server accessible by provider agencies and the SI PPS PMO. The SI PPS has implemented Performance Logic, to provide this support. This IT platform has allowed governance committee members to have a two-way communication mechanism with the SI PPS PMO and providers, and allows for ongoing performance monitoring or Domain 1 milestones, among others.
• SpectraMedix has been selected as the health IT vendor for SI PPS. SpectraMedix works collaboratively with the SI-PPS PMO, IT/Data Committee, and the work stream teams (i.e. Information Technology Systems & Processes, Performance Reporting, Clinical Integration, Population Health and Practitioner Engagement) to provide an IT foundation for a clinically integrated healthcare delivery system.
• The PPS is in the progress of building an Enterprise Data Warehouse that integrates NYS Medicaid attribution roster, claims data and pharmacy data.
• The PPS will promote and support integration of PPS partners into the RHIO (Healthix) through resource support and funds flow.
• The PPS implemented a healthcare analytics platform within the secure private cloud hosting environment described above, which allows SI-PPS to have visibility into Performing Provider System performance and to meet reporting requirements for the metrics associated with the System Transformation Projects (Domain 2), Clinical Improvement Projects (Domain 3) and Population-Wide Projects (Domain 4) that have been selected by SI-PPS. This platform includes the following functions and dashboards for performance management and identifying opportunities for program improvement.
Currently, PPS providers are utilizing a number of these tools including the Health Information Exchange, the RHIO (Healthix), and various day-to-day care management technologies as well as several population wide analytics tools to risk stratify populations and direct resources. The SI PPS plans to utilize existing services which potentially build out additional capacity including a patient portal and an analytics portal for reporting and use in rapid cycle evaluation.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

IPQR Module 8.8 - Progress Reporting

Instructions :

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

Specific milestones and progress reporting metrics that the SI PPS must report on a quarterly basis have been identified by the DOH. The milestones related to population health management include developing a population health management roadmap for the PPS and finalizing a PPS-wide bed reduction plan.

The SI PPS will provide Board approved plans for the milestones listed above to the DOH and will monitor the progress of the designated implementation plan steps to report to the DOH on a quarterly basis. The SI PPS has developed a detailed implementation plan with additional sub-steps under each milestone to capture the responsible resources to execute/coordinate the implementation of steps under each milestone as well as designated timeframe estimates to complete the steps. The SI PPS anticipates that the Clinical Committee, in collaboration with other committees and workgroups, will develop the plans. The Clinical Committee will also oversee progress reporting for respective population health management metrics. The PMO will implement a standardized dashboard for the collection and reporting of progress as it relates to workplan implementation as well as for milestones progress reporting and identifying risks for internal updates to relevant governance committees. This will also be used to facilitate quarterly progress reporting to the DOH. If the SI PPS utilizes vendor relationships for the implementation of the population health management workstream, all formal agreements will include a defined commitment to meeting and reporting on key milestones and implementation steps.

IPQR Module 8.9 - IA Monitoring

Instructions :

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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'.	Completed	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	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task Assemble Clinical Integration Workgroup	Completed	Executive Director, PPS Chief Medical Officer and Senior Director of Enterprise Data and Analytics assemble a Clinical Integration Workgroup made up of representatives from the Clinical and IT Committees as well as representative PPS providers.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Identify resources and capabilities across PPS network	Completed	Identify existing clinical integration platforms, care transition programs, capabilities, workforce, and processes across the PPS network (hospitals, SNFs, home care agencies, FQHCs, substance abuse and behavioral health providers, among others).	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Determine clinical integration requirements for key provider groups	Completed	Determine clinical integration requirements for key provider groups including care management/health homes, clinical providers, community based providers, etc.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Determine clinical integration standards for PPS	Completed	Determine the clinical integration standards that the PPS network will need to implement, including requirements for clinical integration for providers.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Perform gap analysis on clinical integration capabilities and needs for PPS network integration	Completed	Perform a gap analysis around clinical integration capabilities and requirements for PPS network integration that is informed by the results of this assessment as well as the PPS's IT, workforce, and community needs assessment.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Identify data points and key interfaces to achieve shared access and clinical integration	Completed	By provider type and in coordination with project implementation teams, identify key data points for shared access and key interfaces that will have an impact on clinical integration.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Draft clinical integration needs assessment report	Completed	Draft a clinical integration needs assessment report.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Share report with key stakeholders for feedback	Completed	Share the clinical integration needs assessment report with key PPS provider stakeholders for feedback during a designated comment period.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Share report with Clinical Committee	Completed	Share the Clinical Integration "needs assessment" with the Clinical Committee.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
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 -- Training for operations staff on care coordination and communication tools	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Develop approach for clinical integration across PPS	Completed	Based on the IT, workforce and clinical integration needs assessment develop an approach for the sharing of clinical data and other key information across provider groups and care management organizations.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop plan and timeline for integration of IT interoperability	Completed	Develop workplan steps and timelines for the integration of IT interoperability needed for clinical integration.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	Completed	In conjunction with project implementation teams, develop	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 clinical integration workflows for sharing of data		workflows pertaining to clinical integration and the sharing of clinical and other data.							
Task Develop care transition strategies	Completed	In conjunction with project implementation teams, develop care transition strategies including data sharing requirements.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop training plan for clinical integration strategy	Not Started	In coordination with the Training Workgroup and Workforce Committee, develop a training plan for the PPS clinical integration strategy including integration timelines.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Share strategy with key stakeholders to receive feedback	Not Started	Share the clinical integration strategy with key PPS provider stakeholders to receive feedback, during a designated comment period.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Submit strategy to Clinical Committee for approval	Not Started	Submit the PPS's clinical integration strategy to the Clinical Committee for approval.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	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
Perform a clinical integration 'needs assessment'.	dk12345	Documentation/Certification	43_MDL0903_1_3_20160114163911_SI_PPS_Clinical_Integration_Providers_who_have_been_Integrated_12312015.pdf	The Staten Island PPS's Clinical Integration list of providers who have been integrated.	01/14/2016 04:39 PM
	dk12345	Documentation/Certification	43_MDL0903_1_3_20160114163721_SI_PPS_Clinical_Integration_Needs_Assessment_12312015.pdf	The Staten Island PPS's Clinical Integration Needs Assessment.	01/14/2016 04:37 PM
	dk12345	Templates	43_MDL0903_1_3_20160114163645_SI_PPS_Clinical_Integration_Meeting_Schedule_Template_12312015.pdf	The Staten Island PPS's Clinical Integration Meeting Schedule Template.	01/14/2016 04:36 PM

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform a clinical integration 'needs assessment'.	
Develop a Clinical Integration strategy.	

Milestone Review Status

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

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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.

The Staten Island Performing Provider System, LLC (SI PPS) anticipates that the following key challenges in implementing its clinical integration strategy:

1. The SI PPS views the ability to operationalize a fully integrated IT platform in a timely manner as a key challenge and risk to developing a clinically integrated network in line with the implementation of the SI PPS's clinical integration strategy. The SI PPS plans to utilize the Staten Island RHIO's (Healthix) infrastructure through an integrated IT platform to allow PPS partners to access/exchange relevant patient information in real-time. The results of the high-level IT assessment that the SI PPS performed during the DSRIP planning phase indicated that a subset of PPS providers do not have EMR systems, whereas other PPS providers already participate in Healthix in some capacity. The SI PPS is concerned that there will be delays in integrating the non-EMR providers into the IT infrastructure which could potentially delay standardizing clinical health data and performance measures across the SI PPS. To mitigate this risk, the SI PPS has hired a Senior Director of Enterprise Data and IT. The Senior Director has worked in complex healthcare systems and is well-versed in building and integrating IT platforms across different providers. With her expertise, the SI PPS has clearly defined an integration roadmap. To start analyzing claims data before receiving the DOH data set, the SI PPS is finalizing data sharing agreements with the two main hospitals in the system to begin the work efforts in this workstream. Further, IT support and training programs will be designed and made available to PPS providers through each roll-out phase of the clinical integration process to enable providers to prepare for clinical integration.

2. The SI PPS has included in its CRFP, grant funding for IT projects related to clinical integration. If PPS partners do not receive the requested funding, the SI PPS's ability to implement IT interoperability will be impacted. The SI PPS is including in its funds flow model funding for projects to help mitigate this risk.

3. The success of the SI PPS's clinical integration strategy will be highly dependent on the level of engagement of practitioners involved in implementing the workflow and protocols included in the strategy (emergency room physicians, transition coachers, primary care physicians, and care managers, as examples). To ensure practitioner engagement in the clinical integration strategy, the SI PPS CMO has identified "Champions" from different practitioner groups to be included in the development of the SI PPS's strategy to ensure buy in. Engaged practitioners will also sit on the Clinical Committee. Further, a comprehensive practitioner engagement strategy will be developed (see Practitioner Engagement workstream).

4. The SI PPS has multiple providers of care management services that will continue to expand capacity through DSRIP project implementation. The SI PPS sees care management as a critical component to monitoring at risk patients and preventing avoidable ER visits and hospitalizations. However, with multiple providers, approaches, and IT systems in use, the SI PPS's governance and decision-making around the sharing of IT information across PPS providers will be a challenge. To mitigate this risk, the SI PPS has included all care management providers on critical governance committees and will involve all providers in the development of IT processes and a clinical integration strategy.

IPQR Module 9.4 - Major Dependencies on Organizational Workstreams

NYS Confidentiality – High

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Instructions :

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

The SI PPS clinical integration workstream is interdependent on several organizational workstreams, specifically population health management, practitioner engagement, IT systems and processes, and individual project implementation. As such, all workstreams will incorporate clinical integration into their respective strategic plans and implementation steps.

As previously stated, the success of the clinical integration strategy will be highly dependent on the level of practitioner engagement involved in implementing the workflows and protocols included in the strategy. Further, IT systems and processes workstream will provide the foundation for the integration of the SI PPS's clinical data to move towards population health. The SI PPS will designate a Clinical Integration Workgroup to serve in the primary role of developing and overseeing the implementation of the clinical integration strategy that includes the sharing of clinical and non-clinical information, designing standard clinical integration elements, and developing a care transitions strategy throughout the SI PPS network.

Various components of the population health management workstream are highly dependent on the clinical integration workstream including collecting and analyzing data necessary to risk stratify the population, conduct predictive analytics, identify high risk patients for interventions, as well as the use of messaging and real time alerts to manage patients.

Additionally, other SI PPS committees will collaborate and provide feedback and inputs to the Clinical Integration Workgroup to facilitate coordination across various workstreams. The Clinical Integration Workgroup will be made up of representatives from across the governance committees including the Population Health Workgroup, the Practitioner Engagement Workgroup, the Data/IT Committee, and the Clinical Committee to enable an integrated strategy in the development of each workgroup's respective strategic plans.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
Executive Director	Joseph Conte	Support the strategic development of the Clinical Integration strategy.
Senior Director of Enterprise Data & Analytics	Anyi Chen	Support the PPS's clinical integration data/IT functions, including data mapping/sharing and IT infrastructure construction and maintenance.
Data Analysts	Vitaly Druker Diana Kohlberg	Assist in the operational continuity of data aspects pertaining to clinical integration and provide assistance to the Clinical Committee as it relates to data analysis, acquisition and reporting. This position will be responsible for analyzing clinical outcomes and reporting results to the Clinical Committee.
Chief Medical Officer	Salvatore Volpe, MD	Support the strategic development of the Clinical Integration strategy.
Clinical Committee	Beacon Christian Community Health Center, Janet Kim; Camelot of Staten Island, Logan Lewis; Cerebral Palsy Association of NY/ Metro Health Clinic, Azimah Ehr; Clove Lakes Health Care , Thomas Fealey; Community Health Action of Staten Island, Jennifer Lytton Hirsh; North Shore-LIJ Homecare, Meredith DeSimon; New York State Nurses Association, Julie Semente and Eliza Carboni; Richmond County Medical Society , Deborah Aanonsen; Richmond University Medical Center, Mansoor Khan, MD; Richmond University Medical Center, Michael Mathews; Richmond University Medical Center, Peter Stathopoulos, MD; Staten Island Borough President's Office, Ginny Mantello, MD ; Staten Island Mental Health Society, Libby Traynor; Staten Island University Hospital, Brahim Ardolic, MD; Staten Island University Hospital, Russell Joffe, MD; United Physicians Group, Ted Strange, MD / John Shafer; Victory Internal Medicine, Louis Emmer; YMCA of Greater New York, Amanda Wexler;	Collaborate with the Data/IT Committee to develop clinical data/IT elements.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
	1199SEIU, Fabienne Joseph	
Data/IT Committee (IT contacts from PPS partners)	Beacon Christian Community Health Center, Philip Juliano Community Health Action of Staten Island, Joshua Sippen Community Health Center of Richmond, Monique Welbeck Coordinated Behavioral Care, Marty Piccochi Eger Health and Rehabilitation Center, Debra Alexander Healthix, Todd Rogow Northshore-LIJ Care Solutions, Joseph Shulman Richmond University Medical Center, Nancy Taranto Staten Island University Hospital, Kathy Kania University Physicians Group, John Shafer Victory Internal Medicine, David Wortman Visiting Nurse Services of New York, Steven Prewittii St. Joseph's Medical Center, Woods, Elizabeth	Support development and execution of the clinical integration strategy.
Clinical Integration Workgroup	Salvatore Volpe, MD, SI PPS; Anyi Chen, PhD; Janet Kim, MD, Beacon Christian Community Health Center; Azimah Ehr, MD, Metro, CPA; Matt Kaufman, Richmond University Medical Center; Matthew Weeks, MD, Staten Island University Hospital; John Shafer, University Physicians Group; Mary Beth Francis, Carmel Richmond Healthcare and Rehabilitation Center; Thomas Fealey, MD, Clove Lakes Health Care and Rehabilitation Center; Beverly Adler, Visiting Nurse Services of New York; Amanda Wexler, YMCA; Everett Miller, Bridge Back to Life; Avraham Schick, Silver Lake Support Services; Tim Peng, Visiting Nurse Services of New York; Kate Nixon, Visiting Nurse Services of New York; Diana Kohlberg, SI PPS	Perform a clinical integration needs assessment, as well as develop and implement a clinical integration strategy.
Compliance Officer	Regina Bergren	Oversee the development and implementation of the PPS's compliance plan and related compliance requirements, as defined by the PPS, including the PPS Lead compliance plan related to DSRIP. The Compliance Director role should report to the Executive Body.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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		
Irene Frohlich, Director of Project Management Jessica Steinhart, Director of Ambulatory Initiatives Victoria Njoku-Anokam, Director of Behavioral Health Initiatives Mary Han, Assistant Director, Quality Management Director of Continuing Care Initiatives Salvatore Volpe, MD, Chief Medical Officer Diana Kohlberg, IT Staff Analyst KateLynn Chimenti, Staff Analyst	Project Management Office	Provide oversight and leadership for the clinical integration of related DSRIP projects and for the overall implementation plan deliverables that impact clinical integration reporting.
Community Health Action of Staten Island, John Shevlin NSLIJ-Care Solutions, Dr. Zenobia (Zena) Brown ArchCare, Empire State Home care, Esther Moas Richmond University Medical Center, Sundee Naing, MD Staten Island University Hospital, Judith McLoughlin, MD Eger Healthcare & Rehabilitation Center, Maureen Graff ArchCare, Empire State Home care, Esther Moas North Shore-LIJ Home Care at Staten Island, Donna Zaporta Beacon Christian Community Health Center, David Kim, MD	DSRIP Project Leads 1 of 3	Collaborate with PPS providers to seek feedback and facilitate clinical integration.
Community Health Action of Staten Island, John Shevlin Project Hospitality, Terry Troia/Ericker Phillips-Onaga	DSRIP Project Leads 2 of 3	Corroborate with PPS providers to seek feedback and facilitate clinical integration.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Richmond University Medical Center, Michael Matthews Staten Island Mental Health Society, Libby Traynor Staten Island University Hospital, Russell Joffe, MD Bridge Back to Life, Everett Miller Camelot of Staten Island, Logan Lewis Staten Island University Hospital, Russell Joffe, MD YMCA of Greater New York, Amanda Wexler		
Staten Island University Hospital, Carolyn McCarthy Staten Island University Hospital, Paula McAvoy Staten Island University Hospital, Christine Hollie	DSRIP Project Leads 3 of 3	Corroborate with PPS providers to seek feedback and facilitate clinical integration.
TBD	Internal Auditor	Assess the adherence to clinical protocols and report to the Clinical Committee.
Anyi Chen	Senior Director of Enterprise Data & Analytics	Advise on information technology related requirements for the finance function, including providing access to data for finance function reporting requirements.
CEOs of PPS Network Providers	Overseeing party from Network Providers	Responsible for their organization's execution of DSRIP responsibilities and will contribute to the success of the PPS's clinical integration operation and its related strategies.
Boards of Directors for PPS Network Partners	Overseeing party from Network Providers	Responsible for their organization's execution of DSRIP responsibilities and will contribute to the success of the PPS's clinical integration operation and related strategies.
North Shore Long Island Jewish, Joseph Schulman	Care Management IT	Provider care management solutions.
Mansoor Khan, Richmond University Medical Center Nancy Tarranto, Richmond University Medical Center Kathy Kania, Staten Island University Hospital Brahim Ardolic, Staten Island University Hospital	Hospitals	Support clinical integration across PPS partners through data exchange and participation in clinical protocols across the network.
David Kim, Beacon Chrisitian Community Health Center Henry Thompson, Community Health Center of	Federally Qualified Health Centers	Support clinical integration across PPS partners through data exchange and participation in clinical protocols across the network.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Richmond		
Mary-Beth Francis, Carmel Richmond Healthcare and Rehabilitation Center Lori Senk, Clove Lakes Health Care David Rose, Eger Healthcare & Rehabilitation Center Yehuda Hoffner, Golden Gate Rehabilitation and Health Care Center Leo Gutman, New Vanderbilt Rehabilitation and Care Center Philip Buchsbaum, Richmond Center for Rehabilitation and Healthcare Maria McGuire and Maria Pablo, MD, Sea View Hospital Rehabilitation Center and Home Joan Giebelhaus, Silver Lake Specialized Care Center	Skilled Nursing Facilities 1 of 2	Support clinical integration across PPS partners through data exchange and participation in clinical protocols across the network.
Isaac Wiener, Staten Island Care Center Elizabeth Forester, Verrazano Nursing Home	Skilled Nursing Facilities 2 of 2	Support clinical integration across PPS partners through data exchange and participation in clinical protocols across the network.
Theodore Strange, MD, University Physicians Group David Wortman, Victory Internal Medicine	Physician Groups	Support clinical integration across PPS partners through data exchange and participation in clinical protocols across the network.
Terry Troia , Project Hospitality Diane Arneth, Community Health Action of Staten Island Elizabeth Woods, Saint Joseph's Medical Center Steve Scher, Staten Island Behavioral Network	Health Homes	Support clinical integration across PPS partners through data exchange and participation in clinical protocols across the network.
Paula McAvoy, Staten Island University Hospital Hospice Donna Lichti, Visiting Nurse Services of New York	Hospice	Support clinical integration across PPS partners through data exchange and participation in clinical protocols across the network.
Behavioral Health and Substance Abuse providers: Logan Lewis, Camelot of Staten Island John Kastan, Jewish Board of Family and Child Services Terry Troia, Project Hospitality Michael Matthews, Richmond University Medical Center Avraham Schick , Silver Lake Support Services South Beach Addition Treatment Center	Behavioral Health/Substance Abuse providers 1 of 2	Support clinical integration across PPS partners through data exchange and participation in clinical protocols across the network.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Rosanne Gaylor, MD, South Beach Psychiatric Center Fern Zagor, Staten Island Mental Health Society Staten Island University Hospital Jacqueline Filis, YMCA		
Gary Butchen, Bridge Back to Life	Behavioral Health/Substance Abuse providers 2 of 2	Support clinical integration across PPS partners through data exchange and participation in clinical protocols across the network.
Azimah Ehr, MD, Cerebral Palsy Association of NY	Developmental Disability Services	Support clinical integration across PPS partners through data exchange and participation in clinical protocols
Esther Moss, Archcare, Empire State Home care Donna Lichti, Visiting Nurse Services of New York Barrington Burke-Green, Visiting Nurse Association Irina Mitzner, North-shore LIJ Home care	Home care agencies	Support clinical integration across PPS partners through data exchange and participation in clinical protocols across the network.
External Stakeholders		
Healthix	Staten Island RHIO	Support the overall clinical integration strategy
Kenneth Atlee, Sprectramedix	Information Technology vendor	Development, customization, implementation and ongoing data processing and hosting services to support SI-PPS as well as support through the clinical integration assessment.
Neelash Shah, Performance Logic	Project Management Software vendor	Support rapid cycle evaluation for Domain 1 measures for management and reporting and overall project management support.
TBD	Electronic Health Record vendors at participating providers	Support clinical integration needs at PPS partners.

Staten Island Performing Provider System, LLC (PPS ID:43)

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 IT infrastructure across the SI PPS is the foundation for the development of a clinically integrated network including data sharing systems, interoperability and the ability for providers across provider types and sites (hospitals, primary care providers, mental health and substance abuse providers, and homecare providers, among others) to share relevant data to support care transitions, care management, and drive the appropriate use of resources and utilization of care. The clinical integration workstream will work with the IT Systems and Processes workstream to determine the sharing of clinical data and other information.

Key IT considerations for clinical integration may include but are not limited to the following:
• The IT infrastructure to support a clinically integrated network
• Data reporting for performance monitoring
• Secure messaging and alerts
• Patient and physician portal through the use of items such as patient and physician portals and secure messaging and alerts, among others.

Members of the Data/IT Committee, Clinical Committee and Clinical Integration Workgroup are designing data elements and other requirements for IT interoperability. Data and dashboards are being developed for two-way reporting between the SI PPS and PPS providers to share key data for care delivery as well as for performance reporting. The SI PPS is planning to build and configure a data sharing exchange and interfaces for PPS providers to become clinically integrated into the shared IT infrastructure.

The PPS performed a high-level IT assessment during the planning phase and identified several providers who currently do not have EHR systems. The PPS is taking into consideration the needs of these providers in the development of the clinical integration interim reporting while these providers build these systems and become clinically integrated into the PPS.

IPQR Module 9.8 - Progress Reporting

Instructions :

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

Specific milestones and progress reporting metrics that the SI PPS must report on a quarterly basis have been identified by the DOH. The milestones related to clinical integration include performing a clinical integration 'needs assessment' and developing a clinical integration strategy.

The SIPPS will utilize the project requirements, such as provider progress on PCMH certification and meaningful use requirements, as well as practitioner and patient satisfaction surveys to assess the overall effectiveness of the PPS's clinical integration throughout the DSRIP program.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

The SI PPS has developed a detailed implementation plan with additional sub-steps under each milestone to capture the responsible resources for executing/coordinating implementation steps under each milestone as well as designated timeframe estimates to complete the steps. The SI PPS anticipates that the Clinical Committee, in collaboration with other committees and workgroups, will develop these plans. The Clinical Committee will also oversee progress reporting for respective population health management metrics. The PMO will implement a standardized dashboard for the collection and reporting of progress as it relates to workplan implementation and milestones for reporting progress and risks for internal updates to relevant governance committees as well as for quarterly progress reports to the DOH. If the SI PPS utilizes vendor relationships for the implementation of the clinical governance workstream, all formal agreements will include a commitment to meeting and reporting on key milestones and implementation steps.

IPQR Module 9.9 - IA Monitoring:

Instructions :

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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.

UPDATE for 9/30/2015 SUBMISSION: (There is a tech glitch on allowing PPS to enter data into narrative boxes for milestones completed in previous Quarter).
Section 02: M#1 and 2: No changes to the governance structure or bylaws.
Section 03: M#1: No changes to finance organizational structure.

The Staten Island Performing Provider System, LLC (SI PPS) will serve as the anchor to support the implementation of the 11 DSRIP projects including the substantial administrative, project management, reporting, and communication responsibilities required, as well as to provide technical assistance to PPS providers. The SI PPS's governance committees will include representation from an effective and engaged team of clinicians as well as operational and finance leaders from across the PPS provider network to position the SI PPS for success. SI PPS leadership including the Executive Director, the Board of Managers and governance committees will set the tone for project implementation by encouraging both individual and regional care transformation and collaboration.

Serving as the organizational anchor responsible for the substantial administrative activities required to implement the 11 DSRIP projects, the SI PPS's Project Management Office (PMO) will execute the following:

• Designate a strong leader to oversee the entire planning and implementation process.
• Designate a project champion and owner, from within the PPS provider network, for each DSRIP project to ensure provider collaboration and engagement for each project.
• Hold ongoing implementation meetings with representatives from the PMO and project champions/leads as well as project implementation teams to discuss progress towards meeting project requirements, achieving actively engaged targets, etc.
• Ensure appropriate coordination between project implementation teams and organizational work streams including IT systems and processes, population health, value based payments, and clinical integration, among others.
• Employ adequate project management staff with expertise in synthesizing information,
coordinating many people and projects, and time management.
• Assign project coordinators, employed through the PMO, to project champions and project implementation teams to manage implementation steps and timelines.
• Assign data analysts to oversee specific projects/project groups to support the collection and analysis of key information from across the PPS network including executing rapid cycle evaluation.
• Develop a plan to incorporate and motivate practitioners and staff across PPS organizations.
• Ensure the availability of hands-on technical support to facilitate project development and design activities.

• Ensure ongoing communication and transparency to the PPS provider network, key stakeholders, and the practitioner and patient community.

The SI PPS's infrastructure development will lay the foundation for delivery system reform and the implementation of all DSRIP projects. As such, the SI PPS will lay the foundation for project implementation through investments in staff with required expertise, processes and technology.

The SI PPS will foster a culture of engagement across the network by employing learning collaboratives and will place an emphasis on staff training as an ongoing initiative to engage participating providers in reaching common project and DSRIP goals. The SI PPS will leverage and build upon existing learning collaboratives to incorporate best practices for performance improvement and information sharing in order to accelerate project implementation. Through these collaboratives, the SI PPS will also emphasize the use and dissemination of evidence-based/standardized best practices for care delivery. The SI PPS will also emphasize the piloting, testing and replicating of innovative care delivery models across the PPS network

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

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.

Project requirements across the 11 DSRIP projects are either the same or similar, and require similar approaches to achieving project outcomes. Many of the project specific requirements are also highly dependent upon the completion of organizational workstream tasks including IT systems and processes, workforce, performance reporting, clinical integration, and funds flow, among others. These organizational workstreams are also highly dependent on the work that is completed at the project level, including identifying individuals for training and identifying data/metrics to be collected and tracked to monitor project implementation and performance.

The SI PPS has developed project implementation teams and identified project champions/leads to coordinate with the PMO and organizational workstream committees and workgroups. The project implementation teams will consist of PPS partner representation from projects with similar or aligned project requirements, for example Project 2.b.iv Care Transitions to Reduce 30-Day Readmissions and 2.b.viii Hospital-Home Care Collaboratives, which both require the development of transitions of care processes for patients that are at risk for readmission. The need to develop PPS-wide clinical standards and care pathways around disease management, care management and medication management, all also require coordination across project implementation teams and clinical subcommittees.

For the DSRIP projects that have interdependencies across workstreams and other projects, their project plans have been developed to be shared across project teams to facilitate a streamlined implementation process. Project requirements that exist across projects and are interdependent with other workstreams include but are not limited to the following:

• Evidence-based care protocols and clinical practices. The development of these overlapping project requirements will be dependent on project implementation teams in coordination with the Clinical Committee and subcommittees.
• Training on evidence-based practices and protocols. Training programs will be developed and implemented in conjunction with the Workforce

Staten Island Performing Provider System, LLC (PPS ID:43)

Committee and Workforce Implementation Team/ Training Workgroup as well as project implementation teams. Project teams and the Workforce Implementation Team will also coordinate with the IT systems and processes workstream and performance reporting workstream to identify training requirements for PPS organizations and practitioners in these workstreams.

• Community health workers, patient navigators, care managers, primary care providers, social workers, educators, and transition staff will be required to support multiple projects.

• Coordination with Medicaid Managed Care Organizations (MCOs). This project requirement expands across multiple projects and will be dependent on the involvement of the Finance Committee as well as the Value Based Payment Workgroup.

• The use of EHR, IT platforms to track patients engaged, and integration with the RHIO (Healthix). This project requirement, which is a common requirement across the selected projects, will be interdependent with the Data/IT Committee and overall clinical integration and information technology workstreams.

Workgroups including the PCMH Workgroup and Care Management Workgroup will also be utilized as needed to support specific areas that cross cut numerous DSRIP projects and will include stakeholder representation across workstreams and project teams.

This workstream is also highly dependent on the total valuation and the flow of funds. In order for the PMO to provide the necessary administrative support described in the overall approach, a specified amount of funds will need to be set aside to support these activities.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Oversight	Joseph Conte, Executive Director, SI PPS LLC	Responsible for the overall execution of DSRIP projects including supervising PMO staff.
Project Oversight	Project Management Office	Oversight for execution of all DSRIP projects.
Regina Bergren	Compliance Officer	Responsible for developing and implementing the PPS compliance program.
Rick Olsen	Finance Director	Oversight of SI PPS Finance function.
Anyi Chen	Senior Director of Enterprise Data & Analytics	Develop and implement the overall PPS Information Technology strategy.
Celina Ramsey	Director of Diversity and Inclusion	Oversight of PPS Diversity and Cultural Competency strategy.
Project Implementation Teams	PPS partner organization members	Engage in meeting project requirements including developing clinical protocols for project implementation, assisting in the development of training, coordinating with project team members on implementation.
Data Analysts	Vitaly Druker Diana Kohlberg	Support data collection and reporting, and project progress analysis.
Overall Advisor	Project Advisory Committee (all SI PPS partners) Steering Committee: Beacon Christian Community Health Center, David Kim, MD; Community Health Action of Staten Island, Diane Arneth; Community Health Center of Richmond, Inc., Henry Thompson; Eger Health and Rehabilitation Center, David Rose; North Shore- LIJ Homecare, Irina Mitzner; Richmond Center for Rehabilitation and Residential Healthcare, Philip Buchsbaum; Richmond University Medical Center, Richard Salhany; Richmond University Medical Center, Pankaj Patel, MD; Richmond University Medical Center, Elizabeth Wolff, MD; Staten Island Mental Health Society, Fern Zagor; Staten Island University Hospital, Joanne Pietro; Staten Island University Hospital, Dina Wong; Staten Island University Hospital, Diane Gonzalez;	To serve in an advisory role to overall project execution.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
	YMCA of Greater New York, Jacqueline Filis; Visiting Nurse Services of New York, Donna Lichti	
Clinical Advisory	Clinical Committee 1 of 2: Beacon Christian Community Health Center, Janet Kim; Camelot of Staten Island, Logan Lewis; Cerebral Palsy Association of NY/ Metro Health Clinic, Azimah Ehr; Clove Lakes Health Care , Thomas Fealey; Community Health Action of Staten Island, Jennifer Lytton Hirsh; North Shore-LIJ Homecare, Meredith DeSimon; New York State Nurses Association, Julie Semente and Eliza Carboni; Richmond County Medical Society , Deborah Aanonsen; Richmond University Medical Center, Mansoor Khan, MD; Richmond University Medical Center, Michael Mathews; Richmond University Medical Center, Peter Stathopoulos, MD; Staten Island Borough President's Office, Ginny Mantello, MD ; Staten Island Mental Health Society, Libby Traynor; Staten Island University Hospital, Brahim Ardolic, MD; Staten Island University Hospital, Russell Joffe, MD; United Physicians Group, Ted Strange, MD / John Shafer; Victory Internal Medicine, Louis Emmer; YMCA of Greater New York, Amanda Wexler;	To serve in an advisory role related to the PPS's clinical needs.
Clinical Advisory	1199SEIU, Fabienne Joseph	To serve in an advisory role related to the PPS's clinical needs.
Financial Advisory	Finance Committee: Beacon Christian Community Health Center, David Kim Community Health Center of Richmond, Benny Lindo Coordinated Behavioral Care, TBD Eger Health and Rehabilitation Center, Gary de Leeiwek Richmond University Medical Center, Robert Ren Staten Island University Hospital, Tom Reca	To serve in an advisory role related to the PPS's finance needs.
Data/IT Advisory	Data and Information Technology Committee: Beacon Christian Community Health Center, Philip Juliano; Community Health Action of Staten Island, Joshua Sippen;Community Health Center of Richmond, Monique Welbeck; Coordinated Behavioral Care, Marty Piccochi; Eger Health and Rehabilitation Center, Debra Alexander; Healthix, Todd Rogow; Northshore-LIJ Care Solutions, Joseph Shulman;	To serve in an advisory role related to the PPS's IT/Data needs.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
	Richmond University Medical Center, Nancy Taranto; Saint Joseph's Medical Center, Elizabeth Woods; Staten Island University Hospital, Kathy Kania University Physicians Group, John Shafer Victory Internal Medicine, David Wortman; Visiting Nurse Services of New York, Steven Prewitt	
Workforce Advisory	Workforce Committee: Carmel Richmond Healthcare and Rehabilitation, Mary-Beth Francis; Community Health Center of Richmond, Christina Tavarez; Federation of Nurses, UFT, Ann Goldman New York State Nurse Association, Julie Semente; Richmond University Medical Center, Pat Caldari; Staten Island Mental Health, Rose Marie Belfini; Staten Island University Hospital, Margaret Dialto; 1199 SEIU, Alison Cohen; 1199SEIU Training & Employment Fund, Eloisa Pelaez and Rebecca Hall	To serve in an advisory role related to the PPS's workforce needs, including training.
Compliance Advisory	Compliance Committee: North Shore-LIJ, Regina Bergren; Richmond University Medical Center, Brian Moody	To serve in an advisory role related to the PPS's compliance needs
Communication & Marketing Advisory	Communication& Marketing Committee: Fidelis, TBD; Jewish Community Center, David Sorkin; NAMI Staten Island, Linda Wilson; Richmond University Medical Center, William Smith; Staten Island Borough President's Office, Ginny Mantello; Staten Island Partnership for Community Wellness, Adrienne Abbate; Staten Island University Hospital, John Demoleas	To serve in an advisory role related to the PPS's communication and marketing needs.
Diversity Advisory	Diversity & Inclusion Committee: El Centro Del Immigrante, Dulce Chuva; Make the Road New York, Rebecca Telzak; Mt. Sinai United Christian Church, Rev. Dr. Victor Brown; Port Richmond High School, TBD; Project Hospitality, Terry Troia; Richmond University Medical Center, Kelly Navoor; Stapleton UAME Church, Rev. Maggie Howard; Staten Island Immigrants Counsel, Gonazalo Mercado; Staten Island University Hospital, Celina Ramsey	To serve in an advisory role related to the PPS's diversity and inclusion needs.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
External Consultants	BDO	To provide any needed consulting services to support the PPS's in project execution.
Bill Myhre	Senior Director of Workforce and HR	Oversight of PPS Workforce Strategy
Irene Frohlich	Director of Project Management	Oversight for performance reporting of all DSRIP program activity to DOH.
Jessica Steinhart	Director of Ambulatory Care Initiatives	Oversight and execution for all ambulatory care related DSRIP Projects
Victoria Njoku-Anokam	Director of Behavioral Health Initiatives	Oversight and execution for all behavioral health related DSRIP Projects

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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		
Irene Frohlich	Project Management Director	Responsible for overall PPS project execution and reporting.
Jessica Steinhart, Director of Ambulatory Initiatives Victoria Njoku-Anokam, Director of Behavioral Health Initiatives Mary Han, Assistant Director of Continuing Care Initiatives Anyi Chen, Senior Director of Enterprise Data & Analytics Diana Kohlberg, Staff Analyst Kate Lynn Chimienti, Staff Analyst	Project Directors and Support staff	PMO oversight and leadership for all PPS projects, and for the overall implementation plan deliverables.
David Kim, MD Steering Committee Chair	PPS Steering Committee	Board level oversight and responsibilities for all of the PPS projects.
CEOs of PPS Network Providers	Oversight party from Network Providers	PPS Network Provider partners' CEOs are responsible for their organizations' execution of DSRIP responsibilities; they will contribute to the success of all PPS project execution.
Boards of Directors for PPS Network Partners	Oversight party from Network Providers	PPS Network Provider partners' Board of Directors have overall responsibility for their organizations' execution of DSRIP responsibilities, they will contribute to the success of all PPS project execution.
Representatives from Community	Representatives from Community	Input to integrate patients and community to all of the PPS projects.
1199 Training and Employment Funds	Training Vendor	Support PPS related training programs.
External Stakeholders		
BDO	External Consultants	Provide professional and consulting services to support all PPS projects.
Ginny Mantello, MD	Represent Staten Island Borough President's Office, Health & Wellness Department	Provide input and feedback and support across various workkstreams.
1199 Training and Employment Fund	Workforce vendor	Support implementation of the training strategy and workforce

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		strategy.
New York State Department of Health	NY DOH defines the DSRIP requirements	Develop and define DSRIP requirements around reporting, monitoring and project implementation.
Office of Mental Health; Office of Alcoholism and Substance Abuse Services; New York City Department of Health and Mental Hygiene	Government Agencies/Regulators	Provide oversight and influence in a number of DSRIP related areas including the importance of waivers or regulatory relief, construction/renovation projects, and other items and establish communication regarding DSRIP status, results, future strategies and their role in DSRIP success.
Healthix	Staten Island RHIO	Support the overall clinical integration and IT strategy.
Kenneth Atlee, Sprectramedix	Information Technology vendor	Development, customization, implementation and ongoing data processing and hosting services to support SI-PPS as well as support through the clinical integration assessment.
Neelash Shah, Performance Logic	Project Management Software vendor	Support rapid cycle evaluation for Domain 1 measures for management and reporting and overall project management support.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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.

The availability of structured, usable and accurate data is fundamental to the SI PPS's ability to implement DSRIP projects and meet project requirements. Usable data must be collected and analyzed in order to track implementation and drive performance improvement measures. The SI PPS has developed and will employ the following approach to ensure that the required IT infrastructure is available for project implementation:

• Many of the PPS providers participating in the selected DSRIP projects have not implemented EHR or are currently in the process of implementing EHR at their facilities. As part of its IT infrastructure development plan, for those providers without available electronic data, the SI PPS will prioritize implementing EHR and will employ interim strategies such as a standardized manual reporting and collection processes to collect needed data from providers.
• Identify data gaps and needs, in terms of technology and people, and develop plans to address these gaps.
• Ensure the ability to collect data from providers for the DSRIP projects early on in the DSRIP program, until EHR has been implemented.
• Engage the SI PPS's governance structure and project implementation teams and project leads in the development of an IT plan that includes the technology, processes, and resources to generate the data and performance reports required to implement and monitor DSRIP projects.

The SI PPS has identified the following elements required for the SI PPS's IT infrastructure to support project implementation:

1) A robust health information exchange that allows providers to exchange clinical data for use in patient treatment and coordination of care.
2) Patient registries that are both project-specific and for use in the overall DSRIP program.
3) A patient portal.
4) Day-to-day care management capabilities.
5) An analytics portal built to allow for reporting of project specific process metrics and outcome metrics for use in rapid cycle evaluation and reporting to the Department of Health.
6) The ability to perform population wide analytics and risk stratification to proactively identify patients and prioritize interventions.
7) A team of IT staff including data managers and data analysts employed by the SI PPS to collect, report, and provide support to PPS providers on the data to be reported.

Further, the DSRIP projects and program enables the development of disease registries and standardized quality data reports. Once data is accessible to the SI PPS, care teams will be able to utilize more sophisticated data than what is currently available for the purpose of population health management including personal health records for complex care management.

IPQR Module 10.6 - Performance Monitoring

Instructions :

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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

Foundational to the development of the SI PPS's performance monitoring and reporting system will be the identification of performance reporting metrics required for the 11 DSRIP projects and the organizational workstreams.

The SI PPS's performance monitoring approach will be centered on the development of a standardized, well-defined process that includes training and education for all PPS providers responsible for performance reporting measures as well as a sufficient support from the PMO to coordinate the collection, synthesis, analysis, and dissemination of reported data points and metrics.

The SI PPS's governance structure, in coordination with key stakeholders, will establish goals, expectations and timelines for performance monitoring and include these in the operating agreements developed with and signed by PPS providers, community based organizations (CBOs), and any other entities that the SI PPS may partner with as part of project requirements.

A designated Performance Reporting Workgroup made up of members of the IT Committee, Finance Committee, Clinical Committee, and the PMO will be responsible for driving performance monitoring. The PMO, through data analysts and managers, will also develop standardized formats for the collecting and reporting of performance data to support performance monitoring and rapid cycle evaluation.

Performance dashboards will also permit project teams as well as the Clinical and Finance Committees, to manage tasks, share information, and track project implementation progress and achievement of milestones. The performance dashboards will also permit the PPS's network to quickly respond to performance issues that may inhibit project success through quality assessment and improvement activities in coordination with the SI PPS's Clinical Committee and project implementation teams.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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.

The SI PPS recognizes that a critical aspect of the implementation of DSRIP projects is the continued engagement of the community throughout the project implementation process. Incorporating this objective, the SI PPS will be continually mindful of the community that will be impacted but are not actively participating in the process while ensuring the inclusion of providers serving various members of the Staten Island population. The SI PPS is also leveraging the Community Needs Assessment completed during the initial planning phase and is continuing ongoing community engagement techniques (surveys, town hall meetings, etc.) as part of its ongoing approach to improve project implementation through community engagement.

Specific to the implementation of Project 2.d.i, Patient Activation Activities, community and patient engagement will be critical to the project's success. The engagement of CBOs, specific to project requirements, and their roles within the project will be determined through project implementation teams. However, the SI PPS plans to leverage CBOs to engage in and provide Patient Activation Measures (PAM) activities on behalf of the SI PPS through contracted relationships.

To further facilitate community engagement, the SI PPS through its PMO and its Communication and Marketing Committee, have been charged with ensuring transparency in all of the SI PPS's coordination and decision making activities through the development of both internal and external communications. The Diversity and Inclusion Committee, in conjunction with the PMO and Communication and Marketing Committee, will also coordinate with project implementation teams to develop strategies around the appropriate approach to dissemination and wording of key information and messaging to the community including two-way communication strategies.

IPQR Module 10.8 - IA Monitoring

Instructions :

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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).	Completed	Finalized PPS target workforce state, signed off by PPS workforce governance body.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task Establish Implementation Team and Training Workgroup	Completed	Workforce Committee establishes a Workforce Implementation Team & Training Workgroup as well as a Training Lead with appropriate representation including union representatives and project implementation team members.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Identify future state for PPS workforce	Completed	Workforce Implementation Team to work with Project Implementation Teams and PPS Governance to identify the future state for PPS workforce.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Determine participation level, scope and responsibilities for providers	Completed	Determine participation level, scope and responsibilities for providers by DSRIP project.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Assess DSRIP project impact on current services	Completed	Assess project impacts on current services, required expansion of current services and new services; as well as impact on the SI PPS workforce for each DSRIP project through project implementation team meetings, workgroups and provider interviews.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Assess need/type of new staff positions/roles and responsibilities by provider by project	Completed	Based on new services/changes in services; assess need/type of new staff positions/roles and responsibilities by provider and by project through project implementation team meetings, workgroups and provider interviews, and target workforce state survey distributed to participating providers.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Assess need/type of staff for the PMO	Completed	Assess need/type of staff for the Project Management Office (PMO) through discussion with PPS governance committees and project implementation teams.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task PMO consolidates workforce state analysis	Completed	PMO consolidates project and provider specific target workforce state analysis to determine overlaps and potential efficiencies.	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Finalize future target workforce state	Completed	PMO and Workforce Implementation Team finalize future target workforce state including identifying specifics around position types, skill levels, certifications, number of such positions needed etc. to achieve target workforce state.	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Hold stakeholder meetings to review target workforce draft	Completed	PMO holds additional stakeholder meetings to review the target workforce state draft.	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Submit target workforce state report to Workforce Committee for review and approval	Completed	PMO submits the target workforce state report to the Workforce Committee for review and approval.	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Review target workforce with PAC to receive feedback	Completed	PMO reviews the target workforce state report with the PAC to receive feedback.	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Submit target workforce for Board approval	Completed	PMO submits the target workforce state report to the Board for approval.	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3	
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	03/31/2016	03/31/2016	DY1 Q4	NO
Task Establish Workforce Committee Charter	Completed	PMO establishes within the Workforce Committee Charter, a governance model for decision making around PPS workforce issues. Model is signed off and approved by the Board.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Identify key components of workforce transition roadmap	Completed	Workforce Implementation Team identifies key components of workforce transition roadmap, including key requirements and timelines.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Leverage current state assessment report and gap analysis to create detailed comparison between current and future workforce	Completed	Workforce Implementation Team leverages the current state assessment report and gap analysis as well as target workforce plan to create a detailed comparison between the current and future workforce (location of workforce to be redeployed, retraining and new hires; compensation and benefits impacts; new roles and responsibilities; competency levels, training and certification requirements, etc.).	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop workforce transition roadmap	Completed	Workforce Implementation Team develops a workforce transition roadmap to address redeployment, training and new hire process including timelines and key steps. Include strategy to revise/refine roadmap on a bi-annual basis as needed.	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Submit transition roadmap to Workforce	In Progress	PMO submits the workforce transition roadmap report to the Workforce Committee for review and approval.	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Committee for review and approval									
Task Review workforce transition roadmap with PAC and receive feedback	Not Started	PMO reviews the workforce transition roadmap with the PAC and receives feedback.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Submit workforce transition roadmap for Board approval	Not Started	PMO submits the workforce transition roadmap to the Board for approval.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
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.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Perform initial current workforce assessment	Completed	Workforce Implementation Team performs an initial assessment of the current workforce through a current state workforce survey distributed to participating providers, workgroups, and provider interviews including: Identifying staff that may be available for redeployment and retraining for new positions by provider and identifying initial list of employees for training by provider	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Assess impact of DSRIP project implementation on current workforce	Completed	Workforce Implementation Team assesses the impact of DSRIP project implementation on current workforce including requirements for staff reductions and redeployment.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Assess the DSRIP project impacts on current utilization of services	Completed	PMO, Workforce Committee, and Project Implementation Team assess the DSRIP project impacts on current utilization of services including inpatient admissions and ER visits.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Use target workforce state to identify gaps between current and future workforce states	Completed	Using the target workforce state (Milestone 1), Workforce Implementation Team identifies gaps and requirements between the current state and future state including new hires, retraining needs, and additional skill/competency needs, additional/new certifications, etc.	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Refine workforce budget using new requirements identified through gap analysis	Completed	Workforce Implementation Team refines initially developed workforce budget using new requirements identified through gap analysis including identifying the costs associated with moving from current state to future state workforce.	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop current state assessment and gap analysis report comparing the current state to the future state	In Progress	Workforce Implementation Team develops a current state assessment and gap analysis report comparing the current workforce state to the target workforce state.	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4	
Task	In Progress	PMO submits the current state assessment and gap analysis	01/01/2016	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Submit analysis report to Workforce Committee for review and approval		report to the Workforce Committee for review and approval.							
Task Review analysis report with PAC and receive feedback	In Progress	PMO reviews the current state assessment report and gap analysis with the PAC and receive feedback.	01/01/2016	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Submit current state assessment and report to the Board for approval	In Progress	PMO submits the current state assessment report and gap analysis to the Board for approval.	01/01/2016	03/31/2016	12/01/2015	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.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	YES
Task Utilize target workforce state, current state assessment report, and gap analysis to determine compensation and benefit impact	In Progress	Workforce Implementation Team utilizes the target workforce state, current state assessment report, and gap analysis, to determine the compensation and benefit impacts on staff identified for retraining and redeployment as well as new hires.	09/30/2015	12/31/2015	09/30/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Collect and review current compensation and benefit information on “impacted”	In Progress	Workforce Implementation Team collects and reviews current compensation and benefit information on “impacted”employees that may be redeployed.	09/30/2015	12/31/2015	09/30/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Perform a review of compensation and benefits for new positions	In Progress	Perform a review of compensation and benefits for new the New York metro area and Staten Island.	07/01/2015	12/31/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Work with union partners to identify relevant policies and procedures in collective bargaining agreements	Completed	PMO works with union partners to identify relevant policies and procedures in existing collective bargaining agreements around future state compensation and benefits on impacted staff.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop policies and procedures around compensation and benefits for non-union positions	In Progress	For staff not currently covered by collective bargaining agreements, PMO develops policies and procedures around compensation and benefits for staff impacted by redeployment or those that refuse redeployment.	07/01/2015	12/31/2015	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Prepare compensation and benefit analysis report	In Progress	Workforce Implementation Team prepares compensation and benefit analysis report including relevant policies and procedures around compensation and benefits.	09/30/2015	03/31/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Submit compensation and benefit analysis report	In Progress	PMO submits a current state assessment report and gap analysis to the Workforce Committee for review and approval.	09/30/2015	06/30/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1	

Staten Island Performing Provider System, LLC (PPS ID:43)

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 gap analysis to Workforce Committee for review and approval									
Task Review the compensation and benefits analysis with PAC and get feedback	Not Started	PMO reviews the compensation and benefit analysis with the PAC and receives feedback.	01/01/2016	06/30/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Submit compensation and benefit analysis report to Board for approval	Not Started	PMO submits the compensation and benefit analysis report to the Board for approval.	01/01/2016	06/30/2016	05/01/2016	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	03/31/2016	03/31/2016	DY1 Q4	NO
Task Assess current state training needs	Completed	Workforce Implementation Team assesses the current state training needs in coordination the Diversity & Inclusion Committee and the Workforce Implementation Team (through surveys/assessment tools and project implementation meetings) including: 1. Training for existing staff in new processes and practices related to project implementation and PPS processes and practices; 2. Training for staff redeployed to new locations; 3. Training for new positions (new hires)	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Appoint at Training Workgroup	Completed	PMO appoints a Training Workgroup out of the Workforce Committee/Workforce Implementation Team.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop a high level overall training strategy	Completed	Training Workgroup develops a high level overall training strategy including the use of vendors, internal PPS trainers, and the 1199 SEIU Training and Employment Fund.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop processes and templates to track and collect the needed data for reporting on training	Completed	Training Workgroup develops processes and templates to track and collect the needed data for reporting on training (workforce trained, dates, outcomes, effectiveness of training, etc.).	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop a training strategy	In Progress	Training Workgroup develops a training strategy to include an implementation plan and timelines for creating and implementing training programs related to new care pathways and processes, health literacy and cultural competency, ongoing training, and compliance, among others. Develops a strategy to evaluate training and outcomes.	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Submit training strategy to Workforce Committee for review and approval	In Progress	PMO submits the training strategy to the Workforce Committee for review and approval.	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 training strategy with PAC and receive feedback	In Progress	PMO reviews the training strategy with the PAC and receives feedback.	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Submit training strategy to the Board for approval	Not Started	PMO submits a training strategy to the Board for approval.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	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
Define target workforce state (in line with DSRIP program's goals).	if12345	Communication Documentation	43_MDL1103_1_3_20160316123207_IA_Remediation_BoardApprovalProof_DY1Q3.pdf	Response to IA Remediation DY1 Q3	03/16/2016 12:32 PM
	howens83	Templates	43_MDL1103_1_3_20160118105911_Meeting_Schedule_Template.xlsx	Meeting schedule Template	01/18/2016 10:59 AM
	howens83	Communication Documentation	43_MDL1103_1_3_20160118104900_Workforce_Site_Visit_Minutes.pdf	Communication: Site Visit w/ Partners for data gathering - minutes	01/18/2016 10:49 AM
	howens83	Communication Documentation	43_MDL1103_1_3_20160118104832_Workforce_Site_Visit_Attendees_List.pdf	Communication: Site Visit w/ Partners for data gathering	01/18/2016 10:48 AM
	howens83	Documentation/Certification	43_MDL1103_1_3_20160118104752_SIPPS_Workforce_Committee_Deck_12_9_15_December_Update.pdf	Current and Future State as of December 2015	01/18/2016 10:47 AM
	howens83	Documentation/Certification	43_MDL1103_1_3_20160118104708_SIPPS_Workforce_Current_and_Future_State_October.pdf	Current and Future State as of October 2015	01/18/2016 10:47 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Define target workforce state (in line with DSRIP program's goals).	
Create a workforce transition roadmap for achieving defined target workforce state.	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform detailed gap analysis between current state assessment of workforce and projected future state.	
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.	
Develop training strategy.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	The IA has accepted the narrative indicating the intent of the PPS to have this milestone changed to "In process". In DY1Q4 please change your milestone Status to "In process" and update the milestone end date to align with the intent of your narrative submission.
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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.

The following identifies key challenges and risks to achieving the milestones in the above project plan and describes the SI PPS's ability to achieve outcome measure targets:

1. The ability to hire needed positions to support project implementation including primary care physicians, psychiatrists, clinicians with expertise in palliative care, Credentialed Alcoholism and Substance Abuse Counselors (CASAC), and licensed clinical social workers, among others. Many of the DSRIP projects require specialized staff who are typically difficult to recruit. Further, Staten Island is a geographically isolated area with high commuting costs, creating an even greater barrier to recruiting needed staff. The SI PPS will develop appropriate incentives and dedicate recruitment efforts to mitigate this risk; however, the SI PPS will also consider using alternative clinical staff to implement project goals. Further, the SI PPS will reorganize the workforce into care teams with various levels of expertise and skills; incorporate varying types of skills and education levels within titles; and incorporate salary scales or steps to account for a variety of skill sets. The SI PPS is also considering working with local universities to support long term workforce needs as well as to subsidize training and certification for needed staff.

2. The ability to transition from an inpatient intensive, "traditional" workforce, to a "non-traditional" workforce includes hiring patient navigators, community health workers, transition coaches, etc. The SI PPS anticipates the ability to train and develop new positions with new skill sets as a challenge. To mitigate this risk, the SI PPS will provide centralized training support focused on preparing, training, and educating the workforce for this transition.

3. Currently there are significant disparities across participating provider organizations in human resources policies and procedures adding complexities to the development of strategies for retraining and redeployment. To mitigate this risk the SI PPS has included representation from across provider organizations on the Workforce Committee to ensure the SI PPS's approach includes consideration of various partner requirements. The Workforce Committee will develop a formal set of minimum standards to be utilized in relation to the SI PPS's DSRIP workforce.

4. The SI PPS's ability to fund the hiring of new staff for services not covered by traditional reimbursement include care managers, community health workers, transition coaches, and trainers or training vendors to support the implementation of DSRIP projects is considered a risk to project implementation. To mitigate this risk, the SI PPS has developed a budget and funds flow model that allows for multiple funding scenarios including limitations on funding. The SI PPS has also allocated funding to critical roles, including care managers and community health workers, and is working on approaches to create efficiencies in hiring to support non-reimbursable services.

5. In order for the SI PPS to meet workplan timelines and workforce project requirements training must be developed and completed across multiple workstreams including performance reporting, information technology (IT) processes, clinical integration, and training around new clinical protocols practices, and workflows. The SI PPS will mitigate the risks associated with not meeting training deadlines by working with training vendors and other resources including the SI PPS's workforce vendor, the 1199 SEIU Training and Employments Funds and will consider tying provider performance bonus payments to meeting workforce milestones.

To further mitigate risks in this workstream, the SI PPS Project Management Office (PMO) in coordination with the SI PPS governance are developing an overall approach to track/monitor risks on an ongoing basis.

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.)

There are several interdependencies between the SI PPS's workforce transformation and other organizational workstreams including IT systems & processes, governance, cultural competency, clinical integration, performance reporting, practitioner engagement, and population health as well as general project implementation. The SI PPS recognizes that workforce plays a critical role in the frontline delivery of care to patients and thus the successful implementation of DSRIP project and organizational implementation plans.

The IT systems & processes and clinical integration strategy, including the ability to share clinical data between PPS providers is critical to obtaining health information in real-time to provide appropriate preventative and quality care to the Medicaid patient population. Additionally, the organizational committees (Finance, Workforce, and Clinical Committees) will need to be able to receive data to appropriately monitor the workforce for rapid cycle evaluation, to adjust the needs of the workforce and PPS as needed, and to monitor the implementation of clinical protocols and training.

Governance interdependencies arise due to the need for formal approval of plans/activities and conformity with policies and procedures as set forth by the SI PPS bylaws. The SI PPS has established the Workforce Committee, with guidance from the Project Advisory Committee (PAC), to develop a training strategy across the PPS network to consider inputs to address cultural competency, use of IT systems, and use of clinical standards of care.

The Diversity & Inclusion, Data/IT, and Clinical Committees, Practitioner Engagement Workgroup, and project implementation teams are all responsible for designing training strategies specific to their areas and will collaborate with the Workforce Committee to implement appropriate trainings.

The SI PPS is designed for the sharing of several workforce positions across the PPS network. For example, data managers and project coordinators are shared. Further, the SI PPS anticipates having various committee members sit on more than one governance committee to better facilitate cross functionality of the SI PPS.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
Senior Director of Workforce and Human Resources at the Staten Island PPS	William Myhre	Responsible for the implementation and monitoring of various workforce initiatives.
Workforce Implementation Team Project Lead	William Myhre	Accountable for implementing, leading and monitoring workforce initiatives and operations.
Workforce Implementation Team	William Myhre, Staten Island PPS Valbona Lajqi, Staten Island PPS Celina Ramsey, Staten Island PPS Karen Meador, BDO Seth Merksamer, BDO Alan Cooper, BDO Krysta Gamble, BDO Maureen Miller, BDO Mary-Beth Francis, Archcare Christina Tavarez, Community Health Center of Richmond Ann Goldman , UFT Julie Semente, NYSNA Patricia Caldari, RUMCSI Rose Marie Belfini, SIMHS Margaret Dialto, NorthShore LIJ Alison Cohen, NYSNA Eloisa Pelaez, 1199 Rebecca Hall, 1199 Eliza Carboni, NYSNA Julia Brusco, NYSNA Patricia Kane, NYSNA Samir D'Sa, xghealth Michelle Green, NYSNA Dell Smitherman, 1199 Ron Musselwhite, RUMCSI Patricia Coleman, NorthShore LIJ Charles Baumgart, xghealth Philip Wirtjes, xghealth	Provide guidance on how strategy formulation and create strategic planning documents to achieve Workforce Strategy

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
	Michele Miller, Archcare Susan Wittich, Eger Logan lewis, Camelot Janice Maye, Camelot Kerry Johnston, 1199 Katherine Lewis, 1199	
HR Leads of Provider Organizations	Margaret Dialto, SIUH Ron Musselwhite, RUMCSI Susan Wittich, Eger Christina Tavarez, CHCR Janice Maye, Camelot	Support data collection of compensation and benefit information as well as current state workforce information and potential hiring needs.
Director of Project Management	Irene Frohlich	Provides guidance to Sr. Director of Workforce/HR to ensure all progress is documented correctly to substantiate progress to DOH
Executive Assistant/HR Workforce Analyst	Valbona Lajqi	Documents progress and maintains record of all meetings, trainings, and training materials.
Consultants	BDO Consulting, LLP	Provides PPS with data collection and strategy formulation.
Workforce Committee	William Myhre, Staten Island PPS Valbona Lajqi, Staten Island PPS Celina Ramsey, Staten Island PPS Karen Meador, BDO Seth Merksamer, BDO Alan Cooper, BDO Krysta Gamble, BDO Maureen Miller, BDO Mary-Beth Francis, Archcare Christina Tavarez, Community Health Center of Richmond Ann Goldman , UFT Julie Semente, NYSNA Patricia Caldari, RUMCSI Rose Marie Belfini, SIMHS Margaret Dialto, NorthShore LIJ Alison Cohen, NYSNA Eloisa Pelaez, 1199 Rebecca Hall, 1199 Eliza Carboni, NYSNA Julia Brusco, NYSNA Patricia Kane, NYSNA Samir D'Sa, xghealth	Responsible for the overall direction, guidance and decision making related to the workforce transformation agenda, including defining the target workforce state, creating a workforce transition roadmap, producing a compensation and benefit analysis, and developing training programs.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
	Michelle Green, NYSNA Dell Smitherman, 1199 Ron Musselwhite, RUMCSI Patricia Coleman, NorthShore LIJ Charles Baumgart, xghealth Philip Wirtjes, xghealth Michele Miller, Archcare Susan Wittich, Eger Logan lewis, Camelot Janice Maye, Camelot Kerry Johnston, 1199 Katherine Lewis, 1199	
Training Workgroup	William Myhre, Staten Island PPS Valbona Lajqi, Staten Island PPS Celina Ramsey, Staten Island PPS Jessica Steinhart, Staten Island PPS Alan Cooper, Tudor Group LLC Denise Fazio, Archcare Christina Tavarez, Community Health Center of Richmond Patricia Coleman, NorthShore LIJ Margaret Dialto, NorthShore LIJ Rebecca Hall, 1199 Eloisa Pelaez, 1199 Ron Musselwhite, RUMCSI Janice Maye, Camelot	Define and monitor the training workplan in conjunction with project implementation teams and other work streams.
HR Recruiter	Valbona Lajqi William Myhre Rebecca Hall, 1199SEIU TEF	Recruit for key or specialized positions in the PMO and DSRIP projects.
1199 SEIU Training & Development Fund (Workforce Vendor)	Rebecca Hall	Support the implementation of the workforce state including the training plan.
Labor Representation	1199 SEIU, Allison Cohen; New York State Nurses Association, Julie Semente; Federation of Nurses, Ann Goldman	Provide insights and expertise into likely workforce impacts, staffing models, and key job categories that will require retraining, redeployment, or hiring.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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		
Richmond University Medical Center, Human Resources Vice President; Staten Island University Hospital, Human Resources Vice President Carmel Richmond Healthcare & Eger Lutheran, Camelot, CHCR, Staten Island Mental Health,	HR Leads of the SI PPS	Support data collection of compensation and benefit information as well as current state workforce information and potential hiring needs.
1199SEIU Training Fund	Training Lead to be identified as part of implementation steps for Milestone 1	Provide oversight and input for the development of training needs assessments and subsequent training strategies and plans.
Senior Director of Workforce and Human Resources	Project Management Office	Oversee and lead workforce related projects.
Director of Project Management	Project Management Office	Provides support to Workforce Implementation Team to ensure all progress is documented correctly to substantiate progress to DOH
HR Directors from Network Providers	Coordinators from Network Providers	Serve as the primary contact for the PPS Lead workforce function for conducting DSRIP related business and responsible for their organization's execution of DSRIP related workforce responsibilities and participation in workforce related strategies.
Site HR/Clinical Leadership	Leads of larger PPS Member Organizations	Provide insight and information related sources and destinations for redeployed staff by projects.
Site HR/Clinical Leadership	Lead at large PPS Member Organizations impacted by DSRIP Projects	Provide data and information for current state assessment and future state workforce needs.
External Stakeholders		
1199 SEIU TEF	PAC Member, Workforce Committee Member, Clinical Committee Member	Advise on workforce strategy.
New York State Nurses Association	PAC Member, Workforce Committee Member, and Clinical Committee Member	Advise on workforce strategy.
Federation of Nurses	PAC Member and Workforce Committee Member	Advise on workforce strategy.
Continuing Care Leadership Coalition	INTERACT Training vendor	Assist in the implementation of INTERACT training at SNF's/Home

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		care providers.
PCMH vendor	Training vendor	Assist in the implementation of NCQA Level 3 PCMH 2014 .
Insignia Health	PAM Training vendor	Assist in the implementation of PAM training for providers involved in Project 2.d.i.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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.

A shared IT infrastructure across the SI PPS network will enable the workforce to better communicate across the PPS network, enhance mobile capabilities, training capabilities, standardize usage and understanding of clinical care management standards, and enable monitoring and reporting of key milestones for rapid cycle evaluation.

The successful implementation of interoperability functions and the sharing of electronic health information and patient alerts will be critical to providing the current workforce and new workforce information needed for appropriate and coordinated patient care and for properly directing resources.

The IT processes workflow will support the development of standardized workflows and care management plans for use in various Electronic Health Records to support the training of the workforce across the SI PPS.

Clinicians, care managers and patient navigators will require access to electronic health information from PPS providers to better coordinate patient care. Further mobile resources such as tablets will support the ability for community health workers to engage patients in community settings.

An IT training platform including the ability to offer a centralized learning management system to provide and track training will be utilized by the PPS to implement its overall training strategy.

Finally, the PPS envisions that a Human Resource Information System (HRIS) or a variation of a payroll system will be implemented in the PPS's Project Management Office (PMO) as part of the shared IT infrastructure spanning the SI PPS network to enable monitoring and reporting of its workforce.

IPQR Module 11.9 - Progress Reporting

Instructions :

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

Specific workforce milestones that PPSs are required to report on a quarterly basis have been developed by the New York State Department of Health (DOH) and incorporated into the SI PPS's implementation workplans. These requirements include the number of staff redeployed, retrained and hired staff as well as the milestones and timelines established in the workplans, and workforce budget updates. These milestones include

defining a target workforce state; creating a workforce transition roadmap; performing a detailed gap analysis between the current state assessment of workforce and the projected future state; producing a compensation and benefit analysis; and developing a training strategy.

The SI PPS's PMO in conjunction with the Workforce Committee and Training Workgroup have develop and distributed survey tools to collect baseline data from across the PPS network. The SIPPS has also created data collection processes, tools, and timelines to collect and report on the progress of workforce milestones and transformation metrics on an ongoing basis. The PMO is implementing as well as reporting on progress updates and changes to the DOH and other key stakeholders on a weekly basis.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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**

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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**

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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**

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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**

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

IPQR Module 11.11 - IA Monitoring:

Instructions :

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Project 2.a.iii – Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services

IPQR Module 2.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.

The SI PPS views the following as major risks for implementation:

1. The project requirement for all participating PCPs to meet NCQA accredited Level 3 PCMH standards and/or APC accreditation by Demonstration Year 3 is a risk to achieving project implementation. Although many PCPs have met old NCQA PCMH standards, some still lack EHR or are early in the medical home transformation process. To mitigate this risk, the SI PPS is developing PCMH implementation plans and will provide PCPs with centralized resources, training, and technical assistance. The SI PPS will also track progress and contract with vendors to provide support, as needed.

2. Project requirements for providers to have EHR systems that meet MU standards, connect to the RHIO, and have an IT infrastructure for population health management have been identified as risks for implementation. Some SI PSS providers do not currently have EHR, impeding RHIO connection and tracking of engaged patients. To mitigate this risk, the SI PPS has prioritized implementation of EHR systems across all projects and requested funds through the Capital Restructuring Finance Program to assist providers with fully implementing EHR. The Senior Director of Enterprise Data and Analytics in conjunction with the Data/IT Committee will work with providers who have identified EHR implementation as a risk to help facilitate implementation.

3. Significant engagement is required from PCPs and other practitioner groups, including care management teams and implementation of evidence-based practice guidelines to address risk factor reduction and management of chronic diseases. To address this risk, the SI PPS is developing an incentive strategy to ensure provider participation and will include key provider groups in the development of care protocols and as representatives on the Clinical Committee to ensure engagement with adopted practices.

4. Significant hiring/training is required to support expansion of care management. To assist in accelerating this effort, the Workforce Committee will leverage providers with existing hiring/training resources to quickly ramp up capacity to serve the target population. The SI PPS plans to utilize partners including CBC (the SI Health Home) and NS-LIJ's Care Solutions as existing resources to achieve full implementation.

5. Staten Island has an ethnically diverse population presenting linguistic, cultural and other challenges for Medicaid enrollees and uninsured attempting to self-manage care and navigate the healthcare system. To mitigate this risk, the SI PPS will utilize current health home providers with expertise providing services to these populations to support project implementation. The SI PPS will develop culturally competent and linguistically appropriate and self-management materials to support this population.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

6. The SI PPS has allocated a portion of funding for this project to support project implementation costs including the hiring/training of additional staff, development of IT infrastructure, and incentive/bonus payments to providers. The SI PPS has tied funds flow to providers based on meeting specific project milestones within designated timeframes. The ability to support project activities through the current valuation is a risk, given that care management services for "at-risk" patients are not reimbursable and must be entirely supported through PPS funds. To mitigate this risk, the SI PPS will partner with existing Health Homes to support project implementation. The Health Homes will support project implementation activities and create efficiencies through alignment with existing health home models. Additional care management providers may be engaged for the project if the Health Home is unable to meet actively engaged targets with current project valuation.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

IPQR Module 2.a.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**
DY3,Q4	5,000

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
132	211	28.13%	539	4.22%

Warning: Please note that your DY1,Q3 Patient update does not meet your committed amount (750)

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
dk12345	Documentation/Certification	43_PMDL2215_1_3_20160203111817_2aiii_Coordinated_Behavioral_Care_AE_90.pdf	Coordinated Behavior Care's Attestation for Project 2aiii.	02/03/2016 11:19 AM
dk12345	Rosters	43_PMDL2215_1_3_20160203111431_SIPPS_2aiii_Patient_Registry_MAPP_DY1Q3_01312016.xlsx	SI PPS Patient Registry for Project 2aiii.	02/03/2016 11:17 AM

Narrative Text :

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

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Module Review Status

Review Status	IA Formal Comments
Fail	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

IPQR Module 2.a.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 Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task A clear strategic plan is in place which includes, at a minimum: - Definition of the Health Home At-Risk Intervention Program - Development of comprehensive care management plan, with definition of roles of PCMH/APC PCPs and HHs	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Recruit/hire project management office staff.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including Health Home providers.	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Select project lead(s)/champion(s).	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Identify PPS providers participating in project.	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval.	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Develop funds flow model for Project 2.a.iii including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or under reimbursed.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Request budgets from PPS providers detailing requests for	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 implementation funds aimed at supporting project-related expenses.									
Task Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Finalize and execute provider specific master services agreements and funds flow for participating PPS providers.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings to define the Health Home At Risk Intervention Program and develop comprehensive care management plan (including participating Health Home providers and care management providers).	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop strategic plan around Health Home-At Risk Intervention program.	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task Develop a care management model (building on Health Home experience) to identify and address immediate needs that may drive preventable ER and inpatient use, while planning for and assisting with community ambulatory care engagement.	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify opportunities for care manager co-location at FQHCs, ER's and other partner sites.	Project		In Progress	04/01/2015	03/31/2016	12/28/2015	03/31/2016	03/31/2016	DY1 Q4
Task Form integrated care teams building on long-term relationships with hospitals and Article 28 health centers, as well as embedding care coordinators in health home agencies' integrated primary/BH Article 31 MH and Article 32 SA clinics.	Project		In Progress	04/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #2 Ensure all primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and Advanced Primary Care accreditation by Demonstration Year (DY) 3.	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 All practices meet NCQA 2014 Level 3 PCMH and APCM standards	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 Project Director assembles an Ambulatory Care Workgroup to address PCMH implementation.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop Ambulatory care workgroup meeting schedule for ongoing meetings and convene workgroup meetings.	Project		Completed	04/01/2015	03/31/2018	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director, in conjunction with the Workgroup, develops a PPS plan to achieve PCMH 2014 Level 3 Requirements and timeline and share best practices across the PPS.	Project		Completed	10/01/2015	03/31/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director/support staff, performs a current state assessment of PCMH 2014 Level 3 requirements across participating ambulatory providers (PCPs).	Project		Completed	06/01/2015	06/30/2016	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director, in conjunction with workgroup and individual ambulatory providers, develops a roadmap for each identified provider to achieve PCMH 2014 Level 3 recognition.	Project		Completed	07/01/2016	12/31/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify PCMH technical assistance resources for providers, including vendor and PMO resources.	Project		Completed	10/01/2016	03/31/2017	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop approach to monitor progress and obtain necessary documentation towards PCMH recognition.	Project		In Progress	04/01/2017	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #3 Ensure that all participating safety net providers are actively sharing EHR systems 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.	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 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

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Case Management / Health 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 Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' ability to connect to the RHIO including identifying providers with/without EHR. For those providers without EHR, provider implementation plan/timelines for implementation are developed.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop approach to monitor progress and obtain necessary documentation towards transition to EHR and integration with the RHIO.	Project		In Progress	09/30/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for provider integration with RHIO and ensure SHIN-NY requirements are met.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task For those providers without EHR, the Project Director will develop interim strategy to enable sharing of information with the RHIO.	Project		Completed	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Providers are integrated with the RHIO.	Project		In Progress	09/30/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop an education and training plan related to RHIO that is inclusive of trainings on alerts and secure messaging.	Project		In Progress	01/01/2016	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Facilitate RHIO trainings for providers.	Project		In Progress	01/01/2016	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Verify providers share health information with RHIO and among clinical partners including via secure messaging and alerts.	Project		Not Started	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
and/or APCM.									
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 PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	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 Establish a Data/IT Committee to develop a plan for meeting MU Stage 2 EP and PCMH Level 3 expectations with EHR systems.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' EHR MU certification/alignment with PCMH expectations including identifying providers with/without EHR. For those providers without EHR, provider implementation plan/timelines for implementation are developed.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use Stage 2 CMS requirements and Certification or EHR Proof of Certification.	Project		In Progress	09/30/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Project Director and Sr. Director of Enterprise Data & Analytics develop a process to monitor implementation for provider EHR MU certification.	Project		In Progress	07/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Verify providers' EHRs are MU certified.	Project		In Progress	09/30/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 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	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.	Project		Completed	07/01/2015	03/31/2018	10/01/2015	12/31/2015	12/31/2015	DY1 Q3

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 a Population Health Management Workgroup to develop a population health strategy and convene workgroup meetings.	Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop an approach to create standardized vocabulary and patient registries.	Project		In Progress	01/01/2016	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop an approach to perform population health analytics utilizing claims and other data and disseminate date to providers for targeted management of patients and utilization.	Project		In Progress	01/01/2016	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.	Project	N/A	In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Procedures to engage at-risk patients with care management plan instituted.	Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Identify best practice processes and workflows for comprehensive care management plans in conjunction with health home and other care management providers.	Project		In Progress	09/01/2015	12/31/2015	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Formalize best practice processes and workflows for comprehensive care management plans in conjunction with Ambulatory Care / Care Management Workgroup.	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Project Director, in conjunction with Workgroup and Workforce Committee, develops training program to implement the SI PPS's comprehensive care management processes and workflow at participating provider sites.	Project		Completed	01/01/2016	03/31/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Launch training programs for the implementation of the SI PPS's comprehensive care management plans at participating provider sites.	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Perform outreach to participating providers to provide comprehensive care management plan training.	Project		Not Started	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task	Project		Not Started	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Director/support staff ensure participating provider site implement the SI PPS's comprehensive care management plan at their sites following completion of the training through ongoing assessment.									
Milestone #7 Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Each identified PCP establish partnerships with the local Health Home for care management services.	Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Each identified PCP establish partnerships with the local Health Home for care management services.	Provider	Case Management / Health Home	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Solicit proposal from Staten Island Health Home for provision of care management services through the Health Home at Risk intervention model.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop agreement with Staten Island Health Home that outlines roles and responsibilities, including information sharing.	Project		Completed	07/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Formalize policies and procedures for identifying eligible Health Home At-Risk patients (Milestone 1).	Project		In Progress	09/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Formalize and implement policies and procedures for referring eligible Health Home At-Risk patients to the care management agencies.	Project		In Progress	09/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify best practice policies and procedures for information sharing between primary care providers and care management agencies, and other providers as needed.	Project		In Progress	04/01/2016	12/31/2016	12/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Formalize policies and procedure for information sharing between PCPs and Health Home.	Project		In Progress	04/01/2016	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments).									
Task PPS has established partnerships to medical, behavioral health, and social services.	Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has established partnerships to medical, behavioral health, and social services.	Provider	Case Management / Health Home	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS uses EHRs and HIE system to facilitate and document partnerships with needed services.	Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Assess care coordination processes and services of Health Home subcontracted care management agencies.	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify gaps in Health Home network for needed services.	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Engage providers and Health Home CMAs via meetings, focus groups, and other forums and develop agreements that outlines roles and responsibilities of both parties.	Project		In Progress	09/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Engage providers and additional agencies via meetings, focus groups, and other forums and develop agreements to cover services, if needed.	Project		In Progress	09/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Create directory of network resources for care coordination services.	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify best practice processes and workflows for group decision making between primary care providers and care management agencies.	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Formalize policies and procedures related to group decision making between PCPs and CMAs.	Project		Not Started	10/01/2015	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Define technical standards, policies and procedures for data sharing across the PPS network.	Project		Completed	01/01/2016	03/31/2016	12/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
Determine capabilities of EHR vendors to generate referrals to and communication with care management agencies.									
Task Facilitate enhancements to EHR systems or utilization of HIE to produce electronic referrals and communication between providers and agencies.	Project		Not Started	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population.	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 adopted evidence-based practice guidelines for management of chronic conditions. Chronic condition appropriate evidence-based practice guidelines developed and process implemented.	Project		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 evidence-based care practices.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has included social services agencies in development of risk reduction and care practice guidelines.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Culturally-competent educational materials have been developed to promote management and prevention of chronic diseases.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Form a Project Implementation Workgroup to develop collaborative care practices that includes both providers and social service agencies.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project Director, in conjunction with Project Workgroup, identifies top chronic conditions of PPS patients.	Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify and adopt evidence based practice guidelines for top chronic conditions.	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify best practice processes and workflows for practice guidelines.	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task	Project		Not Started	12/01/2015	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
Formalize processes and workflows for chronic condition guidelines.									
Task Gain approval of the Clinical Committee on processes and workflows.	Project		Not Started	12/01/2015	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Develop written training program related to practice guidelines.	Project		Not Started	01/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Implement training program across PPS.	Project		Not Started	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Assess cultural competency of educational materials currently used by providers.	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Identify resources for culturally competent educational materials.	Project		Completed	04/01/2016	06/30/2016	12/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Create new culturally competent educational materials, if necessary.	Project		Not Started	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop plan for distribution of culturally competent educational materials.	Project		Completed	10/01/2016	03/31/2017	12/01/2015	12/31/2015	12/31/2015	DY1 Q3

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 a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.										
Task A clear strategic plan is in place which includes, at a minimum: - Definition of the Health Home At-Risk Intervention Program - Development of comprehensive care management plan, with definition of roles of PCMH/APC PCPs and HHs										
Task Recruit/hire project management office staff.										
Task Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including Health Home providers.										
Task Select project lead(s)/champion(s).										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 PPS providers participating in project.										
Task Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval.										
Task Develop funds flow model for Project 2.a.iii including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or under reimbursed.										
Task Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses.										
Task Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions.										
Task Finalize and execute provider specific master services agreements and funds flow for participating PPS providers.										
Task Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings to define the Health Home At Risk Intervention Program and develop comprehensive care management plan (including participating Health Home providers and care management providers).										
Task Develop strategic plan around Health Home-At Risk Intervention program.										
Task Develop a care management model (building on Health Home experience) to identify and address immediate needs that may drive preventable ER and inpatient use, while planning for and assisting with community ambulatory care engagement.										
Task Identify opportunities for care manager co-location at FQHCs, ER's and other partner sites.										
Task Form integrated care teams building on long-term relationships with hospitals and Article 28 health centers, as well as embedding care coordinators in health home agencies'										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
integrated primary/BH Article 31 MH and Article 32 SA clinics.										
Milestone #2 Ensure all primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and Advanced Primary Care accreditation by Demonstration Year (DY) 3.										
Task All practices meet NCQA 2014 Level 3 PCMH and APCM standards	0	0	0	0	0	0	0	0	0	6
Task Project Director assembles an Ambulatory Care Workgroup to address PCMH implementation.										
Task Develop Ambulatory care workgroup meeting schedule for ongoing meetings and convene workgroup meetings.										
Task Project Director, in conjunction with the Workgroup, develops a PPS plan to achieve PCMH 2014 Level 3 Requirements and timeline and share best practices across the PPS.										
Task Project Director/support staff, performs a current state assessment of PCMH 2014 Level 3 requirements across participating ambulatory providers (PCPs).										
Task Project Director, in conjunction with workgroup and individual ambulatory providers, develops a roadmap for each identified provider to achieve PCMH 2014 Level 3 recognition.										
Task Identify PCMH technical assistance resources for providers, including vendor and PMO resources.										
Task Develop approach to monitor progress and obtain necessary documentation towards PCMH recognition.										
Milestone #3 Ensure that all participating safety net providers are actively sharing EHR systems 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.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	6

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	98	98	98	98	196	196	196
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	8	8	8
Task PPS uses alerts and secure messaging functionality.										
Task Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' ability to connect to the RHIO including identifying providers with/without EHR. For those providers without EHR, provider implementation plan/timelines for implementation are developed.										
Task Develop approach to monitor progress and obtain necessary documentation towards transition to EHR and integration with the RHIO.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for provider integration with RHIO and ensure SHIN-NY requirements are met.										
Task For those providers without EHR, the Project Director will develop interim strategy to enable sharing of information with the RHIO.										
Task Providers are integrated with the RHIO.										
Task Develop an education and training plan related to RHIO that is inclusive of trainings on alerts and secure messaging.										
Task Facilitate RHIO trainings for providers.										
Task Verify providers share health information with RHIO and among clinical partners including via secure messaging and alerts.										
Milestone #4 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note:										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
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	6
Task Establish a Data/IT Committee to develop a plan for meeting MU Stage 2 EP and PCMH Level 3 expectations with EHR systems.										
Task Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' EHR MU certification/alignment with PCMH expectations including identifying providers with/without EHR. For those providers without EHR, provider implementation plan/timelines for implementation are developed.										
Task Develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use Stage 2 CMS requirements and Certification or EHR Proof of Certification.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop a process to monitor implementation for provider EHR MU certification.										
Task Verify providers' EHRs are MU certified.										
Milestone #5 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 Assemble a Population Health Management Workgroup to develop a population health strategy and convene workgroup meetings.										
Task Develop an approach to create standardized vocabulary and patient registries.										
Task Develop an approach to perform population health analytics utilizing claims and other data and disseminate date to providers										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 targeted management of patients and utilization.										
Milestone #6 Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.										
Task Procedures to engage at-risk patients with care management plan instituted.										
Task Identify best practice processes and workflows for comprehensive care management plans in conjunction with health home and other care management providers.										
Task Formalize best practice processes and workflows for comprehensive care management plans in conjunction with Ambulatory Care / Care Management Workgroup.										
Task Project Director, in conjunction with Workgroup and Workforce Committee, develops training program to implement the SI PPS's comprehensive care management processes and workflow at participating provider sites.										
Task Launch training programs for the implementation of the SI PPS's comprehensive care management plans at participating provider sites.										
Task Perform outreach to participating providers to provide comprehensive care management plan training.										
Task Project Director/support staff ensure participating provider site implement the SI PPS's comprehensive care management plan at their sites following completion of the training through ongoing assessment.										
Milestone #7 Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties.										
Task Each identified PCP establish partnerships with the local Health Home for care management services.	0	0	0	0	0	6	16	84	84	84
Task Each identified PCP establish partnerships with the local Health Home for care management services.	0	0	0	0	0	0	0	8	8	8

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Solicit proposal from Staten Island Health Home for provision of care management services through the Health Home at Risk intervention model.										
Task Develop agreement with Staten Island Health Home that outlines roles and responsibilities, including information sharing.										
Task Formalize policies and procedures for identifying eligible Health Home At-Risk patients (Milestone 1).										
Task Formalize and implement policies and procedures for referring eligible Health Home At-Risk patients to the care management agencies.										
Task Identify best practice policies and procedures for information sharing between primary care providers and care management agencies, and other providers as needed.										
Task Formalize policies and procedure for information sharing between PCPs and Health Home.										
Milestone #8 Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments).										
Task PPS has established partnerships to medical, behavioral health, and social services.	0	0	0	0	0	6	16	84	84	84
Task PPS has established partnerships to medical, behavioral health, and social services.	0	0	0	0	0	0	0	8	8	8
Task PPS uses EHRs and HIE system to facilitate and document partnerships with needed services.										
Task Assess care coordination processes and services of Health Home subcontracted care management agencies.										
Task Identify gaps in Health Home network for needed services.										
Task Engage providers and Health Home CMAs via meetings, focus groups, and other forums and develop agreements that outlines roles and responsibilities of both parties.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 and additional agencies via meetings, focus groups, and other forums and develop agreements to cover services, if needed.										
Task Create directory of network resources for care coordination services.										
Task Identify best practice processes and workflows for group decision making between primary care providers and care management agencies.										
Task Formalize policies and procedures related to group decision making between PCPs and CMAs.										
Task Define technical standards, policies and procedures for data sharing across the PPS network.										
Task Determine capabilities of EHR vendors to generate referrals to and communication with care management agencies.										
Task Facilitate enhancements to EHR systems or utilization of HIE to produce electronic referrals and communication between providers and agencies.										
Milestone #9 Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population.										
Task PPS has adopted evidence-based practice guidelines for management of chronic conditions. Chronic condition appropriate evidence-based practice guidelines developed and process implemented.										
Task Regularly scheduled formal meetings are held to develop collaborative evidence-based care practices.										
Task PPS has included social services agencies in development of risk reduction and care practice guidelines.										
Task Culturally-competent educational materials have been developed to promote management and prevention of chronic diseases.										
Task Form a Project Implementation Workgroup to develop										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
collaborative care practices that includes both providers and social service agencies.										
Task Project Director, in conjunction with Project Workgroup, identifies top chronic conditions of PPS patients.										
Task Identify and adopt evidence based practice guidelines for top chronic conditions.										
Task Identify best practice processes and workflows for practice guidelines.										
Task Formalize processes and workflows for chronic condition guidelines.										
Task Gain approval of the Clinical Committee on processes and workflows.										
Task Develop written training program related to practice guidelines.										
Task Implement training program across PPS.										
Task Assess cultural competency of educational materials currently used by providers.										
Task Identify resources for culturally competent educational materials.										
Task Create new culturally competent educational materials, if necessary.										
Task Develop plan for distribution of culturally competent educational materials.										

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 a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.										
Task A clear strategic plan is in place which includes, at a minimum: - Definition of the Health Home At-Risk Intervention Program - Development of comprehensive care management plan, with definition of roles of PCMH/APC PCPs and HHs										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Recruit/hire project management office staff.										
Task Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including Health Home providers.										
Task Select project lead(s)/champion(s).										
Task Identify PPS providers participating in project.										
Task Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval.										
Task Develop funds flow model for Project 2.a.iii including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or under reimbursed.										
Task Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses.										
Task Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions.										
Task Finalize and execute provider specific master services agreements and funds flow for participating PPS providers.										
Task Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings to define the Health Home At Risk Intervention Program and develop comprehensive care management plan (including participating Health Home providers and care management providers).										
Task Develop strategic plan around Health Home-At Risk Intervention program.										
Task Develop a care management model (building on Health Home experience) to identify and address immediate needs that may drive preventable ER and inpatient use, while planning for and										

Staten Island Performing Provider System, LLC (PPS ID:43)

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
assisting with community ambulatory care engagement.										
Task Identify opportunities for care manager co-location at FQHCs, ER's and other partner sites.										
Task Form integrated care teams building on long-term relationships with hospitals and Article 28 health centers, as well as embedding care coordinators in health home agencies' integrated primary/BH Article 31 MH and Article 32 SA clinics.										
Milestone #2 Ensure all primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and Advanced Primary Care accreditation by Demonstration Year (DY) 3.										
Task All practices meet NCQA 2014 Level 3 PCMH and APCM standards	16	84	84	84	84	84	84	84	84	84
Task Project Director assembles an Ambulatory Care Workgroup to address PCMH implementation.										
Task Develop Ambulatory care workgroup meeting schedule for ongoing meetings and convene workgroup meetings.										
Task Project Director, in conjunction with the Workgroup, develops a PPS plan to achieve PCMH 2014 Level 3 Requirements and timeline and share best practices across the PPS.										
Task Project Director/support staff, performs a current state assessment of PCMH 2014 Level 3 requirements across participating ambulatory providers (PCPs).										
Task Project Director, in conjunction with workgroup and individual ambulatory providers, develops a roadmap for each identified provider to achieve PCMH 2014 Level 3 recognition.										
Task Identify PCMH technical assistance resources for providers, including vendor and PMO resources.										
Task Develop approach to monitor progress and obtain necessary documentation towards PCMH recognition.										
Milestone #3 Ensure that all participating safety net providers are actively										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
sharing EHR systems 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.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	16	84	84	84	84	84	84	84	84	84
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	196	294	294	294	294	294	294	294	294	294
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	8	8	8	8	8	8	8	8	8	8
Task PPS uses alerts and secure messaging functionality.										
Task Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' ability to connect to the RHIO including identifying providers with/without EHR. For those providers without EHR, provider implementation plan/timelines for implementation are developed.										
Task Develop approach to monitor progress and obtain necessary documentation towards transition to EHR and integration with the RHIO.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for provider integration with RHIO and ensure SHIN-NY requirements are met.										
Task For those providers without EHR, the Project Director will develop interim strategy to enable sharing of information with the RHIO.										
Task Providers are integrated with the RHIO.										
Task Develop an education and training plan related to RHIO that is inclusive of trainings on alerts and secure messaging.										
Task Facilitate RHIO trainings for providers.										
Task Verify providers share health information with RHIO and among										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
clinical partners including via secure messaging and alerts.										
Milestone #4 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.										
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.	16	84	84	84	84	84	84	84	84	84
Task Establish a Data/IT Committee to develop a plan for meeting MU Stage 2 EP and PCMH Level 3 expectations with EHR systems.										
Task Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' EHR MU certification/alignment with PCMH expectations including identifying providers with/without EHR. For those providers without EHR, provider implementation plan/timelines for implementation are developed.										
Task Develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use Stage 2 CMS requirements and Certification or EHR Proof of Certification.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop a process to monitor implementation for provider EHR MU certification.										
Task Verify providers' EHRs are MU certified.										
Milestone #5 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 Assemble a Population Health Management Workgroup to										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 population health strategy and convene workgroup meetings.										
Task Develop an approach to create standardized vocabulary and patient registries.										
Task Develop an approach to perform population health analytics utilizing claims and other data and disseminate date to providers for targeted management of patients and utilization.										
Milestone #6 Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.										
Task Procedures to engage at-risk patients with care management plan instituted.										
Task Identify best practice processes and workflows for comprehensive care management plans in conjunction with health home and other care management providers.										
Task Formalize best practice processes and workflows for comprehensive care management plans in conjunction with Ambulatory Care / Care Management Workgroup.										
Task Project Director, in conjunction with Workgroup and Workforce Committee, develops training program to implement the SI PPS's comprehensive care management processes and workflow at participating provider sites.										
Task Launch training programs for the implementation of the SI PPS's comprehensive care management plans at participating provider sites.										
Task Perform outreach to participating providers to provide comprehensive care management plan training.										
Task Project Director/support staff ensure participating provider site implement the SI PPS's comprehensive care management plan at their sites following completion of the training through ongoing assessment.										
Milestone #7 Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Each identified PCP establish partnerships with the local Health Home for care management services.	84	84	84	84	84	84	84	84	84	84
Task Each identified PCP establish partnerships with the local Health Home for care management services.	8	8	8	8	8	8	8	8	8	8
Task Solicit proposal from Staten Island Health Home for provision of care management services through the Health Home at Risk intervention model.										
Task Develop agreement with Staten Island Health Home that outlines roles and responsibilities, including information sharing.										
Task Formalize policies and procedures for identifying eligible Health Home At-Risk patients (Milestone 1).										
Task Formalize and implement policies and procedures for referring eligible Health Home At-Risk patients to the care management agencies.										
Task Identify best practice policies and procedures for information sharing between primary care providers and care management agencies, and other providers as needed.										
Task Formalize policies and procedure for information sharing between PCPs and Health Home.										
Milestone #8 Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments).										
Task PPS has established partnerships to medical, behavioral health, and social services.	84	84	84	84	84	84	84	84	84	84
Task PPS has established partnerships to medical, behavioral health, and social services.	8	8	8	8	8	8	8	8	8	8
Task PPS uses EHRs and HIE system to facilitate and document partnerships with needed services.										
Task Assess care coordination processes and services of Health Home subcontracted care management agencies.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 gaps in Health Home network for needed services.										
Task Engage providers and Health Home CMAs via meetings, focus groups, and other forums and develop agreements that outlines roles and responsibilities of both parties.										
Task Engage providers and additional agencies via meetings, focus groups, and other forums and develop agreements to cover services, if needed.										
Task Create directory of network resources for care coordination services.										
Task Identify best practice processes and workflows for group decision making between primary care providers and care management agencies.										
Task Formalize policies and procedures related to group decision making between PCPs and CMAs.										
Task Define technical standards, policies and procedures for data sharing across the PPS network.										
Task Determine capabilities of EHR vendors to generate referrals to and communication with care management agencies.										
Task Facilitate enhancements to EHR systems or utilization of HIE to produce electronic referrals and communication between providers and agencies.										
Milestone #9 Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population.										
Task PPS has adopted evidence-based practice guidelines for management of chronic conditions. Chronic condition appropriate evidence-based practice guidelines developed and process implemented.										
Task Regularly scheduled formal meetings are held to develop collaborative evidence-based care practices.										
Task PPS has included social services agencies in development of										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
risk reduction and care practice guidelines.										
Task Culturally-competent educational materials have been developed to promote management and prevention of chronic diseases.										
Task Form a Project Implementation Workgroup to develop collaborative care practices that includes both providers and social service agencies.										
Task Project Director, in conjunction with Project Workgroup, identifies top chronic conditions of PPS patients.										
Task Identify and adopt evidence based practice guidelines for top chronic conditions.										
Task Identify best practice processes and workflows for practice guidelines.										
Task Formalize processes and workflows for chronic condition guidelines.										
Task Gain approval of the Clinical Committee on processes and workflows.										
Task Develop written training program related to practice guidelines.										
Task Implement training program across PPS.										
Task Assess cultural competency of educational materials currently used by providers.										
Task Identify resources for culturally competent educational materials.										
Task Create new culturally competent educational materials, if necessary.										
Task Develop plan for distribution of culturally competent educational materials.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.	
Ensure all primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and Advanced Primary Care accreditation by Demonstration Year (DY) 3.	
Ensure that all participating safety net providers are actively sharing EHR systems 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.	
Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.	
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	
Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.	
Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties.	
Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments).	
Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population.	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

IPQR Module 2.a.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

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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

Instructions :

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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.

The SI PPS views the following as major risks for implementation:

1. Project 2.b.iv requires various providers and provider types to agree, cooperate, and collaborate in developing and implementing standardized protocols for care transitions. However, these providers currently operate with a diverse set of resources, technology, infrastructure and practices. To enable collaboration, for the development of best practice care transitions and care protocols including the sharing of data across PPS providers, all key stakeholders will be involved in the development and implementation of care protocols (through a clinical subcommittee) to ensure buy-in and engagement. PPS practitioner engagement will be further supported through an overall practitioner engagement strategy and workgroup as well as a bonus/incentive funds flow model.

2. The SI PPS views the project requirement to actively track engaged patients through EHR as a project implementation risk. Many of the providers within the SI PPS do not have EHR at their facilities. This serves as a project implementation risk because it may take significant ramp-up time to implement the systems and begin tracking patients. To mitigate this risk and achieve full project implementation, the SI PPS has made implementing EHR systems a priority among project requirements. As part of the Capital Restructuring Finance Program budget, the SI PPS has requested funds to assist providers without EHR to fully implement these systems. Further the Senior Director of Enterprise Data & Analytics and PPS support staff will work with providers to further facilitate the implementation process.

3. A patient's non-adherence could be related to social and environmental determinants, such as lack of housing or related to behavioral health/substance abuse issues. Many patients identified as being readmitted to the hospital within 30 days have either a behavioral health or substance abuse diagnoses. To mitigate this risk, the PPS will ensure care transitions incorporate culturally appropriate, beneficiary-centric approaches, as well as specific methods to reach ethnically diverse beneficiaries, and incorporate community and social supports including community based organization (CBOs). Further, the PPS will include connections to current health home providers, experienced in supporting high risk populations, including patients with a substance abuse/behavioral health diagnoses in the overall approach. Additionally, PPS providers have identified patients' families as critical to patient compliance to transition protocols including medication adherence and post discharge follow-up with primary care/specialists. As a result, the PPS will involve families in care transition protocols, as needed.

4. The SI PPS has received its total valuation from the DOH and has allocated a portion of funding for this project to support project implementation costs including hiring/training of staff to support the Care Transitions Intervention Model, costs associated with the development of IT infrastructure, and costs related to incentive/bonus payments to providers involved in the project. The PPS has tied funds flow for this project to providers based on meeting specific project milestones within designated time frames. However, the initial budget and funds flow developed did not align with the actual valuation allocated to the PPS and will impact funds flow and funding allocated for project implementation. To ensure project implementation is not impacted, the SI PPS is modifying its implementation strategy and funds flow approach for providers involved in the

project. Further, the SI PPS is streamlining appropriate workflows, restructuring project budgets, and building efficiencies across projects to mitigate this risk.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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**
DY2,Q4	1,000

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
78	539	269.50%	-339	53.90%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
dk12345	Rosters	43_PMDL2815_1_3_20160128111151_SIPPS_2biv_Patient_Registry_MAPP_DY1 Q3_01312016.xlsx	SI PPS Patient Registry for Project 2biv.	01/28/2016 11:12 AM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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	04/01/2015	03/31/2017	04/01/2015	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	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Recruit/hire project management office staff including support staff.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including the hospitals.	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Select project lead(s)/champion(s).	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Identify PPS providers participating in project.	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval.	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Develop funds flow model for Project 2.b.vii including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or underreimbursed.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Request budgets from PPS providers detailing requests for	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2

Staten Island Performing Provider System, LLC (PPS ID:43)

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 implementation funds aimed at supporting project-related expenses.									
Task Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Finalize and execute provider specific master services agreements and funds flow for participating PPS providers.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify and link to other transitions of care projects including 2.b.viii.	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Develop approach to ongoing quality assessment/root cause analysis of readmission.	Project		Not Started	10/01/2015	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Project implementation team develops strategies/ protocols for care transitions.	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Care transitions protocols documented, training materials developed.	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Implement training program.	Project		Not Started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
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	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task A payment strategy for the transition of care services is developed in concert with Medicaid Managed Care Plans and Health Homes.	Project		Not Started	04/01/2015	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Coordination of care strategies focused on care transition are in place, in concert with Medicaid Managed Care groups and Health Homes.	Project		Not Started	04/01/2015	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 has protocol and process in place to identify Health-Home eligible patients and link them to services as required under ACA.	Project		Not Started	04/01/2015	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Project Director(s) and PPS Executive Director meet with MCO's to identify current care managed supports and ensure Project 2.b.i.v. aligns with and supplements those supports, as needed.	Project		Not Started	11/02/2015	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Project Director, in conjunction with Project Implementation Team includes Medicaid Managed Care Organizations in development of protocols to identify triggers and processes for payer care coordination and chronic care services to ensure coordination, gaps in care and/or redundant services.	Project		Not Started	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Convene Project Implementation Workgroup including Health Homes to ensure transition protocols include referrals to Health Homes and Health Home at Risk program (Project 2.a.i.) (and ability to identify patients for these services).	Project		Not Started	11/02/2015	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task In conjunction with Finance Committee, Director of Finance, and Value Based Payment Workgroup, Project Director/support staff convene meeting with Medicaid Managed Care to address coverage issues (in this and other projects); ongoing meeting schedule is established.	Project		Not Started	11/02/2015	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Identify potential areas where MCO's may address coverage issues to support the implementation and sustainability of transitions of care services	Project		Not Started	11/02/2015	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Enter into agreement (s), as needed, with one or more MCOs that address identified coverage issues.	Project		Not Started	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Provide technical assistance to partners to utilize EMR data and enterprise data warehouse to risk stratify and identify patients who will benefit from care transitions interventions	Project		Not Started	10/01/2015	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Using risk stratification information, develop workflow for flagging patients for participation in project and linkage to care transition	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

Staten Island Performing Provider System, LLC (PPS ID:43)

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
services									
Task As part of MAX program, identify tasks for rapid cycle improvement to determine if interventions are working or need course correction	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #3 Ensure required social services participate in the project.	Project	N/A	In Progress	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Required network social services, including medically tailored home food services, are provided in care transitions.	Project		In Progress	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Project Director and support staff completes assessment of and maps comprehensive list of community social services/supports, identifies availability of services, documents process or workflow for getting services.	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Project Director and support staff incorporates into documented care transitions protocols.	Project		Not Started	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task PMO gains agreement with identified social service partners for participation in care transitions protocols as needed.	Project		In Progress	06/01/2016	09/30/2016	12/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Develop protocols for care management partners to coordinate with respective agencies and community based organizations to assess and act on needed services such as housing, insurance enrollment, transportation, legal, immigration, etc.	Project		Not Started	06/01/2016	09/30/2016	06/01/2016	09/30/2016	09/30/2016	DY2 Q2
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	04/01/2015	03/31/2017	04/01/2015	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)	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for early notification of planned discharges.	Provider	Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for early notification of	Provider	Hospital	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
planned discharges.									
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		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project Director/PMO staff completes current state assessment of transition protocols including collecting/reviewing existing guidelines and best practice models for transition of care including The Care Transitions Intervention Program; assesses ability to incorporate transition plans in the medical record(s).	Project		In Progress	09/01/2015	12/31/2015	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Project Director/PMO staff convenes Project Implementation Workgroup to review and discuss clinical guidelines including services and implementation.	Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director and support staff documents transitions of care protocols including early notification of planned discharge and the ability for the transition care manager to visit the patient in the hospital. Care transition plan documentation and process to identify patients for care transitions included in protocols.	Project		In Progress	09/01/2015	12/31/2015	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Clinical guidelines are documented for final review by the PPS Clinical Committee.	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Project Director/Chief Medical Officer convenes PPS Clinical Committee to review and approve clinical guidelines.	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task PPS gains agreement/sign off from participating providers on clinical guidelines.	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Based on guidelines and protocols developed by the PPS assess training requirements by provider.	Project		Completed	04/01/2016	06/30/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task In conjunction with Workforce Committee, Project Implementation Workgroup and provider resources/partnerships develop training strategy for participating providers (primary care, health homes, primary care etc.) including identifying: who will complete training; how training will be documented;	Project		Completed	04/01/2016	06/30/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3

Staten Island Performing Provider System, LLC (PPS ID:43)

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
frequency of training; staff to be trained; approach to assessing impact of training.									
Task As needed, develop contracts for the implementation of training across providers and the purchase of any training resources.	Project		Completed	04/01/2016	06/30/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop written training program related to care transitions, incorporating special needs of behavioral health population	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Implement training program across PPS.	Project		Not Started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Implement approach for ongoing training as needed.	Project		Not Started	10/03/2016	12/30/2016	10/03/2016	12/30/2016	12/31/2016	DY2 Q3
Task Incorporate rapid cycle improvement efforts to monitor readmission of actively engaged patients on a monthly basis and report trends to the clinical and quality committees for identification of improvement opportunities.	Project		Not Started	11/02/2015	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 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	04/01/2015	03/31/2017	04/01/2015	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		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project Director in conjunction with PPS IT/Data Analytics Director and as a component of the current state assessment of IT capabilities across the PPS and clinical integration assessment, assesses participating partners ability to track patients engaged in this project in the EHR, incorporate care transitions plans in the medical record, generate reports and share amongst PPS providers.	Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS Senior Director of Enterprise Data and Analytics incorporates strategy to ensure exchange of care transitions records among providers in overall clinical integration strategy including the use of the RHIO.	Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 In conjunction with Workforce Committee, Project Implementation Workgroup and Senior Director of Enterprise Data and Anlaytics develops training strategy for participating providers (primary care, hospitals, homecare providers, primary care etc.) including written training program and identifying: who will complete training; how training will be documented; frequency of training; staff to be trained; approach to assessing impact of training.	Project		Completed	01/01/2016	06/30/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone #6 Ensure that a 30-day transition of care period is established.	Project	N/A	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures reflect the requirement that 30 day transition of care period is implemented and utilized.	Project		Not Started	10/01/2015	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Project Director/PMO staff completes current state assessment of transition protocols including collecting/reviews existing guidelines and best practice models for transition of care including The Care Transitions Intervention Program; assessing ability to incorporate transition plans in the medical record(s).	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Project Director/PMO staff convenes Project Implementation Workgroup to review and discuss clinical guidelines including services and implementation. Procedures include a requirement that 30 day transition of care period is utilized.	Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director and support staff documents transitions of care protocols including early notification of planned discharge and the ability for the transition care manager to visit the patient in the hospital. Care transition plan documentation and process to identify patients for care transitions included in protocols.	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Clinical guidelines are documented for final review by the PPS Clinical Committee.	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Milestone #7 Use EHRs and other technical platforms to track all patients engaged in the project.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively	Project		Completed	04/01/2015	03/31/2017	04/01/2015	12/31/2015	12/31/2015	DY1 Q3

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
engaged patients for project milestone reporting.									
Task Project Director in conjunction with PPS Senior Director IT/Data Analytics Director and as a component of the current state assessment of IT capabilities across the PPS and clinical integration assessment, assesses participating partners ability to track patients engaged in this project and generate reports including identifying providers with/without EHR. For those providers without EHR, PPS will document provider implementation plan (s)/timelines for implementation.	Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for providers integration with RHIO and ensure SHIN-NY requirements are met.	Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network.	Project		In Progress	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task For those providers without EHR,the PMO will develop interim reporting and tracking strategy to enable tracking of patients.	Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Sr. Director of Enterprise Data & Analytics in conjunction with IT Vendor, Spectramedix, import Medicaid claims and member attribution data collected from NYS DOH.	Project		In Progress	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population	Project		In Progress	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively	Project		In Progress	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
engaged patients for project milestone reporting.									
Task Create baseline and track improvement for defined metrics to monitor patients engaged in this project.	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	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 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 Recruit/hire project management office staff including support staff.										
Task Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including the hospitals.										
Task Select project lead(s)/champion(s).										
Task Identify PPS providers participating in project.										
Task Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval.										
Task Develop funds flow model for Project 2.b.vii including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or underreimbursed.										
Task Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses.										
Task Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract										

Staten Island Performing Provider System, LLC (PPS ID:43)

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
terms and conditions.										
Task Finalize and execute provider specific master services agreements and funds flow for participating PPS providers.										
Task Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings.										
Task Identify and link to other transitions of care projects including 2.b.viii.										
Task Develop approach to ongoing quality assessment/root cause analysis of readmission.										
Task Project implementation team develops strategies/ protocols for care transitions.										
Task Care transitions protocols documented, training materials developed.										
Task Implement training program.										
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 Project Director(s) and PPS Executive Director meet with MCO's to identify current care managed supports and ensure Project 2.b.i.v. aligns with and supplements those supports, as needed.										
Task Project Director, in conjunction with Project Implementation Team includes Medicaid Managed Care Organizations in										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
development of protocols to identify triggers and processes for payer care coordination and chronic care services to ensure coordination, gaps in care and/or redundant services.										
Task Convene Project Implementation Workgroup including Health Homes to ensure transition protocols include referrals to Health Homes and Health Home at Risk program (Project 2.a.i.) (and ability to identify patients for these services).										
Task In conjunction with Finance Committee, Director of Finance, and Value Based Payment Workgroup, Project Director/support staff convene meeting with Medicaid Managed Care to address coverage issues (in this and other projects); ongoing meeting schedule is established.										
Task Identify potential areas where MCO's may address coverage issues to support the implementation and sustainability of transitions of care services										
Task Enter into agreement (s), as needed, with one or more MCOs that address identified coverage issues.										
Task Provide technical assistance to partners to utilize EMR data and enterprise data warehouse to risk stratify and identify patients who will benefit from care transitions interventions										
Task Using risk stratification information, develop workflow for flagging patients for participation in project and linkage to care transition services										
Task As part of MAX program, identify tasks for rapid cycle improvement to determine if interventions are working or need course correction										
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 Project Director and support staff completes assessment of and maps comprehensive list of community social services/supports, identifies availability of services, documents process or workflow for getting services.										
Task Project Director and support staff incorporates into documented										

Staten Island Performing Provider System, LLC (PPS ID:43)

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 transitions protocols.										
Task PMO gains agreement with identified social service partners for participation in care transitions protocols as needed.										
Task Develop protocols for care management partners to coordinate with respective agencies and community based organizations to assess and act on needed services such as housing, insurance enrollment, transportation, legal, immigration, etc.										
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	0	84	84	84	84	84
Task Policies and procedures are in place for early notification of planned discharges.	0	0	0	0	0	294	294	294	294	294
Task Policies and procedures are in place for early notification of planned discharges.	0	0	0	2	2	2	2	2	2	2
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 Project Director/PMO staff completes current state assessment of transition protocols including collecting/reviewing existing guidelines and best practice models for transition of care including The Care Transitions Intervention Program; assesses ability to incorporate transition plans in the medical record(s).										
Task Project Director/PMO staff convenes Project Implementation Workgroup to review and discuss clinical guidelines including services and implementation.										
Task Project Director and support staff documents transitions of care protocols including early notification of planned discharge and the ability for the transition care manager to visit the patient in the hospital. Care transition plan documentation and process to identify patients for care transitions included in protocols.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Clinical guidelines are documented for final review by the PPS Clinical Committee.										
Task Project Director/Chief Medical Officer convenes PPS Clinical Committee to review and approve clinical guidelines.										
Task PPS gains agreement/sign off from participating providers on clinical guidelines.										
Task Based on guidelines and protocols developed by the PPS assess training requirements by provider.										
Task In conjunction with Workforce Committee, Project Implementation Workgroup and provider resources/partnerships develop training strategy for participating providers (primary care, health homes, primary care etc.) including identifying: who will complete training; how training will be documented; frequency of training; staff to be trained; approach to assessing impact of training.										
Task As needed, develop contracts for the implementation of training across providers and the purchase of any training resources.										
Task Develop written training program related to care transitions, incorporating special needs of behavioral health population										
Task Implement training program across PPS.										
Task Implement approach for ongoing training as needed.										
Task Incorporate rapid cycle improvement efforts to monitor readmission of actively engaged patients on a monthly basis and report trends to the clinical and quality committees for identification of improvement opportunities.										
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.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Director in conjunction with PPS IT/Data Analytics Director and as a component of the current state assessment of IT capabilities across the PPS and clinical integration assessment, assesses participating partners ability to track patients engaged in this project in the EHR, incorporate care transitions plans in the medical record, generate reports and share amongst PPS providers.										
Task PPS Senior Director of Enterprise Data and Analytics incorporates strategy to ensure exchange of care transitions records among providers in overall clinical integration strategy including the use of the RHIO.										
Task In conjunction with Workforce Committee, Project Implementation Workgroup and Senior Director of Enterprise Data and Anlaytics develops training strategy for participating providers (primary care, hospitals, homecare providers, primary care etc.) including written training program and identifying: who will complete training; how training will be documented; frequency of training; staff to be trained; approach to assessing impact of training.										
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 Project Director/PMO staff completes current state assessment of transition protocols including collecting/reviews existing guidelines and best practice models for transition of care including The Care Transitions Intervention Program; assessing ability to incorporate transition plans in the medical record(s).										
Task Project Director/PMO staff convenes Project Implementation Workgroup to review and discuss clinical guidelines including services and implementation. Procedures include a requirement that 30 day transition of care period is utilized.										
Task Project Director and support staff documents transitions of care protocols including early notification of planned discharge and the ability for the transition care manager to visit the patient in the hospital. Care transition plan documentation and process to identify patients for care transitions included in protocols.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Clinical guidelines are documented for final review by the PPS Clinical Committee.										
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 Project Director in conjunction with PPS Senior Director IT/Data Analytics Director and as a component of the current state assessment of IT capabilities across the PPS and clinical integration assessment, assesses participating partners ability to track patients engaged in this project and generate reports including identifying providers with/without EHR. For those providers without EHR, PPS will document provider implementation plan (s)/timelines for implementation.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for providers integration with RHIO and ensure SHIN-NY requirements are met.										
Task Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network.										
Task For those providers without EHR,the PMO will develop interim reporting and tracking strategy to enable tracking of patients.										
Task Sr. Director of Enterprise Data & Analytics in conjunction with IT Vendor, Spectramedix, import Medicaid claims and member attribution data collected from NYS DOH.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting.										
Task Create baseline and track improvement for defined metrics to monitor patients engaged in this project.										

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 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 Recruit/hire project management office staff including support staff.										
Task Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including the hospitals.										
Task Select project lead(s)/champion(s).										
Task Identify PPS providers participating in project.										
Task Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval.										
Task Develop funds flow model for Project 2.b.vii including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or underreimbursed.										
Task Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses.										
Task Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Finalize and execute provider specific master services agreements and funds flow for participating PPS providers.										
Task Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings.										
Task Identify and link to other transitions of care projects including 2.b.viii.										
Task Develop approach to ongoing quality assessment/root cause analysis of readmission.										
Task Project implementation team develops strategies/ protocols for care transitions.										
Task Care transitions protocols documented, training materials developed.										
Task Implement training program.										
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 Project Director(s) and PPS Executive Director meet with MCO's to identify current care managed supports and ensure Project 2.b.i.v. aligns with and supplements those supports, as needed.										
Task Project Director, in conjunction with Project Implementation Team includes Medicaid Managed Care Organizations in development of protocols to identify triggers and processes for payer care coordination and chronic care services to ensure										

Staten Island Performing Provider System, LLC (PPS ID:43)

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
coordination, gaps in care and/or redundant services.										
Task Convene Project Implementation Workgroup including Health Homes to ensure transition protocols include referrals to Health Homes and Health Home at Risk program (Project 2.a.i.) (and ability to identify patients for these services).										
Task In conjunction with Finance Committee, Director of Finance, and Value Based Payment Workgroup, Project Director/support staff convene meeting with Medicaid Managed Care to address coverage issues (in this and other projects); ongoing meeting schedule is established.										
Task Identify potential areas where MCO's may address coverage issues to support the implementation and sustainability of transitions of care services										
Task Enter into agreement (s), as needed, with one or more MCOs that address identified coverage issues.										
Task Provide technical assistance to partners to utilize EMR data and enterprise data warehouse to risk stratify and identify patients who will benefit from care transitions interventions										
Task Using risk stratification information, develop workflow for flagging patients for participation in project and linkage to care transition services										
Task As part of MAX program, identify tasks for rapid cycle improvement to determine if interventions are working or need course correction										
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 Project Director and support staff completes assessment of and maps comprehensive list of community social services/supports, identifies availability of services, documents process or workflow for getting services.										
Task Project Director and support staff incorporates into documented care transitions protocols.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 PMO gains agreement with identified social service partners for participation in care transitions protocols as needed.										
Task Develop protocols for care management partners to coordinate with respective agencies and community based organizations to assess and act on needed services such as housing, insurance enrollment, transportation, legal, immigration, etc.										
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.	84	84	84	84	84	84	84	84	84	84
Task Policies and procedures are in place for early notification of planned discharges.	294	294	294	294	294	294	294	294	294	294
Task Policies and procedures are in place for early notification of planned discharges.	2	2	2	2	2	2	2	2	2	2
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 Project Director/PMO staff completes current state assessment of transition protocols including collecting/reviewing existing guidelines and best practice models for transition of care including The Care Transitions Intervention Program; assesses ability to incorporate transition plans in the medical record(s).										
Task Project Director/PMO staff convenes Project Implementation Workgroup to review and discuss clinical guidelines including services and implementation.										
Task Project Director and support staff documents transitions of care protocols including early notification of planned discharge and the ability for the transition care manager to visit the patient in the hospital. Care transition plan documentation and process to identify patients for care transitions included in protocols.										
Task Clinical guidelines are documented for final review by the PPS Clinical Committee.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Director/Chief Medical Officer convenes PPS Clinical Committee to review and approve clinical guidelines.										
Task PPS gains agreement/sign off from participating providers on clinical guidelines.										
Task Based on guidelines and protocols developed by the PPS assess training requirements by provider.										
Task In conjunction with Workforce Committee, Project Implementation Workgroup and provider resources/partnerships develop training strategy for participating providers (primary care, health homes, primary care etc.) including identifying: who will complete training; how training will be documented; frequency of training; staff to be trained; approach to assessing impact of training.										
Task As needed, develop contracts for the implementation of training across providers and the purchase of any training resources.										
Task Develop written training program related to care transitions, incorporating special needs of behavioral health population										
Task Implement training program across PPS.										
Task Implement approach for ongoing training as needed.										
Task Incorporate rapid cycle improvement efforts to monitor readmission of actively engaged patients on a monthly basis and report trends to the clinical and quality committees for identification of improvement opportunities.										
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 Project Director in conjunction with PPS IT/Data Analytics Director and as a component of the current state assessment of IT capabilities across the PPS and clinical integration										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
assessment, assesses participating partners ability to track patients engaged in this project in the EHR, incorporate care transitions plans in the medical record, generate reports and share amongst PPS providers.										
Task PPS Senior Director of Enterprise Data and Analytics incorporates strategy to ensure exchange of care transitions records among providers in overall clinical integration strategy including the use of the RHIO.										
Task In conjunction with Workforce Committee, Project Implementation Workgroup and Senior Director of Enterprise Data and Anlaytics develops training strategy for participating providers (primary care, hospitals, homecare providers, primary care etc.) including written training program and identifying: who will complete training; how training will be documented; frequency of training; staff to be trained; approach to assessing impact of training.										
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 Project Director/PMO staff completes current state assessment of transition protocols including collecting/reviews existing guidelines and best practice models for transition of care including The Care Transitions Intervention Program; assessing ability to incorporate transition plans in the medical record(s).										
Task Project Director/PMO staff convenes Project Implementation Workgroup to review and discuss clinical guidelines including services and implementation. Procedures include a requirement that 30 day transition of care period is utilized.										
Task Project Director and support staff documents transitions of care protocols including early notification of planned discharge and the ability for the transition care manager to visit the patient in the hospital. Care transition plan documentation and process to identify patients for care transitions included in protocols.										
Task Clinical guidelines are documented for final review by the PPS Clinical Committee.										
Milestone #7 Use EHRs and other technical platforms to track all patients										

Staten Island Performing Provider System, LLC (PPS ID:43)

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
engaged in the project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Project Director in conjunction with PPS Senior Director IT/Data Analytics Director and as a component of the current state assessment of IT capabilities across the PPS and clinical integration assessment, assesses participating partners ability to track patients engaged in this project and generate reports including identifying providers with/without EHR. For those providers without EHR, PPS will document provider implementation plan (s)/timelines for implementation.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for providers integration with RHIO and ensure SHIN-NY requirements are met.										
Task Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network.										
Task For those providers without EHR,the PMO will develop interim reporting and tracking strategy to enable tracking of patients.										
Task Sr. Director of Enterprise Data & Analytics in conjunction with IT Vendor, Spectramedix, import Medicaid claims and member attribution data collected from NYS DOH.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting.										
Task Create baseline and track improvement for defined metrics to										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
monitor patients engaged in this project.										

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.	
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	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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

Instructions :

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Project 2.b.vii – Implementing the INTERACT project (inpatient transfer avoidance program for SNF)

IPQR Module 2.b.vii.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.

The SI PPS views the following as major risks for implementation:

1. Project requirements include an expectation that Skilled Nursing Facility providers have EHR in place that meet Meaningful Use requirements and that participating providers are connected to the RHIO (Healthix) to allow for the sharing of health information amongst providers. The SI PPS identifies this as a project risk because a number of participating SNFs do not currently have EHRs in place and have not started the implementation process. To mitigate this risk, the Senior Director of Enterprise Data & Analytics will perform an in-depth IT infrastructure assessment to identify gaps and inform the PPS's strategic IT plan to integrate the PPS providers into a shared IT infrastructure to meet the project requirements, as well as support providers that require assistance in EHR implementation. As part of the Capital Restructuring Finance Program, the SI PPS has requested funds to assist providers in implementing EHR systems.

2. The SI PPS views developing DSRIP reporting processes for PPS providers without EHR and then reworking these processes once EHR is implemented, as potentially creating a significant burden on providers as well as impacting reporting timelines. To support PPS providers with and without EHR, the SI PPS is dedicating staff from the PMO to track projects and provide required reporting documentation and implementing a Project Management Software, Performance Logic, assessable to PPS providers to support management and reporting. Further, the SI PPS plans to support PPS provider participation through incentive payments to assist in alleviating administrative burdens associated with DSRIP reporting.

3. The SI PPS views the completion of quality assessments and root cause analyses of transfer in a timely manner as a risk for implementing Project 2.b.vii. During project implementation meetings, SNF providers identified that the completion of root cause analyses targeted at SNF to hospital transfers will require both significant time and resources and are often inconclusive or provide limited results. To mitigate this risk, the SI PPS plans to collaborate with the SNFs through the Clinical Committee and project implementation teams to identify an efficient approach based on best practices to performing assessments across providers and effectively measuring results to identify additional interventions in efforts to reduce hospital transfers.

4. Patient and families may request transfer to the hospital when the SNF care team does not believe transfer is required. As a result, the INTERACT program will include focused efforts around patient/family education, an important component of the INTERACT toolkit including advanced care planning, to provide guidance around how to communicate with residents and families.

5. The SI PPS recognizes that full implementation of INTERACT principles requires the engagement of all SNF staff, at all levels, including physicians and other clinicians. Full implementation will also require significant time and resources as well as ongoing staff training. If the proper level of training is not achieved across all PPS partners, this will become an implementation risk for Project 2.b.vii. To mitigate this risk, the SI PPS

has contracted with an INTERACT training vendor, Continuing Care Leadership Coalition, to support training across the SI PPS, in addition to developing PPS training teams. The Workforce Committee in conjunction with project implementation teams will choose training vendors to support training across the PPS. Currently, the PPS is developing a contract with 1199 SEIU Training and Development Fund to assist with the identification of training programs as well as the vetting of various training vendors that have been successfully used by key PPS provider stakeholders.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

IPQR Module 2.b.vii.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**
DY3,Q4	575

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
155	321	279.13%	-206	55.83%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
dk12345	Rosters	43_PMDL3215_1_3_20160128111435_SIPPS_2bvii_Patient_Registry_MAPP_DY1 Q3_01312016.xlsx	SI PPS Patient Registry for Project 2bvii.	01/28/2016 11:15 AM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

IPQR Module 2.b.vii.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 INTERACT at each participating SNF, demonstrated by active use of the INTERACT 3.0 toolkit and other resources available at http://interact2.net.	Project	N/A	In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task INTERACT principles implemented at each participating SNF.	Project		In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Nursing home to hospital transfers reduced.	Provider	Nursing Home	In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task INTERACT 3.0 Toolkit used at each SNF.	Provider	Nursing Home	In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Recruit/hire project management office staff to support long term care initiatives.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Form Project Implementation Workgroup with representatives from PPS providers participating in project implementation including Skilled Nursing Facilities (SNFs).	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Project Director identifies project lead(s)/champion(s) from each SNF.	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Project Director identifies PPS providers participating in project.	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Project Director develops project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval.	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Project Director and Executive Director develop funds flow model for Project 2.b.vii including funds for project implementation expenses and incentive payments (bonus	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
payments) as well as funds for services not covered or underreimbursed.									
Task Project Director request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Executive Director distributes provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions (master services agreements and funds flow will include commitment to implementing the INTERACT 3.0 toolkit within the specified timeframe).	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Executive Director finalizes and executes provider specific master services agreements and funds flow for participating PPS providers.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project Director develops a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project Director develops INTERACT training strategy in conjunction with Project Implementation Workgroup. Training strategy aligns with PPS's workforce training strategy.	Project		Completed	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director requests and reviews proposals from INTERACT training vendors. PPS selects and enters into a contract with selected vendor.	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task SNFs identify staff from organization to attend INTERACT training (provided by Continuing Care Leadership Coalition).	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task SNF staff attend full day INTERACT training session (June 11 or 12, 2015). A train the trainer model will be used.	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Project Director and/or support staff meets with SNFs to identify INTERACT implementation/staff training approach and timing as well as implementation of INTERACT 3.0 toolkit at each facility.	Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 SNFs conduct baseline assessment of the number of nursing home to hospital transfers within a one year period, prior to INTERACT implementation, to benchmark progress. SNFs provide baseline assessment to PMO.	Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director and PMO Director develops process/timeline for the collection of hospital transfer volume on a quarterly basis.	Project		Completed	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task SNFs submit high level implementation plan/strategy to PMO including overall approach to implementation of INTERACT 3.0 toolkit and training approach/timeline.	Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task SNFs implement INTERACT at their facility leveraging approved implementation/staff training approach. SNF staff trained in the INTERACT principles/toolkit along with project champion will be responsible for implementing training/toolkit throughout provider site.	Project		Not Started	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task PMO provides ongoing support to SNFs as necessary, including providing follow up or additional INTERACT training sessions.	Project		In Progress	01/01/2016	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project Director develops assessment tool and schedule for on-site review/audit of participating SNFS as evidence of implementation of INTERACT toolkit.	Project		In Progress	01/01/2016	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2
Milestone #2 Identify a facility champion who will engage other staff and serve as a coach and leader of INTERACT program.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Facility champion identified for each SNF.	Provider	Nursing Home	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task SNFs identify staff from organization to serve as facility champions (coach/leader) of the INTERACT program at designated facility.	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Facility champions attend INTERACT training session, as needed (June 11 or 12, 2015).	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Project Director works with Project Implementation Workgroup to	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
develop role description for facility champion including identifying responsibility in the development of facility specific implementation plan/timeline.									
Task Gain approval of INTERACT facility champion role description from participating SNFs.	Project		In Progress	09/30/2015	09/30/2016	09/30/2015	09/30/2016	09/30/2016	DY2 Q2
Task Participating SNFs identify facility champion; communicate champions responsibilities as coach/leader at their facility to facilitate INTERACT implementation and adoption of INTERACT 3.0 toolkit; and provide required documentation (CV) to PMO.	Project		In Progress	01/01/2016	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Implement care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care pathways and clinical tool(s) created to monitor chronically-ill patients.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed and implemented interventions aimed at avoiding eventual hospital transfer and has trained staff on use of interventions in alignment with the PPS strategic plan to monitor critically ill patients and avoid hospital readmission.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project Director identifies clinical resource to review and document best practices, standardized care pathways and clinical tools in conjunction with SNF providers and Clinical Committee.	Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Clinical PMO resource and support staff works with SNFs to collect and document existing protocols and best practices for care pathways and clinical tools used to monitor chronically ill patients including best practices that can be leveraged across providers.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project Director/support staff identifies industry standard care pathways and clinical tools to monitor chronically ill patients and conducts gap analysis using existing protocols.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 PMO consolidates SNF best practices/protocols and documents methodology for monitoring of chronically ill patients and hospital avoidance.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task PMO shares methodology with Clinical Committee for review and approval.	Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PMO shares methodology with SNFs for review and feedback around training needs.	Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task SNFs identify staff that will require training on use of care pathways and clinical tools.	Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director, with input from the SNFs, and in conjunction with the Workforce Committee and training vendor develops training programs on care pathways and clinical tools.	Project		Completed	01/01/2016	03/31/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PMO develops a finalized and documented training program around care pathways to monitor critically ill patients.	Project		In Progress	01/01/2016	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #4 Educate all staff on care pathways and INTERACT principles.	Project	N/A	In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Training program for all SNF staff established encompassing care pathways and INTERACT principles.	Provider	Nursing Home	In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Project Director shares methodology with SNFs for feedback around training needs.	Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task SNFs identify staff that will require training on use of care pathways and INTERACT principles.	Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director/PMO support staff, with input from the SNFs, and in conjunction with the Workforce Committee and training vendor develops training programs on care pathways and clinical tools including identifying resources for training, approach and timeline.	Project		Completed	01/01/2016	03/31/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director develops a finalized and documented training	Project		In Progress	01/01/2016	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4

Staten Island Performing Provider System, LLC (PPS ID:43)

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
program around care pathways to monitor critically ill patients.									
Task Project Director finalizes methodology and distributes to SNFs to implement at facilities.	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Project Director provides training program to facility champions on methodology for care pathways and use of clinical tools. Training strategy applies a train the trainer approach and includes process for monitoring training implementation (including staff trained, timeline and outcomes).	Project		Not Started	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task SNF staff attend full day INTERACT training session (June 11 or 12, 2015). A train the trainer model will be used.	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task PMO provides ongoing support to SNFs as necessary, including providing follow up or additional INTERACT training sessions.	Project		Completed	01/01/2016	03/31/2017	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Facility champions facilitate on-site training for SNF staff identified as requiring training.	Project		Not Started	09/30/2016	12/31/2016	09/30/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #5 Implement Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care.	Project	N/A	In Progress	04/01/2016	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Advance Care Planning tools incorporated into program (as evidenced by policies and procedures).	Project		Not Started	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Project Director collects materials related to Advanced Care Planning tools and creates a toolkit to be used by SNFs.	Project		In Progress	04/01/2016	06/30/2016	12/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Project Director, in conjunction with training vendor and Workforce Committee develops training program for SNFs on use of Advanced Care Planning tools (including incorporating into INTERACT training).	Project		Completed	07/01/2016	09/30/2016	12/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director shares Advanced Care Planning toolkit with SNF leadership and facility champions to be adopted and used at SNFs.	Project		Not Started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task	Project		Not Started	10/03/2016	12/31/2016	10/03/2016	12/31/2016	12/31/2016	DY2 Q3

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
PMO provides training to SNFs on Advanced Care Planning tools and use of toolkit.									
Task SNF facility champions provide training to SNF staff on use of Advanced Care Planning tools (including as a component of INTERACT toolkit).	Project		Not Started	10/03/2016	03/31/2017	10/03/2016	03/31/2017	03/31/2017	DY2 Q4
Task SNFs adopt Advanced Care Planning tools and use of toolkit.	Project		Not Started	10/03/2016	03/31/2017	10/03/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Create coaching program to facilitate and support implementation.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task INTERACT coaching program established at each SNF.	Provider	Nursing Home	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task SNFs identify staff from organization to attend INTERACT training (provided by Continuing Care Leadership Coalition).	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task SNF staff attend full day INTERACT training session (June 11 or 12, 2015).	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Project Director meets with SNFs to identify training/coaching needs for the following: 1. INTERACT implementation/staff training approach and timing including training for Facility Champions. 2. Training for the implementation of INTERACT 3.0 toolkit at each facility.	Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director/support staff leverages findings from SNF meetings to develop written INTERACT training/coaching approach and timing.	Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Implementation Workgroup approves the staff training/coaching approach and timing as well as coaching on use of INTERACT 3.0 toolkit for their facility.	Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Facility champion serves as coach/leader at their facility to facilitate INTERACT implementation and adoption of INTERACT 3.0 toolkit.	Project		Not Started	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task	Project		Not Started	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
SNFs implement INTERACT at their facility leveraging approved implementation/staff training approach. SNF staff (Facility Champions) that attended the training will participate in the implementation and training/coaching process.									
Task SNFs and their designated Facility Champions provide training to SNF staff on use of INTERACT 3.0 toolkit.	Project		Not Started	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task PMO provides ongoing support to SNFs and their Facility Champions as necessary, including providing follow up or additional INTERACT training sessions.	Project		Not Started	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Educate patient and family/caretakers, to facilitate participation in planning of care.	Project	N/A	In Progress	01/01/2016	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Patients and families educated and involved in planning of care using INTERACT principles.	Project		Not Started	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Project Director meets with SNFs to identify and document ongoing protocols and best practices in place for patient and family education care planning.	Project		Completed	01/01/2016	03/31/2017	12/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director incorporates findings from SNFs and INTERACT principles to develop patient and family education methodology.	Project		Completed	01/01/2016	03/31/2017	12/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Implementation Workgroup reviews the PMO's methodology and provides feedback/approves patient and family education methodology for planning of care using INTERACT principles.	Project		Completed	01/01/2016	03/31/2017	12/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director develops and documents training methodology/approach for SNFs on the use patient and family education methodology.	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Project Director shares training with SNFs to facilitate implementation/training of patient and family education methodology.	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Facility champion serves as coach/leader at their facility to	Project		Not Started	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
facilitate training/implementation of patient and family education methodology.									
Task SNFs implement patient and family education methodology for planning of care with use of INTERACT principles.	Project		Not Started	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task PMO provides ongoing support to SNFs and their Facility Champions as necessary, including providing follow up or additional INTERACT training sessions.	Project		Not Started	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Establish enhanced communication with acute care hospitals, preferably with EHR and HIE connectivity.	Project	N/A	In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
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	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Hospital	In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Nursing Home	In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities, assess IT infrastructure at participating SNFs including identifying SNFs with/without EHR. For those SNFs without EHR, provider implementation plan/timelines for implementation are developed.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project Director develops implementation plan including timeline for SNF integration with RHIO and ensure SHIN-NY requirements are met (PPS Funds flow will include funding to support integration). Implementation plan is a subset of PPS's roadmap to achieving clinical data sharing and interoperable systems across PPS network.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task For those SNFs with EHR, Project Director and Sr. Director of Enterprise Data & Analytics work to ensure that EHR meetings	Project		Not Started	12/31/2015	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
Meaningful Use Stage 2 CMS requirements.									
Task For those SNFs with EHR, Project Director and Sr. Director of Enterprise Data & Analytics work with the SNF and RHIO (Healthix) to facilitate integration within the RHIO and ensure enhanced communication between SNF and other PPS partners, in particular Richmond University Medical Center/Staten Island University.	Project		In Progress	09/30/2015	03/31/2017	09/30/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project Implementation Workgroup and hospital representatives, including Directors of Emergency Department from both acute care hospitals participate in assessment to identify key data points to be shared, and approach for enhanced communication between SNFs and acute care hospitals.	Project		In Progress	12/31/2015	09/30/2017	12/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use State 2 CMS requirements and Certification or EHR Proof of Certification, and integration with the RHIO.	Project		Not Started	12/31/2015	09/30/2017	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Milestone #9 Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	Project	N/A	In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Membership of quality committee is representative of PPS staff involved in quality improvement processes and other stakeholders.	Project		Completed	07/01/2015	09/30/2017	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
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	10/01/2015	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics in Attachment J.	Project		In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Service and quality outcome measures are reported to all stakeholders.	Project		In Progress	10/01/2015	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Project Director identifies PPS partners to serve on the quality	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
committee or "Long Term Care Project Workgroup", which is comprised of PPS partners participating in Project 2.b.vii.									
Task Project Director notifies those selected for the Long Term Care Project Workgroup of their role, expectations and meeting schedule.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Long Term Care Project Workgroup convenes on an ongoing basis to identify approach to measuring outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project Director office identifies key quality metrics for Project 2.b.vii and provides this information to the Long Term Care Project Workgroup.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Long Term Care Project Workgroup applies key quality metrics to develop an approach for clinical quality improvement including: 1. An approach to conducting quality assessments across the SNFs 2. Methodologies for rapid cycle improvement at facility 3. Assessing root cause of transfers from SNFs to hospitals.	Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Long Term Care Project Workgroup applies approaches/methodologies identified in previous step and key quality metrics to develop implementation plans for clinical quality improvement across the SNFs.	Project		Not Started	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Project Director shares clinical quality improvement plans with SNFs for review and feedback.	Project		Not Started	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task SNFs leverage plans to perform clinical quality assessments at SNF.	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task SNFs collect results of clinical quality assessments and provide to PMO.	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Project Director collects and evaluates results of assessment.	Project		Not Started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Project Director measures and identifies outcomes of the clinical quality assessment and shares results with the Long Term Care Project Workgroup.	Project		Not Started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Long Term Care Project Workgroup reviews outcomes and identifies additional interventions that can be adopted by the SNFs to improve clinical quality outcomes.	Project		Not Started	10/03/2016	03/31/2017	10/03/2016	03/31/2017	03/31/2017	DY2 Q4
Task Project Director collects the identified interventions and develops a report that is issued to all PPS partners involved in Project 2.b.vii. The report will identify the results of the clinical quality assessments as well as identified interventions to address areas for improvement at SNFs to reduce transfer to hospitals.	Project		Not Started	04/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Project Director/support staff report findings to key stakeholders.	Project		Not Started	04/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
Milestone #10 Use EHRs and other technical platforms to track all patients engaged in the 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		Completed	07/01/2015	03/31/2017	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' ability to track patients engaged in this project including identifying SNFs with/without EHR. For those SNFs without EHR, provider implementation plan/timelines for implementation are developed.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use State 2 CMS requirements and Certification or EHR Proof of Certification.	Project		In Progress	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4

Staten Island Performing Provider System, LLC (PPS ID:43)

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
claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network.									
Task Sr. Director of Enterprise Data & Analytics import Medicaid claims and member attribution data collected from NYS DOH.	Project		Not Started	03/31/2016	09/30/2016	03/31/2016	09/30/2016	09/30/2016	DY2 Q2
Task Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population, creating a longitudinal patient record.	Project		Not Started	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting.	Project		Completed	10/01/2015	03/31/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for SNF integration with RHIO and ensure SHIN-NY requirements are met.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project Director/support staff creates baseline and track improvement for defined metrics to monitor targeted patients.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task For those SNFs without EHR, the Project Director will facilitate interim reporting and tracking strategy to enable tracking of patients.	Project		Completed	09/30/2015	09/30/2015	09/30/2015	09/30/2015	09/30/2015	DY1 Q2
Task SNFs are integrated with the RHIO and are able to track patients engaged in Project 2.b.vii.	Project		In Progress	09/30/2015	03/31/2017	09/30/2015	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 Implement INTERACT at each participating SNF, demonstrated by active use of the INTERACT 3.0 toolkit and other resources available at http://interact2.net.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 INTERACT principles implemented at each participating SNF.										
Task Nursing home to hospital transfers reduced.	0	0	0	0	0	1	1	3	4	10
Task INTERACT 3.0 Toolkit used at each SNF.	0	0	0	0	0	0	0	0	0	0
Task Recruit/hire project management office staff to support long term care initiatives.										
Task Form Project Implementation Workgroup with representatives from PPS providers participating in project implementation including Skilled Nursing Facilities (SNFs).										
Task Project Director identifies project lead(s)/champion(s) from each SNF.										
Task Project Director identifies PPS providers participating in project.										
Task Project Director develops project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval.										
Task Project Director and Executive Director develop funds flow model for Project 2.b.vii including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or underreimbursed.										
Task Project Director request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses.										
Task Executive Director distributes provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions (master services agreements and funds flow will include commitment to implementing the INTERACT 3.0 toolkit within the specified timeframe).										
Task Executive Director finalizes and executes provider specific master services agreements and funds flow for participating PPS providers.										
Task Project Director develops a Project Implementation Workgroup										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
schedule for ongoing meetings and convene Project Implementation Workgroup meetings.										
Task Project Director develops INTERACT training strategy in conjunction with Project Implementation Workgroup. Training strategy aligns with PPS's workforce training strategy.										
Task Project Director requests and reviews proposals from INTERACT training vendors. PPS selects and enters into a contract with selected vendor.										
Task SNFs identify staff from organization to attend INTERACT training (provided by Continuing Care Leadership Coalition).										
Task SNF staff attend full day INTERACT training session (June 11 or 12, 2015). A train the trainer model will be used.										
Task Project Director and/or support staff meets with SNFs to identify INTERACT implementation/staff training approach and timing as well as implementation of INTERACT 3.0 toolkit at each facility.										
Task SNFs conduct baseline assessment of the number of nursing home to hospital transfers within a one year period, prior to INTERACT implementation, to benchmark progress. SNFs provide baseline assessment to PMO.										
Task Project Director and PMO Director develops process/timeline for the collection of hospital transfer volume on a quarterly basis.										
Task SNFs submit high level implementation plan/strategy to PMO including overall approach to implementation of INTERACT 3.0 toolkit and training approach/timeline.										
Task SNFs implement INTERACT at their facility leveraging approved implementation/staff training approach. SNF staff trained in the INTERACT principles/toolkit along with project champion will be responsible for implementing training/toolkit throughout provider site.										
Task PMO provides ongoing support to SNFs as necessary, including providing follow up or additional INTERACT training sessions.										
Task Project Director develops assessment tool and schedule for on-site review/audit of participating SNFS as evidence of implementation of INTERACT toolkit.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 #2 Identify a facility champion who will engage other staff and serve as a coach and leader of INTERACT program.										
Task Facility champion identified for each SNF.	0	0	0	0	0	1	1	10	10	10
Task SNFs identify staff from organization to serve as facility champions (coach/leader) of the INTERACT program at designated facility.										
Task Facility champions attend INTERACT training session, as needed (June 11 or 12, 2015).										
Task Project Director works with Project Implementation Workgroup to develop role description for facility champion including identifying responsibility in the development of facility specific implementation plan/timeline.										
Task Gain approval of INTERACT facility champion role description from participating SNFs.										
Task Participating SNFs identify facility champion; communicate champions responsibilities as coach/leader at their facility to facilitate INTERACT implementation and adoption of INTERACT 3.0 toolkit; and provide required documentation (CV) to PMO.										
Milestone #3 Implement care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.										
Task Care pathways and clinical tool(s) created to monitor chronically-ill patients.										
Task PPS has developed and implemented interventions aimed at avoiding eventual hospital transfer and has trained staff on use of interventions in alignment with the PPS strategic plan to monitor critically ill patients and avoid hospital readmission.										
Task Project Director identifies clinical resource to review and document best practices, standardized care pathways and clinical tools in conjunction with SNF providers and Clinical Committee.										
Task Clinical PMO resource and support staff works with SNFs to collect and document existing protocols and best practices for										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 pathways and clinical tools used to monitor chronically ill patients including best practices that can be leveraged across providers.										
Task Project Director/support staff identifies industry standard care pathways and clinical tools to monitor chronically ill patients and conducts gap analysis using existing protocols.										
Task PMO consolidates SNF best practices/protocols and documents methodology for monitoring of chronically ill patients and hospital avoidance.										
Task PMO shares methodology with Clinical Committee for review and approval.										
Task PMO shares methodology with SNFs for review and feedback around training needs.										
Task SNFs identify staff that will require training on use of care pathways and clinical tools.										
Task Project Director, with input from the SNFs, and in conjunction with the Workforce Committee and training vendor develops training programs on care pathways and clinical tools.										
Task PMO develops a finalized and documented training program around care pathways to monitor critically ill patients.										
Milestone #4 Educate all staff on care pathways and INTERACT principles.										
Task Training program for all SNF staff established encompassing care pathways and INTERACT principles.	0	0	0	0	0	0	0	0	0	0
Task Project Director shares methodology with SNFs for feedback around training needs.										
Task SNFs identify staff that will require training on use of care pathways and INTERACT principles.										
Task Project Director/PMO support staff, with input from the SNFs, and in conjunction with the Workforce Committee and training vendor develops training programs on care pathways and clinical tools including identifying resources for training, approach and timeline.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Director develops a finalized and documented training program around care pathways to monitor critically ill patients.										
Task Project Director finalizes methodology and distributes to SNFs to implement at facilities.										
Task Project Director provides training program to facility champions on methodology for care pathways and use of clinical tools. Training strategy applies a train the trainer approach and includes process for monitoring training implementation (including staff trained, timeline and outcomes).										
Task SNF staff attend full day INTERACT training session (June 11 or 12, 2015). A train the trainer model will be used.										
Task PMO provides ongoing support to SNFs as necessary, including providing follow up or additional INTERACT training sessions.										
Task Facility champions facilitate on-site training for SNF staff identified as requiring training.										
Milestone #5 Implement Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care.										
Task Advance Care Planning tools incorporated into program (as evidenced by policies and procedures).										
Task Project Director collects materials related to Advanced Care Planning tools and creates a toolkit to be used by SNFs.										
Task Project Director, in conjunction with training vendor and Workforce Committee develops training program for SNFs on use of Advanced Care Planning tools (including incorporating into INTERACT training).										
Task Project Director shares Advanced Care Planning toolkit with SNF leadership and facility champions to be adopted and used at SNFs.										
Task PMO provides training to SNFs on Advanced Care Planning tools and use of toolkit.										
Task SNF facility champions provide training to SNF staff on use of										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
Advanced Care Planning tools (including as a component of INTERACT toolkit).										
Task SNFs adopt Advanced Care Planning tools and use of toolkit.										
Milestone #6 Create coaching program to facilitate and support implementation.										
Task INTERACT coaching program established at each SNF.	0	0	0	0	0	1	1	10	10	10
Task SNFs identify staff from organization to attend INTERACT training (provided by Continuing Care Leadership Coalition).										
Task SNF staff attend full day INTERACT training session (June 11 or 12, 2015).										
Task Project Director meets with SNFs to identify training/coaching needs for the following: 1. INTERACT implementation/staff training approach and timing including training for Facility Champions. 2. Training for the implementation of INTERACT 3.0 toolkit at each facility.										
Task Project Director/support staff leverages findings from SNF meetings to develop written INTERACT training/coaching approach and timing.										
Task Project Implementation Workgroup approves the staff training/coaching approach and timing as well as coaching on use of INTERACT 3.0 toolkit for their facility.										
Task Facility champion serves as coach/leader at their facility to facilitate INTERACT implementation and adoption of INTERACT 3.0 toolkit.										
Task SNFs implement INTERACT at their facility leveraging approved implementation/staff training approach. SNF staff (Facility Champions) that attended the training will participate in the implementation and training/coaching process.										
Task SNFs and their designated Facility Champions provide training to SNF staff on use of INTERACT 3.0 toolkit.										
Task PMO provides ongoing support to SNFs and their Facility Champions as necessary, including providing follow up or										

Staten Island Performing Provider System, LLC (PPS ID:43)

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
additional INTERACT training sessions.										
Milestone #7 Educate patient and family/caretakers, to facilitate participation in planning of care.										
Task Patients and families educated and involved in planning of care using INTERACT principles.										
Task Project Director meets with SNFs to identify and document ongoing protocols and best practices in place for patient and family education care planning.										
Task Project Director incorporates findings from SNFs and INTERACT principles to develop patient and family education methodology.										
Task Project Implementation Workgroup reviews the PMO's methodology and provides feedback/approves patient and family education methodology for planning of care using INTERACT principles.										
Task Project Director develops and documents training methodology/approach for SNFs on the use patient and family education methodology.										
Task Project Director shares training with SNFs to facilitate implementation/training of patient and family education methodology.										
Task Facility champion serves as coach/leader at their facility to facilitate training/implementation of patient and family education methodology.										
Task SNFs implement patient and family education methodology for planning of care with use of INTERACT principles.										
Task PMO provides ongoing support to SNFs and their Facility Champions as necessary, including providing follow up or additional INTERACT training sessions.										
Milestone #8 Establish enhanced communication with acute care hospitals, preferably with EHR and HIE connectivity.										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
incorporated into the assessment criteria.)										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	2	2	2
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	1	1	3	4	10
Task Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities, assess IT infrastructure at participating SNFs including identifying SNFs with/without EHR. For those SNFs without EHR, provider implementation plan/timelines for implementation are developed.										
Task Project Director develops implementation plan including timeline for SNF integration with RHIO and ensure SHIN-NY requirements are met (PPS Funds flow will include funding to support integration). Implementation plan is a subset of PPS's roadmap to achieving clinical data sharing and interoperable systems across PPS network.										
Task For those SNFs with EHR, Project Director and Sr. Director of Enterprise Data & Analytics work to ensure that EHR meetings Meaningful Use Stage 2 CMS requirements.										
Task For those SNFs with EHR, Project Director and Sr. Director of Enterprise Data & Analytics work with the SNF and RHIO (Healthix) to facilitate integration within the RHIO and ensure enhanced communication between SNF and other PPS partners, in particular Richmond University Medical Center/Staten Island University.										
Task Project Implementation Workgroup and hospital representatives, including Directors of Emergency Department from both acute care hospitals participate in assessment to identify key data points to be shared, and approach for enhanced communication between SNFs and acute care hospitals.										
Task Develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use State 2 CMS requirements and Certification or EHR Proof of Certification, and integration with the RHIO.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 #9 Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.										
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 in Attachment J.										
Task Service and quality outcome measures are reported to all stakeholders.										
Task Project Director identifies PPS partners to serve on the quality committee or "Long Term Care Project Workgroup", which is comprised of PPS partners participating in Project 2.b.vii.										
Task Project Director notifies those selected for the Long Term Care Project Workgroup of their role, expectations and meeting schedule.										
Task Long Term Care Project Workgroup convenes on an ongoing basis to identify approach to measuring outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.										
Task Project Director office identifies key quality metrics for Project 2.b.vii and provides this information to the Long Term Care Project Workgroup.										
Task Long Term Care Project Workgroup applies key quality metrics to develop an approach for clinical quality improvement including: 1. An approach to conducting quality assessments across the SNFs 2. Methodologies for rapid cycle improvement at facility 3. Assessing root cause of transfers from SNFs to hospitals.										
Task Long Term Care Project Workgroup applies approaches/methodologies identified in previous step and key										

Staten Island Performing Provider System, LLC (PPS ID:43)

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
quality metrics to develop implementation plans for clinical quality improvement across the SNFs.										
Task Project Director shares clinical quality improvement plans with SNFs for review and feedback.										
Task SNFs leverage plans to perform clinical quality assessments at SNF.										
Task SNFs collect results of clinical quality assessments and provide to PMO.										
Task Project Director collects and evaluates results of assessment.										
Task Project Director measures and identifies outcomes of the clinical quality assessment and shares results with the Long Term Care Project Workgroup.										
Task Long Term Care Project Workgroup reviews outcomes and identifies additional interventions that can be adopted by the SNFs to improve clinical quality outcomes.										
Task Project Director collects the identified interventions and develops a report that is issued to all PPS partners involved in Project 2.b.vii. The report will identify the results of the clinical quality assessments as well as identified interventions to address areas for improvement at SNFs to reduce transfer to hospitals.										
Task Project Director/support staff report findings to key stakeholders.										
Milestone #10 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 Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' ability to track patients engaged in this project including identifying SNFs with/without EHR. For those SNFs without EHR, provider implementation plan/timelines for implementation are developed.										
Task Develop approach to monitor progress and obtain necessary										

Staten Island Performing Provider System, LLC (PPS ID:43)

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
documentation towards transition to EHR, Meaningful Use State 2 CMS requirements and Certification or EHR Proof of Certification.										
Task Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network.										
Task Sr. Director of Enterprise Data & Analytics import Medicaid claims and member attribution data collected from NYS DOH.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population, creating a longitudinal patient record.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for SNF integration with RHIO and ensure SHIN-NY requirements are met.										
Task Project Director/support staff creates baseline and track improvement for defined metrics to monitor targeted patients.										
Task For those SNFs without EHR, the Project Director will facilitate interim reporting and tracking strategy to enable tracking of patients.										
Task SNFs are integrated with the RHIO and are able to track patients engaged in Project 2.b.vii.										

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 INTERACT at each participating SNF, demonstrated by active use of the INTERACT 3.0 toolkit and other resources										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
available at http://interact2.net.										
Task INTERACT principles implemented at each participating SNF.										
Task Nursing home to hospital transfers reduced.	10	10	10	10	10	10	10	10	10	10
Task INTERACT 3.0 Toolkit used at each SNF.	0	0	0	0	0	0	0	0	0	0
Task Recruit/hire project management office staff to support long term care initiatives.										
Task Form Project Implementation Workgroup with representatives from PPS providers participating in project implementation including Skilled Nursing Facilities (SNFs).										
Task Project Director identifies project lead(s)/champion(s) from each SNF.										
Task Project Director identifies PPS providers participating in project.										
Task Project Director develops project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval.										
Task Project Director and Executive Director develop funds flow model for Project 2.b.vii including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or underreimbursed.										
Task Project Director request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses.										
Task Executive Director distributes provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions (master services agreements and funds flow will include commitment to implementing the INTERACT 3.0 toolkit within the specified timeframe).										
Task Executive Director finalizes and executes provider specific master services agreements and funds flow for participating PPS providers.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Director develops a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings.										
Task Project Director develops INTERACT training strategy in conjunction with Project Implementation Workgroup. Training strategy aligns with PPS's workforce training strategy.										
Task Project Director requests and reviews proposals from INTERACT training vendors. PPS selects and enters into a contract with selected vendor.										
Task SNFs identify staff from organization to attend INTERACT training (provided by Continuing Care Leadership Coalition).										
Task SNF staff attend full day INTERACT training session (June 11 or 12, 2015). A train the trainer model will be used.										
Task Project Director and/or support staff meets with SNFs to identify INTERACT implementation/staff training approach and timing as well as implementation of INTERACT 3.0 toolkit at each facility.										
Task SNFs conduct baseline assessment of the number of nursing home to hospital transfers within a one year period, prior to INTERACT implementation, to benchmark progress. SNFs provide baseline assessment to PMO.										
Task Project Director and PMO Director develops process/timeline for the collection of hospital transfer volume on a quarterly basis.										
Task SNFs submit high level implementation plan/strategy to PMO including overall approach to implementation of INTERACT 3.0 toolkit and training approach/timeline.										
Task SNFs implement INTERACT at their facility leveraging approved implementation/staff training approach. SNF staff trained in the INTERACT principles/toolkit along with project champion will be responsible for implementing training/toolkit throughout provider site.										
Task PMO provides ongoing support to SNFs as necessary, including providing follow up or additional INTERACT training sessions.										
Task Project Director develops assessment tool and schedule for on-										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
site review/audit of participating SNFS as evidence of implementation of INTERACT toolkit.										
Milestone #2 Identify a facility champion who will engage other staff and serve as a coach and leader of INTERACT program.										
Task Facility champion identified for each SNF.	10	10	10	10	10	10	10	10	10	10
Task SNFs identify staff from organization to serve as facility champions (coach/leader) of the INTERACT program at designated facility.										
Task Facility champions attend INTERACT training session, as needed (June 11 or 12, 2015).										
Task Project Director works with Project Implementation Workgroup to develop role description for facility champion including identifying responsibility in the development of facility specific implementation plan/timeline.										
Task Gain approval of INTERACT facility champion role description from participating SNFs.										
Task Participating SNFs identify facility champion; communicate champions responsibilities as coach/leader at their facility to facilitate INTERACT implementation and adoption of INTERACT 3.0 toolkit; and provide required documentation (CV) to PMO.										
Milestone #3 Implement care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.										
Task Care pathways and clinical tool(s) created to monitor chronically-ill patients.										
Task PPS has developed and implemented interventions aimed at avoiding eventual hospital transfer and has trained staff on use of interventions in alignment with the PPS strategic plan to monitor critically ill patients and avoid hospital readmission.										
Task Project Director identifies clinical resource to review and document best practices, standardized care pathways and clinical tools in conjunction with SNF providers and Clinical Committee.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Clinical PMO resource and support staff works with SNFs to collect and document existing protocols and best practices for care pathways and clinical tools used to monitor chronically ill patients including best practices that can be leveraged across providers.										
Task Project Director/support staff identifies industry standard care pathways and clinical tools to monitor chronically ill patients and conducts gap analysis using existing protocols.										
Task PMO consolidates SNF best practices/protocols and documents methodology for monitoring of chronically ill patients and hospital avoidance.										
Task PMO shares methodology with Clinical Committee for review and approval.										
Task PMO shares methodology with SNFs for review and feedback around training needs.										
Task SNFs identify staff that will require training on use of care pathways and clinical tools.										
Task Project Director, with input from the SNFs, and in conjunction with the Workforce Committee and training vendor develops training programs on care pathways and clinical tools.										
Task PMO develops a finalized and documented training program around care pathways to monitor critically ill patients.										
Milestone #4 Educate all staff on care pathways and INTERACT principles.										
Task Training program for all SNF staff established encompassing care pathways and INTERACT principles.	0	0	0	0	0	0	0	0	0	0
Task Project Director shares methodology with SNFs for feedback around training needs.										
Task SNFs identify staff that will require training on use of care pathways and INTERACT principles.										
Task Project Director/PMO support staff, with input from the SNFs, and in conjunction with the Workforce Committee and training vendor develops training programs on care pathways and clinical										

Staten Island Performing Provider System, LLC (PPS ID:43)

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
tools including identifying resources for training, approach and timeline.										
Task Project Director develops a finalized and documented training program around care pathways to monitor critically ill patients.										
Task Project Director finalizes methodology and distributes to SNFs to implement at facilities.										
Task Project Director provides training program to facility champions on methodology for care pathways and use of clinical tools. Training strategy applies a train the trainer approach and includes process for monitoring training implementation (including staff trained, timeline and outcomes).										
Task SNF staff attend full day INTERACT training session (June 11 or 12, 2015). A train the trainer model will be used.										
Task PMO provides ongoing support to SNFs as necessary, including providing follow up or additional INTERACT training sessions.										
Task Facility champions facilitate on-site training for SNF staff identified as requiring training.										
Milestone #5 Implement Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care.										
Task Advance Care Planning tools incorporated into program (as evidenced by policies and procedures).										
Task Project Director collects materials related to Advanced Care Planning tools and creates a toolkit to be used by SNFs.										
Task Project Director, in conjunction with training vendor and Workforce Committee develops training program for SNFs on use of Advanced Care Planning tools (including incorporating into INTERACT training).										
Task Project Director shares Advanced Care Planning toolkit with SNF leadership and facility champions to be adopted and used at SNFs.										
Task PMO provides training to SNFs on Advanced Care Planning tools and use of toolkit.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 SNF facility champions provide training to SNF staff on use of Advanced Care Planning tools (including as a component of INTERACT toolkit).										
Task SNFs adopt Advanced Care Planning tools and use of toolkit.										
Milestone #6 Create coaching program to facilitate and support implementation.										
Task INTERACT coaching program established at each SNF.	10	10	10	10	10	10	10	10	10	10
Task SNFs identify staff from organization to attend INTERACT training (provided by Continuing Care Leadership Coalition).										
Task SNF staff attend full day INTERACT training session (June 11 or 12, 2015).										
Task Project Director meets with SNFs to identify training/coaching needs for the following: 1. INTERACT implementation/staff training approach and timing including training for Facility Champions. 2. Training for the implementation of INTERACT 3.0 toolkit at each facility.										
Task Project Director/support staff leverages findings from SNF meetings to develop written INTERACT training/coaching approach and timing.										
Task Project Implementation Workgroup approves the staff training/coaching approach and timing as well as coaching on use of INTERACT 3.0 toolkit for their facility.										
Task Facility champion serves as coach/leader at their facility to facilitate INTERACT implementation and adoption of INTERACT 3.0 toolkit.										
Task SNFs implement INTERACT at their facility leveraging approved implementation/staff training approach. SNF staff (Facility Champions) that attended the training will participate in the implementation and training/coaching process.										
Task SNFs and their designated Facility Champions provide training to SNF staff on use of INTERACT 3.0 toolkit.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 PMO provides ongoing support to SNFs and their Facility Champions as necessary, including providing follow up or additional INTERACT training sessions.										
Milestone #7 Educate patient and family/caretakers, to facilitate participation in planning of care.										
Task Patients and families educated and involved in planning of care using INTERACT principles.										
Task Project Director meets with SNFs to identify and document ongoing protocols and best practices in place for patient and family education care planning.										
Task Project Director incorporates findings from SNFs and INTERACT principles to develop patient and family education methodology.										
Task Project Implementation Workgroup reviews the PMO's methodology and provides feedback/approves patient and family education methodology for planning of care using INTERACT principles.										
Task Project Director develops and documents training methodology/approach for SNFs on the use patient and family education methodology.										
Task Project Director shares training with SNFs to facilitate implementation/training of patient and family education methodology.										
Task Facility champion serves as coach/leader at their facility to facilitate training/implementation of patient and family education methodology.										
Task SNFs implement patient and family education methodology for planning of care with use of INTERACT principles.										
Task PMO provides ongoing support to SNFs and their Facility Champions as necessary, including providing follow up or additional INTERACT training sessions.										
Milestone #8 Establish enhanced communication with acute care hospitals, preferably with EHR and HIE connectivity.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	2	2	2	2	2	2	2	2	2	2
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	10	10	10	10	10	10	10	10	10	10
Task Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities, assess IT infrastructure at participating SNFs including identifying SNFs with/without EHR. For those SNFs without EHR, provider implementation plan/timelines for implementation are developed.										
Task Project Director develops implementation plan including timeline for SNF integration with RHIO and ensure SHIN-NY requirements are met (PPS Funds flow will include funding to support integration). Implementation plan is a subset of PPS's roadmap to achieving clinical data sharing and interoperable systems across PPS network.										
Task For those SNFs with EHR, Project Director and Sr. Director of Enterprise Data & Analytics work to ensure that EHR meetings Meaningful Use Stage 2 CMS requirements.										
Task For those SNFs with EHR, Project Director and Sr. Director of Enterprise Data & Analytics work with the SNF and RHIO (Healthix) to facilitate integration within the RHIO and ensure enhanced communication between SNF and other PPS partners, in particular Richmond University Medical Center/Staten Island University.										
Task Project Implementation Workgroup and hospital representatives, including Directors of Emergency Department from both acute care hospitals participate in assessment to identify key data points to be shared, and approach for enhanced communication between SNFs and acute care hospitals.										
Task Develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use State 2 CMS requirements and Certification or EHR Proof of										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
Certification, and integration with the RHIO.										
Milestone #9 Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.										
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 in Attachment J.										
Task Service and quality outcome measures are reported to all stakeholders.										
Task Project Director identifies PPS partners to serve on the quality committee or "Long Term Care Project Workgroup", which is comprised of PPS partners participating in Project 2.b.vii.										
Task Project Director notifies those selected for the Long Term Care Project Workgroup of their role, expectations and meeting schedule.										
Task Long Term Care Project Workgroup convenes on an ongoing basis to identify approach to measuring outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.										
Task Project Director office identifies key quality metrics for Project 2.b.vii and provides this information to the Long Term Care Project Workgroup.										
Task Long Term Care Project Workgroup applies key quality metrics to develop an approach for clinical quality improvement including: 1. An approach to conducting quality assessments across the SNFs 2. Methodologies for rapid cycle improvement at facility 3. Assessing root cause of transfers from SNFs to hospitals.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Long Term Care Project Workgroup applies approaches/methodologies identified in previous step and key quality metrics to develop implementation plans for clinical quality improvement across the SNFs.										
Task Project Director shares clinical quality improvement plans with SNFs for review and feedback.										
Task SNFs leverage plans to perform clinical quality assessments at SNF.										
Task SNFs collect results of clinical quality assessments and provide to PMO.										
Task Project Director collects and evaluates results of assessment.										
Task Project Director measures and identifies outcomes of the clinical quality assessment and shares results with the Long Term Care Project Workgroup.										
Task Long Term Care Project Workgroup reviews outcomes and identifies additional interventions that can be adopted by the SNFs to improve clinical quality outcomes.										
Task Project Director collects the identified interventions and develops a report that is issued to all PPS partners involved in Project 2.b.vii. The report will identify the results of the clinical quality assessments as well as identified interventions to address areas for improvement at SNFs to reduce transfer to hospitals.										
Task Project Director/support staff report findings to key stakeholders.										
Milestone #10 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 Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' ability to track patients engaged in this project including identifying SNFs with/without EHR. For those SNFs without EHR, provider implementation plan/timelines for implementation										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
are developed.										
Task Develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use State 2 CMS requirements and Certification or EHR Proof of Certification.										
Task Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network.										
Task Sr. Director of Enterprise Data & Analytics import Medicaid claims and member attribution data collected from NYS DOH.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population, creating a longitudinal patient record.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for SNF integration with RHIO and ensure SHIN-NY requirements are met.										
Task Project Director/support staff creates baseline and track improvement for defined metrics to monitor targeted patients.										
Task For those SNFs without EHR, the Project Director will facilitate interim reporting and tracking strategy to enable tracking of patients.										
Task SNFs are integrated with the RHIO and are able to track patients engaged in Project 2.b.vii.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 INTERACT at each participating SNF, demonstrated by active use of the INTERACT 3.0 toolkit and other resources available at http://interact2.net.	
Identify a facility champion who will engage other staff and serve as a coach and leader of INTERACT program.	
Implement care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.	
Educate all staff on care pathways and INTERACT principles.	
Implement Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care.	
Create coaching program to facilitate and support implementation.	
Educate patient and family/caretakers, to facilitate participation in planning of care.	
Establish enhanced communication with acute care hospitals, preferably with EHR and HIE connectivity.	
Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	
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	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Ongoing	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

IPQR Module 2.b.vii.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

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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

Instructions :

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Project 2.b.viii – Hospital-Home Care Collaboration Solutions

IPQR Module 2.b.viii.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.

The SI PPS views the following as major risks for implementation:

1. The implementation of agreed upon evidence-based guidelines and protocols for chronic condition management including training on care pathways by all participating home care providers has been identified as a risk to meeting project goals. The participating home care agencies are currently utilizing varying practices and protocols as well as different systems and tools for the management of at risk patients. However, to successfully implement Project 2.b.viii, all participating home care agencies will need to collaborate and agree upon a set of practices and INTERACT-like principles. In efforts to mitigate this risk, the SI PPS will utilize a clinical subcommittee with participation from all SI PPS home care agencies to establish protocols and procedures as well as assist in the development and implementation of a training strategy across organizations. The project implementation team will develop a roll-out timeline for each homecare agency, and overall, to monitor the speed of implementation across the providers.

2. The SI PPS identified timely implementation of a clinical interoperability system to enhance provider communication and coordination of care as a risk for meeting project requirements and goals. Integration of health data is critical to giving home care providers, primary care physicians, and care managers, among others, necessary information to avoid readmissions. However, the implementation of EHR, as well as building out interoperability capacity and training on the use and sharing of data will take significant time. To mitigate this risk, the SI PPS will work to build out agreed upon interventions and care transition protocols to be used across the SI PPS to begin to meet project goals in advance of meeting interoperability requirements. The Data/IT Committee, through the help of a focused PMO IT support team, will develop and implement a strategic plan to integrate providers' data exchange in the long term (as described in the IT workstream).

3. The SI PPS has received its total valuation from the DOH and has allocated a portion of the funding for this project to support project implementation costs including the hiring/training of additional staff, costs associated with the development of IT infrastructure and the expansion of telehealth capacity, and costs related to incentive/bonus payments to providers involved in this project. However, the initial budget and funds flow that was developed based on an estimated valuation do not align with the actual valuation allocated to the PPS and will impact funds flow and the funding allocated towards project implementation. To mitigate this risk and ensure project implementation is not impacted and that project milestones are met, the SI PPS is modifying its implementation strategy and funds flow approach for providers involved in this project. Further anticipating this risk, the SI PPS has included requests for the expansion of telehealth/telemedicine in its Capital Restructuring and Financing Program request to further support the goals of this project.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

IPQR Module 2.b.viii.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	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
321	545	1090.00%	-495	218.00%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
dk12345	Rosters	43_PMDL3315_1_3_20160128111723_SIPPS_2bviii_Patient_Registry_MAPP_DY1Q3_01312016.xlsx	SI PPS Patient Registry for Project 2bviii.	01/28/2016 11:17 AM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

IPQR Module 2.b.viii.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 Assemble Rapid Response Teams (hospital/home care) to facilitate patient discharge to home and assure needed home care services are in place, including, if appropriate, hospice.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Rapid Response Teams are facilitating hospital-home care collaboration, with procedures and protocols for: - discharge planning - discharge facilitation - confirmation of home care services	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Recruit/hire project management office staff including Director of Long Term Care Initiatives and support staff as needed.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project Director forms Project Implementation Workgroup with representatives from PPS providers participating in project implementation including Home Care agencies and hospitals.	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Project Director/support staff identifies project lead(s)/champion(s).	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Project Director identifies PPS providers participating in project.	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Project Director/support staff develops project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval.	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Project Director and Executive Director develop funds flow model for Project 2.b.viii including funds for project implementation expenses and incentive payments (bonus	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2

Staten Island Performing Provider System, LLC (PPS ID:43)

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
payments) as well as funds for services not covered or under reimbursed.									
Task Project Director/support staff request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Executive Director distributes provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions (master services agreements and funds flow will include commitment to implementing INTERACT-like principles).	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Executive Director finalizes and executes provider specific master services agreements and funds flow for participating PPS providers.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project Director develops a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project Director identifies clinical resource to review and document best practices, procedures and protocols for hospital/home care collaboration including the use of Rapid Response Teams including 1) discharge planning, 2) discharge facilitation, and 3) confirmation of home care services to facilitate patient discharge to home and ensure needed home care services are in place.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Clinical resource works with Home Care agencies to collect and document existing protocols and best practices, procedures and protocols for hospital/home care collaboration.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project Director conducts research to identify industry standards for hospital/home care collaboration and conducts gap analysis using existing protocols.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project Director consolidates home care agencies best	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2

Staten Island Performing Provider System, LLC (PPS ID:43)

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
practices/protocols and documents methodology for hospital/home care collaboration and hospital avoidance.									
Task Project Director shares methodology with Clinical Committee for review and approval	Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PMO shares methodology with Home Care agencies for review and feedback around training needs	Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project implementation work identify staff for Rapid Response Teams to facilitate patient discharge to home and ensure needed home care services are in place.	Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director, with input from the Home Care agencies, and in conjunction with the Workforce Committee and training vendor develops Rapid Response Team training programs on methodology to implement procedures and protocols to facilitate patient discharge to home and ensure needed home care services are in place.	Project		In Progress	01/01/2016	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task PMO develops a finalized and documented Rapid Response Team training program to facilitate patient discharge to home and ensure needed home care services are in place including discharge planning, discharge facilitation and confirmation of home care services	Project		Not Started	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #2 Ensure home care staff have knowledge and skills to identify and respond to patient risks for readmission, as well as to support evidence-based medicine and chronic care management.	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Staff trained on care model, specific to: - patient risks for readmission - evidence-based preventive medicine - chronic disease management	Provider	Home Care Facilities	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Evidence-based guidelines for chronic-condition management implemented.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project Director identifies clinical resource to review and	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
document best practices and protocols to support evidence-based medicine and chronic care management including patient risks for readmission, in conjunction with Home Care agencies and Clinical Committee.									
Task Project Director in conjunction with Project Implementation Team works with Home Care agencies and hospitals to collect and document existing protocols and best practices for chronic care management, preventing patient readmissions, and evidence-based preventative medicine that can be leveraged across providers	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project Director/support staff identifies industry standards on chronic disease management, readmission risks and preventative medicine as well as conducts gap analysis using existing home care protocols.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project Director consolidates best practices/protocols and documents a care model for chronic care management focused on identifying and responding to patients' risks for readmission and applying evidence-based preventative medicine.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project Director shares care model with Clinical Committee for review and approval.	Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director shares care model with Project Implementation Team for review and feedback around training needs	Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Home Care agencies and hospitals identify staff that will require training on use of care model aimed at identifying and responding to patients' risks for readmission.	Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director, with input from the Home Care agencies and hospitals, and in conjunction with the Workforce Committee, and Director of Workforce/HR and training vendor develops training programs on care model.	Project		Completed	01/01/2016	03/31/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PMO develops a finalized and documented training program	Project		In Progress	01/01/2016	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4

Staten Island Performing Provider System, LLC (PPS ID:43)

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
around care model to identify and respond to patients' risks for readmission.									
Milestone #3 Develop care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care pathways and clinical tool(s) created to monitor chronically-ill patients.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed and implemented interventions aimed at avoiding eventual hospital transfer and has trained staff on use of interventions in alignment with the PPS strategic plan to monitor critically ill patients and avoid hospital readmission.	Provider	Safety Net Hospital	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project Director/support staff review and document best practices, standardized care pathways and clinical tools in conjunction with Project Implementation Team (see Milestone 2).	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project Director in conjunction with Project Implementation Team works with Home Care agencies and hospitals to collect and document existing protocols and best practices for chronic care management, preventing patient readmissions, and evidence-based preventative medicine that can be leveraged across providers (see Milestone 2).	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project Director identifies industry standards care pathways and clinical tools to monitor chronically ill patients and conducts gap analysis using existing protocols (Milestone 2)	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project Director/support staff consolidates Home Care agencies and hospitals' best practices/protocols and documents methodology for monitoring of chronically ill patients and hospital avoidance; as well as strategic plan for monitoring of critically ill patients.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project Director/Chief Medical Officer shares methodology with Clinical Committee for review and approval.	Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Project Director shares methodology with Home Care agencies and hospitals for review and feedback around training needs.	Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Home Care agencies and hospitals identify staff that will require training on use of care pathways and clinical tools.	Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director, with input from the Home Care agencies and hospitals, and in conjunction with the Workforce Committee and training vendor develops training programs on care pathways and clinical tools	Project		In Progress	01/01/2016	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task PMO develops a finalized and documented training program around care pathways to monitor critically ill patients.	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Milestone #4 Educate all staff on care pathways and INTERACT-like principles.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Training program for all home care staff established, which encompasses care pathways and INTERACT-like principles.	Provider	Home Care Facilities	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project Director/support staff requests and reviews proposals from INTERACT training vendors. PPS selects and enters into a contract with selected vendor.	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Home Care agencies identify staff from organization to attend INTERACT training (provided by Continuing Care Leadership Coalition).	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Home Care agency staff attend full day INTERACT training session (June 11 or 12, 2015). A train the trainer model is implemented.	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Project Director/support staff shares hospital/home care collaboration methodology, which incorporates INTERACT-like principles, with home care agencies for feedback around training needs.	Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Home Care agencies identify staff that will require training on	Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
use of methodology.									
Task Project Director/support staff with input from the Home Care agencies, and in conjunction with the Workforce Committee and training vendor develops training programs on methodology with INTERACT-like principles to facilitate patient discharge to home and assure needed home including identifying resources for training, approach and timeline.	Project		Completed	01/01/2016	03/31/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director develops a finalized and documented training program around methodology with INTERACT-like principles.	Project		In Progress	01/01/2016	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Project Director finalizes methodology and distributes to Home Care agencies to implement across staffing.	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Project Director provides training program to facility champions on methodology. Training strategy applies a train the trainer approach and includes process for monitoring training implementation (including staff trained, timeline and outcomes)	Project		Not Started	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Develop Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care.	Project	N/A	In Progress	04/01/2016	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Advance Care Planning tools incorporated into program (as evidenced by policies and procedures).	Project		Not Started	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Project Director collects materials related to Advanced Care Planning tools and creates a toolkit to be used by Home Care agencies.	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Project Director/support staff incorporates Advance Care planning tools in Home care agency care pathways/protocols training (in conjunction with training vendor and Workforce Committee).	Project		Completed	07/01/2016	09/30/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director shares Advanced Care Planning toolkit with Home Care agencies leadership and Project Implementation Team/homecare agencies to be adopted and used at Home	Project		Not Started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 agencies									
Task PMO provides training to Home Care agencies on Advanced Care Planning tools and use of toolkit.	Project		Not Started	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Home Care agencies facility champions provide training to Home Care agencies staff on use of Advanced Care Planning tools.	Project		Not Started	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Home Care agencies adopt Advanced Care Planning tools and use of toolkit.	Project		Not Started	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Create coaching program to facilitate and support implementation.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task INTERACT-like coaching program has been established for all home care and Rapid Response Team staff.	Provider	Home Care Facilities	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Home Care agencies identify staff from organization to attend INTERACT training (provided by Continuing Care Leadership Coalition).	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Home Care agencies staff attend full day INTERACT training session (June 11 or 12, 2015).	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Project Director meets with Home Care agencies to identify training/coaching needs for the following: 1. INTERACT Like implementation/staff training approach and timing 2. Gap analysis to identify existing ""INTERACT Like"" principles and gaps 3. Planning approach to training including timing and staff to be trained	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project Director leverages findings from Home Care agencies meetings to develop written INTERACT-like training/coaching approach and timing	Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task INTERACT coaching program implemented across Home Care agencies and for rapid response team, leveraging approved	Project		Not Started	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
implementation/staff training approach.									
Task PMO provides ongoing support to Home Care agencies as necessary, including providing follow up or additional INTERACT training sessions	Project		Not Started	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Educate patient and family/caretakers, to facilitate participation in planning 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 Patients and families educated and involved in planning of care using INTERACT-like principles.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project Director in conjunction with Project Implementation Team works with Home Care agencies and hospitals to collect and document existing protocols and best practices around patient and family/caretaker education (see Project Requirement 2).	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project Director meets with Home Care agencies to identify and document ongoing protocols and best practices in place for patient and family education care planning	Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task In conjunction with Project Implementation Team, Project Director/support staff incorporates planning of care approach to educate patient and family members/caretakers into Advanced Planning Tools and care pathways.	Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director ensures coaching program incorporates patient/family education around care planning.	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Project Director shares training with Home Care agencies to facilitate implementation/training of patient and family education methodology	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Facility champion serves as coach/leader at their facility to facilitate training/implementation of patient and family education methodology	Project		Not Started	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Home Care agencies implement patient and family education methodology for planning of care with use of INTERACT-like	Project		Not Started	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2

Staten Island Performing Provider System, LLC (PPS ID:43)

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
principles									
Task PMO provides ongoing support to Home Care agencies and their Facility Champions as necessary, including providing follow up or additional INTERACT training sessions	Project		Not Started	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management.	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task All relevant services (physical, behavioral, pharmacological) integrated into care and medication management model.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task In conjunction with Milestones 3 and 4, Project Director/support staff in conjunction with Project Implementation Team, engages with additional provider types not represented in Project Implementation Team to ensure integration of primary care, behavioral health, pharmacy into coordination of care and medication management model.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project Director/support staff in conjunction with Project Implementation Team and Workgroup develops Medication Management methodology.	Project		In Progress	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Project Director shares methodology with Clinical Committee for review and approval	Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Utilize telehealth/telemedicine to enhance hospital-home care collaborations.	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Telehealth/telemedicine program established to provide care transition services, prevent avoidable hospital use, and increase specialty expertise of PCPs and staff.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities, assess telehealth/telemedicine programs in use at PPS provider facilities including identifying Home Care agencies and hospitals with telehealth/telemedicine programs/capabilities.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 PMO meets with PPS providers, with existing telehealth/telemedicine programs in use and documents the program's services, protocols, infrastructure needs and program costs.	Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director/Executive Director and Chief Medical Officer, in conjunction with key providers, develops a telehealth /telemedicine strategy for PPS (and this project specifically).	Project		Completed	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task As needed, PMO meets with telehealth/telemedicine vendors to identify vendor capabilities and services for the program.	Project		Completed	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task As needed, PMO hires telehealth/telemedicine program vendor to assist with the development and implementation of a telehealth/telemedicine program across all Home Care agencies and hospitals.	Project		Completed	01/01/2016	03/31/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PMO develops an implementation approach and timeline for implementation of a telehealth/telemedicine program across all Home Care agencies and hospitals to enhance hospital-home care collaboration to provide care transition services and prevent avoidable hospital use.	Project		In Progress	01/01/2016	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task PMO and telehealth/telemedicine vendor implements telehealth/telemedicine program across all home care agencies and hospitals.	Project		In Progress	04/01/2016	09/30/2016	12/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Staff identified for training on telehealth/telemedicine program.	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task PMO provides ongoing support to Home Care agencies and hospitals on use of telehealth/telemedicine program to enhance hospital-home care collaborations and prevent avoidable hospital use.	Project		Not Started	04/01/2016	03/30/2017	04/01/2016	03/30/2017	03/31/2017	DY2 Q4
Milestone #10 Utilize interoperable EHR to enhance communication and avoid medication errors and/or duplicative services.	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinical Interoperability System in place for all participating	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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. Usage documented by the identified care coordinators.									
Task Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities, assess IT infrastructure at participating Home Care agencies and other providers.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the clinical integration current state assessment and clinical integration strategy, develop implementation plan for a clinically interoperable EHR system across Home Care agencies and hospitals to enhance communication/reduce medication errors and duplicative services.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project Director and Sr. Director of Enterprise Data & Analytics work with the Home Care agencies, hospitals, and other providers and RHIO (Healthix) to facilitate integration within the RHIO and ensure enhanced communication between Home Care agencies and other PPS partners and reduced duplication of services or medical errors.	Project		In Progress	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop and document approach for use across all providers in Project 2.b.viii ensure application and adherence to use of EHR for enhanced communication and avoidance of medical errors/duplicative services.	Project		In Progress	09/30/2015	03/31/2017	09/30/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #11 Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Membership of quality committee is representative of PPS staff involved in quality improvement processes and other stakeholders.	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	Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
results of quality improvement initiatives.									
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics in Attachment J.	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.	Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project Director identifies PPS partners to serve on the quality committee or "Long Term Care Project Workgroup", which is comprised of PPS partners participating in Project 2.b.viii	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project Director notifies those selected for the Long Term Care Project Workgroup of their role, expectations and meeting schedule.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Long Term Care Project Workgroup convenes on an ongoing basis to identify approach to measuring outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Chief Medical Officer in conjunction with Project Director and Long Term Care Workgroup identifies key quality metrics for Project 2.b.viii.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Long Term Care Project Workgroup applies key quality metrics to develop an approach for clinical quality improvement including: 1. An approach to conducting quality assessments across the Home Care agencies 2. Methodologies for rapid cycle improvement at facility 3. Assessing root cause of transfers from Home Care agencies to hospitals.	Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Long Term Care Project Workgroup applies approaches/methodologies identified in previous step and key quality metrics to develop implementation plans for clinical quality improvement across the Home Care agencies.	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Home Care agencies leverage plans to perform clinical quality assessments at Home Care agencies in conjunctions with other providers.	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Home Care agencies collect results of clinical quality assessments and provide to PMO.	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Project Director collects and evaluates results of assessment.	Project		Not Started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Project Director measures and identifies outcomes of the clinical quality assessment and shares results with the Long Term Care Project Workgroup and Clinical Committee.	Project		Not Started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Project Director develops ongoing plan around quality improvement.	Project		Not Started	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Project Director collects the identified interventions and develops a report that is issued to all PPS partners involved in Project 2.b.viii. The report will identify the results of the clinical quality assessments as well as identified interventions to address areas for improvement at Home Care agencies to reduce transfer to hospitals.	Project		Not Started	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Project Director develops ongoing plan around quality improvement.	Project		Not Started	10/03/2016	03/31/2017	10/03/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #12 Use EHRs and other technical platforms to track all patients engaged in the project.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	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		Completed	07/01/2015	03/31/2017	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' ability to track patients engaged in this project including identifying Home Care agencies with/without EHR.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use State 2 CMS requirements and Certification or EHR Proof of Certification, and integration with the RHIO.	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network.	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Sr. Director of Enterprise Data & Analytics import Medicaid claims and member attribution data collected from NYS DOH.	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population, creating a longitudinal patient record.	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting.	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for Home Care agencies integration with RHIO and ensure SHIN-NY requirements are met.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project Director creates baseline and track improvement for defined metrics to monitor targeted patients.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Home Care agencies are integrated with the RHIO and are able to track patients engaged in Project 2.b.viii.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project Director and Home Care agencies will identify patients	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
for engagement based off admission									

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 Assemble Rapid Response Teams (hospital/home care) to facilitate patient discharge to home and assure needed home care services are in place, including, if appropriate, hospice.										
Task Rapid Response Teams are facilitating hospital-home care collaboration, with procedures and protocols for: - discharge planning - discharge facilitation - confirmation of home care services										
Task Recruit/hire project management office staff including Director of Long Term Care Initiatives and support staff as needed.										
Task Project Director forms Project Implementation Workgroup with representatives from PPS providers participating in project implementation including Home Care agencies and hospitals.										
Task Project Director/support staff identifies project lead(s)/champion(s).										
Task Project Director identifies PPS providers participating in project.										
Task Project Director/support staff develops project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval.										
Task Project Director and Executive Director develop funds flow model for Project 2.b.viii including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or under reimbursed.										
Task Project Director/support staff request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses.										
Task Executive Director distributes provider specific master services										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions (master services agreements and funds flow will include commitment to implementing INTERACT-like principles).										
Task Executive Director finalizes and executes provider specific master services agreements and funds flow for participating PPS providers.										
Task Project Director develops a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings.										
Task Project Director identifies clinical resource to review and document best practices, procedures and protocols for hospital/home care collaboration including the use of Rapid Response Teams including 1) discharge planning, 2) discharge facilitation, and 3) confirmation of home care services to facilitate patient discharge to home and ensure needed home care services are in place.										
Task Clinical resource works with Home Care agencies to collect and document existing protocols and best practices, procedures and protocols for hospital/home care collaboration.										
Task Project Director conducts research to identify industry standards for hospital/home care collaboration and conducts gap analysis using existing protocols.										
Task Project Director consolidates home care agencies best practices/protocols and documents methodology for hospital/home care collaboration and hospital avoidance.										
Task Project Director shares methodology with Clinical Committee for review and approval										
Task PMO shares methodology with Home Care agencies for review and feedback around training needs										
Task Project implementation work identify staff for Rapid Response Teams to facilitate patient discharge to home and ensure needed home care services are in place.										
Task Project Director, with input from the Home Care agencies, and in conjunction with the Workforce Committee and training vendor										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
develops Rapid Response Team training programs on methodology to implement procedures and protocols to facilitate patient discharge to home and ensure needed home care services are in place.										
Task PMO develops a finalized and documented Rapid Response Team training program to facilitate patient discharge to home and ensure needed home care services are in place including discharge planning, discharge facilitation and confirmation of home care services										
Milestone #2 Ensure home care staff have knowledge and skills to identify and respond to patient risks for readmission, as well as to support evidence-based medicine and chronic care management.										
Task Staff trained on care model, specific to: - patient risks for readmission - evidence-based preventive medicine - chronic disease management	0	0	0	0	0	0	0	4	4	4
Task Evidence-based guidelines for chronic-condition management implemented.										
Task Project Director identifies clinical resource to review and document best practices and protocols to support evidence-based medicine and chronic care management including patient risks for readmission, in conjunction with Home Care agencies and Clinical Committee.										
Task Project Director in conjunction with Project Implementation Team works with Home Care agencies and hospitals to collect and document existing protocols and best practices for chronic care management, preventing patient readmissions, and evidence-based preventative medicine that can be leveraged across providers										
Task Project Director/support staff identifies industry standards on chronic disease management, readmission risks and preventative medicine as well as conducts gap analysis using existing home care protocols.										
Task Project Director consolidates best practices/protocols and documents a care model for chronic care management focused on identifying and responding to patients' risks for readmission and applying evidence-based preventative medicine.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Director shares care model with Clinical Committee for review and approval.										
Task Project Director shares care model with Project Implementation Team for review and feedback around training needs										
Task Home Care agencies and hospitals identify staff that will require training on use of care model aimed at identifying and responding to patients' risks for readmission.										
Task Project Director, with input from the Home Care agencies and hospitals, and in conjunction with the Workforce Committee, and Director of Workforce/HR and training vendor develops training programs on care model.										
Task PMO develops a finalized and documented training program around care model to identify and respond to patients' risks for readmission.										
Milestone #3 Develop care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.										
Task Care pathways and clinical tool(s) created to monitor chronically-ill patients.										
Task PPS has developed and implemented interventions aimed at avoiding eventual hospital transfer and has trained staff on use of interventions in alignment with the PPS strategic plan to monitor critically ill patients and avoid hospital readmission.	0	0	0	0	0	0	0	2	2	2
Task Project Director/support staff review and document best practices, standardized care pathways and clinical tools in conjunction with Project Implementation Team (see Milestone 2).										
Task Project Director in conjunction with Project Implementation Team works with Home Care agencies and hospitals to collect and document existing protocols and best practices for chronic care management, preventing patient readmissions, and evidence-based preventative medicine that can be leveraged across providers (see Milestone 2).										
Task Project Director identifies industry standards care pathways and clinical tools to monitor chronically ill patients and conducts gap										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
analysis using existing protocols (Milestone 2)										
Task Project Director/support staff consolidates Home Care agencies and hospitals' best practices/protocols and documents methodology for monitoring of chronically ill patients and hospital avoidance; as well as strategic plan for monitoring of critically ill patients.										
Task Project Director/Chief Medical Officer shares methodology with Clinical Committee for review and approval.										
Task Project Director shares methodology with Home Care agencies and hospitals for review and feedback around training needs.										
Task Home Care agencies and hospitals identify staff that will require training on use of care pathways and clinical tools.										
Task Project Director, with input from the Home Care agencies and hospitals, and in conjunction with the Workforce Committee and training vendor develops training programs on care pathways and clinical tools										
Task PMO develops a finalized and documented training program around care pathways to monitor critically ill patients.										
Milestone #4 Educate all staff on care pathways and INTERACT-like principles.										
Task Training program for all home care staff established, which encompasses care pathways and INTERACT-like principles.	0	0	0	0	0	0	0	4	4	4
Task Project Director/support staff requests and reviews proposals from INTERACT training vendors. PPS selects and enters into a contract with selected vendor.										
Task Home Care agencies identify staff from organization to attend INTERACT training (provided by Continuing Care Leadership Coalition).										
Task Home Care agency staff attend full day INTERACT training session (June 11 or 12, 2015). A train the trainer model is implemented.										
Task Project Director/support staff shares hospital/home care										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
collaboration methodology, which incorporates INTERACT-like principles, with home care agencies for feedback around training needs.										
Task Home Care agencies identify staff that will require training on use of methodology.										
Task Project Director/support staff with input from the Home Care agencies, and in conjunction with the Workforce Committee and training vendor develops training programs on methodology with INTERACT-like principles to facilitate patient discharge to home and assure needed home including identifying resources for training, approach and timeline.										
Task Project Director develops a finalized and documented training program around methodology with INTERACT-like principles.										
Task Project Director finalizes methodology and distributes to Home Care agencies to implement across staffing.										
Task Project Director provides training program to facility champions on methodology. Training strategy applies a train the trainer approach and includes process for monitoring training implementation (including staff trained, timeline and outcomes)										
Milestone #5 Develop Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care.										
Task Advance Care Planning tools incorporated into program (as evidenced by policies and procedures).										
Task Project Director collects materials related to Advanced Care Planning tools and creates a toolkit to be used by Home Care agencies.										
Task Project Director/support staff incorporates Advance Care planning tools in Home care agency care pathways/protocols training (in conjunction with training vendor and Workforce Committee).										
Task Project Director shares Advanced Care Planning toolkit with Home Care agencies leadership and Project Implementation Team/homecare agencies to be adopted and used at Home Care agencies										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 PMO provides training to Home Care agencies on Advanced Care Planning tools and use of toolkit.										
Task Home Care agencies facility champions provide training to Home Care agencies staff on use of Advanced Care Planning tools.										
Task Home Care agencies adopt Advanced Care Planning tools and use of toolkit.										
Milestone #6 Create coaching program to facilitate and support implementation.										
Task INTERACT-like coaching program has been established for all home care and Rapid Response Team staff.	0	0	0	0	0	0	0	4	4	4
Task Home Care agencies identify staff from organization to attend INTERACT training (provided by Continuing Care Leadership Coalition).										
Task Home Care agencies staff attend full day INTERACT training session (June 11 or 12, 2015).										
Task Project Director meets with Home Care agencies to identify training/coaching needs for the following: 1. INTERACT Like implementation/staff training approach and timing 2. Gap analysis to identify existing ""INTERACT Like"" principles and gaps 3. Planning approach to training including timing and staff to be trained										
Task Project Director leverages findings from Home Care agencies meetings to develop written INTERACT-like training/coaching approach and timing										
Task INTERACT coaching program implemented across Home Care agencies and for rapid response team, leveraging approved implementation/staff training approach.										
Task PMO provides ongoing support to Home Care agencies as necessary, including providing follow up or additional INTERACT training sessions										
Milestone #7 Educate patient and family/caretakers, to facilitate participation in										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
planning of care.										
Task Patients and families educated and involved in planning of care using INTERACT-like principles.										
Task Project Director in conjunction with Project Implementation Team works with Home Care agencies and hospitals to collect and document existing protocols and best practices around patient and family/caretaker education (see Project Requirement 2).										
Task Project Director meets with Home Care agencies to identify and document ongoing protocols and best practices in place for patient and family education care planning										
Task In conjunction with Project Implementation Team, Project Director/support staff incorporates planning of care approach to educate patient and family members/caretakers into Advanced Planning Tools and care pathways.										
Task Project Director ensures coaching program incorporates patient/family education around care planning.										
Task Project Director shares training with Home Care agencies to facilitate implementation/training of patient and family education methodology										
Task Facility champion serves as coach/leader at their facility to facilitate training/implementation of patient and family education methodology										
Task Home Care agencies implement patient and family education methodology for planning of care with use of INTERACT-like principles										
Task PMO provides ongoing support to Home Care agencies and their Facility Champions as necessary, including providing follow up or additional INTERACT training sessions										
Milestone #8 Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management.										
Task All relevant services (physical, behavioral, pharmacological) integrated into care and medication management model.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 In conjunction with Milestones 3 and 4, Project Director/support staff in conjunction with Project Implementation Team, engages with additional provider types not represented in Project Implementation Team to ensure integration of primary care, behavioral health, pharmacy into coordination of care and medication management model.										
Task Project Director/support staff in conjunction with Project Implementation Team and Workgroup develops Medication Management methodology.										
Task Project Director shares methodology with Clinical Committee for review and approval										
Milestone #9 Utilize telehealth/telemedicine to enhance hospital-home care collaborations.										
Task Telehealth/telemedicine program established to provide care transition services, prevent avoidable hospital use, and increase specialty expertise of PCPs and staff.										
Task Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities, assess telehealth/telemedicine programs in use at PPS provider facilities including identifying Home Care agencies and hospitals with telehealth/telemedicine programs/capabilities.										
Task PMO meets with PPS providers, with existing telehealth/telemedicine programs in use and documents the program's services, protocols, infrastructure needs and program costs.										
Task Project Director/Executive Director and Chief Medical Officer, in conjunction with key providers, develops a telehealth /telemedicine strategy for PPS (and this project specifically).										
Task As needed, PMO meets with telehealth/telemedicine vendors to identify vendor capabilities and services for the program.										
Task As needed, PMO hires telehealth/telemedicine program vendor to assist with the development and implementation of a telehealth/telemedicine program across all Home Care agencies and hospitals.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 PMO develops an implementation approach and timeline for implementation of a telehealth/telemedicine program across all Home Care agencies and hospitals to enhance hospital-home care collaboration to provide care transition services and prevent avoidable hospital use.										
Task PMO and telehealth/telemedicine vendor implements telehealth/telemedicine program across all home care agencies and hospitals.										
Task Staff identified for training on telehealth/telemedicine program.										
Task PMO provides ongoing support to Home Care agencies and hospitals on use of telehealth/telemedicine program to enhance hospital-home care collaborations and prevent avoidable hospital use.										
Milestone #10 Utilize interoperable EHR to enhance communication and avoid medication errors and/or duplicative services.										
Task Clinical Interoperability System in place for all participating providers. Usage documented by the identified care coordinators.										
Task Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities, assess IT infrastructure at participating Home Care agencies and other providers.										
Task Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the clinical integration current state assessment and clinical integration strategy, develop implementation plan for a clinically interoperable EHR system across Home Care agencies and hospitals to enhance communication/reduce medication errors and duplicative services.										
Task Project Director and Sr. Director of Enterprise Data & Analytics work with the Home Care agencies, hospitals, and other providers and RHIO (Healthix) to facilitate integration within the RHIO and ensure enhanced communication between Home Care agencies and other PPS partners and reduced duplication of services or medical errors.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 and document approach for use across all providers in Project 2.b.viii ensure application and adherence to use of EHR for enhanced communication and avoidance of medical errors/duplicative services.										
Milestone #11 Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.										
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 in Attachment J.										
Task Service and quality outcome measures are reported to all stakeholders.										
Task Project Director identifies PPS partners to serve on the quality committee or "Long Term Care Project Workgroup", which is comprised of PPS partners participating in Project 2.b.viii										
Task Project Director notifies those selected for the Long Term Care Project Workgroup of their role, expectations and meeting schedule.										
Task Long Term Care Project Workgroup convenes on an ongoing basis to identify approach to measuring outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.										
Task Chief Medical Officer in conjunction with Project Director and Long Term Care Workgroup identifies key quality metrics for Project 2.b.viii.										
Task Long Term Care Project Workgroup applies key quality metrics to develop an approach for clinical quality improvement including: 1. An approach to conducting quality assessments across the Home Care agencies										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
2. Methodologies for rapid cycle improvement at facility 3. Assessing root cause of transfers from Home Care agencies to hospitals.										
Task Long Term Care Project Workgroup applies approaches/methodologies identified in previous step and key quality metrics to develop implementation plans for clinical quality improvement across the Home Care agencies.										
Task Home Care agencies leverage plans to perform clinical quality assessments at Home Care agencies in conjunctions with other providers.										
Task Home Care agencies collect results of clinical quality assessments and provide to PMO.										
Task Project Director collects and evaluates results of assessment.										
Task Project Director measures and identifies outcomes of the clinical quality assessment and shares results with the Long Term Care Project Workgroup and Clinical Committee.										
Task Project Director develops ongoing plan around quality improvement.										
Task Project Director collects the identified interventions and develops a report that is issued to all PPS partners involved in Project 2.b.viii. The report will identify the results of the clinical quality assessments as well as identified interventions to address areas for improvement at Home Care agencies to reduce transfer to hospitals.										
Task Project Director develops ongoing plan around quality improvement.										
Milestone #12 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 Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' ability to track patients engaged in this project including										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
identifying Home Care agencies with/without EHR.										
Task Develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use State 2 CMS requirements and Certification or EHR Proof of Certification, and integration with the RHIO.										
Task Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network.										
Task Sr. Director of Enterprise Data & Analytics import Medicaid claims and member attribution data collected from NYS DOH.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population, creating a longitudinal patient record.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for Home Care agencies integration with RHIO and ensure SHIN-NY requirements are met.										
Task Project Director creates baseline and track improvement for defined metrics to monitor targeted patients.										
Task Home Care agencies are integrated with the RHIO and are able to track patients engaged in Project 2.b.viii.										
Task Project Director and Home Care agencies will identify patients for engagement based off admission										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Assemble Rapid Response Teams (hospital/home care) to facilitate patient discharge to home and assure needed home care services are in place, including, if appropriate, hospice.										
Task Rapid Response Teams are facilitating hospital-home care collaboration, with procedures and protocols for: - discharge planning - discharge facilitation - confirmation of home care services										
Task Recruit/hire project management office staff including Director of Long Term Care Initiatives and support staff as needed.										
Task Project Director forms Project Implementation Workgroup with representatives from PPS providers participating in project implementation including Home Care agencies and hospitals.										
Task Project Director/support staff identifies project lead(s)/champion(s).										
Task Project Director identifies PPS providers participating in project.										
Task Project Director/support staff develops project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval.										
Task Project Director and Executive Director develop funds flow model for Project 2.b.viii including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or under reimbursed.										
Task Project Director/support staff request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses.										
Task Executive Director distributes provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions (master services agreements and funds flow will include commitment to implementing INTERACT-like principles).										
Task Executive Director finalizes and executes provider specific master services agreements and funds flow for participating PPS										

Staten Island Performing Provider System, LLC (PPS ID:43)

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
providers.										
Task Project Director develops a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings.										
Task Project Director identifies clinical resource to review and document best practices, procedures and protocols for hospital/home care collaboration including the use of Rapid Response Teams including 1) discharge planning, 2) discharge facilitation, and 3) confirmation of home care services to facilitate patient discharge to home and ensure needed home care services are in place.										
Task Clinical resource works with Home Care agencies to collect and document existing protocols and best practices, procedures and protocols for hospital/home care collaboration.										
Task Project Director conducts research to identify industry standards for hospital/home care collaboration and conducts gap analysis using existing protocols.										
Task Project Director consolidates home care agencies best practices/protocols and documents methodology for hospital/home care collaboration and hospital avoidance.										
Task Project Director shares methodology with Clinical Committee for review and approval										
Task PMO shares methodology with Home Care agencies for review and feedback around training needs										
Task Project implementation work identify staff for Rapid Response Teams to facilitate patient discharge to home and ensure needed home care services are in place.										
Task Project Director, with input from the Home Care agencies, and in conjunction with the Workforce Committee and training vendor develops Rapid Response Team training programs on methodology to implement procedures and protocols to facilitate patient discharge to home and ensure needed home care services are in place.										
Task PMO develops a finalized and documented Rapid Response										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
Team training program to facilitate patient discharge to home and ensure needed home care services are in place including discharge planning, discharge facilitation and confirmation of home care services										
Milestone #2 Ensure home care staff have knowledge and skills to identify and respond to patient risks for readmission, as well as to support evidence-based medicine and chronic care management.										
Task Staff trained on care model, specific to: - patient risks for readmission - evidence-based preventive medicine - chronic disease management	4	4	4	4	4	4	4	4	4	4
Task Evidence-based guidelines for chronic-condition management implemented.										
Task Project Director identifies clinical resource to review and document best practices and protocols to support evidence-based medicine and chronic care management including patient risks for readmission, in conjunction with Home Care agencies and Clinical Committee.										
Task Project Director in conjunction with Project Implementation Team works with Home Care agencies and hospitals to collect and document existing protocols and best practices for chronic care management, preventing patient readmissions, and evidence-based preventative medicine that can be leveraged across providers										
Task Project Director/support staff identifies industry standards on chronic disease management, readmission risks and preventative medicine as well as conducts gap analysis using existing home care protocols.										
Task Project Director consolidates best practices/protocols and documents a care model for chronic care management focused on identifying and responding to patients' risks for readmission and applying evidence-based preventative medicine.										
Task Project Director shares care model with Clinical Committee for review and approval.										
Task Project Director shares care model with Project Implementation Team for review and feedback around training needs										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Home Care agencies and hospitals identify staff that will require training on use of care model aimed at identifying and responding to patients' risks for readmission.										
Task Project Director, with input from the Home Care agencies and hospitals, and in conjunction with the Workforce Committee, and Director of Workforce/HR and training vendor develops training programs on care model.										
Task PMO develops a finalized and documented training program around care model to identify and respond to patients' risks for readmission.										
Milestone #3 Develop care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.										
Task Care pathways and clinical tool(s) created to monitor chronically-ill patients.										
Task PPS has developed and implemented interventions aimed at avoiding eventual hospital transfer and has trained staff on use of interventions in alignment with the PPS strategic plan to monitor critically ill patients and avoid hospital readmission.	2	2	2	2	2	2	2	2	2	2
Task Project Director/support staff review and document best practices, standardized care pathways and clinical tools in conjunction with Project Implementation Team (see Milestone 2).										
Task Project Director in conjunction with Project Implementation Team works with Home Care agencies and hospitals to collect and document existing protocols and best practices for chronic care management, preventing patient readmissions, and evidence-based preventative medicine that can be leveraged across providers (see Milestone 2).										
Task Project Director identifies industry standards care pathways and clinical tools to monitor chronically ill patients and conducts gap analysis using existing protocols (Milestone 2)										
Task Project Director/support staff consolidates Home Care agencies and hospitals' best practices/protocols and documents methodology for monitoring of chronically ill patients and hospital avoidance; as well as strategic plan for monitoring of critically ill										

Staten Island Performing Provider System, LLC (PPS ID:43)

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
patients.										
Task Project Director/Chief Medical Officer shares methodology with Clinical Committee for review and approval.										
Task Project Director shares methodology with Home Care agencies and hospitals for review and feedback around training needs.										
Task Home Care agencies and hospitals identify staff that will require training on use of care pathways and clinical tools.										
Task Project Director, with input from the Home Care agencies and hospitals, and in conjunction with the Workforce Committee and training vendor develops training programs on care pathways and clinical tools										
Task PMO develops a finalized and documented training program around care pathways to monitor critically ill patients.										
Milestone #4 Educate all staff on care pathways and INTERACT-like principles.										
Task Training program for all home care staff established, which encompasses care pathways and INTERACT-like principles.	4	4	4	4	4	4	4	4	4	4
Task Project Director/support staff requests and reviews proposals from INTERACT training vendors. PPS selects and enters into a contract with selected vendor.										
Task Home Care agencies identify staff from organization to attend INTERACT training (provided by Continuing Care Leadership Coalition).										
Task Home Care agency staff attend full day INTERACT training session (June 11 or 12, 2015). A train the trainer model is implemented.										
Task Project Director/support staff shares hospital/home care collaboration methodology, which incorporates INTERACT-like principles, with home care agencies for feedback around training needs.										
Task Home Care agencies identify staff that will require training on use of methodology.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Director/support staff with input from the Home Care agencies, and in conjunction with the Workforce Committee and training vendor develops training programs on methodology with INTERACT-like principles to facilitate patient discharge to home and assure needed home including identifying resources for training, approach and timeline.										
Task Project Director develops a finalized and documented training program around methodology with INTERACT-like principles.										
Task Project Director finalizes methodology and distributes to Home Care agencies to implement across staffing.										
Task Project Director provides training program to facility champions on methodology. Training strategy applies a train the trainer approach and includes process for monitoring training implementation (including staff trained, timeline and outcomes)										
Milestone #5 Develop Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care.										
Task Advance Care Planning tools incorporated into program (as evidenced by policies and procedures).										
Task Project Director collects materials related to Advanced Care Planning tools and creates a toolkit to be used by Home Care agencies.										
Task Project Director/support staff incorporates Advance Care planning tools in Home care agency care pathways/protocols training (in conjunction with training vendor and Workforce Committee).										
Task Project Director shares Advanced Care Planning toolkit with Home Care agencies leadership and Project Implementation Team/homecare agencies to be adopted and used at Home Care agencies										
Task PMO provides training to Home Care agencies on Advanced Care Planning tools and use of toolkit.										
Task Home Care agencies facility champions provide training to Home Care agencies staff on use of Advanced Care Planning tools.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Home Care agencies adopt Advanced Care Planning tools and use of toolkit.										
Milestone #6 Create coaching program to facilitate and support implementation.										
Task INTERACT-like coaching program has been established for all home care and Rapid Response Team staff.	4	4	4	4	4	4	4	4	4	4
Task Home Care agencies identify staff from organization to attend INTERACT training (provided by Continuing Care Leadership Coalition).										
Task Home Care agencies staff attend full day INTERACT training session (June 11 or 12, 2015).										
Task Project Director meets with Home Care agencies to identify training/coaching needs for the following: 1. INTERACT Like implementation/staff training approach and timing 2. Gap analysis to identify existing ""INTERACT Like"" principles and gaps 3. Planning approach to training including timing and staff to be trained										
Task Project Director leverages findings from Home Care agencies meetings to develop written INTERACT-like training/coaching approach and timing										
Task INTERACT coaching program implemented across Home Care agencies and for rapid response team, leveraging approved implementation/staff training approach.										
Task PMO provides ongoing support to Home Care agencies as necessary, including providing follow up or additional INTERACT training sessions										
Milestone #7 Educate patient and family/caretakers, to facilitate participation in planning of care.										
Task Patients and families educated and involved in planning of care using INTERACT-like principles.										
Task Project Director in conjunction with Project Implementation Team										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
works with Home Care agencies and hospitals to collect and document existing protocols and best practices around patient and family/caretaker education (see Project Requirement 2).										
Task Project Director meets with Home Care agencies to identify and document ongoing protocols and best practices in place for patient and family education care planning										
Task In conjunction with Project Implementation Team, Project Director/support staff incorporates planning of care approach to educate patient and family members/caretakers into Advanced Planning Tools and care pathways.										
Task Project Director ensures coaching program incorporates patient/family education around care planning.										
Task Project Director shares training with Home Care agencies to facilitate implementation/training of patient and family education methodology										
Task Facility champion serves as coach/leader at their facility to facilitate training/implementation of patient and family education methodology										
Task Home Care agencies implement patient and family education methodology for planning of care with use of INTERACT-like principles										
Task PMO provides ongoing support to Home Care agencies and their Facility Champions as necessary, including providing follow up or additional INTERACT training sessions										
Milestone #8 Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management.										
Task All relevant services (physical, behavioral, pharmacological) integrated into care and medication management model.										
Task In conjunction with Milestones 3 and 4, Project Director/support staff in conjunction with Project Implementation Team, engages with additional provider types not represented in Project Implementation Team to ensure integration of primary care, behavioral health, pharmacy into coordination of care and medication management model.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Director/support staff in conjunction with Project Implementation Team and Workgroup develops Medication Management methodology.										
Task Project Director shares methodology with Clinical Committee for review and approval										
Milestone #9 Utilize telehealth/telemedicine to enhance hospital-home care collaborations.										
Task Telehealth/telemedicine program established to provide care transition services, prevent avoidable hospital use, and increase specialty expertise of PCPs and staff.										
Task Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities, assess telehealth/telemedicine programs in use at PPS provider facilities including identifying Home Care agencies and hospitals with telehealth/telemedicine programs/capabilities.										
Task PMO meets with PPS providers, with existing telehealth/telemedicine programs in use and documents the program's services, protocols, infrastructure needs and program costs.										
Task Project Director/Executive Director and Chief Medical Officer, in conjunction with key providers, develops a telehealth /telemedicine strategy for PPS (and this project specifically).										
Task As needed, PMO meets with telehealth/telemedicine vendors to identify vendor capabilities and services for the program.										
Task As needed, PMO hires telehealth/telemedicine program vendor to assist with the development and implementation of a telehealth/telemedicine program across all Home Care agencies and hospitals.										
Task PMO develops an implementation approach and timeline for implementation of a telehealth/telemedicine program across all Home Care agencies and hospitals to enhance hospital-home care collaboration to provide care transition services and prevent avoidable hospital use.										
Task PMO and telehealth/telemedicine vendor implements										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
telehealth/telemedicine program across all home care agencies and hospitals.										
Task Staff identified for training on telehealth/telemedicine program.										
Task PMO provides ongoing support to Home Care agencies and hospitals on use of telehealth/telemedicine program to enhance hospital-home care collaborations and prevent avoidable hospital use.										
Milestone #10 Utilize interoperable EHR to enhance communication and avoid medication errors and/or duplicative services.										
Task Clinical Interoperability System in place for all participating providers. Usage documented by the identified care coordinators.										
Task Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities, assess IT infrastructure at participating Home Care agencies and other providers.										
Task Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the clinical integration current state assessment and clinical integration strategy, develop implementation plan for a clinically interoperable EHR system across Home Care agencies and hospitals to enhance communication/reduce medication errors and duplicative services.										
Task Project Director and Sr. Director of Enterprise Data & Analytics work with the Home Care agencies, hospitals, and other providers and RHIO (Healthix) to facilitate integration within the RHIO and ensure enhanced communication between Home Care agencies and other PPS partners and reduced duplication of services or medical errors.										
Task Develop and document approach for use across all providers in Project 2.b.viii ensure application and adherence to use of EHR for enhanced communication and avoidance of medical errors/duplicative services.										
Milestone #11 Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 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 in Attachment J.										
Task Service and quality outcome measures are reported to all stakeholders.										
Task Project Director identifies PPS partners to serve on the quality committee or "Long Term Care Project Workgroup", which is comprised of PPS partners participating in Project 2.b.viii										
Task Project Director notifies those selected for the Long Term Care Project Workgroup of their role, expectations and meeting schedule.										
Task Long Term Care Project Workgroup convenes on an ongoing basis to identify approach to measuring outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.										
Task Chief Medical Officer in conjunction with Project Director and Long Term Care Workgroup identifies key quality metrics for Project 2.b.viii.										
Task Long Term Care Project Workgroup applies key quality metrics to develop an approach for clinical quality improvement including: 1. An approach to conducting quality assessments across the Home Care agencies 2. Methodologies for rapid cycle improvement at facility 3. Assessing root cause of transfers from Home Care agencies to hospitals.										
Task Long Term Care Project Workgroup applies approaches/methodologies identified in previous step and key quality metrics to develop implementation plans for clinical quality improvement across the Home Care agencies.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Home Care agencies leverage plans to perform clinical quality assessments at Home Care agencies in conjunctions with other providers.										
Task Home Care agencies collect results of clinical quality assessments and provide to PMO.										
Task Project Director collects and evaluates results of assessment.										
Task Project Director measures and identifies outcomes of the clinical quality assessment and shares results with the Long Term Care Project Workgroup and Clinical Committee.										
Task Project Director develops ongoing plan around quality improvement.										
Task Project Director collects the identified interventions and develops a report that is issued to all PPS partners involved in Project 2.b.viii. The report will identify the results of the clinical quality assessments as well as identified interventions to address areas for improvement at Home Care agencies to reduce transfer to hospitals.										
Task Project Director develops ongoing plan around quality improvement.										
Milestone #12 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 Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' ability to track patients engaged in this project including identifying Home Care agencies with/without EHR.										
Task Develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use State 2 CMS requirements and Certification or EHR Proof of Certification, and integration with the RHIO.										
Task Project Director, Sr. Director of Enterprise Data & Analytics and										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network.										
Task Sr. Director of Enterprise Data & Analytics import Medicaid claims and member attribution data collected from NYS DOH.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population, creating a longitudinal patient record.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for Home Care agencies integration with RHIO and ensure SHIN-NY requirements are met.										
Task Project Director creates baseline and track improvement for defined metrics to monitor targeted patients.										
Task Home Care agencies are integrated with the RHIO and are able to track patients engaged in Project 2.b.viii.										
Task Project Director and Home Care agencies will identify patients for engagement based off admission										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Assemble Rapid Response Teams (hospital/home care) to facilitate patient discharge to home and assure needed home care services are in place, including, if appropriate, hospice.	
Ensure home care staff have knowledge and skills to identify and respond to patient risks for readmission, as well as to support evidence-based medicine and chronic care management.	
Develop care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.	
Educate all staff on care pathways and INTERACT-like principles.	
Develop Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care.	
Create coaching program to facilitate and support implementation.	
Educate patient and family/caretakers, to facilitate participation in planning of care.	
Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management.	
Utilize telehealth/telemedicine to enhance hospital-home care collaborations.	
Utilize interoperable EHR to enhance communication and avoid medication errors and/or duplicative services.	
Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	
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	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Ongoing	
Milestone #12	Pass & Ongoing	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

IPQR Module 2.b.viii.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

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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

Instructions :

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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.

The SI PPS views the following as major risks for implementation:

1. The SI PPS has set a significant goal to engage 80,000 uninsured and non/low utilizing Medicaid patients by DY4. This goal is close to the total number of all Medicaid patients over the age of 18 on Staten Island. Including super-utilizers, patients with multiple chronic conditions and patients eligible for Health Home at risk are all important subsets for engaging in care. To meet this goal, the SI PPS will train 250 people in PAM and develop partnerships with CBOs to assist in patient activation activities. The SI PPS has 37 people trained in PAM and it will require significant effort to develop a PAM team. The SI PPS will need to execute a coordinated strategy to implement PAM measures, connect patients to healthcare and social services and develop a system to track implementation progress. To mitigate this risk, the SI PPS will include key PAM providers on its Governance Committees including the Clinical, Data/IT, Finance, and Workforce Committees to ensure that measures are in place to effectively track and incentivize CBOs and providers to meet implementation timelines.

2. In order to increase the volume of non-emergent primary, behavioral and dental care provided to the uninsured and non/low utilizing Medicaid patients, the SI PPS will expand its primary care and behavioral health outpatient capacity, infrastructure, and staffing. The SI PPS has included capital projects through the Capital Restructuring Finance Program for expanding primary care and behavioral health outpatient capacity and to serve the uninsured. These include significant expansion of FQHCs, hospital outpatient behavioral health practices and other behavioral health sites. If adequate funding is not received, the SI PPS's ability to meet deadlines and serve engaged patients will be impacted. To mitigate this risk, the SI PPS has included multiple capital projects and prioritized these projects in the PPS's application as well as included funding within its funds flow approach to support expansion including recruitment, implementation costs, and incentive payments for PCPs.

3. There is a risk that targeted patients will be reluctant to participate in PAM surveys and connect to primary care. Staten Island is comprised of an ethnically diverse population, presenting linguistic and cultural barriers for many residents attempting to self-manage care, and navigate the healthcare system. To mitigate this risk the SI PPS will develop culturally competent and linguistically appropriate education materials and health literacy strategies for this highly diverse population. Further, providers and CBOs that are already serving these populations will be primarily responsible for engaging these patients to increase population participation.

4. The SI PPS has received its total valuation from DOH and has allocated a portion of funding for this project to support implementation costs including the hiring/training of community health workers, the development of IT infrastructure, and incentive/bonus payments to providers participating in the project. A potential risk to project implementation is the availability of funds to properly compensate and incentivize community providers engaging patients in PAM, given the large actively engaged commitments and limitation in valuation funding. To mitigate this risk, the SI PPS has developed a funds flow model that includes salary support where needed, but also provides payments "per PAM" to providers engaging

patients. The SI PPS is working with providers to implement PAM within current workflows to gain implementation efficiencies as well as partner with providers experienced in community outreach and patient engagement.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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	80,000

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
2,762	6,678	104.34%	-278	8.35%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
dk12345	Rosters	43_PMDL3615_1_3_20160128112124_SIPPS_2di_Patient_Registry_MAPP_DY1Q3_01312016.xlsx	SI PPS Patient Registry for Project 2di.	01/28/2016 11:21 AM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
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	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Recruit/hire project management office staff including Director of Ambulatory Care Initiatives and support staff.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including PAM providers and CBOs.	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Select project lead(s)/champion(s).	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Identify PPS providers participating in project.	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Identify additional CBOs to support the project.	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval.	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Develop funds flow model for Project 2.d.i including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or under	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2

Staten Island Performing Provider System, LLC (PPS ID:43)

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
reimbursed.									
Task Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Finalize and execute provider specific master services agreements and funds flow for participating PPS providers.	Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Finalize agreements with non-PPS CBOs for participation in project.	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Milestone #2 Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
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 Identify PPS partner staff to participate in train-the-trainer with Insignia Health.	Project		Completed	04/01/2015	05/31/2015	04/01/2015	05/31/2015	06/30/2015	DY1 Q1
Task Complete train-the-trainer with Insignia Health.	Project		Completed	06/01/2015	06/30/2015	06/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Develop ongoing training schedule with Insignia Health and internal PPS resources.	Project		In Progress	06/01/2015	12/31/2015	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task As part of the Workforce Assessment (workforce workstream) conduct assessment of PPS workforce for expansion of patient activation training team.	Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
Develop patient activation training materials and training program strategy with project workgroup.									
Task Implement training program with PAM team.	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
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	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Analysis to identify "hot spot" areas completed and CBOs performing outreach engaged.	Project		Not Started	10/01/2015	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Partner with MCOs to utilize Medicaid claims data for identification of NU and LU patients.	Project		Not Started	10/01/2015	03/01/2016	01/01/2016	03/01/2016	03/31/2016	DY1 Q4
Task Develop process for using CNA, MCO and other assessment data to prioritize "hotspot" geographic areas for outreach.	Project		Not Started	10/01/2015	01/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Create "hot spot" map and disseminate to PPS partners and vendors.	Project		Not Started	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Develop outreach plan in collaboration with Project Implementation Team, CBOs, Diversity and Inclusion Committee and Communications and Marketing Committee.	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Identify organizations/staff for outreach in various hot spot areas.	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Develop contracts/funds flow for partners identified to perform outreach.	Project		In Progress	04/01/2016	06/30/2016	12/01/2015	06/30/2016	06/30/2016	DY2 Q1
Milestone #4 Survey the targeted population about healthcare needs in the PPS' region.	Project	N/A	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Community engagement forums and other information-gathering mechanisms established and performed.	Project		Completed	10/01/2015	03/31/2017	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify potential community partners for surveys, community forums and focus groups.	Project		Completed	10/01/2015	03/31/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 best practice tools for surveying community members about healthcare needs.									
Task Schedule community forums with CBOs, non-profits, faith-based organizations, etc.	Project		Completed	04/01/2016	06/30/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Partner with CBOs, nonprofits, faith-based organizations, public sector agencies, and local government to develop survey distribution/collection plan and focus groups plan.	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Conduct community focus groups to elicit healthcare needs.	Project		Completed	04/01/2016	06/30/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Implement survey tools across targeted population, collect and analyze data.	Project		In Progress	04/01/2016	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
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	10/01/2015	03/31/2017	10/01/2015	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	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project Director in conjunction with Diversity and Inclusion Committee, and Project Implementation Workgroup identifies providers/CBO's located within "hot spots."	Project		In Progress	01/01/2016	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Conduct assessment of patient activation techniques used by providers.	Project		Not Started	10/01/2015	12/31/2015	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Identify best practice techniques for patient activations through research and assessment of current provider outreach and engagement protocols and techniques.	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Create patient activation training for providers.	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Implement training for providers on patient activation techniques.	Project		Not Started	07/01/2016	09/30/2016	07/01/2016	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,	Project	N/A	Not Started	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
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.	Project		Not Started	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop agreements with MCOs to share data on the assigned PCPs of NU and LU enrollees.	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Create procedures and protocols to reconnect beneficiary to PCPs once identified.	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Develop plan for outreach to NU and LU enrollees in conjunction with Project Implementation Workgroup and MCOs.	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Create outreach communication materials in conjunction with MCOs.	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Submit outreach materials to the State for review and approval.	Project		Not Started	07/01/2016	09/29/2016	07/01/2016	09/29/2016	09/30/2016	DY2 Q2
Task Implement outreach strategies including training strategies.	Project		Not Started	10/03/2016	12/31/2016	10/03/2016	12/31/2016	12/31/2016	DY2 Q3
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	Project	N/A	Not Started	10/01/2015	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
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).	Project		Not Started	10/01/2015	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Project Director in conjunction with Project Implementation Group identifies beneficiary cohorts per state methodology; identify screening methodology to identify patients as NU/LU/UI.	Project		Not Started	10/05/2015	12/31/2015	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Determine baseline PAM for each cohort.	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Determine benchmark for improvement intervals.	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Create PAM cohort reports.	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Determine plan for disseminating PAM cohort reports including data, frequency, and providers/stakeholders.	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone #8 Include beneficiaries in development team to promote preventive care.	Project	N/A	In Progress	01/01/2016	03/30/2017	10/01/2015	03/30/2017	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	01/01/2016	03/30/2017	10/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task In conjunction with Project Implementation Team (including Community Based Organizations) and Diversity and Inclusion Committee, identify beneficiaries for participation in program development in partnership with providers and CBO as approach to engagement.	Project		Completed	01/01/2016	03/31/2016	12/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Determine appropriate committees/workgroups for beneficiary participation.	Project		Completed	04/01/2016	06/30/2016	12/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Invite beneficiaries to participate in meetings/workgroups and planning activities from representative groups.	Project		Completed	07/01/2016	09/30/2016	12/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone #9 Measure PAM(R) components, including: • Screen patient status (UI, NU and LU) and collect contact	Project	N/A	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
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	Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
cohort's level of engagement									
Task Project Director in conjunction with Project Implementation Team and MCOs identifies components of performance measurement reports including data points to be collecting, frequency of collection/reporting, responsible parties, etc..	Project		Not Started	10/05/2015	12/31/2015	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Identify data sources for performance measurement reports.	Project		In Progress	01/01/2016	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Performance measurement approach documenting and disseminated to PAM providers and other key stakeholders (including training as needed).	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Performance reporting approach developed including frequency and approach to reporting data to key stakeholders (internal/external) and DOH.	Project		Completed	01/01/2016	03/31/2016	11/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Begin creation of annual report for PAM project.	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone #10 Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	Project	N/A	Not Started	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Volume of non-emergent visits for UI, NU, and LU populations increased.	Project		Not Started	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Community navigators trained in connectivity to healthcare coverage and community healthcare resources, (including primary and preventative services), as well as patient education) to increase use of non emergent care (as component of other Milestones).	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Identify current patient population utilizing non emergent care (baseline) and targeted approach to increase volume.	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Identify process to monitor use of emergent/non emergent care for attributed population.	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Identify components of reports on non emergent care	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone #11	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
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.	Provider	PAM(R) Providers	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 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	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify community navigator resources from PPS provider/PAM provider network (in conjunction with current state workforce assessment), or potential new hires to be training in connectivity to healthcare resources, and community resources.	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify community based organizations for participation in the development of a group of community navigators.	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Include agreement to provide community navigator resources in PPS partner master services agreements as appropriate.	Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Finalize and execute agreements with CBOs.	Project		Not Started	10/01/2015	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Identify best practice training programs for community navigators.	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Implement training programs.	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Create system for tracking community navigators engaged in project.	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Milestone #12 Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures for customer service complaints and appeals developed.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify PPS compliance officer.	Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 compliance program.	Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify best practices for customer service complaints and appeals.	Project		Not Started	10/01/2015	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Develop PPS policies and procedure for customer complaints and appeals.	Project		Not Started	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Disseminate information on PPS policies and procedures to partners and the community.	Project		Not Started	03/01/2016	03/31/2016	03/01/2016	03/31/2016	03/31/2016	DY1 Q4
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	04/01/2015	03/31/2017	04/01/2015	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	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Contract with training vendor around patient activation and education.	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Complete train-the-trainer with Insignia Health.	Project		Completed	06/01/2015	06/30/2015	06/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Identify community navigators for training program.	Project		Not Started	10/01/2015	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Develop and implement training program for community navigators	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop and implement ongoing training program for community navigators and other providers engaged in PAM/outreach.	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
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	Not Started	11/02/2015	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Community navigators prominently placed (with high visibility) at appropriate locations within identified "hot spot" areas.	Provider	PAM(R) Providers	Not Started	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 In conjunction with Project Implementation Team, Health Homes, hospitals and other key stakeholders, Identify locations and events for regular community navigator placement.	Project		Not Started	11/02/2015	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Develop agreements with partners for placement of community navigators.	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Create protocols and processes around the placement of community navigators, education, and connection to appropriate resources.	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 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	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Navigators educated about insurance options and healthcare resources available to populations in this project.	Project		Not Started	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Project Director performs an assessment to identify resources for insurance options and healthcare resources for UI and Medicaid enrollees.	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop resource guide for community navigators.	Project		Not Started	11/02/2015	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Create process to continuously updating guide to ensure information is current.	Project		Not Started	11/02/2015	01/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Develop training materials for navigators about insurance options and healthcare resources.	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Incorporate information into the navigator training program.	Project		Not Started	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop quality metrics to determine if navigators increase utilization of non-emergent care among people assisted by the program	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task For participants that have been engaged in the project through a PAM survey, the PPS will evaluate the effectiveness of coaching through assessment of quality and utilization measures being	Project		Not Started	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
collected for DSRIP.									
Milestone #16 Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	Project	N/A	Not Started	11/02/2015	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Timely access for navigator when connecting members to services.	Project		Not Started	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Project Director performs assessment to identify intake and scheduling staff for linkage to community navigators.	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Project Director, in conjunction with Project Implementation Team develops policies and procedures for staff to receive navigator calls.	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Project Director/Director of Workforce/HR in conjunction with Workforce Committee/Training Workgroup, creates training materials for intake/scheduling staff.	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Implement training programs.	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Identify primary care capacity issues among PPS partners.	Project		Not Started	11/02/2015	03/31/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Assess opportunities to increase primary care capacity across PPS partners.	Project		Not Started	03/01/2016	09/30/2016	03/01/2016	09/30/2016	09/30/2016	DY2 Q2
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	04/01/2015	03/31/2017	04/01/2015	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		Completed	04/01/2015	03/31/2017	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' ability to track patients engaged in this	Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 including identifying providers with/without EHR. For those providers without EHR systems, provider implementation plan/timelines for implementation are developed.									
Task Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network.	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Sr. Director of Enterprise Data & Analytics import Medicaid claims and member attribution data collected from NYS DOH in ordered to perform population health analytics.	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population, creating a longitudinal patient record.	Project		Not Started	10/01/2015	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing data from the Flourish database and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting.	Project		Completed	10/01/2015	03/31/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director reviews claims data to identify patients who are NU and LU Medicaid enrollees.	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Project Director creates baseline and track improvement for defined metrics to monitor targeted patients.	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Sr. Director of Enterprise Data & Analytics coordinates with Insignia Health to import patients into the Flourish database and download PAM data from the Flourish database for tracking.	Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Recruit/hire project management office staff including Director of Ambulatory Care Initiatives and support staff.										
Task Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including PAM providers and CBOs.										
Task Select project lead(s)/champion(s).										
Task Identify PPS providers participating in project.										
Task Identify additional CBOs to support the project.										
Task Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval.										
Task Develop funds flow model for Project 2.d.i including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or under reimbursed.										
Task Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses.										
Task Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions.										
Task Finalize and execute provider specific master services agreements and funds flow for participating PPS providers.										
Task Finalize agreements with non-PPS CBOs for participation in										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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.										
Task Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings.										
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 Identify PPS partner staff to participate in train-the-trainer with Insignia Health.										
Task Complete train-the-trainer with Insignia Health.										
Task Develop ongoing training schedule with Insignia Health and internal PPS resources.										
Task As part of the Workforce Assessment (workforce workstream) conduct assessment of PPS workforce for expansion of patient activation training team.										
Task Develop patient activation training materials and training program strategy with project workgroup.										
Task Implement training program with PAM team.										
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 Partner with MCOs to utilize Medicaid claims data for identification of NU and LU patients.										
Task Develop process for using CNA, MCO and other assessment data to prioritize "hotspot" geographic areas for outreach.										
Task Create "hot spot" map and disseminate to PPS partners and										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
vendors.										
Task Develop outreach plan in collaboration with Project Implementation Team, CBOs, Diversity and Inclusion Committee and Communications and Marketing Committee.										
Task Identify organizations/staff for outreach in various hot spot areas.										
Task Develop contracts/funds flow for partners identified to perform outreach.										
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 Identify potential community partners for surveys, community forums and focus groups.										
Task Identify best practice tools for surveying community members about healthcare needs.										
Task Schedule community forums with CBOs, non-profits, faith-based organizations, etc.										
Task Partner with CBOs, nonprofits, faith-based organizations, public sector agencies, and local government to develop survey distribution/collection plan and focus groups plan.										
Task Conduct community focus groups to elicit healthcare needs.										
Task Implement survey tools across targeted population, collect and analyze data.										
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 Project Director in conjunction with Diversity and Inclusion Committee, and Project Implementation Workgroup identifies										

Staten Island Performing Provider System, LLC (PPS ID:43)

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
providers/CBO's located within "hot spots."										
Task Conduct assessment of patient activation techniques used by providers.										
Task Identify best practice techniques for patient activations through research and assessment of current provider outreach and engagement protocols and techniques.										
Task Create patient activation training for providers.										
Task Implement training for providers on patient activation techniques.										
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 Develop agreements with MCOs to share data on the assigned PCPs of NU and LU enrollees.										
Task Create procedures and protocols to reconnect beneficiary to PCPs once identified.										
Task Develop plan for outreach to NU and LU enrollees in conjunction with Project Implementation Workgroup and MCOs.										
Task Create outreach communication materials in conjunction with										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
MCOs.										
Task Submit outreach materials to the State for review and approval.										
Task Implement outreach strategies including training strategies.										
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 Project Director in conjunction with Project Implementation Group identifies beneficiary cohorts per state methodology; identify screening methodology to identify patients as NU/LU/UI.										
Task Determine baseline PAM for each cohort.										
Task Determine benchmark for improvement intervals.										
Task Create PAM cohort reports.										
Task Determine plan for disseminating PAM cohort reports including data, frequency, and providers/stakeholders.										
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 In conjunction with Project Implementation Team (including Community Based Organizations) and Diversity and Inclusion Committee, identify beneficiaries for participation in program development in partnership with providers and CBO as approach to engagement.										
Task Determine appropriate committees/workgroups for beneficiary participation.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Invite beneficiaries to participate in meetings/workgroups and planning activities from representative groups.										
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										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
cohort's level of engagement										
Task Project Director in conjunction with Project Implementation Team and MCOs identifies components of performance measurement reports including data points to be collecting, frequency of collection/reporting, responsible parties, etc..										
Task Identify data sources for performance measurement reports.										
Task Performance measurement approach documenting and disseminated to PAM providers and other key stakeholders (including training as needed).										
Task Performance reporting approach developed including frequency and approach to reporting data to key stakeholders (internal/external) and DOH.										
Task Begin creation of annual report for PAM project.										
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 Community navigators trained in connectivity to healthcare coverage and community healthcare resources, (including primary and preventative services), as well as patient education) to increase use of non emergent care (as component of other Milestones).										
Task Identify current patient population utilizing non emergent care (baseline) and targeted approach to increase volume.										
Task Identify process to monitor use of emergent/non emergent care for attributed population.										
Task Identify components of reports on non emergent care										
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.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Community navigators identified and contracted.	0	62	62	124	124	186	186	250	250	250
Task Community navigators trained in connectivity to healthcare coverage and community healthcare resources, (including primary and preventive services), as well as patient education.	0	62	62	124	124	186	186	250	250	250
Task Identify community navigator resources from PPS provider/PAM provider network (in conjunction with current state workforce assessment), or potential new hires to be training in connectivity to healthcare resources, and community resources.										
Task Identify community based organizations for participation in the development of a group of community navigators.										
Task Include agreement to provide community navigator resources in PPS partner master services agreements as appropriate.										
Task Finalize and execute agreements with CBOs.										
Task Identify best practice training programs for community navigators.										
Task Implement training programs.										
Task Create system for tracking community navigators engaged in project.										
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 Identify PPS compliance officer.										
Task Develop compliance program.										
Task Identify best practices for customer service complaints and appeals.										
Task Develop PPS policies and procedure for customer complaints and appeals.										
Task										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
Disseminate information on PPS policies and procedures to partners and the community.										
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	62	62	124	124	186	186	250	250	250
Task Contract with training vendor around patient activation and education.										
Task Complete train-the-trainer with Insignia Health.										
Task Identify community navigators for training program.										
Task Develop and implement training program for community navigators										
Task Develop and implement ongoing training program for community navigators and other providers engaged in PAM/outreach.										
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	62	62	62	62	186	186	250	250	250
Task In conjunction with Project Implementation Team, Health Homes, hospitals and other key stakeholders, Identify locations and events for regular community navigator placement.										
Task Develop agreements with partners for placement of community navigators.										
Task Create protocols and processes around the placement of community navigators, education, and connection to appropriate resources.										
Milestone #15 Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Navigators educated about insurance options and healthcare resources available to populations in this project.										
Task Project Director performs an assessment to identify resources for insurance options and healthcare resources for UI and Medicaid enrollees.										
Task Develop resource guide for community navigators.										
Task Create process to continuously updating guide to ensure information is current.										
Task Develop training materials for navigators about insurance options and healthcare resources.										
Task Incorporate information into the navigator training program.										
Task Develop quality metrics to determine if navigators increase utilization of non-emergent care among people assisted by the program										
Task For participants that have been engaged in the project through a PAM survey, the PPS will evaluate the effectiveness of coaching through assessment of quality and utilization measures being collected for DSRIP.										
Milestone #16 Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.										
Task Timely access for navigator when connecting members to services.										
Task Project Director performs assessment to identify intake and scheduling staff for linkage to community navigators.										
Task Project Director, in conjunction with Project Implementation Team develops policies and procedures for staff to receive navigator calls.										
Task Project Director/Director of Workforce/HR in conjunction with Workforce Committee/Training Workgroup, creates training materials for intake/scheduling staff.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Implement training programs.										
Task Identify primary care capacity issues among PPS partners.										
Task Assess opportunities to increase primary care capacity across PPS partners.										
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 Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' ability to track patients engaged in this project including identifying providers with/without EHR. For those providers without EHR systems, provider implementation plan/timelines for implementation are developed.										
Task Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network.										
Task Sr. Director of Enterprise Data & Analytics import Medicaid claims and member attribution data collected from NYS DOH in ordered to perform population health analytics.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population, creating a longitudinal patient record.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing data from the Flourish database and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Director reviews claims data to identify patients who are NU and LU Medicaid enrollees.										
Task Project Director creates baseline and track improvement for defined metrics to monitor targeted patients.										
Task Sr. Director of Enterprise Data & Analytics coordinates with Insignia Health to import patients into the Flourish database and download PAM data from the Flourish database for tracking.										

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 Recruit/hire project management office staff including Director of Ambulatory Care Initiatives and support staff.										
Task Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including PAM providers and CBOs.										
Task Select project lead(s)/champion(s).										
Task Identify PPS providers participating in project.										
Task Identify additional CBOs to support the project.										
Task Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval.										
Task Develop funds flow model for Project 2.d.i including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or under										

Staten Island Performing Provider System, LLC (PPS ID:43)

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
reimbursed.										
Task Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses.										
Task Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions.										
Task Finalize and execute provider specific master services agreements and funds flow for participating PPS providers.										
Task Finalize agreements with non-PPS CBOs for participation in project.										
Task Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings.										
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 Identify PPS partner staff to participate in train-the-trainer with Insignia Health.										
Task Complete train-the-trainer with Insignia Health.										
Task Develop ongoing training schedule with Insignia Health and internal PPS resources.										
Task As part of the Workforce Assessment (workforce workstream) conduct assessment of PPS workforce for expansion of patient activation training team.										
Task Develop patient activation training materials and training program strategy with project workgroup.										
Task Implement training program with PAM team.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 #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 Partner with MCOs to utilize Medicaid claims data for identification of NU and LU patients.										
Task Develop process for using CNA, MCO and other assessment data to prioritize "hotspot" geographic areas for outreach.										
Task Create "hot spot" map and disseminate to PPS partners and vendors.										
Task Develop outreach plan in collaboration with Project Implementation Team, CBOs, Diversity and Inclusion Committee and Communications and Marketing Committee.										
Task Identify organizations/staff for outreach in various hot spot areas.										
Task Develop contracts/funds flow for partners identified to perform outreach.										
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 Identify potential community partners for surveys, community forums and focus groups.										
Task Identify best practice tools for surveying community members about healthcare needs.										
Task Schedule community forums with CBOs, non-profits, faith-based organizations, etc.										
Task Partner with CBOs, nonprofits, faith-based organizations, public sector agencies, and local government to develop survey distribution/collection plan and focus groups plan.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 community focus groups to elicit healthcare needs.										
Task Implement survey tools across targeted population, collect and analyze data.										
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 Project Director in conjunction with Diversity and Inclusion Committee, and Project Implementation Workgroup identifies providers/CBO's located within "hot spots."										
Task Conduct assessment of patient activation techniques used by providers.										
Task Identify best practice techniques for patient activations through research and assessment of current provider outreach and engagement protocols and techniques.										
Task Create patient activation training for providers.										
Task Implement training for providers on patient activation techniques.										
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.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 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 Develop agreements with MCOs to share data on the assigned PCPs of NU and LU enrollees.										
Task Create procedures and protocols to reconnect beneficiary to PCPs once identified.										
Task Develop plan for outreach to NU and LU enrollees in conjunction with Project Implementation Workgroup and MCOs.										
Task Create outreach communication materials in conjunction with MCOs.										
Task Submit outreach materials to the State for review and approval.										
Task Implement outreach strategies including training strategies.										
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 Project Director in conjunction with Project Implementation Group identifies beneficiary cohorts per state methodology; identify screening methodology to identify patients as NU/LU/UI.										
Task Determine baseline PAM for each cohort.										
Task Determine benchmark for improvement intervals.										
Task Create PAM cohort reports.										
Task Determine plan for disseminating PAM cohort reports including data, frequency, and providers/stakeholders.										
Milestone #8										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
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 In conjunction with Project Implementation Team (including Community Based Organizations) and Diversity and Inclusion Committee, identify beneficiaries for participation in program development in partnership with providers and CBO as approach to engagement.										
Task Determine appropriate committees/workgroups for beneficiary participation.										
Task Invite beneficiaries to participate in meetings/workgroups and planning activities from representative groups.										
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										

Staten Island Performing Provider System, LLC (PPS ID:43)

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
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 Project Director in conjunction with Project Implementation Team and MCOs identifies components of performance measurement reports including data points to be collecting, frequency of collection/reporting, responsible parties, etc..										
Task Identify data sources for performance measurement reports.										
Task Performance measurement approach documenting and disseminated to PAM providers and other key stakeholders (including training as needed).										
Task Performance reporting approach developed including frequency and approach to reporting data to key stakeholders (internal/external) and DOH.										
Task Begin creation of annual report for PAM project.										
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 Community navigators trained in connectivity to healthcare coverage and community healthcare resources, (including primary and preventative services), as well as patient education) to increase use of non emergent care (as component of other Milestones).										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 current patient population utilizing non emergent care (baseline) and targeted approach to increase volume.										
Task Identify process to monitor use of emergent/non emergent care for attributed population.										
Task Identify components of reports on non emergent care										
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.	250	250	250	250	250	250	250	250	250	250
Task Community navigators trained in connectivity to healthcare coverage and community healthcare resources, (including primary and preventive services), as well as patient education.	250	250	250	250	250	250	250	250	250	250
Task Identify community navigator resources from PPS provider/PAM provider network (in conjunction with current state workforce assessment), or potential new hires to be training in connectivity to healthcare resources, and community resources.										
Task Identify community based organizations for participation in the development of a group of community navigators.										
Task Include agreement to provide community navigator resources in PPS partner master services agreements as appropriate.										
Task Finalize and execute agreements with CBOs.										
Task Identify best practice training programs for community navigators.										
Task Implement training programs.										
Task Create system for tracking community navigators engaged in project.										
Milestone #12 Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.										
Task										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
Policies and procedures for customer service complaints and appeals developed.										
Task Identify PPS compliance officer.										
Task Develop compliance program.										
Task Identify best practices for customer service complaints and appeals.										
Task Develop PPS policies and procedure for customer complaints and appeals.										
Task Disseminate information on PPS policies and procedures to partners and the community.										
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).	250	250	250	250	250	250	250	250	250	250
Task Contract with training vendor around patient activation and education.										
Task Complete train-the-trainer with Insignia Health.										
Task Identify community navigators for training program.										
Task Develop and implement training program for community navigators										
Task Develop and implement ongoing training program for community navigators and other providers engaged in PAM/outreach.										
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.	250	250	250	250	250	250	250	250	250	250
Task										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
In conjunction with Project Implementation Team, Health Homes, hospitals and other key stakeholders, Identify locations and events for regular community navigator placement.										
Task Develop agreements with partners for placement of community navigators.										
Task Create protocols and processes around the placement of community navigators, education, and connection to appropriate resources.										
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 Project Director performs an assessment to identify resources for insurance options and healthcare resources for UI and Medicaid enrollees.										
Task Develop resource guide for community navigators.										
Task Create process to continuously updating guide to ensure information is current.										
Task Develop training materials for navigators about insurance options and healthcare resources.										
Task Incorporate information into the navigator training program.										
Task Develop quality metrics to determine if navigators increase utilization of non-emergent care among people assisted by the program										
Task For participants that have been engaged in the project through a PAM survey, the PPS will evaluate the effectiveness of coaching through assessment of quality and utilization measures being collected for DSRIP.										
Milestone #16 Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.										
Task										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
Timely access for navigator when connecting members to services.										
Task Project Director performs assessment to identify intake and scheduling staff for linkage to community navigators.										
Task Project Director, in conjunction with Project Implementation Team develops policies and procedures for staff to receive navigator calls.										
Task Project Director/Director of Workforce/HR in conjunction with Workforce Committee/Training Workgroup, creates training materials for intake/scheduling staff.										
Task Implement training programs.										
Task Identify primary care capacity issues among PPS partners.										
Task Assess opportunities to increase primary care capacity across PPS partners.										
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 Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' ability to track patients engaged in this project including identifying providers with/without EHR. For those providers without EHR systems, provider implementation plan/timelines for implementation are developed.										
Task Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network.										
Task Sr. Director of Enterprise Data & Analytics import Medicaid										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
claims and member attribution data collected from NYS DOH in ordered to perform population health analytics.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population, creating a longitudinal patient record.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing data from the Flourish database and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting.										
Task Project Director reviews claims data to identify patients who are NU and LU Medicaid enrollees.										
Task Project Director creates baseline and track improvement for defined metrics to monitor targeted patients.										
Task Sr. Director of Enterprise Data & Analytics coordinates with Insignia Health to import patients into the Flourish database and download PAM data from the Flourish database for tracking.										

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 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.	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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.	DY1 Q3: Milestone Start Date is now 1/1/2016. SI PPS is awaiting DOH claims data to do more thorough analysis on PAM cohort.
Include beneficiaries in development team to promote preventive care.	
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.	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
• 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 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.	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	DY1 Q3: Changed Start Date for Milestone 16 to reflect when the SI PPS intends to start working on this milestone.
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	
Milestone #16	Pass & Ongoing	
Milestone #17	Pass & Ongoing	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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

Instructions :

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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.

The SI PPS views the following as major risks for implementation:

1. The project requirement for all participating PCPs to meet NCQA 2014 Level 3 PCMH standards by DY3 is identified as a risk to achieving project implementation. Although many PCPs have met old NCQA PCMH standards, some still lack EHR or are early in the medical home transformation process. To mitigate this risk, the SI PPS is developing PCMH implementation plans and will provide PCPs with centralized resources, training, and technical assistance. The SI PPS will also track progress and contract with vendors for support, as needed.

2. A key risk is the existing regulatory and financial framework which presents barriers to co-locating primary care and behavioral health services. To mitigate this risk, the SI PPS has requested waivers to allow for the provision of medical services at Article 31/32 providers, as well as the provision of behavioral health/substance abuse services in Article 28 clinics. Partners have begun to assess their need to pursue the integrated licensure being made available through DSRIP.

3. The SI PPS views prevailing attitudes and social stigma related to behavioral health services as a project risk to achieving integration goals. Existing primary care patients who are referred behavioral health services as a result of screenings conducted at PCMH sites, may not utilize these services due to negative social stigma associated with these services, or may not agree to the initial screening. To mitigate this risk, the project implementation team, in conjunction with the Clinical Committee and Workforce Implementation Team will develop and implement training for providers around co-location designed to help providers address stigma around these services, helping to ensure effective warm hand-offs and patient engagement.

4. The use of EHR to track engaged patients, document preventative care screenings, and integrate behavioral health and medical records is a project risk for PPS providers who do not currently have EHR or the ability to integrate records. The SI PPS recognizes this risk and will develop a strategic IT integration plan with interim steps for providers without her to ensure integration with the RHIO (Healthix). Additionally, as part of the Capital Restructuring Finance Program budget, the SI PPS has requested funds to assist providers without EHR to fully implement these systems.

5. In order to co-locate primary care services into behavioral health and substance abuse sites as well as co-locate behavioral health/substance abuse services at primary care sites, PPS providers will need to expand and renovate current facilities as well as build out staffing capacity. Within the Capital Restructuring Finance Program, the SI PPS has included numerous capital projects to support the co-location of primary care and behavioral health/substance abuse services, including expanding/renovating outpatient behavioral health and substance abuse facilities to integrate primary care as well as expanding/renovating primary care locations to allow for the integration of behavioral health services. If the Capital Restructuring Finance Program does not provide funding for this project, the SI PPS's ability to meet project deadlines and serve patients engaged through this project may be put at risk. To mitigate this risk, the SI PPS has also included multiple capital projects across various

providers, to allow providers to serve recently engaged patients as the project progresses into later DSRIP years. Further, the SI PPS will include funding through its funds flow model to support co-location as well as the recruitment of physicians and an incentive system for primary care physicians.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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**
DY3,Q4	15,000

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
2,570	5,005	222.44%	-2,755	33.37%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
dk12345	Rosters	43_PMDL3715_1_3_20160128112537_SIPPS_3ai_Patient_Registry_MAPP_DY1Q3_01312016.xlsx	SI PPS Patient Registry for Project 3ai.	01/28/2016 11:25 AM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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	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 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 Behavioral health services are co-located within PCMH/APC 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 Recruit/hire project management office staff including Director of Ambulatory Initiatives and support staff.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including primary care and behavioral health providers.		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Select project lead(s)/champion(s).		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Identify PPS providers participating in project .		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval.		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 funds flow model for Project 3.a.i including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or under reimbursed.										
Task Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Finalize and execute provider specific master services agreements and funds flow for participating PPS providers.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project Director completes current state/needs assessment for project implementation including: Confirm waiver requirements by provider/facility location; complete assessment of capital/infrastructure requirements and impact on timeline; identify opportunities to collaborate with BH provider sites.		Project		In Progress	07/01/2015	12/31/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop implementation strategy/timeline by participating provider for colocation.		Project		In Progress	10/01/2015	12/31/2015	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Project Director assembles an Ambulatory Care Workgroup to address PCMH implementation.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop Ambulatory care workgroup meeting schedule for ongoing meetings and convene workgroup meetings.		Project		Completed	08/03/2015	09/30/2015	08/03/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project Director, in conjunction with the Workgroup,		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
develops a PPS plan to achieve PCMH 2014 Level 3 Requirements and timeline and share best practices across the PPS.										
Task Project Director/support staff, performs a current state assessment of PCMH 2014 Level 3 requirements across participating ambulatory providers (PCPs).		Project		Completed	06/01/2015	06/30/2016	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director, in conjunction with workgroup and individual ambulatory providers, develops a roadmap for each identified provider to achieve PCMH 2014 Level 3 recognition.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify PCMH technical assistance resources for providers, including vendor and PMO resources.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop approach to monitor progress and obtain necessary documentation towards PCMH recognition.		Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 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 evidence based practice guidelines and best practices for collaborative care.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project implementation committee develops PPS processes and workflows and operational protocols to implement and document collaborative care.		Project		Not Started	10/01/2015	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Collect and assess existing protocols and guidelines for		Project		In Progress	10/01/2015	12/31/2015	10/01/2015	03/31/2016	03/31/2016	DY1 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
collaborative care including medication management and care engagement.										
Task Identify training/implementation needs with providers.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop training plan/implementation plan in conjunction with the Workforce Committee and training vendor.		Project		Completed	03/01/2016	06/30/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Collaborate with Diversity and Inclusion Committee and Project 2.d.i community member advisors in project development and implementation .		Project		In Progress	03/01/2016	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Develop plan for ongoing monitoring of implementation of collaborative care standards.		Project		Not Started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 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.	Model 1	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	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	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Screenings are documented in Electronic Health Record.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	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	04/01/2015	03/31/2018	04/01/2015	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	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Project Director/project support identify screening tool/best practices for behavioral health screenings (including existing screening tools in use in PPS providers) and review with Clinical Committee.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Clinical Committee approves and formulizes guidelines for behavioral health screenings.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project Director disseminates guidelines for adoption by providers.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Outline workflow steps for screening including role/responsibility to screen; frequency; documentation; and transfer to behavioral health provider.		Project		Not Started	11/02/2015	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Conduct assessment of workflow, documentation requirements, and training needs.		Project		In Progress	07/01/2015	12/31/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop training plan/implementation plan in conjunction with the Workforce Committee and training vendor.		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	Model 1	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	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	04/01/2015	03/31/2017	04/01/2015	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		Completed	04/01/2015	03/31/2017	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' ability to track patients engaged in this project and integrate medical and behavioral health records including identifying providers with/without EHR. For those providers without EHR, provider implementation plan/timelines for implementation are developed.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop approach to monitor progress and obtain necessary documentation towards integration with the		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
RHIO and integration of medical and behavioral health records.										
Task Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network.		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Sr. Director of Enterprise Data & Analytics import Medicaid claims and member attribution data collected from NYS DOH.		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population, creating a longitudinal patient record.		Project		Not Started	10/01/2015	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for provider integration with RHIO and ensure SHIN-NY requirements are met.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director reviews claims data to identify patients in the project.		Project		Not Started	12/01/2015	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Project Director creates baseline and track improvement for defined metrics to monitor targeted patients.		Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
For those providers without EHR, the Project Director will develop interim reporting and tracking strategy to enable tracking of patients.										
Task Providers are integrated with the RHIO, have integrated medical and behavioral records and are able to track patients engaged in Project 3.a.i.		Project		Not Started	01/02/2017	03/31/2017	01/02/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Co-locate primary care services at behavioral health sites.	Model 2	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
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	10/01/2015	03/31/2018	10/01/2015	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	07/01/2015	03/31/2018	07/01/2015	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	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Recruit/hire project management office staff including Director of Behavioral Health/Substance Abuse Initiatives and support staff.		Project		Completed	04/01/2015	07/13/2015	04/01/2015	07/13/2015	09/30/2015	DY1 Q2
Task Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including primary care and behavioral health providers.		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Select project lead(s)/champion(s).		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Identify PPS providers participating in project.		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval.		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 funds flow model for Project 3.a.i including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or underreimbursed.										
Task Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Finalize and execute provider specific master services agreements and funds flow for participating PPS providers.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project Director completes current state/needs assessment for project implementation including: Confirm waiver requirements by provider/facility location; complete assessment of capital/infrastructure requirements and impact on timeline; identify opportunities to collaborate with BH provider sites.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Confirm DOH/OMH/OASAS approval of Limit Review Application to integrate services under the DSRIP Project 3.a.i. Licensure Thresholds and additional Waiver requirements. Submit additional requests as needed.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task In conjunction with Workforce Committee, develop strategy/plan to meet workforce gaps at each BH/SA provider facility location including hiring of new providers or other staff, establishing full-time or part-time contract agreements with primary care providers to provide primary		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3

Staten Island Performing Provider System, LLC (PPS ID:43)

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
care services, etc.										
Task Develop and implement strategy to meet applicable capital/infrastructure requirements by targeted timeline for co-location at each BH/SA provider facility.		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop implementation strategy/timeline by participating provider for colocation.		Project		In Progress	07/01/2015	12/31/2015	07/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task Project Director assembles an Ambulatory Care Workgroup to address PCMH implementation.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop Ambulatory care workgroup meeting schedule for ongoing meetings and convene workgroup meetings.		Project		Completed	09/01/2015	03/31/2018	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director, in conjunction with the Workgroup, develops a PPS plan to achieve PCMH 2014 Level 3 Requirements and timeline and share best practices across the PPS.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director/support staff, performs a current state assessment of PCMH 2014 Level 3 requirements across participating ambulatory providers (PCPs).		Project		Completed	06/01/2015	06/30/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director, in conjunction with workgroup and individual ambulatory providers, develops a roadmap for each identified provider to achieve PCMH 2014 Level 3 recognition.		Project		Completed	07/01/2016	12/31/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify PCMH technical assistance resources for providers, including vendor and PMO resources.		Project		Completed	10/01/2016	03/31/2017	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop approach to monitor progress and obtain necessary documentation towards PCMH recognition.		Project		Not Started	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Model 2	Project	N/A	In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Regularly scheduled formal meetings are held to develop collaborative care practices.		Project		In Progress	09/01/2015	03/31/2017	09/01/2015	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	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task In conjunction with Project Workgroup, Project Director Identifies evidence based practice guidelines and best practices for collaborative care.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director/support staff collects and assesses existing protocols and guidelines for collaborative care including medication management and care engagement.		Project		In Progress	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task In conjunction with Project implementation Workgroup, Project Director and support staff develops PPS processes and workflows and operational protocols to implement and document collaborative care based on models in use and best practices.		Project		In Progress	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Convene Clinical Committee to review and approve clinical guidelines/protocols for collaborative care, including policy & procedures for updates to the guidelines.		Project		Not Started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task PPS gains agreement/sign off from participating providers on clinical guidelines.		Project		Not Started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Identify training/implementation needs with providers.		Project		Completed	10/01/2016	12/31/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop training plan/implementation plan in conjunction with the Workforce Committee and training vendor.		Project		Completed	12/01/2016	03/31/2017	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
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	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Screenings are documented in Electronic Health Record.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	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	07/01/2015	03/31/2018	07/01/2015	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	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Project Director/project support identify screening tool/best practices for medical/preventative care screenings in behavioral health sites (including existing screening tools in use in PPS providers) that will address special needs of behavioral health population and medical needs and review with Clinical Committee		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Clinical Committee approves and formalizes guidelines for medical / preventative care (including behavioral health and substance abuse) screenings or services.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director disseminates guidelines for adoption by providers.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Outline workflow steps for screening including role/responsibility to screen; frequency; documentation; and transfer to behavioral health provider.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Conduct assessment of workflow, documentation requirements, and training needs.		Project		In Progress	07/01/2015	12/31/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop training plan/implementation plan in conjunction		Project		Completed	10/01/2015	03/31/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
with the Workforce Committee and training vendor.										
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		Completed	07/01/2015	03/31/2017	10/01/2015	12/30/2015	12/31/2015	DY1 Q3
Task Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' ability to track patients engaged in this project and integrate medical and behavioral health records including identifying providers with/without EHR. For those providers without EHR, provider implementation plan/timelines for implementation are developed.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop approach to monitor progress and obtain necessary documentation towards integration with the RHIO and integration of medical and behavioral health records.		Project		In Progress	09/30/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network.		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Sr. Director of Enterprise Data & Analytics import Medicaid claims and member attribution data collected from NYS DOH.		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population, creating a longitudinal patient record.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting.		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for provider integration with RHIO and ensure SHIN-NY requirements are met.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project Director reviews claims data to identify patients in the project.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director creates baseline and track improvement for defined metrics to monitor targeted patients.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task For those providers without EHR, the Project Director will develop interim reporting and tracking strategy to enable tracking of patients.		Project		Completed	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Providers are integrated with the RHIO, have integrated medical and behavioral records and are able to track patients engaged in Project 3.a.i.		Project		In Progress	09/30/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Implement IMPACT Model at Primary Care Sites.	Model 3	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 implemented IMPACT Model at Primary Care Sites.		Provider	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 #10 Utilize IMPACT Model collaborative care standards,	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 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.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Policies and procedures include process for consulting with Psychiatrist.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	Model 3	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 qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 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		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task All IMPACT participants in PPS have a designated Psychiatrist.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #13 Measure outcomes as required in the IMPACT Model.	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 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		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 #14 Provide "stepped care" as required by the IMPACT Model.	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 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		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.		Project		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

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	0	0	0	0	6
Task Behavioral health services are co-located within PCMH/APC practices and are available.	0	0	0	5	10	10	10	10	15	15
Task Recruit/hire project management office staff including Director of Ambulatory Initiatives and support staff.										
Task Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including primary care and behavioral health providers.										
Task Select project lead(s)/champion(s).										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 PPS providers participating in project .										
Task Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval.										
Task Develop funds flow model for Project 3.a.i including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or under reimbursed.										
Task Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses.										
Task Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions.										
Task Finalize and execute provider specific master services agreements and funds flow for participating PPS providers.										
Task Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings.										
Task Project Director completes current state/needs assessment for project implementation including: Confirm waiver requirements by provider/facility location; complete assessment of capital/infrastructure requirements and impact on timeline; identify opportunities to collaborate with BH provider sites.										
Task Develop implementation strategy/timeline by participating provider for colocation.										
Task Project Director assembles an Ambulatory Care Workgroup to address PCMH implementation.										
Task Develop Ambulatory care workgroup meeting schedule for ongoing meetings and convene workgroup meetings.										
Task Project Director, in conjunction with the Workgroup, develops a PPS plan to achieve PCMH 2014 Level 3 Requirements and										

Staten Island Performing Provider System, LLC (PPS ID:43)

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
timeline and share best practices across the PPS.										
Task Project Director/support staff, performs a current state assessment of PCMH 2014 Level 3 requirements across participating ambulatory providers (PCPs).										
Task Project Director, in conjunction with workgroup and individual ambulatory providers, develops a roadmap for each identified provider to achieve PCMH 2014 Level 3 recognition.										
Task Identify PCMH technical assistance resources for providers, including vendor and PMO resources.										
Task Develop approach to monitor progress and obtain necessary documentation towards PCMH recognition.										
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 evidence based practice guidelines and best practices for collaborative care.										
Task Project implementation committee develops PPS processes and workflows and operational protocols to implement and document collaborative care.										
Task Collect and assess existing protocols and guidelines for collaborative care including medication management and care engagement.										
Task Identify training/implementation needs with providers.										
Task Develop training plan/implementation plan in conjunction with the Workforce Committee and training vendor.										
Task Collaborate with Diversity and Inclusion Committee and Project										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
2.d.i community member advisors in project development and implementation .										
Task Develop plan for ongoing monitoring of implementation of collaborative care standards.										
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	0	0	0	0	6
Task Project Director/project support identify screening tool/best practices for behavioral health screenings (including existing screening tools in use in PPS providers) and review with Clinical Committee.										
Task Clinical Committee approves and formulizes guidelines for behavioral health screenings.										
Task Project Director disseminates guidelines for adoption by providers.										
Task Outline workflow steps for screening including role/responsibility to screen; frequency; documentation; and transfer to behavioral health provider.										
Task Conduct assessment of workflow, documentation requirements, and training needs.										
Task Develop training plan/implementation plan in conjunction with the Workforce Committee and training vendor.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 #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.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' ability to track patients engaged in this project and integrate medical and behavioral health records including identifying providers with/without EHR. For those providers without EHR, provider implementation plan/timelines for implementation are developed.										
Task Develop approach to monitor progress and obtain necessary documentation towards integration with the RHIO and integration of medical and behavioral health records.										
Task Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network.										
Task Sr. Director of Enterprise Data & Analytics import Medicaid claims and member attribution data collected from NYS DOH.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population, creating a longitudinal patient record.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting.										
Task Project Director and Sr. Director of Enterprise Data & Analytics										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
develop an implementation timing approach for provider integration with RHIO and ensure SHIN-NY requirements are met.										
Task Project Director reviews claims data to identify patients in the project.										
Task Project Director creates baseline and track improvement for defined metrics to monitor targeted patients.										
Task For those providers without EHR, the Project Director will develop interim reporting and tracking strategy to enable tracking of patients.										
Task Providers are integrated with the RHIO, have integrated medical and behavioral records and are able to track patients engaged in Project 3.a.i.										
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	0	0	0	0	6
Task Primary care services are co-located within behavioral Health practices and are available.	0	0	0	4	4	4	4	8	8	8
Task Primary care services are co-located within behavioral Health practices and are available.	0	0	0	13	13	13	13	26	26	26
Task Recruit/hire project management office staff including Director of Behavioral Health/Substance Abuse Initiatives and support staff.										
Task Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including primary care and behavioral health providers.										
Task Select project lead(s)/champion(s).										
Task Identify PPS providers participating in project.										
Task Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 funds flow model for Project 3.a.i including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or underreimbursed.										
Task Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses.										
Task Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions.										
Task Finalize and execute provider specific master services agreements and funds flow for participating PPS providers.										
Task Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings.										
Task Project Director completes current state/needs assessment for project implementation including: Confirm waiver requirements by provider/facility location; complete assessment of capital/infrastructure requirements and impact on timeline; identify opportunities to collaborate with BH provider sites.										
Task Confirm DOH/OMH/OASAS approval of Limit Review Application to integrate services under the DSRIP Project 3.a.i. Licensure Thresholds and additional Waiver requirements. Submit additional requests as needed.										
Task In conjunction with Workforce Committee, develop strategy/plan to meet workforce gaps at each BH/SA provider facility location including hiring of new providers or other staff, establishing full-time or part-time contract agreements with primary care providers to provide primary care services, etc.										
Task Develop and implement strategy to meet applicable capital/infrastructure requirements by targeted timeline for co-location at each BH/SA provider facility.										
Task Develop implementation strategy/timeline by participating provider for colocation.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Director assembles an Ambulatory Care Workgroup to address PCMH implementation.										
Task Develop Ambulatory care workgroup meeting schedule for ongoing meetings and convene workgroup meetings.										
Task Project Director, in conjunction with the Workgroup, develops a PPS plan to achieve PCMH 2014 Level 3 Requirements and timeline and share best practices across the PPS.										
Task Project Director/support staff, performs a current state assessment of PCMH 2014 Level 3 requirements across participating ambulatory providers (PCPs).										
Task Project Director, in conjunction with workgroup and individual ambulatory providers, develops a roadmap for each identified provider to achieve PCMH 2014 Level 3 recognition.										
Task Identify PCMH technical assistance resources for providers, including vendor and PMO resources.										
Task Develop approach to monitor progress and obtain necessary documentation towards PCMH recognition.										
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 In conjunction with Project Workgroup, Project Director Identifies evidence based practice guidelines and best practices for collaborative care.										
Task Project Director/support staff collects and assesses existing protocols and guidelines for collaborative care including medication management and care engagement.										
Task In conjunction with Project implementation Workgroup, Project										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
Director and support staff develops PPS processes and workflows and operational protocols to implement and document collaborative care based on models in use and best practices.										
Task Convene Clinical Committee to review and approve clinical guidelines/protocols for collaborative care, including policy & procedures for updates to the guidelines.										
Task PPS gains agreement/sign off from participating providers on clinical guidelines.										
Task Identify training/implementation needs with providers.										
Task Develop training plan/implementation plan in conjunction with the Workforce Committee and training vendor.										
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	0	0	0	0	6
Task Project Director/project support identify screening tool/best practices for medical/preventative care screenings in behavioral health sites (including existing screening tools in use in PPS providers) that will address special needs of behavioral health population and medical needs and review with Clinical Committee										
Task Clinical Committee approves and formalizes guidelines for medical / preventative care (including behavioral health and substance abuse) screenings or services.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Director disseminates guidelines for adoption by providers.										
Task Outline workflow steps for screening including role/responsibility to screen; frequency; documentation; and transfer to behavioral health provider.										
Task Conduct assessment of workflow, documentation requirements, and training needs.										
Task Develop training plan/implementation plan in conjunction with the Workforce Committee and training vendor.										
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 Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' ability to track patients engaged in this project and integrate medical and behavioral health records including identifying providers with/without EHR. For those providers without EHR, provider implementation plan/timelines for implementation are developed.										
Task Develop approach to monitor progress and obtain necessary documentation towards integration with the RHIO and integration of medical and behavioral health records.										
Task Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network.										
Task Sr. Director of Enterprise Data & Analytics import Medicaid claims and member attribution data collected from NYS DOH.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population, creating a longitudinal patient record.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for provider integration with RHIO and ensure SHIN-NY requirements are met.										
Task Project Director reviews claims data to identify patients in the project.										
Task Project Director creates baseline and track improvement for defined metrics to monitor targeted patients.										
Task For those providers without EHR, the Project Director will develop interim reporting and tracking strategy to enable tracking of patients.										
Task Providers are integrated with the RHIO, have integrated medical and behavioral records and are able to track patients engaged in Project 3.a.i.										
Milestone #9 Implement IMPACT Model at Primary Care Sites.										
Task PPS has implemented IMPACT Model at Primary Care Sites.	0	0	0	0	0	0	0	0	0	0
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										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
Psychiatrist.										
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.										
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.										
Task All IMPACT participants in PPS have a designated Psychiatrist.										
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).										
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.										
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.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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.	16	84	84	84	84	84	84	84	84	84
Task Behavioral health services are co-located within PCMH/APC practices and are available.	15	15	15	15	15	15	15	15	15	15
Task Recruit/hire project management office staff including Director of Ambulatory Initiatives and support staff.										
Task Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including primary care and behavioral health providers.										
Task Select project lead(s)/champion(s).										
Task Identify PPS providers participating in project .										
Task Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval.										
Task Develop funds flow model for Project 3.a.i including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or under reimbursed.										
Task Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses.										
Task Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions.										
Task Finalize and execute provider specific master services agreements and funds flow for participating PPS providers.										
Task Develop a Project Implementation Workgroup schedule for										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
ongoing meetings and convene Project Implementation Workgroup meetings.										
Task Project Director completes current state/needs assessment for project implementation including: Confirm waiver requirements by provider/facility location; complete assessment of capital/infrastructure requirements and impact on timeline; identify opportunities to collaborate with BH provider sites.										
Task Develop implementation strategy/timeline by participating provider for colocation.										
Task Project Director assembles an Ambulatory Care Workgroup to address PCMH implementation.										
Task Develop Ambulatory care workgroup meeting schedule for ongoing meetings and convene workgroup meetings.										
Task Project Director, in conjunction with the Workgroup, develops a PPS plan to achieve PCMH 2014 Level 3 Requirements and timeline and share best practices across the PPS.										
Task Project Director/support staff, performs a current state assessment of PCMH 2014 Level 3 requirements across participating ambulatory providers (PCPs).										
Task Project Director, in conjunction with workgroup and individual ambulatory providers, develops a roadmap for each identified provider to achieve PCMH 2014 Level 3 recognition.										
Task Identify PCMH technical assistance resources for providers, including vendor and PMO resources.										
Task Develop approach to monitor progress and obtain necessary documentation towards PCMH recognition.										
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										

Staten Island Performing Provider System, LLC (PPS ID:43)

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
processes.										
Task Identify evidence based practice guidelines and best practices for collaborative care.										
Task Project implementation committee develops PPS processes and workflows and operational protocols to implement and document collaborative care.										
Task Collect and assess existing protocols and guidelines for collaborative care including medication management and care engagement.										
Task Identify training/implementation needs with providers.										
Task Develop training plan/implementation plan in conjunction with the Workforce Committee and training vendor.										
Task Collaborate with Diversity and Inclusion Committee and Project 2.d.i community member advisors in project development and implementation .										
Task Develop plan for ongoing monitoring of implementation of collaborative care standards.										
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.	16	84	84	84	84	84	84	84	84	84
Task Project Director/project support identify screening tool/best										

Staten Island Performing Provider System, LLC (PPS ID:43)

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
practices for behavioral health screenings (including existing screening tools in use in PPS providers) and review with Clinical Committee.										
Task Clinical Committee approves and formulizes guidelines for behavioral health screenings.										
Task Project Director disseminates guidelines for adoption by providers.										
Task Outline workflow steps for screening including role/responsibility to screen; frequency; documentation; and transfer to behavioral health provider.										
Task Conduct assessment of workflow, documentation requirements, and training needs.										
Task Develop training plan/implementation plan in conjunction with the Workforce Committee and training vendor.										
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.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' ability to track patients engaged in this project and integrate medical and behavioral health records including identifying providers with/without EHR. For those providers without EHR, provider implementation plan/timelines for implementation are developed.										
Task Develop approach to monitor progress and obtain necessary documentation towards integration with the RHIO and integration of medical and behavioral health records.										
Task Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and										

Staten Island Performing Provider System, LLC (PPS ID:43)

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
claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network.										
Task Sr. Director of Enterprise Data & Analytics import Medicaid claims and member attribution data collected from NYS DOH.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population, creating a longitudinal patient record.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for provider integration with RHIO and ensure SHIN-NY requirements are met.										
Task Project Director reviews claims data to identify patients in the project.										
Task Project Director creates baseline and track improvement for defined metrics to monitor targeted patients.										
Task For those providers without EHR, the Project Director will develop interim reporting and tracking strategy to enable tracking of patients.										
Task Providers are integrated with the RHIO, have integrated medical and behavioral records and are able to track patients engaged in Project 3.a.i.										
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.	16	84	84	84	84	84	84	84	84	84
Task Primary care services are co-located within behavioral Health practices and are available.	8	12	12	12	12	12	12	12	12	12

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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.	26	39	39	39	39	39	39	39	39	39
Task Recruit/hire project management office staff including Director of Behavioral Health/Substance Abuse Initiatives and support staff.										
Task Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including primary care and behavioral health providers.										
Task Select project lead(s)/champion(s).										
Task Identify PPS providers participating in project.										
Task Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval.										
Task Develop funds flow model for Project 3.a.i including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or underreimbursed.										
Task Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses.										
Task Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions.										
Task Finalize and execute provider specific master services agreements and funds flow for participating PPS providers.										
Task Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings.										
Task Project Director completes current state/needs assessment for project implementation including: Confirm waiver requirements by provider/facility location; complete assessment of capital/infrastructure requirements and impact on timeline; identify opportunities to collaborate with BH provider sites.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Confirm DOH/OMH/OASAS approval of Limit Review Application to integrate services under the DSRIP Project 3.a.i. Licensure Thresholds and additional Waiver requirements. Submit additional requests as needed.										
Task In conjunction with Workforce Committee, develop strategy/plan to meet workforce gaps at each BH/SA provider facility location including hiring of new providers or other staff, establishing full-time or part-time contract agreements with primary care providers to provide primary care services, etc.										
Task Develop and implement strategy to meet applicable capital/infrastructure requirements by targeted timeline for co-location at each BH/SA provider facility.										
Task Develop implementation strategy/timeline by participating provider for colocation.										
Task Project Director assembles an Ambulatory Care Workgroup to address PCMH implementation.										
Task Develop Ambulatory care workgroup meeting schedule for ongoing meetings and convene workgroup meetings.										
Task Project Director, in conjunction with the Workgroup, develops a PPS plan to achieve PCMH 2014 Level 3 Requirements and timeline and share best practices across the PPS.										
Task Project Director/support staff, performs a current state assessment of PCMH 2014 Level 3 requirements across participating ambulatory providers (PCPs).										
Task Project Director, in conjunction with workgroup and individual ambulatory providers, develops a roadmap for each identified provider to achieve PCMH 2014 Level 3 recognition.										
Task Identify PCMH technical assistance resources for providers, including vendor and PMO resources.										
Task Develop approach to monitor progress and obtain necessary documentation towards PCMH recognition.										
Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
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 In conjunction with Project Workgroup, Project Director Identifies evidence based practice guidelines and best practices for collaborative care.										
Task Project Director/support staff collects and assesses existing protocols and guidelines for collaborative care including medication management and care engagement.										
Task In conjunction with Project implementation Workgroup, Project Director and support staff develops PPS processes and workflows and operational protocols to implement and document collaborative care based on models in use and best practices.										
Task Convene Clinical Committee to review and approve clinical guidelines/protocols for collaborative care, including policy & procedures for updates to the guidelines.										
Task PPS gains agreement/sign off from participating providers on clinical guidelines.										
Task Identify training/implementation needs with providers.										
Task Develop training plan/implementation plan in conjunction with the Workforce Committee and training vendor.										
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.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 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.	16	84	84	84	84	84	84	84	84	84
Task Project Director/project support identify screening tool/best practices for medical/preventative care screenings in behavioral health sites (including existing screening tools in use in PPS providers) that will address special needs of behavioral health population and medical needs and review with Clinical Committee										
Task Clinical Committee approves and formalizes guidelines for medical / preventative care (including behavioral health and substance abuse) screenings or services.										
Task Project Director disseminates guidelines for adoption by providers.										
Task Outline workflow steps for screening including role/responsibility to screen; frequency; documentation; and transfer to behavioral health provider.										
Task Conduct assessment of workflow, documentation requirements, and training needs.										
Task Develop training plan/implementation plan in conjunction with the Workforce Committee and training vendor.										
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 Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities										

Staten Island Performing Provider System, LLC (PPS ID:43)

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 clinical integration assessment, assess participating partners' ability to track patients engaged in this project and integrate medical and behavioral health records including identifying providers with/without EHR. For those providers without EHR, provider implementation plan/timelines for implementation are developed.										
Task Develop approach to monitor progress and obtain necessary documentation towards integration with the RHIO and integration of medical and behavioral health records.										
Task Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network.										
Task Sr. Director of Enterprise Data & Analytics import Medicaid claims and member attribution data collected from NYS DOH.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population, creating a longitudinal patient record.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for provider integration with RHIO and ensure SHIN-NY requirements are met.										
Task Project Director reviews claims data to identify patients in the project.										
Task Project Director creates baseline and track improvement for defined metrics to monitor targeted patients.										
Task For those providers without EHR, the Project Director will develop interim reporting and tracking strategy to enable tracking										

Staten Island Performing Provider System, LLC (PPS ID:43)

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
of patients.										
Task Providers are integrated with the RHIO, have integrated medical and behavioral records and are able to track patients engaged in Project 3.a.i.										
Milestone #9 Implement IMPACT Model at Primary Care Sites.										
Task PPS has implemented IMPACT Model at Primary Care Sites.	0	0	0	0	0	0	0	0	0	0
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.										
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.										
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.										
Task All IMPACT participants in PPS have a designated Psychiatrist.										
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										

Staten Island Performing Provider System, LLC (PPS ID:43)

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
questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
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.										
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.										

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.	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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 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	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #11	Pass & Ongoing	
Milestone #12	Pass & Ongoing	
Milestone #13	Pass & Ongoing	
Milestone #14	Pass & Ongoing	
Milestone #15	Pass & Ongoing	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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

Instructions :

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Project 3.a.iv – Development of Withdrawal Management (e.g., ambulatory detoxification, ancillary withdrawal services) capabilities and appropriate enhanced abstinence services within community-based addiction treatment programs

IPQR Module 3.a.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.

The SI PPS views the following as major risks for implementation this project:

1. Throughout the DSRIP planning phase, SI PPS substance abuse providers expressed concerns around the ability to recruit practitioners with the skill set required to implement this project successfully. Specifically, those providers believe it will be difficult to recruit a project medical director (board certified in addiction medicine) and additional staff needed to expand ambulatory detox/withdrawal management. To mitigate this risk, the SI PPS has allowed time for recruitment in project implementation timelines and is supporting recruitment efforts through resources and funds flow. The PPS project funds flow estimates include the allocation of additional funds to substance abuse providers to support recruitment efforts as well as support additional salaries for new positions. The SI PPS will also provide workforce/HR staff to assist PPS partners in recruitment efforts. Further, the SI PPS is considering developing partnerships with local colleges to develop training programs to support current and future staffing/certification needs for Project 3.a.iv.

2. Currently, Medicaid Managed Care Organizations (MCOs) have put limitations on reimbursement which impact substance abuse providers' ability to obtain authorization for Suboxone and other medications to treat patients in ambulatory detox. To mitigate this risk the SI PPS will involve MCOs in the development of best practices and care standards around ambulatory detox procedures to ensure care practices and protocols are in line with reimbursement agreements and to promote project care goals. Additionally, the Finance Committee, Finance Director and value based payment workgroup will work with the project implementation team to develop strategies for an MCO approach related to ambulatory detox.

3. Project requirements set the expectation that SI PPS providers have EHR systems in place that are connected to the RHIO (Healthix) to allow for sharing of health information amongst providers. The SI PPS has identified this as a project implementation risk as many of the PPS providers do not have EHR which limits their ability to fully integrate into the RHIO and track patients. To mitigate this risk, the SI PPS has made implementing EHR systems a priority among all project requirements. As part of the Capital Restructuring Finance Program (CRFP) the SI PPS has requested funds to assist providers without EHR to fully implement these systems. Further, the SI PPS PMO's Senior Director of Enterprise Data & Analytics will work with providers who identify EHR implementation as a risk to help facilitate the implementation process.

4. The SI PPS has identified that there is limited ambulatory detox capacity on Staten Island which requires significant expansion to support the goals of this project. Anticipating this need, the SI PPS has included capital projects in the CRFP to support expansion of ambulatory detox capacity. However, if the CRFP does not provide funding to support all of these projects (across multiple substance abuse providers), this may limit the SI PPS's ability to meet project deadlines and serve patients engaged through this project. To mitigate this risk, the SI PPS has included multiple capital projects and will allow flexibility in its implementation plan based on providers that are able to expand capacity through capital financing and other means within project timeframes. Some providers may not be able to expand until later DSRIP years and the PPS has

included this risk in project planning strategies. Additionally, as required, the SI PPS will include funding through its funds flow model to support the expansion of ambulatory detox capacity including necessary facility renovations.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

IPQR Module 3.a.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	700

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
72	148	105.71%	-8	21.14%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
dk12345	Contracts and Agreements	43_PMDL4015_1_3_20160203110526_3aiv_YMCA_AE_31.pdf	YMCA's Attestation for Project 3aiv.	02/03/2016 11:05 AM
dk12345	Contracts and Agreements	43_PMDL4015_1_3_20160203110433_3aiv_Richmond_University_Medical_Center_AE_9.pdf	Richmond University Medical Center's Attestation for Project 3aiv.	02/03/2016 11:05 AM
dk12345	Contracts and Agreements	43_PMDL4015_1_3_20160203110341_3aiv_Project_Hospitality_AE_50.pdf	Project Hospitality's Attestation for Project 3aiv.	02/03/2016 11:04 AM
dk12345	Contracts and Agreements	43_PMDL4015_1_3_20160203110221_3aiv_Community_Health_Action_of_Staten_Island_AE_30.pdf	Community Health Action of Staten Island's Attestation for Project 3aiv.	02/03/2016 11:02 AM
dk12345	Contracts and Agreements	43_PMDL4015_1_3_20160203110023_3aiv_Camelot_of_Staten_Island_AE_3.pdf	Camelot of Staten Island's Attestation for Project 3aiv.	02/03/2016 11:00 AM
dk12345	Contracts and Agreements	43_PMDL4015_1_3_20160203105827_3aiv_Bridge_Back_to_Life_AE_25.pdf	Bridge Back to Life's Attestation for Project 3aiv.	02/03/2016 10:59 AM

Narrative Text :

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

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

IPQR Module 3.a.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 community-based addiction treatment programs that include outpatient SUD sites with PCP integrated teams, and stabilization services including social services.	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has developed community-based addiction treatment programs that include outpatient SUD sites, PCP integrated teams, and stabilization services.	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Recruit/hire project management office staff including Director of Behavioral Health/Substance Abuse Initiatives and support staff.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including substance abuse providers.	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Select project lead(s)/champion(s).	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Identify PPS providers participating in project including SUD providers committed to developing/expanding community based addiction treatment programs.	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval.	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Develop funds flow model for Project 3.a.iv including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or underreimbursed.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Finalize and execute provider specific master services agreements and funds flow for participating PPS providers.	Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task PMO project director/staff completes assessment of existing SUD providers and practice models across PPS including: staff knowledge and skill in ambulatory detox, capital needs, staffing requirements, capacity, current reimbursement and reimbursement challenges; current documentation processes; existing referral relationships and protocols, existing care management, among others.	Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone #2 Establish referral relationships between community treatment programs and inpatient detoxification services with development of referral protocols.	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	Provider	Hospital	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	Provider	Mental Health	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has established relationships between inpatient	Provider	Substance Abuse	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

Staten Island Performing Provider System, LLC (PPS ID:43)

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
detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.									
Task Regularly scheduled formal meetings are held to develop collaborative care practices among community treatment programs as well as between community treatment programs and inpatient detoxification facilities.	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Coordinated evidence-based care protocols are in place for community withdrawal management services. Protocols include referral procedures.	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Project Director/PMO staff collects/reviews existing guidelines and best practice models for community based withdrawal management referral protocols.	Project		Completed	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director/PMO staff convenes Project Implementation Workgroup to review and discuss referral protocols and implementation.	Project		Completed	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Clinical guidelines, including referral protocols are documented for final review by the PPS Clinical Committee.	Project		In Progress	09/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Project Director/PMO convenes PPS Clinical Committee to review and approve referral protocols.	Project		Not Started	09/01/2015	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task PPS gains agreement/sign off from participating providers on clinical guidelines.	Project		Not Started	09/01/2015	03/31/2016	03/01/2016	03/31/2016	03/31/2016	DY1 Q4
Milestone #3 Include a project medical director, board certified in addiction medicine, with training and privileges for use of buprenorphine and buprenorphine/naltrexone as well as familiarity with other withdrawal management agents.	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 designated at least one qualified and certified physician with training and privileges for use of buprenorphine/Naltrexone and other withdrawal agents.	Project		In Progress	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Executive Director, in coordination with PPS Clinical Committee identifies project medical director candidates for Project 3.a.i.v. with necessary requirements (from within the network and/or outside candidates).									
Task PPS recruits candidates as needed.	Project		In Progress	08/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Clinical Committee approves position.	Project		Not Started	10/01/2015	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Identify and link to providers approved for outpatient medication management of opioid addiction who agree to provide continued maintenance therapy and collaborate with the treatment program and care manager. These may include practices with collocated behavioral health services, opioid treatment programs or outpatient SUD clinics.	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	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 PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	Provider	Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	Provider	Hospital	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	Provider	Mental Health	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has established relationships between inpatient detoxification services and community treatment programs that	Provider	Substance Abuse	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

Staten Island Performing Provider System, LLC (PPS ID:43)

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
have the capacity to provide withdrawal management services to target patients.									
Task Project Director identifies providers approved for outpatient medication management as part of current state assessment including existing linkages between inpatient detox and community based treatment (Project Requirement 1, Substep l) .	Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director and support staff, as part of development of clinical protocols and referral guidelines, establishes relationships between inpatient detox and outpatient treatment programs.	Project		In Progress	08/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Inpatient detoxification and community based provider relationships are documented within clinical protocols and training.	Project		In Progress	09/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Milestone #5 Develop community-based withdrawal management (ambulatory detoxification) protocols based upon evidence based best practices and staff training.	Project	N/A	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 for community withdrawal management services.	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 community-based withdrawal management protocols and care coordination procedures.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project Director/PMO staff collects/reviews existing guidelines and best practice models for community based withdrawal management protocols based upon evidence based best practices.	Project		In Progress	08/01/2015	12/31/2015	08/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task Project Director/PMO staff convenes Project Implementation Workgroup to review and discuss clinical guidelines including services and implementation.	Project		Not Started	08/01/2015	12/31/2015	02/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Clinical guidelines are documented for final review by the PPS Clinical Committee, including policies & procedures regarding frequency of updates to guidelines/protocols.	Project		Not Started	09/01/2015	03/31/2016	03/01/2016	03/31/2016	03/31/2016	DY1 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Project Director/PMO convenes PPS Clinical Committee to review and approve clinical guidelines and policy & procedures for any future updates.	Project		Not Started	09/01/2015	03/31/2016	03/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task PPS gains agreement/sign off from participating providers on clinical guidelines.	Project		Not Started	09/01/2015	03/31/2016	03/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Based on guidelines and protocols developed by the PPS assess training requirements by provider.	Project		Completed	04/01/2016	06/30/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task In conjunction with Workforce Committee, Project Implementation Workgroup and provider resources/partnerships develop training strategy for participating providers (primary care, substance abuse, etc.) including identifying: who will complete training; how training will be documented; frequency of training; staff to be trained; approach to assessing impact of training.	Project		Completed	04/01/2016	06/30/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task As needed, develop contracts for the implementation of training across providers and the purchase of any training resources.	Project		Completed	04/01/2016	09/30/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop written training program related to ambulatory detox protocols and care management services within SUD treatment programs.	Project		Not Started	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Implement training program across PPS.	Project		Not Started	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Implement approach for incorporating and approving updates to evidence-based protocols as needed.	Project		Not Started	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Implement approach for ongoing training as needed.	Project		Not Started	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Develop care management services within the SUD treatment program.	Project	N/A	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 are in place for care management services within SUD treatment program.	Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task	Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
Staff are trained to provide care management services within SUD treatment program.									
Task Project Director/PMO staff convenes Project Implementation Workgroup to review and discuss clinical guidelines including services and implementation.	Project		In Progress	08/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Project Director/PMO convenes PPS Clinical Committee to review and approve evidence-based guidelines/protocols for care management services including policy & procedures for frequency of updates to protocols.	Project		Not Started	09/01/2015	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task PPS gains agreement/sign off from participating providers on clinical guidelines.	Project		Not Started	09/01/2015	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Based on guidelines and protocols developed by the PPS, assess training requirements by provider.	Project		Completed	04/01/2016	06/30/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task In conjunction with Workforce Committee, Project Implementation Workgroup and provider resources/partnerships develop training strategy for participating providers (primary care, substance abuse, etc.) including identifying: who will complete training; how training will be documented; frequency of training; staff to be trained; approach to assessing impact of training.	Project		Completed	04/01/2016	06/30/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop written training program related to ambulatory detox protocols and care management services within SUD treatment programs.	Project		Not Started	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Implement training program across PPS.	Project		Not Started	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Implement approach for incorporating and approving updates to evidence-based protocols as needed.	Project		Not Started	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Implement approach for ongoing training as needed.	Project		Not Started	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Convene discussions with health homes to review care management processes and avoid duplication of efforts.	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	03/31/2016	03/31/2016	DY1 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Project Director/PMO staff collects/reviews existing guidelines and best practice models for care management services within SUD programs	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #7 Form agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	Project	N/A	In Progress	01/01/2016	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has engaged MCO to develop protocols for coordination of services under this project.	Project		In Progress	01/01/2016	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Based on findings from current state assessment (identify reimbursement challenges related to community based addiction programs.	Project		In Progress	01/01/2016	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Convene Project Implementation Workgroup to review findings regarding coverage for the service array under this project.	Project		Not Started	02/01/2016	06/30/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task In conjunction with Finance Committee, Director of Finance, and Value Based Payment Workgroup, Project Director/support staff convene meeting with Medicaid Managed Care to address coverage issues (in this and other projects); ongoing meeting schedule is established.	Project		Not Started	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Identify potential areas where MCO's may address coverage issues to support the implementation of withdrawal management services.	Project		Not Started	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Enter into agreement with one or more MCOs that address identified coverage issues.	Project		Not Started	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	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		Completed	07/01/2015	03/31/2017	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director in conjunction with PPS IT/Data Analytics	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
Director and as a component of the current state assessment of IT capabilities across the PPS and clinical integration assessment, assesses participating partners ability to track patients engaged in this project and generate reports including identifying participating providers with/without EHR. For those providers without EHR, PPS will document provider implementation plan (s)/timelines for implementation.									
Task Based on findings, develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use Stage 2 CMS requirements and Certification or EHR Proof of Certification, and integration with the RHIO .	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. This step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network.	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task For those providers without EHR, the PMO will develop interim reporting and tracking strategy to enable tracking of patients.	Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Sr. Director of Enterprise Data & Analytics in conjunction with IT Vendor, SpectraMedix, import Medicaid claims and member attribution data collected from NYS DOH .	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population.	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting.	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Project Director and Sr. Director of Enterprise Data & Analytics	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
develop an implementation timing approach for provider integration with RHIO and ensure SHIN-NY requirements are met.									
Task Create baseline and track improvement for defined metrics to monitor patients engaged in this project.	Project		In Progress	07/01/2015	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 community-based addiction treatment programs that include outpatient SUD sites with PCP integrated teams, and stabilization services including social services.										
Task PPS has developed community-based addiction treatment programs that include outpatient SUD sites, PCP integrated teams, and stabilization services.										
Task Recruit/hire project management office staff including Director of Behavioral Health/Substance Abuse Initiatives and support staff.										
Task Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including substance abuse providers.										
Task Select project lead(s)/champion(s).										
Task Identify PPS providers participating in project including SUD providers committed to developing/expanding community based addiction treatment programs.										
Task Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval.										
Task Develop funds flow model for Project 3.a.iv including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or underreimbursed.										
Task										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses.										
Task Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions.										
Task Finalize and execute provider specific master services agreements and funds flow for participating PPS providers.										
Task Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings.										
Task PMO project director/staff completes assessment of existing SUD providers and practice models across PPS including: staff knowledge and skill in ambulatory detox, capital needs, staffing requirements, capacity, current reimbursement and reimbursement challenges; current documentation processes; existing referral relationships and protocols, existing care management, among others.										
Milestone #2 Establish referral relationships between community treatment programs and inpatient detoxification services with development of referral protocols.										
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	0	0	0	0	0	0	0	2	2	2
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	0	0	0	18	18	18	18	36	36	36
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	0	0	0	3	3	3	3	7	7	7
Task Regularly scheduled formal meetings are held to develop collaborative care practices among community treatment programs as well as between community treatment programs										

Staten Island Performing Provider System, LLC (PPS ID:43)

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
and inpatient detoxification facilities.										
Task Coordinated evidence-based care protocols are in place for community withdrawal management services. Protocols include referral procedures.										
Task Project Director/PMO staff collects/reviews existing guidelines and best practice models for community based withdrawal management referral protocols.										
Task Project Director/PMO staff convenes Project Implementation Workgroup to review and discuss referral protocols and implementation.										
Task Clinical guidelines, including referral protocols are documented for final review by the PPS Clinical Committee.										
Task Project Director/PMO convenes PPS Clinical Committee to review and approve referral protocols.										
Task PPS gains agreement/sign off from participating providers on clinical guidelines.										
Milestone #3 Include a project medical director, board certified in addiction medicine, with training and privileges for use of buprenorphine and buprenorphine/naltrexone as well as familiarity with other withdrawal management agents.										
Task PPS has designated at least one qualified and certified physician with training and privileges for use of buprenorphine/Naltrexone and other withdrawal agents.										
Task PPS Executive Director, in coordination with PPS Clinical Committee identifies project medical director candidates for Project 3.a.i.v. with necessary requirements (from within the network and/or outside candidates).										
Task PPS recruits candidates as needed.										
Task PPS Clinical Committee approves position.										
Milestone #4 Identify and link to providers approved for outpatient medication management of opioid addiction who agree to provide continued maintenance therapy and collaborate with the treatment program										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
and care manager. These may include practices with collocated behavioral health services, opioid treatment programs or outpatient SUD clinics.										
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	0	0	0	0	0	0	0	84	84	84
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	0	0	0	0	0	0	0	294	294	294
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	0	0	0	0	0	0	0	2	2	2
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	0	0	0	18	18	18	18	36	36	36
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	0	0	0	3	3	3	3	7	7	7
Task Project Director identifies providers approved for outpatient medication management as part of current state assessment including existing linkages between inpatient detox and community based treatment (Project Requirement 1, Substep l) .										
Task Project Director and support staff, as part of development of clinical protocols and referral guidelines, establishes relationships between inpatient detox and outpatient treatment programs.										
Task Inpatient detoxification and community based provider relationships are documented within clinical protocols and training.										
Milestone #5 Develop community-based withdrawal management (ambulatory detoxification) protocols based upon evidence based best										

Staten Island Performing Provider System, LLC (PPS ID:43)

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
practices and staff training.										
Task Coordinated evidence-based care protocols are in place for community withdrawal management services.										
Task Staff are trained on community-based withdrawal management protocols and care coordination procedures.										
Task Project Director/PMO staff collects/reviews existing guidelines and best practice models for community based withdrawal management protocols based upon evidence based best practices.										
Task Project Director/PMO staff convenes Project Implementation Workgroup to review and discuss clinical guidelines including services and implementation.										
Task Clinical guidelines are documented for final review by the PPS Clinical Committee, including policies & procedures regarding frequency of updates to guidelines/protocols.										
Task Project Director/PMO convenes PPS Clinical Committee to review and approve clinical guidelines and policy & procedures for any future updates.										
Task PPS gains agreement/sign off from participating providers on clinical guidelines.										
Task Based on guidelines and protocols developed by the PPS assess training requirements by provider.										
Task In conjunction with Workforce Committee, Project Implementation Workgroup and provider resources/partnerships develop training strategy for participating providers (primary care, substance abuse, etc.) including identifying: who will complete training; how training will be documented; frequency of training; staff to be trained; approach to assessing impact of training.										
Task As needed, develop contracts for the implementation of training across providers and the purchase of any training resources.										
Task Develop written training program related to ambulatory detox protocols and care management services within SUD treatment programs.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Implement training program across PPS.										
Task Implement approach for incorporating and approving updates to evidence-based protocols as needed.										
Task Implement approach for ongoing training as needed.										
Milestone #6 Develop care management services within the SUD treatment program.										
Task Coordinated evidence-based care protocols are in place for care management services within SUD treatment program.										
Task Staff are trained to provide care management services within SUD treatment program.										
Task Project Director/PMO staff convenes Project Implementation Workgroup to review and discuss clinical guidelines including services and implementation.										
Task Project Director/PMO convenes PPS Clinical Committee to review and approve evidence-based guidelines/protocols for care management services including policy & procedures for frequency of updates to protocols.										
Task PPS gains agreement/sign off from participating providers on clinical guidelines.										
Task Based on guidelines and protocols developed by the PPS, assess training requirements by provider.										
Task In conjunction with Workforce Committee, Project Implementation Workgroup and provider resources/partnerships develop training strategy for participating providers (primary care, substance abuse, etc.) including identifying: who will complete training; how training will be documented; frequency of training; staff to be trained; approach to assessing impact of training.										
Task Develop written training program related to ambulatory detox protocols and care management services within SUD treatment programs.										
Task Implement training program across PPS.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Implement approach for incorporating and approving updates to evidence-based protocols as needed.										
Task Implement approach for ongoing training as needed.										
Task Convene discussions with health homes to review care management processes and avoid duplication of efforts.										
Task Project Director/PMO staff collects/reviews existing guidelines and best practice models for care management services within SUD programs										
Milestone #7 Form 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 to develop protocols for coordination of services under this project.										
Task Based on findings from current state assessment (identify reimbursement challenges related to community based addiction programs.										
Task Convene Project Implementation Workgroup to review findings regarding coverage for the service array under this project.										
Task In conjunction with Finance Committee, Director of Finance, and Value Based Payment Workgroup, Project Director/support staff convene meeting with Medicaid Managed Care to address coverage issues (in this and other projects); ongoing meeting schedule is established.										
Task Identify potential areas where MCO's may address coverage issues to support the implementation of withdrawal management services.										
Task Enter into agreement with one or more MCOs that address identified coverage issues.										
Milestone #8 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.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Director in conjunction with PPS IT/Data Analytics Director and as a component of the current state assessment of IT capabilities across the PPS and clinical integration assessment, assesses participating partners ability to track patients engaged in this project and generate reports including identifying participating providers with/without EHR. For those providers without EHR, PPS will document provider implementation plan (s)/timelines for implementation.										
Task Based on findings, develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use Stage 2 CMS requirements and Certification or EHR Proof of Certification, and integration with the RHIO .										
Task Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. This step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network.										
Task For those providers without EHR, the PMO will develop interim reporting and tracking strategy to enable tracking of patients.										
Task Sr. Director of Enterprise Data & Analytics in conjunction with IT Vendor, SpectraMedix, import Medicaid claims and member attribution data collected from NYS DOH .										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for provider integration with RHIO and ensure SHIN-NY requirements are met.										
Task Create baseline and track improvement for defined metrics to										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
monitor patients engaged in this project.										

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 community-based addiction treatment programs that include outpatient SUD sites with PCP integrated teams, and stabilization services including social services.										
Task PPS has developed community-based addiction treatment programs that include outpatient SUD sites, PCP integrated teams, and stabilization services.										
Task Recruit/hire project management office staff including Director of Behavioral Health/Substance Abuse Initiatives and support staff.										
Task Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including substance abuse providers.										
Task Select project lead(s)/champion(s).										
Task Identify PPS providers participating in project including SUD providers committed to developing/expanding community based addiction treatment programs.										
Task Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval.										
Task Develop funds flow model for Project 3.a.iv including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or underreimbursed.										
Task Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses.										
Task Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Finalize and execute provider specific master services agreements and funds flow for participating PPS providers.										
Task Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings.										
Task PMO project director/staff completes assessment of existing SUD providers and practice models across PPS including: staff knowledge and skill in ambulatory detox, capital needs, staffing requirements, capacity, current reimbursement and reimbursement challenges; current documentation processes; existing referral relationships and protocols, existing care management, among others.										
Milestone #2 Establish referral relationships between community treatment programs and inpatient detoxification services with development of referral protocols.										
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	2	4	4	4	4	4	4	4	4	4
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	36	54	54	54	54	54	54	54	54	54
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	7	11	11	11	11	11	11	11	11	11
Task Regularly scheduled formal meetings are held to develop collaborative care practices among community treatment programs as well as between community treatment programs and inpatient detoxification facilities.										
Task Coordinated evidence-based care protocols are in place for community withdrawal management services. Protocols include referral procedures.										
Task Project Director/PMO staff collects/reviews existing guidelines										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 best practice models for community based withdrawal management referral protocols.										
Task Project Director/PMO staff convenes Project Implementation Workgroup to review and discuss referral protocols and implementation.										
Task Clinical guidelines, including referral protocols are documented for final review by the PPS Clinical Committee.										
Task Project Director/PMO convenes PPS Clinical Committee to review and approve referral protocols.										
Task PPS gains agreement/sign off from participating providers on clinical guidelines.										
Milestone #3 Include a project medical director, board certified in addiction medicine, with training and privileges for use of buprenorphine and buprenorphine/naltrexone as well as familiarity with other withdrawal management agents.										
Task PPS has designated at least one qualified and certified physician with training and privileges for use of buprenorphine/Naltrexone and other withdrawal agents.										
Task PPS Executive Director, in coordination with PPS Clinical Committee identifies project medical director candidates for Project 3.a.i.v. with necessary requirements (from within the network and/or outside candidates).										
Task PPS recruits candidates as needed.										
Task PPS Clinical Committee approves position.										
Milestone #4 Identify and link to providers approved for outpatient medication management of opioid addiction who agree to provide continued maintenance therapy and collaborate with the treatment program and care manager. These may include practices with collocated behavioral health services, opioid treatment programs or outpatient SUD clinics.										
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	84	84	84	84	84	84	84	84	84	84

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	294	294	294	294	294	294	294	294	294	294
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	2	4	4	4	4	4	4	4	4	4
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	36	54	54	54	54	54	54	54	54	54
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	7	11	11	11	11	11	11	11	11	11
Task Project Director identifies providers approved for outpatient medication management as part of current state assessment including existing linkages between inpatient detox and community based treatment (Project Requirement 1, Substep l) .										
Task Project Director and support staff, as part of development of clinical protocols and referral guidelines, establishes relationships between inpatient detox and outpatient treatment programs.										
Task Inpatient detoxification and community based provider relationships are documented within clinical protocols and training.										
Milestone #5 Develop community-based withdrawal management (ambulatory detoxification) protocols based upon evidence based best practices and staff training.										
Task Coordinated evidence-based care protocols are in place for community withdrawal management services.										
Task Staff are trained on community-based withdrawal management protocols and care coordination procedures.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Director/PMO staff collects/reviews existing guidelines and best practice models for community based withdrawal management protocols based upon evidence based best practices.										
Task Project Director/PMO staff convenes Project Implementation Workgroup to review and discuss clinical guidelines including services and implementation.										
Task Clinical guidelines are documented for final review by the PPS Clinical Committee, including policies & procedures regarding frequency of updates to guidelines/protocols.										
Task Project Director/PMO convenes PPS Clinical Committee to review and approve clinical guidelines and policy & procedures for any future updates.										
Task PPS gains agreement/sign off from participating providers on clinical guidelines.										
Task Based on guidelines and protocols developed by the PPS assess training requirements by provider.										
Task In conjunction with Workforce Committee, Project Implementation Workgroup and provider resources/partnerships develop training strategy for participating providers (primary care, substance abuse, etc.) including identifying: who will complete training; how training will be documented; frequency of training; staff to be trained; approach to assessing impact of training.										
Task As needed, develop contracts for the implementation of training across providers and the purchase of any training resources.										
Task Develop written training program related to ambulatory detox protocols and care management services within SUD treatment programs.										
Task Implement training program across PPS.										
Task Implement approach for incorporating and approving updates to evidence-based protocols as needed.										
Task Implement approach for ongoing training as needed.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 #6 Develop care management services within the SUD treatment program.										
Task Coordinated evidence-based care protocols are in place for care management services within SUD treatment program.										
Task Staff are trained to provide care management services within SUD treatment program.										
Task Project Director/PMO staff convenes Project Implementation Workgroup to review and discuss clinical guidelines including services and implementation.										
Task Project Director/PMO convenes PPS Clinical Committee to review and approve evidence-based guidelines/protocols for care management services including policy & procedures for frequency of updates to protocols.										
Task PPS gains agreement/sign off from participating providers on clinical guidelines.										
Task Based on guidelines and protocols developed by the PPS, assess training requirements by provider.										
Task In conjunction with Workforce Committee, Project Implementation Workgroup and provider resources/partnerships develop training strategy for participating providers (primary care, substance abuse, etc.) including identifying: who will complete training; how training will be documented; frequency of training; staff to be trained; approach to assessing impact of training.										
Task Develop written training program related to ambulatory detox protocols and care management services within SUD treatment programs.										
Task Implement training program across PPS.										
Task Implement approach for incorporating and approving updates to evidence-based protocols as needed.										
Task Implement approach for ongoing training as needed.										
Task Convene discussions with health homes to review care management processes and avoid duplication of efforts.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Director/PMO staff collects/reviews existing guidelines and best practice models for care management services within SUD programs										
Milestone #7 Form 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 to develop protocols for coordination of services under this project.										
Task Based on findings from current state assessment (identify reimbursement challenges related to community based addiction programs.										
Task Convene Project Implementation Workgroup to review findings regarding coverage for the service array under this project.										
Task In conjunction with Finance Committee, Director of Finance, and Value Based Payment Workgroup, Project Director/support staff convene meeting with Medicaid Managed Care to address coverage issues (in this and other projects); ongoing meeting schedule is established.										
Task Identify potential areas where MCO's may address coverage issues to support the implementation of withdrawal management services.										
Task Enter into agreement with one or more MCOs that address identified coverage issues.										
Milestone #8 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 Project Director in conjunction with PPS IT/Data Analytics Director and as a component of the current state assessment of IT capabilities across the PPS and clinical integration assessment, assesses participating partners ability to track patients engaged in this project and generate reports including identifying participating providers with/without EHR. For those providers without EHR, PPS will document provider										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
implementation plan (s)/timelines for implementation.										
Task Based on findings, develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use Stage 2 CMS requirements and Certification or EHR Proof of Certification, and integration with the RHIO .										
Task Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. This step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network.										
Task For those providers without EHR, the PMO will develop interim reporting and tracking strategy to enable tracking of patients.										
Task Sr. Director of Enterprise Data & Analytics in conjunction with IT Vendor, SpectraMedix, import Medicaid claims and member attribution data collected from NYS DOH .										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for provider integration with RHIO and ensure SHIN-NY requirements are met.										
Task Create baseline and track improvement for defined metrics to monitor patients engaged in this project.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 community-based addiction treatment programs that include outpatient SUD sites with PCP integrated teams, and stabilization services including social services.	
Establish referral relationships between community treatment programs and inpatient detoxification services with development of referral protocols.	
Include a project medical director, board certified in addiction medicine, with training and privileges for use of buprenorphine and buprenorphine/naltrexone as well as familiarity with other withdrawal management agents.	
Identify and link to providers approved for outpatient medication management of opioid addiction who agree to provide continued maintenance therapy and collaborate with the treatment program and care manager. These may include practices with collocated behavioral health services, opioid treatment programs or outpatient SUD clinics.	
Develop community-based withdrawal management (ambulatory detoxification) protocols based upon evidence based best practices and staff training.	
Develop care management services within the SUD treatment program.	
Form agreements with the Medicaid Managed Care organizations 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.	

Milestone Review Status

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

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
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	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

IPQR Module 3.a.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

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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

Instructions :

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Project 3.c.i – Evidence-based strategies for disease management in high risk/affected populations (adults only)

IPQR Module 3.c.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.

The SI PPS views the following as major risks for implementation:

1. The ability to engage 80 percent of PCPs in disease management evidence-based practices is viewed as a risk for meeting project requirements because it will require significant practitioner engagement and adoption of established protocols. Further, project success is dependent on further practitioner engagement in care coordination teams. To ensure practitioner engagement in disease management practices, the SI PPS will include representatives from practitioner groups in the development of the strategy to ensure buy in. To further mitigate this risk, the SI PPS will also develop a comprehensive practitioner engagement strategy to support project implementation (see practitioner engagement workstream). The SI PPS is also in the process of drafting operating agreements for all involved PPS partners to clearly define providers' roles, performance/reporting requirements, and the funds flow process to incentivize providers to meet project requirements.

2. Project requirements related to EHR use including actively tracking engaged patients, connecting to the RHIO (Healthix,) and meeting meaningful use Stage 2 CMS requirements are viewed as risks to achieving full project implementation within the established timelines. Full project implementation will require PPS providers to have a fully implemented EHR system in place to effectively track patients, report when patients are due for preventative services, and measure program effectiveness through project milestone reporting. During the planning phase of the DSRIP program, the SI PPS performed a high-level IT assessment to understand current IT capabilities of its PPS providers. The assessment indicated that a subset of PPS providers do not have EHR. This serves as a project implementation risk because it may take significant time for PPS providers without EHR to implement the systems and begin to actively track patients. To mitigate this risk and achieve full project implementation, the SI PPS has made implementing EHR systems a priority among project requirements. As such, the SI PPS will develop an IT integration strategic plan, which includes interim steps for PPS providers without EHR systems, to integrate them with the RHIO. As part of the Capital Restructuring Finance Program budget, the SI PPS has requested funds to assist providers without EHR to fully implement these systems. Through its Data/IT Committee, the SI PPS is working with providers to further facilitate the implementation process.

3. The project requirement for all participating PCPs to meet NCQA 2014 Level 3 PCMH standards by DY3 is identified as a risk to achieving project implementation. Although many PCPs have met old NCQA PCMH standards, some still lack EHR or are early in the medical home transformation process. To mitigate this risk, the SI PPS is developing PCMH implementation plans and will provide PCPs with centralized resources, training, and technical assistance. The SI PPS will also track progress and contract with vendors for support, as needed.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

IPQR Module 3.c.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**
DY3,Q4	10,000

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
832	1,828	121.87%	-328	18.28%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
dk12345	Rosters	43_PMDL4415_1_3_20160128113259_SIPPS_3ci_Patient_Registry_MAPP_DY1Q3_01312016.xlsx	SI PPS Patient Registry for Project 3ci.	01/28/2016 11:33 AM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

IPQR Module 3.c.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 Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Evidence-based strategies for the management and control of diabetes in the PPS designated area are developed and implemented for all participating providers. Protocols for disease management are developed and training of staff is completed.	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Recruit/hire project management office staff including Director of Ambulatory Initiatives and support staff.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including primary care providers.	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Select project lead(s)/champion(s).	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Identify PPS providers participating in project.	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval.	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Develop funds flow model for Project 3.c.i including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or under reimbursed.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Finalize and execute provider specific master services agreements and funds flow for participating PPS providers.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify best practice strategies/ protocols for the management of diabetes.	Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Formalize PPS guidelines for the management of diabetes.	Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify best practice processes and workflows for diabetes management.	Project		In Progress	06/01/2015	12/31/2015	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Formalize processes and workflows for diabetes management.	Project		In Progress	06/01/2015	12/31/2015	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop training materials for diabetes management guidelines.	Project		Not Started	10/01/2015	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Implement training program.	Project		Not Started	05/01/2016	09/30/2016	05/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #2 Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.	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 engaged at least 80% of their PCPs in this activity.	Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Conduct an assessment of providers to identify expectations, appropriate level of engagement, preferred communication, training etc.	Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 provider dashboards aligned with guidelines and benchmarks for diabetes management.	Project		Not Started	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Create and implement practitioner communication and engagement plan that includes distribution of dashboards around diabetes management including expectations, tracking and reporting guidelines.	Project		Not Started	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop training on diabetes evidence based guidelines and best practices	Project		Not Started	10/01/2015	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop methodology to evaluate effectiveness of training	Project		Not Started	10/01/2015	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Implement training program for PCPs in the PPS	Project		Not Started	05/02/2016	09/30/2016	05/02/2016	09/30/2016	09/30/2016	DY2 Q2
Task Based on training evaluation, identify opportunities for improving training program and PCP engagement	Project		Not Started	08/01/2016	12/31/2016	08/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #3 Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care coordination processes are established and implemented.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task As component of IT/Clinical Integration assessment, Senior Director of Data and Analytics in conjunction with Project Director, assesses implementation of clinically interoperable systems for participating providers.	Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task	Project		Not Started	10/30/2015	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 plan for implementation of clinically interoperable system where gaps exist.									
Task Project Director/support staff assesses current resources for care coordination teams and gaps.	Project		In Progress	09/01/2015	12/31/2015	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop strategic plan for filling gaps in care coordination teams.	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task In conjunction with Project Implementation Team and Clinical Committee, develop care coordination processes and workflows including developing responsible resources.	Project		Not Started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task In conjunction with Director of Workforce/HR and Workforce Committee, develop training program for care coordination, including health literacy, self-efficacy, and self-management.	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Implement training program.	Project		Not Started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #4 Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task If applicable, PPS has Implemented collection of valid and reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task If applicable, PPS has established linkages to health homes for targeted patient populations.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop process and workflows for using CNA and other assessment data to prioritize "hotspot" geographic areas for chronic disease programs.	Project		Not Started	11/02/2015	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Execute agreement with Health Home for care coordination of at-risk populations to complement its current services for eligible	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

Staten Island Performing Provider System, LLC (PPS ID:43)

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
patients.									
Task Identify best practices for clinical and community programs that support patient self-management of diabetes.	Project		In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Formalize processes and workflows for referring patients to self-management programs.	Project		Not Started	10/01/2015	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Develop agreements with self-management programs to enhance referrals to services and expand services.	Project		Not Started	10/01/2015	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Develop training program to expand self-management programs for diabetes.	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Implement training program to expand self-management programs.	Project		Not Started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop process and workflows for using community focus groups to identify alternative "hotspot" areas for outreach.	Project		Not Started	10/01/2015	12/31/2015	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Milestone #5 Ensure coordination with the Medicaid Managed Care organizations serving the target population.	Project	N/A	Not Started	10/01/2015	03/31/2018	02/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.	Project		Not Started	10/01/2015	03/31/2018	02/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Project Director in conjunction with Finance Director, assess current MCO services offered to high risk populations.	Project		Not Started	10/01/2015	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Identify gaps in MCO services/coverage.	Project		Not Started	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Develop agreements with MCOs to ensure coordination of service to high risk populations.	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone #6 Use EHRs or other technical platforms to track all patients engaged in this project.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task	Project		Completed	04/01/2015	03/31/2017	04/01/2015	12/31/2015	12/31/2015	DY1 Q3

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 identifies targeted patients and is able to track actively engaged patients for project milestone reporting.									
Task PPS uses a recall system that allows staff to report which patients are overdue for which preventive services and to track when and how patients were notified of needed services.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' ability to track patients engaged in this project and perform and track recall activities including identifying providers with/without EHR. For those providers without EHR and/or recall systems, provider implementation plan/timelines for implementation are developed.	Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use State 2 CMS requirements and Certification or EHR Proof of Certification, and integration with the RHIO.	Project		In Progress	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network.	Project		In Progress	01/01/2016	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Sr. Director of Enterprise Data & Analytics import Medicaid claims and member attribution data collected from NYS DOH.	Project		In Progress	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population, creating a longitudinal patient record.	Project		In Progress	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Project Director and Sr. Director of Enterprise Data & Analytics	Project		In Progress	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting.									
Task Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for provider integration with RHIO and ensure SHIN-NY requirements are met.	Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director reviews claims data to identify patients who have or are at risk for diabetes.	Project		Not Started	12/01/2015	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Project Director creates baseline and track improvement for defined metrics to monitor targeted patients.	Project		Not Started	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Sr. Director of Enterprise Data & Analytics coordinates with RHIO to flag these patients within systems for tracking.	Project		Not Started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task For those providers without EHR, the Project Director will develop interim reporting and tracking strategy to enable tracking of patients.	Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone #7 Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers.	Project	N/A	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	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	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 EHR meets connectivity to RHIO/SHIN-NY requirements.	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 connectivity to RHIO/SHIN-NY requirements.	Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 EHR meets connectivity to RHIO/SHIN-NY requirements.	Provider	Safety Net Mental Health	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Project Director assembles an Ambulatory Care Workgroup to address PCMH implementation.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop Ambulatory care workgroup meeting schedule for ongoing meetings and convene workgroup meetings.	Project		Completed	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project Director, in conjunction with the Workgroup, develops a PPS plan to achieve PCMH 2014 Level 3 Requirements and timeline and share best practices across the PPS.	Project		Completed	10/01/2015	03/31/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director/support staff, performs a current state assessment of PCMH 2014 Level 3 requirements across participating ambulatory providers (PCPs).	Project		Completed	06/01/2015	06/30/2016	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director, in conjunction with workgroup and individual ambulatory providers, develops a roadmap for each identified provider to achieve PCMH 2014 Level 3 recognition.	Project		Completed	10/01/2015	03/31/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify PCMH technical assistance resources for providers, including vendor and PMO resources.	Project		Completed	10/01/2016	03/31/2017	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop approach to monitor progress and obtain necessary documentation towards PCMH recognition.	Project		Completed	10/01/2015	03/31/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Establish a Data/IT Committee to develop a plan for meeting MU Stage 2 EP and RHIO connectivity.	Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' Meaningful Use certification and ability to connect to the RHIO including identifying providers with/without EHR. For those providers without EHR, provider implementation plan/timelines for implementation are developed.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop approach to monitor progress and obtain necessary	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
documentation towards transition to EHR, MU certification and integration with the RHIO.									
Task Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for provider integration with RHIO and ensure SHIN-NY requirements are met and EMR upgrade to meet MU Stage 2 requirements	Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task For those providers without EHR, the Project Director will develop interim strategy to enable sharing of information with the RHIO.	Project		In Progress	01/01/2016	03/31/2016	12/01/2015	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 Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.										
Task Evidence-based strategies for the management and control of diabetes in the PPS designated area are developed and implemented for all participating providers. Protocols for disease management are developed and training of staff is completed.										
Task Recruit/hire project management office staff including Director of Ambulatory Initiatives and support staff.										
Task Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including primary care providers.										
Task Select project lead(s)/champion(s).										
Task Identify PPS providers participating in project.										
Task Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval.										
Task Develop funds flow model for Project 3.c.i including funds for										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or under reimbursed.										
Task Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses.										
Task Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions.										
Task Finalize and execute provider specific master services agreements and funds flow for participating PPS providers.										
Task Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings.										
Task Identify best practice strategies/ protocols for the management of diabetes.										
Task Formalize PPS guidelines for the management of diabetes.										
Task Identify best practice processes and workflows for diabetes management.										
Task Formalize processes and workflows for diabetes management.										
Task Develop training materials for diabetes management guidelines.										
Task Implement training program.										
Milestone #2 Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.										
Task PPS has engaged at least 80% of their PCPs in this activity.	0	0	0	0	0	0	0	0	0	6
Task Conduct an assessment of providers to identify expectations, appropriate level of engagement, preferred communication, training etc.										
Task Develop provider dashboards aligned with guidelines and										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
benchmarks for diabetes management.										
Task Create and implement practitioner communication and engagement plan that includes distribution of dashboards around diabetes management including expectations, tracking and reporting guidelines.										
Task Develop training on diabetes evidence based guidelines and best practices										
Task Develop methodology to evaluate effectiveness of training										
Task Implement training program for PCPs in the PPS										
Task Based on training evaluation, identify opportunities for improving training program and PCP engagement										
Milestone #3 Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management.										
Task Clinically Interoperable System is in place for all participating providers.										
Task Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.										
Task Care coordination processes are established and implemented.										
Task As component of IT/Clinical Integration assessment, Senior Director of Data and Analytics in conjunction with Project Director, assesses implementation of clinically interoperable systems for participating providers.										
Task Identify plan for implementation of clinically interoperable system where gaps exist.										
Task Project Director/support staff assesses current resources for care coordination teams and gaps.										
Task Develop strategic plan for filling gaps in care coordination teams.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 In conjunction with Project Implementation Team and Clinical Committee, develop care coordination processes and workflows including developing responsible resources.										
Task In conjunction with Director of Workforce/HR and Workforce Committee, develop training program for care coordination, including health literacy, self-efficacy, and self-management.										
Task Implement training program.										
Milestone #4 Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods.										
Task If applicable, PPS has Implemented collection of valid and reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities.										
Task If applicable, PPS has established linkages to health homes for targeted patient populations.										
Task If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.										
Task Develop process and workflows for using CNA and other assessment data to prioritize "hotspot" geographic areas for chronic disease programs.										
Task Execute agreement with Health Home for care coordination of at-risk populations to complement its current services for eligible patients.										
Task Identify best practices for clinical and community programs that support patient self-management of diabetes.										
Task Formalize processes and workflows for referring patients to self-management programs.										
Task Develop agreements with self-management programs to enhance referrals to services and expand services.										
Task Develop training program to expand self-management programs for diabetes.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Implement training program to expand self-management programs.										
Task Develop process and workflows for using community focus groups to identify alternative "hotspot" areas for outreach.										
Milestone #5 Ensure coordination with the Medicaid Managed Care organizations serving the target population.										
Task PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.										
Task Project Director in conjunction with Finance Director, assess current MCO services offered to high risk populations.										
Task Identify gaps in MCO services/coverage.										
Task Develop agreements with MCOs to ensure coordination of service to high risk populations.										
Milestone #6 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 PPS uses a recall system that allows staff to report which patients are overdue for which preventive services and to track when and how patients were notified of needed services.										
Task Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' ability to track patients engaged in this project and perform and track recall activities including identifying providers with/without EHR. For those providers without EHR and/or recall systems, provider implementation plan/timelines for implementation are developed.										
Task Develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use State 2 CMS requirements and Certification or EHR Proof of										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
Certification, and integration with the RHIO.										
Task Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network.										
Task Sr. Director of Enterprise Data & Analytics import Medicaid claims and member attribution data collected from NYS DOH.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population, creating a longitudinal patient record.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for provider integration with RHIO and ensure SHIN-NY requirements are met.										
Task Project Director reviews claims data to identify patients who have or are at risk for diabetes.										
Task Project Director creates baseline and track improvement for defined metrics to monitor targeted patients.										
Task Sr. Director of Enterprise Data & Analytics coordinates with RHIO to flag these patients within systems for tracking.										
Task For those providers without EHR, the Project Director will develop interim reporting and tracking strategy to enable tracking of patients.										
Milestone #7 Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 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	6
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	6
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	0	0	0	98	98	98	98	196	196	196
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	0	0	0	18	18	18	18	36	36	36
Task Project Director assembles an Ambulatory Care Workgroup to address PCMH implementation.										
Task Develop Ambulatory care workgroup meeting schedule for ongoing meetings and convene workgroup meetings.										
Task Project Director, in conjunction with the Workgroup, develops a PPS plan to achieve PCMH 2014 Level 3 Requirements and timeline and share best practices across the PPS.										
Task Project Director/support staff, performs a current state assessment of PCMH 2014 Level 3 requirements across participating ambulatory providers (PCPs).										
Task Project Director, in conjunction with workgroup and individual ambulatory providers, develops a roadmap for each identified provider to achieve PCMH 2014 Level 3 recognition.										
Task Identify PCMH technical assistance resources for providers, including vendor and PMO resources.										
Task Develop approach to monitor progress and obtain necessary documentation towards PCMH recognition.										
Task Establish a Data/IT Committee to develop a plan for meeting MU Stage 2 EP and RHIO connectivity.										
Task Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating										

Staten Island Performing Provider System, LLC (PPS ID:43)

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
partners' Meaningful Use certification and ability to connect to the RHIO including identifying providers with/without EHR. For those providers without EHR, provider implementation plan/timelines for implementation are developed.										
Task Develop approach to monitor progress and obtain necessary documentation towards transition to EHR, MU certification and integration with the RHIO.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for provider integration with RHIO and ensure SHIN-NY requirements are met and EMR upgrade to meet MU Stage 2 requirements										
Task For those providers without EHR, the Project Director will develop interim strategy to enable sharing of information with the RHIO.										

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 evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.										
Task Evidence-based strategies for the management and control of diabetes in the PPS designated area are developed and implemented for all participating providers. Protocols for disease management are developed and training of staff is completed.										
Task Recruit/hire project management office staff including Director of Ambulatory Initiatives and support staff.										
Task Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including primary care providers.										
Task Select project lead(s)/champion(s).										
Task Identify PPS providers participating in project.										
Task Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for										

Staten Island Performing Provider System, LLC (PPS ID:43)

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
feedback and approval.										
Task Develop funds flow model for Project 3.c.i including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or under reimbursed.										
Task Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses.										
Task Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions.										
Task Finalize and execute provider specific master services agreements and funds flow for participating PPS providers.										
Task Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings.										
Task Identify best practice strategies/ protocols for the management of diabetes.										
Task Formalize PPS guidelines for the management of diabetes.										
Task Identify best practice processes and workflows for diabetes management.										
Task Formalize processes and workflows for diabetes management.										
Task Develop training materials for diabetes management guidelines.										
Task Implement training program.										
Milestone #2 Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.										
Task PPS has engaged at least 80% of their PCPs in this activity.	16	84	84	84	84	84	84	84	84	84
Task Conduct an assessment of providers to identify expectations, appropriate level of engagement, preferred communication,										

Staten Island Performing Provider System, LLC (PPS ID:43)

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
training etc.										
Task Develop provider dashboards aligned with guidelines and benchmarks for diabetes management.										
Task Create and implement practitioner communication and engagement plan that includes distribution of dashboards around diabetes management including expectations, tracking and reporting guidelines.										
Task Develop training on diabetes evidence based guidelines and best practices										
Task Develop methodology to evaluate effectiveness of training										
Task Implement training program for PCPs in the PPS										
Task Based on training evaluation, identify opportunities for improving training program and PCP engagement										
Milestone #3 Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management.										
Task Clinically Interoperable System is in place for all participating providers.										
Task Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.										
Task Care coordination processes are established and implemented.										
Task As component of IT/Clinical Integration assessment, Senior Director of Data and Analytics in conjunction with Project Director, assesses implementation of clinically interoperable systems for participating providers.										
Task Identify plan for implementation of clinically interoperable system where gaps exist.										
Task Project Director/support staff assesses current resources for care										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
coordination teams and gaps.										
Task Develop strategic plan for filling gaps in care coordination teams.										
Task In conjunction with Project Implementation Team and Clinical Committee, develop care coordination processes and workflows including developing responsible resources.										
Task In conjunction with Director of Workforce/HR and Workforce Committee, develop training program for care coordination, including health literacy, self-efficacy, and self-management.										
Task Implement training program.										
Milestone #4 Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods.										
Task If applicable, PPS has Implemented collection of valid and reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities.										
Task If applicable, PPS has established linkages to health homes for targeted patient populations.										
Task If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.										
Task Develop process and workflows for using CNA and other assessment data to prioritize "hotspot" geographic areas for chronic disease programs.										
Task Execute agreement with Health Home for care coordination of at-risk populations to complement its current services for eligible patients.										
Task Identify best practices for clinical and community programs that support patient self-management of diabetes.										
Task Formalize processes and workflows for referring patients to self-management programs.										
Task Develop agreements with self-management programs to										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
enhance referrals to services and expand services.										
Task Develop training program to expand self-management programs for diabetes.										
Task Implement training program to expand self-management programs.										
Task Develop process and workflows for using community focus groups to identify alternative "hotspot" areas for outreach.										
Milestone #5 Ensure coordination with the Medicaid Managed Care organizations serving the target population.										
Task PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.										
Task Project Director in conjunction with Finance Director, assess current MCO services offered to high risk populations.										
Task Identify gaps in MCO services/coverage.										
Task Develop agreements with MCOs to ensure coordination of service to high risk populations.										
Milestone #6 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 PPS uses a recall system that allows staff to report which patients are overdue for which preventive services and to track when and how patients were notified of needed services.										
Task Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' ability to track patients engaged in this project and perform and track recall activities including identifying providers with/without EHR. For those providers without EHR and/or recall systems, provider implementation plan/timelines for										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
implementation are developed.										
Task Develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use State 2 CMS requirements and Certification or EHR Proof of Certification, and integration with the RHIO.										
Task Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network.										
Task Sr. Director of Enterprise Data & Analytics import Medicaid claims and member attribution data collected from NYS DOH.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population, creating a longitudinal patient record.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for provider integration with RHIO and ensure SHIN-NY requirements are met.										
Task Project Director reviews claims data to identify patients who have or are at risk for diabetes.										
Task Project Director creates baseline and track improvement for defined metrics to monitor targeted patients.										
Task Sr. Director of Enterprise Data & Analytics coordinates with RHIO to flag these patients within systems for tracking.										
Task For those providers without EHR, the Project Director will develop interim reporting and tracking strategy to enable tracking										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
of patients.										
Milestone #7 Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers.										
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.	16	84	84	84	84	84	84	84	84	84
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	16	84	84	84	84	84	84	84	84	84
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	196	294	294	294	294	294	294	294	294	294
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	36	54	54	54	54	54	54	54	54	54
Task Project Director assembles an Ambulatory Care Workgroup to address PCMH implementation.										
Task Develop Ambulatory care workgroup meeting schedule for ongoing meetings and convene workgroup meetings.										
Task Project Director, in conjunction with the Workgroup, develops a PPS plan to achieve PCMH 2014 Level 3 Requirements and timeline and share best practices across the PPS.										
Task Project Director/support staff, performs a current state assessment of PCMH 2014 Level 3 requirements across participating ambulatory providers (PCPs).										
Task Project Director, in conjunction with workgroup and individual ambulatory providers, develops a roadmap for each identified provider to achieve PCMH 2014 Level 3 recognition.										
Task Identify PCMH technical assistance resources for providers, including vendor and PMO resources.										
Task Develop approach to monitor progress and obtain necessary documentation towards PCMH recognition.										
Task Establish a Data/IT Committee to develop a plan for meeting MU										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
Stage 2 EP and RHIO connectivity.										
Task Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' Meaningful Use certification and ability to connect to the RHIO including identifying providers with/without EHR. For those providers without EHR, provider implementation plan/timelines for implementation are developed.										
Task Develop approach to monitor progress and obtain necessary documentation towards transition to EHR, MU certification and integration with the RHIO.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for provider integration with RHIO and ensure SHIN-NY requirements are met and EMR upgrade to meet MU Stage 2 requirements										
Task For those providers without EHR, the Project Director will develop interim strategy to enable sharing of information with the RHIO.										

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 evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.	
Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.	
Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management.	
Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods.	
Ensure coordination with the Medicaid Managed Care organizations serving the target population.	
Use EHRs or other technical platforms to track all patients engaged in this project.	
Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers.	

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	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

IPQR Module 3.c.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

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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

Instructions :

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Project 3.g.ii – Integration of palliative care into nursing homes

IPQR Module 3.g.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.

The SI PPS views the following as major risks for implementation:

1. This project requires the adoption of standardized service definitions and eligibility for palliative care across all participating skilled nursing facilities (SNFs). The SI PPS views varying definitions of palliative care services as a project risk. To mitigate this risk, the project implementation team will establish well-defined clinical guidelines by coordinating clinical teams and engaging with Managed Care Organizations (MCOs) around palliative care protocols and reimbursement. Further, the SI PPS will establish centralized training teams through the Workforce Committee and workforce implementation team to develop and implement a training plan to ensure clear and accepted palliative care use across the SI PPS.

2. The SI PPS has identified concern around recruitment of skilled palliative care practitioners to implement this project successfully. To mitigate this risk, the SI PPS has allowed time for recruitment in implementation timelines and is supporting recruitment efforts through resources and funds flow. The SI PPS will provide Workforce/HR staff to assist PPS partners in recruitment efforts and is considering partnering with local colleges to develop training programs to support current and future staffing/certification needs.

3. SI PPS providers have identified concerns around payment for services under MCOs. Currently there are limitations for billing of palliative care/hospice services provided by SNFs. To mitigate this risk, the SI PPS, through project implementation teams and the Finance Director/Finance Committee, will work with MCOs to develop a short/long term approach around palliative care reimbursement including pilot studies for reimbursement models. The PPS has also included funding for costs of services not covered.

4. During project implementation meetings, SNF providers discussed project deliverables around the use of DOH-5003 MOLST forms as a risk and expressed concern about the necessity/impact of using the MOLST form as opposed to other evidence-based practices. To mitigate this risk the SI PPS will utilize the Clinical Committee and project implementation team to better define practices and guidelines in line with project goals around the MOLST form.

5. Project requirements set the expectation that SI PPS providers have EHR systems in place that meet Meaningful Use requirements, are connected to the RHIO (Healthix), and are sharing health information across providers. This is a project risk as a number of SNFs do not have EHR or are just now starting the implementation process. To mitigate this risk, the SI PPS PMO's Senior Director of Enterprise Data & Analytics will perform a more in-depth IT infrastructure assessment and identify gaps to inform the IT Committee's strategic plan to integrate PPS providers into a shared IT infrastructure. Further, as part of the Capital Restructuring Finance Program, the SI PPS has requested funds to assist providers in implementing EHR.

6. The SI PPS views developing DSRIP reporting processes for PPS providers without EHR and then reworking these processes once EHR is

implemented, as potentially creating a significant burden on providers as well as impacting reporting timelines. To support PPS providers with and without EHR, the SI PPS is dedicating staff from the PMO to track projects and provide required reporting documentation and implementing a Project Management Software, Performance Logic, accessible to PPS providers to support management and reporting. Further, the SI PPS plans to support PPS provider participation through incentive payments to assist in alleviating administrative burdens associated with DSRIP reporting.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

IPQR Module 3.g.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**
DY2,Q4	300

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
230	287	239.17%	-167	95.67%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
dk12345	Rosters	43_PMDL5215_1_3_20160128113953_SIPPS_3gii_Patient_Registry_MAPP_DY1 Q3_01312016.xlsx	SI PPS Patient Registry for Project 3gii.	01/28/2016 11:40 AM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

IPQR Module 3.g.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 Integrate Palliative Care into practice model of participating Nursing Homes.	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 integrated palliative care into Nursing Homes in alignment with 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 PPS has integrated palliative care into Nursing Homes in alignment with project requirements.	Provider	Hospice	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Recruit/hire project management office staff including support staff for Long Term Care Inititiatives.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including Skilled Nursing Facilities (SNFs) and Hospice providers.	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Select project lead(s)/champion(s).	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Identify PPS providers participating in project.	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval.	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Develop funds flow model for Project 3.g.ii including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or underreimbursed.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions (agreements will include SNFs commitment to integrate Palliative Care into practice model and the completion of and reporting on applicable project requirements).	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Finalize and execute provider specific master services agreements and funds flow for participating PPS providers.	Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Milestone #2 Contract or develop partnerships with community and provider resources, including Hospice, to bring the palliative care supports and services into the nursing home.	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task The PPS has developed partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the nursing home.	Project		Completed	04/01/2015	03/31/2017	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PMO project director/staff completes assessment of current state of palliative care in practice models at participating SNF partners including: staff knowledge and skill in palliative care; financial disincentives; current documentation processes; reimbursement challenges; and existing palliative care models (e.g. facility based palliative care, external palliative care; palliative care through hospice providers; not yet implemented) and training needs.	Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify existing resources to support the expansion of palliative care including hospice providers on Staten Island (University Hospice and Visiting Nurse Services of New York), clinicians	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 palliative care specialists, and other resources.									
Task Hold meetings with community and provider resources to develop scope of support and budgets for agreements with PPS/SNFs.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop proposed model to bring palliative care support to nursing homes and present to Project Implementation Workgroup and SNF medical directors (as needed).	Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Revise scope as needed and finalize agreements/partnerships between the PPS and community and provider resources including hospice providers.	Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone #3 Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.	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 developed/adopted clinical guidelines agreed to by all partners including services and eligibility, that include implementation, where appropriate, of the DOH-5003 Medical Orders for Life Sustaining Treatment (MOLST) form.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project Director/PMO staff request existing palliative care guidelines for PPS providers (in conjunction with current state assessment of participating SNF partners (Project Requirement 2, Substep b.).	Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director/PMO staff reviews existing guidelines and best practice models for the delivery of palliative care into SNFs.	Project		Completed	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Director/PMO staff convenes Project Implementation Workgroup to review and discuss standardized clinical guidelines including services and implementation (including, where appropriate, the DOH-5003 Medical Orders for Life Sustaining Treatment (MOLST) form).	Project		Completed	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Clinical guidelines are documented for final review by the PPS Clinical Committee.	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Director/PMO convenes PPS Clinical Committee to review and approve clinical guidelines.									
Task PPS gains agreement/sign off from participating providers on clinical guidelines.	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #4 Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.	Project	N/A	In Progress	04/01/2016	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Staff has received appropriate palliative care skills training, including training on PPS care protocols.	Project		In Progress	04/01/2016	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Based on palliative care guidelines and protocols developed by the PPS assess training requirements by provider.	Project		Completed	04/01/2016	06/30/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task In conjunction with Workforce Committee, Project Implementation Workgroup and provider resources/partnerships including hospice develop Palliative Care training strategy including identifying: who will complete training; how training will be documented; frequency of training; staff to be trained; approach to assessing impact of training.	Project		Completed	04/01/2016	06/30/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task As needed, develop contracts for the implementation of training across SNFs and the purchase of any training resources.	Project		Completed	04/01/2016	09/30/2016	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop written training program related to palliative care skills.	Project		In Progress	04/01/2016	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Implement palliative care training program across PPS.	Project		Not Started	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Implement approach for ongoing training as needed.	Project		Not Started	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Engage with Medicaid Managed Care to address coverage of services.	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 established agreements with MCOs that address the coverage of palliative care supports and services.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Based on findings from current state assessment (Project	Project		Not Started	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 2, Substep b) identify reimbursement challenges related to implementing palliative care into SNFs.									
Task Convene Project Implementation Workgroup to review findings regarding coverage of palliative care supports and services.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task In conjunction with Finance Committee, Director of Finance, and Value Based Payment Workgroup, Project Director/support staff convene meeting with Medicaid Managed Care to address coverage issues (in this and other projects); ongoing meeting schedule is established.	Project		Not Started	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Identify potential areas where MCO's may address coverage issues to support the implementation of palliative care services.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Enter into agreement with one or more MCOs that address identified coverage issues.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Use EHRs or other IT 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 Project Director and Sr. Director of Enterprise Data & Analytics as a component of the current state assessment of IT capabilities across the PPS and clinical integration assessment, assesses participating partners ability to track patients engaged in this project and generate reports including identifying SNFs with/without EHR. For those SNFs without EHR, PPS will document provider implementation plan (s)/timelines for implementation.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Based on findings, develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use State 2 CMS requirements and Certification or EHR Proof of Certification, and integration with the RHIO.	Project		In Progress	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Project Director, Sr. Director of Enterprise Data & Analytics and	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network.									
Task For those SNFs without EHR,the PMO will develop interim reporting and tracking strategy to enable tracking of patients.	Project		Completed	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Sr. Director of Enterprise Data & Analytics in conjunction with IT Vendor, Spectramedix, import Medicaid claims and member attribution data collected from NYS DOH.	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population.	Project		Not Started	10/01/2015	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting.	Project		Not Started	10/01/2015	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for SNF integration with RHIO and ensure SHIN-NY requirements are met.	Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Create baseline and track improvement for defined metrics to monitor patients engaged in this project.	Project		Not Started	07/01/2015	03/31/2016	01/01/2016	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 Integrate Palliative Care into practice model of participating Nursing Homes.										
Task PPS has integrated palliative care into Nursing Homes in alignment with project requirements.	0	0	0	2	2	2	2	10	10	10

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 PPS has integrated palliative care into Nursing Homes in alignment with project requirements.	0	0	0	1	1	1	1	2	2	2
Task Recruit/hire project management office staff including support staff for Long Term Care Inititiatives.										
Task Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including Skilled Nursing Facilities (SNFs) and Hospice providers.										
Task Select project lead(s)/champion(s).										
Task Identify PPS providers participating in project.										
Task Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval.										
Task Develop funds flow model for Project 3.g.ii including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or underreimbursed.										
Task Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses.										
Task Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions (agreements will include SNFs commitment to integrate Palliative Care into practice model and the completion of and reporting on applicable project requirements).										
Task Finalize and execute provider specific master services agreements and funds flow for participating PPS providers.										
Task Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings.										
Milestone #2 Contract or develop partnerships with community and provider resources, including Hospice, to bring the palliative care supports										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
and services into the nursing home.										
Task The PPS has developed partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the nursing home.										
Task PMO project director/staff completes assessment of current state of palliative care in practice models at participating SNF partners including: staff knowledge and skill in palliative care; financial disincentives; current documentation processes; reimbursement challenges; and existing palliative care models (e.g. facility based palliative care, external palliative care; palliative care through hospice providers; not yet implemented) and training needs.										
Task Identify existing resources to support the expansion of palliative care including hospice providers on Staten Island (University Hospice and Visiting Nurse Services of New York), clinicians including palliative care specialists, and other resources.										
Task Hold meetings with community and provider resources to develop scope of support and budgets for agreements with PPS/SNFs.										
Task Develop proposed model to bring palliative care support to nursing homes and present to Project Implementation Workgroup and SNF medical directors (as needed).										
Task Revise scope as needed and finalize agreements/partnerships between the PPS and community and provider resources including hospice providers.										
Milestone #3 Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.										
Task PPS has developed/adopted clinical guidelines agreed to by all partners including services and eligibility, that include implementation, where appropriate, of the DOH-5003 Medical Orders for Life Sustaining Treatment (MOLST) form.										
Task Project Director/PMO staff request existing palliative care guidelines for PPS providers (in conjunction with current state assessment of participating SNF partners (Project Requirement 2, Substep b.).										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Director/PMO staff reviews existing guidelines and best practice models for the delivery of palliative care into SNFs.										
Task Project Director/PMO staff convenes Project Implementation Workgroup to review and discuss standardized clinical guidelines including services and implementation (including, where appropriate, the DOH-5003 Medical Orders for Life Sustaining Treatment (MOLST) form).										
Task Clinical guidelines are documented for final review by the PPS Clinical Committee.										
Task Project Director/PMO convenes PPS Clinical Committee to review and approve clinical guidelines.										
Task PPS gains agreement/sign off from participating providers on clinical guidelines.										
Milestone #4 Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.										
Task Staff has received appropriate palliative care skills training, including training on PPS care protocols.										
Task Based on palliative care guidelines and protocols developed by the PPS assess training requirements by provider.										
Task In conjunction with Workforce Committee, Project Implementation Workgroup and provider resources/partnerships including hospice develop Palliative Care training strategy including identifying: who will complete training; how training will be documented; frequency of training; staff to be trained; approach to assessing impact of training.										
Task As needed, develop contracts for the implementation of training across SNFs and the purchase of any training resources.										
Task Develop written training program related to palliative care skills.										
Task Implement palliative care training program across PPS.										
Task Implement approach for ongoing training as needed.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Engage with Medicaid Managed Care to address coverage of services.										
Task PPS has established agreements with MCOs that address the coverage of palliative care supports and services.										
Task Based on findings from current state assessment (Project Requirement 2, Substep b) identify reimbursement challenges related to implementing palliative care into SNFs.										
Task Convene Project Implementation Workgroup to review findings regarding coverage of palliative care supports and services.										
Task In conjunction with Finance Committee, Director of Finance, and Value Based Payment Workgroup, Project Director/support staff convene meeting with Medicaid Managed Care to address coverage issues (in this and other projects); ongoing meeting schedule is established.										
Task Identify potential areas where MCO's may address coverage issues to support the implementation of palliative care services.										
Task Enter into agreement with one or more MCOs that address identified coverage issues.										
Milestone #6 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 Project Director and Sr. Director of Enterprise Data & Analytics as a component of the current state assessment of IT capabilities across the PPS and clinical integration assessment, assesses participating partners ability to track patients engaged in this project and generate reports including identifying SNFs with/without EHR. For those SNFs without EHR, PPS will document provider implementation plan (s)/timelines for implementation.										
Task Based on findings, develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use State 2 CMS requirements and Certification or EHR Proof of Certification, and integration with the RHIO.										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network.										
Task For those SNFs without EHR,the PMO will develop interim reporting and tracking strategy to enable tracking of patients.										
Task Sr. Director of Enterprise Data & Analytics in conjunction with IT Vendor, Spectramedix, import Medicaid claims and member attribution data collected from NYS DOH.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for SNF integration with RHIO and ensure SHIN-NY requirements are met.										
Task Create baseline and track improvement for defined metrics to monitor patients engaged in this project.										

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 Integrate Palliative Care into practice model of participating Nursing Homes.										
Task PPS has integrated palliative care into Nursing Homes in alignment with project requirements.	10	10	10	10	10	10	10	10	10	10
Task PPS has integrated palliative care into Nursing Homes in alignment with project requirements.	2	2	2	2	2	2	2	2	2	2

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Recruit/hire project management office staff including support staff for Long Term Care Inititiatives.										
Task Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including Skilled Nursing Facilities (SNFs) and Hospice providers.										
Task Select project lead(s)/champion(s).										
Task Identify PPS providers participating in project.										
Task Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval.										
Task Develop funds flow model for Project 3.g.ii including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or underreimbursed.										
Task Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses.										
Task Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions (agreements will include SNFs commitment to integrate Palliative Care into practice model and the completion of and reporting on applicable project requirements).										
Task Finalize and execute provider specific master services agreements and funds flow for participating PPS providers.										
Task Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings.										
Milestone #2 Contract or develop partnerships with community and provider resources, including Hospice, to bring the palliative care supports and services into the nursing home.										
Task The PPS has developed partnerships with community and										

Staten Island Performing Provider System, LLC (PPS ID:43)

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
provider resources including Hospice to bring the palliative care supports and services into the nursing home.										
Task PMO project director/staff completes assessment of current state of palliative care in practice models at participating SNF partners including: staff knowledge and skill in palliative care; financial disincentives; current documentation processes; reimbursement challenges; and existing palliative care models (e.g. facility based palliative care, external palliative care; palliative care through hospice providers; not yet implemented) and training needs.										
Task Identify existing resources to support the expansion of palliative care including hospice providers on Staten Island (University Hospice and Visiting Nurse Services of New York), clinicians including palliative care specialists, and other resources.										
Task Hold meetings with community and provider resources to develop scope of support and budgets for agreements with PPS/SNFs.										
Task Develop proposed model to bring palliative care support to nursing homes and present to Project Implementation Workgroup and SNF medical directors (as needed).										
Task Revise scope as needed and finalize agreements/partnerships between the PPS and community and provider resources including hospice providers.										
Milestone #3 Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.										
Task PPS has developed/adopted clinical guidelines agreed to by all partners including services and eligibility, that include implementation, where appropriate, of the DOH-5003 Medical Orders for Life Sustaining Treatment (MOLST) form.										
Task Project Director/PMO staff request existing palliative care guidelines for PPS providers (in conjunction with current state assessment of participating SNF partners (Project Requirement 2, Substep b.).										
Task Project Director/PMO staff reviews existing guidelines and best practice models for the delivery of palliative care into SNFs.										
Task Project Director/PMO staff convenes Project Implementation										

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
Workgroup to review and discuss standardized clinical guidelines including services and implementation (including, where appropriate, the DOH-5003 Medical Orders for Life Sustaining Treatment (MOLST) form).										
Task Clinical guidelines are documented for final review by the PPS Clinical Committee.										
Task Project Director/PMO convenes PPS Clinical Committee to review and approve clinical guidelines.										
Task PPS gains agreement/sign off from participating providers on clinical guidelines.										
Milestone #4 Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.										
Task Staff has received appropriate palliative care skills training, including training on PPS care protocols.										
Task Based on palliative care guidelines and protocols developed by the PPS assess training requirements by provider.										
Task In conjunction with Workforce Committee, Project Implementation Workgroup and provider resources/partnerships including hospice develop Palliative Care training strategy including identifying: who will complete training; how training will be documented; frequency of training; staff to be trained; approach to assessing impact of training.										
Task As needed, develop contracts for the implementation of training across SNFs and the purchase of any training resources.										
Task Develop written training program related to palliative care skills.										
Task Implement palliative care training program across PPS.										
Task Implement approach for ongoing training as needed.										
Milestone #5 Engage with Medicaid Managed Care to address coverage of services.										
Task PPS has established agreements with MCOs that address the										

Staten Island Performing Provider System, LLC (PPS ID:43)

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
coverage of palliative care supports and services.										
Task Based on findings from current state assessment (Project Requirement 2, Substep b) identify reimbursement challenges related to implementing palliative care into SNFs.										
Task Convene Project Implementation Workgroup to review findings regarding coverage of palliative care supports and services.										
Task In conjunction with Finance Committee, Director of Finance, and Value Based Payment Workgroup, Project Director/support staff convene meeting with Medicaid Managed Care to address coverage issues (in this and other projects); ongoing meeting schedule is established.										
Task Identify potential areas where MCO's may address coverage issues to support the implementation of palliative care services.										
Task Enter into agreement with one or more MCOs that address identified coverage issues.										
Milestone #6 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 Project Director and Sr. Director of Enterprise Data & Analytics as a component of the current state assessment of IT capabilities across the PPS and clinical integration assessment, assesses participating partners ability to track patients engaged in this project and generate reports including identifying SNFs with/without EHR. For those SNFs without EHR, PPS will document provider implementation plan (s)/timelines for implementation.										
Task Based on findings, develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use State 2 CMS requirements and Certification or EHR Proof of Certification, and integration with the RHIO.										
Task Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and										

Staten Island Performing Provider System, LLC (PPS ID:43)

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
claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network.										
Task For those SNFs without EHR,the PMO will develop interim reporting and tracking strategy to enable tracking of patients.										
Task Sr. Director of Enterprise Data & Analytics in conjunction with IT Vendor, Spectramedix, import Medicaid claims and member attribution data collected from NYS DOH.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting.										
Task Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for SNF integration with RHIO and ensure SHIN-NY requirements are met.										
Task Create baseline and track improvement for defined metrics to monitor patients engaged in this project.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Contract or develop partnerships with community and provider resources, including Hospice, to bring the palliative care supports and services into the nursing home.	if12345	Documentation/Certification	43_PMDL5203_1_3_20160125155450_MAPP_3gii_Milestone_2.pdf	Agreements between the PPS and community and provider resources including Hospice	01/25/2016 03:54 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Integrate Palliative Care into practice model of participating Nursing Homes.	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Contract or develop partnerships with community and provider resources, including Hospice, to bring the palliative care supports and services into the nursing home.	
Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.	
Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.	
Engage with Medicaid Managed Care to address coverage of services.	
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 & Complete	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

IPQR Module 3.g.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

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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

Instructions :

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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.

The SI PPS views the following as major risks for implementing this project:

1. The availability of patient-level data on the Medicaid attributed population with mental, emotional, behavioral health, and substance abuse issues is a key risk for the SI PPS in successfully implementing Project 4.a.iii. To mitigate this risk and ensure project success, the SI PPS is building upon existing partnerships with the Office of Mental Health and Office of Alcoholism and Substance Abuse Services, as well as PPS providers and existing behavioral health/substance abuse coalitions including the Staten island Partnership for Community Wellness to identify project data needs and is developing infrastructure for data collection and reporting.

2. Domain 4 projects do not require the scale and speed commitments of the domain 2/3 projects. As a result, the PPS does not have similar project milestones and timelines to motivate initial project implementation success. To mitigate this risk the PPS has developed project implementation plans/timelines to track project milestones and PPS providers. Further, the SI PPS's PMO in conjunction with the Performance Monitoring Workgroup will develop performance metrics to effectively track project implementation. Further, the PPS will utilize the funds flow to incentive providers around the implementation of Domain 4 projects, as well as progress towards Domain 4 outcomes metrics.

3. The ability to recruit needed practitioners including psychiatrists, social workers, and Credentialed Alcoholism and Substance Abuse Counselors (CASAC), among others, to strengthen mental health and substance infrastructure and support collaborative care in primary care settings is a project risk. In order to strengthen the infrastructure to support this and other behavioral health/substance abuse projects as well as promote mental health and prevent substance abuse to improve the health of the population, new hires are required across providers. To mitigate this risk, the SI PPS has built in time for recruitment in the project timelines. The SI PPS is also considering developing partnerships with local colleges to develop training programs to support current and future staffing needs. The SI PPS will further support recruitment efforts on behalf of PPS partners by providing additional resources and funds for recruitment efforts through the funds flow model.

4. The SI PPS, through the Diversity and Inclusion Committee and Clinical Committee will address a project risk related to the development of a MEB health promotion programs to specifically address the specific needs/characteristics of patients with mental health and substance abuse diagnoses that may face language, cultural, financial, and education barriers and have inherent difficulties with compliance to treatment protocols and medication management. Further the PPS is in the process of recruiting a Diversity and Health Literacy professional to support this process.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 MEB promotion/disorder prevention partnership	In Progress	MEB promotion/disorder prevention partnership	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Hire project director	Completed	Recruit/hire SI PPPS behavioral health project director.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify CBOs for project lead	Completed	Identify a community based organization with experience in convening cross-sector partners, identifying evidence based approaches, and leadership in behavioral health promotion to serve as project lead (Community Based Organization, Staten Island Partnership for Community Wellness (SIPCW)).	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project lead proposal submission	Completed	Project lead (SIPCW) to submit proposal to SI PPS leadership team.	07/01/2015	07/01/2015	07/01/2015	07/01/2015	09/30/2015	DY1 Q2
Task Project lead identified	Completed	Project lead proposal approved and contract executed.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project kick off meeting	Completed	Project kick off meeting with members of substance abuse/behavioral health workgroups.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project lead staffing identified	Completed	Recruit/hire Staten Island Partnership for Community Wellness (SIPCW) staff members to support project 4.a.iii.	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS announcement released	Completed	Develop and release announcement to PPS partners on intention to develop and implement Project 4.a.iii as well as invite additional PPS partners to participate/collaborate on this project.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project implementation team identified	Completed	Identify and form an interdisciplinary project implementation team and form partnership agreements.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify MEB issues on Staten Island	Completed	Analyze the Community Needs Assessment to identify conditions contributing to MEB issues on Staten Island.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Hot spotting to identify MEB issues	Completed	Conduct hot spotting activities to target residents with MEB issues (including Medicaid and uninsured residents).	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify organizations with existing MEB services	Completed	Identify Staten Island organizations with MEB services in place.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Interview stakeholders to understand existing MEB services	In Progress	Conduct key informant interviews with identified organizations/providers and recipients of MEB services to gain a better understanding of services being provided, barriers to care, demographics being served, existing infrastructure and cultural competency of programs.	10/01/2015	12/31/2015	10/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task Identify MEB stakeholders to partner with	In Progress	Based on interview, identify and invite MEB stakeholders with the potential to impact the adoption and integration of MEB collaborative care in community.	10/01/2015	12/31/2015	10/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task Develop partnership agreements	Not Started	Develop partnership agreements with identified MEB stakeholders to inform/participate in the adoption and integration of MEB collaborative care.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Develop MEB implementation plan	Not Started	Develop a common agenda, goals, and implementation plan around MEB promotion/prevention.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Research MEB promotion/disorder prevention models	Not Started	Research evidence based MEB promotion/disorder prevention models for development of a borough wide plan.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Partner with DOHMH and City Hall to align MEB priorities	In Progress	Partner with NYC DOHMH and City Hall to align MEB infrastructure work with NYC Roadmap to Mental Health priorities.	01/01/2016	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop cultural competent MEB training materials	Not Started	Develop culturally competent training and outreach materials around MEB promotion and disorder prevention for both providers and community stakeholders.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Implement MEB promotion/disorder prevention initiatives	Not Started	Begin implementation of chosen initiatives including outreach, education and training on MEB health promotion, prevention, and treatment.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Offer MEB trainings/workshops to clinicians and community members	Not Started	Provide MEB trainings and workshops to clinicians (primary care practices, Dos, NPs) and community members (PTAs, faith-based organizations, DOE/UFT, coaches, etc.).	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Engage community members	Not Started	Engage community members and recipients of care to develop messaging campaign on the importance of MEB promotion.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop resource guide	Not Started	Develop a resource guide of existing local MEB services for community distribution (i.e., schools, elected officials).	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Launch media campaign	Not Started	Leverage partner resources to launch media campaign.	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone Expand efforts with DOH and OMH to implement 'Collaborative Care' in primary care	In Progress	Expand efforts with DOH and OMH to implement 'Collaborative Care' in primary care settings throughout NYS	09/30/2015	03/31/2017	09/30/2015	03/31/2017	03/31/2017	DY2 Q4

Staten Island Performing Provider System, LLC (PPS ID:43)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
settings throughout NYS								
Task Establish Collaborative Care Implementation Team	In Progress	Identify and invite cross sector stakeholders (e.g., Insurance, DOE, Government partners - DOH, OMH, OASAS, OPWDD, NYC DOHMH) to serve on Collaborative Care Implementation Team with the goal to address and promote MEB promotion and disorder prevention at primary care provider sites within the community and primary care linkages at MEB sites.	09/30/2015	12/31/2015	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify existing resources to expand collaborative care	In Progress	Work with Clinical Committee to identify existing resources/providers (behavioral health and substance abuse providers, primary care providers (PCP),hospitals, and community based organizations) within Staten Island to engage in this project for the expansion of collaborative care in primary care settings (including expansion of services and locations).	10/01/2015	12/31/2015	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify existing capabilities/resources/programs	In Progress	Establish workgroups and meet with identified community organizations and PPS providers to gain a better understanding of existing capabilities, programs, infrastructure, protocols and ability to implement collaborative care in primary care and behavioral health settings.	01/01/2016	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop Collaborative Care Implementation Team agreements	Not Started	Develop Collaborative Care Implementation Team agreements to facilitate partnerships with identified community organizations and providers to collaborate on MEB health promotion, disorder prevention, treatment and management strategies on Staten Island. Agreements will clarify roles and responsibilities for members.	10/01/2015	12/31/2015	02/01/2016	08/01/2016	09/30/2016	DY2 Q2
Task Convene the Collaborative Care Implementation Team	In Progress	Convene the Collaborative Care Implementation Team to develop an approach, establish workgroups, and identify strategies to support MEB collaborative care across Staten Island.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop approach to track project implementation progress	Not Started	Develop an approach to track project implementation progress including data sets and baseline data for tracking purposes and timeframes for reporting.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Leverage existing resources to implement collaborative care approach	Not Started	Leverage existing resources, relationships with government and community partners and PPS provider network to implement Collaborative Care approach.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Identify key representatives for implementing collaborative care	Not Started	Identify key representatives from partner organizations and PPS providers to support the PPS efforts in implementing a collaborative care model. Key representatives should include primary care providers, care management staff, and psychiatric consultants.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Develop agreements with community organizations	Not Started	Form agreements with the community organizations and PPS providers, as needed, that will be involved in the development, implementation and integration of the collaborative care model at their facilities/locations.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Schedule meetings with Collaborative Care Implementation Team/relevant workgroups	Not Started	Schedule monthly/periodic meetings with Collaborative Care Implementation Team and relevant workgroups to begin developing an approach for the implementation of collaborative care model.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Identify Collaborative Care best practices	Not Started	Working with Project 3.a.i leads and the Clinical Committee, research and identify best practices and approaches to develop and implement the collaborative care model in primary care and behavioral health settings.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Conduct review to ensure that existing services are being leveraged by best practices	Not Started	Review the identified collaborative care best practices and approaches to ensure that previously identified existing services are being leveraged and that existing gaps are being addressed.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop collaborative care approach/timing	Not Started	Develop an approach and timing for the implementation of collaborative care model in primary care and behavioral health settings across all providers who have agreed to be involved in this effort.	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop pilot programs and evidence-based best practice models	Not Started	Develop pilot programs and evidence-based best practices models to document and share expertise around the placement of primary care providers in behavioral health settings and behavioral health providers in primary care settings.	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Implement collaborative care model	Not Started	Implement the collaborative care model at participating primary care and behavioral health sites.	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone Provide cultural and linguistic training on MEB health promotion, prevention and treatment	In Progress	Provide cultural and linguistic training on MEB health promotion, prevention and treatment	01/01/2016	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Meet with key stakeholders to develop cultural and linguistic MEB training program	In Progress	Work with the Diversity and Inclusion Committee as well as identified PPS partners to develop approach towards the development of a cultural and linguistic training program on MEB prevention and treatment.	01/01/2016	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Assess community's MEB promotion needs	In Progress	Leverage existing resources (Community Needs Assessment and SIUH's Diversity and Inclusion program) to understand and assess community's needs with regards to MEB promotion.	01/01/2016	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Research MEB promotion evidence-based	In Progress	Research and identify evidence-based best practices on MEB promotion that address a variety of audiences and ensure that best	01/01/2016	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
best practices		practices are culturally appropriate.						
Task Review existing cultural and linguistic literature/programs at PPS partners	In Progress	Review PPS partners' existing literature and programs to identify existing resources to be leveraged as well as gaps that should be addressed in the training programs.	01/01/2016	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Apply findings to training programs	Not Started	Apply findings to create/expand training programs and/or training modules as well as literature to address language and cultural barriers with regard to mental health and substance abuse.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop training schedule and identify individuals to be trained	Not Started	Develop training schedule and identified individuals to receive training.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Provide MEB cultural and linguistic training to identified individuals	Not Started	Engage/train front line workers to deliver materials/curriculum geared towards improving outcomes with regards to MEB promotion, prevention and treatment.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone Share data and information on MEB health promotion and MEB disorder prevention and treatment	In Progress	Share data and information on MEB health promotion and MEB disorder prevention and treatment	10/01/2015	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task NYC Population Health Improvement Project Committee identifies MEB issues in community	In Progress	Collaborate with OMH, OASAS, and other government partners (NYC Population Health Improvement Project Committee) to further identify project data needs or data sources for information sharing on MEB issues within the community.	10/01/2015	12/31/2015	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify project data needs	In Progress	Identify project data needs including social and behavioral domains (education, financial resource strain, stress depression, physical activity, social isolation, partner violence, and neighborhood median-household income) among others.	01/01/2016	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop data sharing infrastructure	Not Started	Develop and implement infrastructure for the identification, collection and sharing of appropriate data.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Standardize MEB data	Not Started	Collect, standardize and assess data.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop approach/timeline for PPS partner connectivity	Not Started	Develop approach and timeline to achieve full connectivity among PPS partners involved in this project with Healthix.	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task PPS partners are fully implemented with Healthix (RHIO)	In Progress	Achieve full implementation with Healthix.	01/01/2016	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Full data/reporting capabilities achieved	In Progress	Achieve fully operable data collection and reporting capabilities.	01/01/2016	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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
MEB promotion/disorder prevention partnership	
Expand efforts with DOH and OMH to implement 'Collaborative Care' in primary care settings throughout NYS	
Provide cultural and linguistic training on MEB health promotion, prevention and treatment	
Share data and information on MEB health promotion and MEB disorder prevention and treatment	

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

IPQR Module 4.a.iii.3 - IA Monitoring

Instructions :

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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.

The SI PPS views the following as major risks for implementation:

1. The implementation of a population-focused program to achieve the overall development and expansion of quality chronic disease preventive care and management requires the adoption of a comprehensive approach and the involvement of the PPS network and other key community stakeholders. To ensure the success of this approach, and because Project 4.b.ii does not have speed and scale requirements, the SI PPS is developing operating agreements for all PPS providers to ensure that partners are engaged, understand their roles in meeting DSRIP goals, and project implementation reporting requirements. Responsibilities established in operating agreements will be tied to a funds flow and incentive model. To further facilitate coordination, the SI PPS is utilizing a centralized, collaborative structure for program design and implementation to ensure that all involved parties have an opportunity to contribute to and provide feedback on the programs that are created to achieve project goals. The SI PPS is also pursuing partnerships with key community stakeholders already involved in comparable programs to help further mutual goals.

2. There are numerous cultural, health literacy, and financial barriers that exist for all populations across Staten Island. These barriers impact patients' ability to navigate the healthcare system and connect to primary, preventive care and disease management services. To address this risk, the SI PPS will utilize the resources developed for Project 2.d.i. to engage all residents and educate them about appropriate services. Further, the Diversity and Inclusion Committee and the Director of Health Literacy and Cultural Competency will work with project implementation teams to develop strategies to target hard to reach populations that might not otherwise engage in primary and preventive care. The SI PPS will also rely on providers currently serving the needs of targeted populations to engage them in project activities.

3. In order to increase the volume of non-emergent primary care as well as prevention and management services being provided, the SI PPS will need to significantly expand primary care capacity through infrastructure development and additional staffing. To assist in this effort, the SI PPS has included capacity expansion projects as part of the Capital Restructuring Finance Program. Further, through its Workforce Committee, the SI PPS is developing a recruitment strategy to support preventive care expansion.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 Establish or enhance incentive models to increase delivery of high-quality chronic disease prevention and management services	In Progress	Establish or enhance incentive models to increase delivery of high-quality chronic disease prevention and management services	07/01/2015	12/31/2017	07/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task Hire PMO staff	Completed	Recruit/hire project management office staff.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Form a Project Implementation Workgroup	Completed	Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including primary care providers.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Select project lead	Completed	Select project lead(s)/champion(s).	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify PPS providers participating in Project 4.b.ii	Completed	Identify PPS providers participating in project.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop project responsibility matrices	Completed	Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop funds flow model for Project 4.b.ii	Completed	Develop funds flow model for Project 4.b.ii including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or under reimbursed.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Distribute operating agreements	Completed	Distribute provider specific operating agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Finalize and execute operating agreements	Completed	Finalize and execute provider specific operating agreements and funds flow for participating PPS providers.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Schedule Project Implementation Workgroup meetings	Completed	Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task	Completed	Project Implementation Workgroup identifies PPS providers and	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Identify organizations outside of PPS providing services specific to project goals		other organizations outside of the PPS currently providing chronic disease prevention and management services.						
Task Meet with identified organizations	Not Started	Project Implementation Workgroup meets with identified providers/outside organizations to document existing services, programs, resources and infrastructure that can be leverage to achieve project goals, as well as any efforts to engage the community in chronic disease prevention and management.	10/01/2015	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Document findings from meetings	Not Started	Project Implementation Workgroup documents findings from provider/outside organization interviews to develop a chronic disease prevention and management programs/strategy.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop care protocols to ensure comprehensive screenings	Not Started	Project Implementation Workgroup develops care protocols to ensure that comprehensive preventative care screenings are conducted (including cancer screenings) and an approach to increase screening rates across high risk populations; as well as programs aimed at obesity prevention and overall wellness.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task PMO provides ongoing program support to program participants	Not Started	PMO develops, as needed, incentive models around the implementation of best practice protocols aimed at disease prevention and management.	04/03/2017	12/31/2017	04/03/2017	12/31/2017	12/31/2017	DY3 Q3
Milestone Promote utilization of preventive care services	Not Started	Promote utilization of preventive care services	04/03/2017	06/30/2018	04/03/2017	06/30/2018	06/30/2018	DY4 Q1
Task Develop public announcement describing program	Not Started	Project Implementation Workgroup and PMO develop, in conjunction with the Staten Island Borough President's Office of Health and Wellness, develops community education program to increase awareness of preventive care resources in community and clinical settings.	04/03/2017	06/30/2017	04/03/2017	06/30/2017	06/30/2017	DY3 Q1
Task Participate in community outreach activities	Not Started	Identify and join existing borough workgroups including Staten Island Partnership for Community Wellness and the Borough President's Office (aimed at promoting pediatric wellness) to further promote chronic disease prevention and management program.	04/03/2017	06/30/2017	04/03/2017	06/30/2017	06/30/2017	DY3 Q1
Task Meet with additional outside organizations to participate in program	Not Started	Meet with any additional organizations that are identified through announcement/participation in workgroups or town halls, to describe program goals and identify ways in which the organization can assist in achieving or promoting program goals.	04/03/2017	09/30/2017	04/03/2017	09/30/2017	09/30/2017	DY3 Q2
Task Identify partners to participate in community education program	Not Started	Identify partners to participate in community education program on preventive care, including Borough Hall, local media, CBOs, NYC DOHMH and other community groups.	10/02/2017	12/31/2017	10/02/2017	12/31/2017	12/31/2017	DY3 Q3

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Develop provider engagement approach	Not Started	Develop provider engagement approach to implement preventive care guidelines.	10/02/2017	12/31/2017	10/02/2017	12/31/2017	12/31/2017	DY3 Q3
Task Identify partners for provider engagement	Not Started	Identify partners for provider engagement strategy, including the Staten Island Cancer Services Program, American Cancer Society, Staten Island Heart Society and other comparable organizations.	10/02/2017	12/31/2017	10/02/2017	12/31/2017	12/31/2017	DY3 Q3
Task Adopt guidelines	Not Started	In partnership with community organizations and resources, identify and adopt guidelines for preventive care services (i.e.. Immunizations, cancer screenings, nutrition, physical activity, smoking cessation).	10/02/2017	06/30/2018	10/02/2017	06/30/2018	06/30/2018	DY4 Q1
Milestone Connect patients to high quality preventive care and chronic disease management resources	Not Started	Connect patients to high quality preventive care and chronic disease management resources	10/01/2015	12/31/2018	04/01/2016	12/31/2018	12/31/2018	DY4 Q3
Task Identify preventive and chronic disease management services	Not Started	Identify clinical and community-based preventive and chronic disease management services (locations, services offered, hours of operation, capacity, cost/reimbursement).	01/01/2018	06/30/2018	01/01/2018	06/30/2018	06/30/2018	DY4 Q1
Task Assess gaps	Not Started	Assess gaps in services or program funding.	01/01/2018	06/30/2018	01/01/2018	06/30/2018	06/30/2018	DY4 Q1
Task Promote use of resources	Not Started	Partner with preventive services and chronic disease management programs to promote resources use and establish referral mechanisms.	01/01/2018	06/30/2018	01/01/2018	06/30/2018	06/30/2018	DY4 Q1
Task Develop team of community navigators	Not Started	Develop team of community navigators through existing/new programs to link residents to preventive care and chronic disease management resources.	01/01/2018	06/30/2018	01/01/2018	06/30/2018	06/30/2018	DY4 Q1
Task Expand preventive care services	Not Started	Expand upon existing mobile preventive care centers (mobile vans) and other models that deliver preventative care (wellness and health management services) in community settings.	01/01/2018	06/30/2018	01/01/2018	06/30/2018	06/30/2018	DY4 Q1
Task Pursue funding for preventative care	Not Started	Pursue opportunity to provide preventative services in community based settings including the New York City Housing Authority, faith based organizations, and community based programs.	04/02/2018	06/30/2018	04/02/2018	06/30/2018	06/30/2018	DY4 Q1
Task Identify primary care capacity issues	Not Started	Identify primary care capacity issues among PPS partners.	10/01/2015	12/31/2018	04/01/2016	12/31/2018	12/31/2018	DY4 Q3
Task Create opportunities to increase access to primary care	Not Started	Assess opportunities to increase primary care capacity for Medicaid enrollees and the uninsured through expanded hours, workforce expansion and other mechanisms.	10/01/2015	12/31/2018	04/01/2016	12/31/2018	12/31/2018	DY4 Q3
Milestone Adopt and use certified EHRs, especially	In Progress	Adopt and use certified EHRs, especially those with clinical decision	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
those with clinical decision support and registry functionality. Utilize patient portals and other HIT to remind patients of preventive and follow-up care services and community resources for self-managements. Utilize RHIO or other HIE for sharing of clinical data.		support and registry functionality. Utilize patient portals and other HIT to remind patients of preventive and follow-up care services and community resources for self-managements. Utilize RHIO or other HIE for sharing of clinical data.						
Task Assess EHR use/implementation	Completed	Assess EHR implementation/use and patient portal utilization across Staten Island.	10/01/2015	12/13/2015	10/01/2015	12/13/2015	12/31/2015	DY1 Q3
Task Assess RHIO connectivity	Completed	Assess RHIO connectivity across Staten Island.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify partners for technical assistance (EHR)	Completed	Identify partners to provide technical assistance and/or funding to increase utilization of EHR and portal.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify partners for technical assistance (RHIO)	Completed	Identify partners to provide technical assistance and/or funding to increase utilization of RHIO or other HIE.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify opportunities to support clinical decision support	Not Started	Identify opportunities for promoting the use of clinical decision support and registry functionality to identify patients at risk for developing chronic disease or underutilizing primary care.	10/01/2015	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 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
Establish or enhance incentive models to increase delivery of high-quality chronic disease prevention and management services	
Promote utilization of preventive care services	
Connect patients to high quality preventive care and chronic disease management resources	The SI PPS is unable to identify patients because we have not yet received claims data from the State. To mitigate this, we will begin to receive data from providers. This initiative will begin April 2016.

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Adopt and use certified EHRs, especially those with clinical decision support and registry functionality. Utilize patient portals and other HIT to remind patients of preventive and follow-up care services and community resources for self-managements. Utilize RHIO or other HIE for sharing of clinical data.	

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

IPQR Module 4.b.ii.3 - IA Monitoring

Instructions :

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 'Staten Island Performing Provider System, LLC ', 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:	STATEN ISLAND UNIV HOSP
Secondary Lead PPS Provider:	RICHMOND UNIVERSITY MED CTR
Lead Representative:	Joseph G Conte
Submission Date:	03/16/2016 08:02 PM

Comments:

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Status Log				
Quarterly Report (DY,Q)	**Status**	**Lead Representative Name**	**User ID**	**Date Timestamp**
DY1, Q3	Adjudicated	Joseph G Conte	sacolema	03/31/2016 05:16 PM
DY1, Q3	Submitted	Joseph G Conte	jc484356	03/16/2016 08:02 PM
DY1, Q3	Returned	Joseph G Conte	sacolema	03/01/2016 05:16 PM
DY1, Q3	Submitted	Joseph G Conte	jc484356	02/03/2016 03:10 PM
DY1, Q3	In Process		ETL	01/03/2016 08:01 PM

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Comments Log			
Status	**Comments**	**User ID**	**Date Timestamp**
Adjudicated	The IA has adjudicated the DY1, Q3 Quarterly Report.	sacolema	03/31/2016 05:16 PM
Submitted	remediation complete including security workbooks	jc484356	03/16/2016 08:02 PM
Returned	The IA is returning the DY1, Q3 Quarterly Report to the PPS for Remediation.	sacolema	03/01/2016 05:16 PM

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Project ID	Module Name	Status
2.a.iii	IPQR Module 2.a.iii.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.a.iii.2 - Patient Engagement Speed	Completed
	IPQR Module 2.a.iii.3 - Prescribed Milestones	Completed
	IPQR Module 2.a.iii.4 - PPS Defined Milestones	Completed
	IPQR Module 2.a.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.vii	IPQR Module 2.b.vii.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.b.vii.2 - Patient Engagement Speed	Completed
	IPQR Module 2.b.vii.3 - Prescribed Milestones	Completed
	IPQR Module 2.b.vii.4 - PPS Defined Milestones	Completed
	IPQR Module 2.b.vii.5 - IA Monitoring	
2.b.viii	IPQR Module 2.b.viii.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.b.viii.2 - Patient Engagement Speed	Completed
	IPQR Module 2.b.viii.3 - Prescribed Milestones	Completed
	IPQR Module 2.b.viii.4 - PPS Defined Milestones	Completed
	IPQR Module 2.b.viii.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

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Project ID	Module Name	Status
	IPQR Module 3.a.i.3 - Prescribed Milestones	Completed
	IPQR Module 3.a.i.4 - PPS Defined Milestones	Completed
	IPQR Module 3.a.i.5 - IA Monitoring	
3.a.iv	IPQR Module 3.a.iv.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 3.a.iv.2 - Patient Engagement Speed	Completed
	IPQR Module 3.a.iv.3 - Prescribed Milestones	Completed
	IPQR Module 3.a.iv.4 - PPS Defined Milestones	Completed
	IPQR Module 3.a.iv.5 - IA Monitoring	
3.c.i	IPQR Module 3.c.i.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 3.c.i.2 - Patient Engagement Speed	Completed
	IPQR Module 3.c.i.3 - Prescribed Milestones	Completed
	IPQR Module 3.c.i.4 - PPS Defined Milestones	Completed
	IPQR Module 3.c.i.5 - IA Monitoring	
3.g.ii	IPQR Module 3.g.ii.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 3.g.ii.2 - Patient Engagement Speed	Completed
	IPQR Module 3.g.ii.3 - Prescribed Milestones	Completed
	IPQR Module 3.g.ii.4 - PPS Defined Milestones	Completed
	IPQR Module 3.g.ii.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	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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 & Complete	
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 & Complete	
	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 latest	Pass & Ongoing	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Section	Module Name / Milestone #	Review Status	
	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 & Complete	
	Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	Pass & Complete	
	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 & Complete	
	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 & Complete	
	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 & Complete	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

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	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Project ID	Module Name / Milestone #	Review Status	
2.a.iii	Module 2.a.iii.2 - Patient Engagement Speed	Fail	
	Module 2.a.iii.3 - Prescribed Milestones		
	Milestone #1 Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.	Pass & Ongoing	
	Milestone #2 Ensure all primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and Advanced Primary Care accreditation by Demonstration Year (DY) 3.	Pass & Ongoing	
	Milestone #3 Ensure that all participating safety net providers are actively sharing EHR systems 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.	Pass & Ongoing	
	Milestone #4 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.	Pass & Ongoing	
	Milestone #5 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 #6 Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.	Pass & Ongoing	
	Milestone #7 Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties.	Pass & Ongoing	
	Milestone #8 Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments).	Pass & Ongoing	
	Milestone #9 Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population.	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	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Project ID	Module Name / Milestone #	Review Status	
	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.vii	Module 2.b.vii.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.b.vii.3 - Prescribed Milestones		
	Milestone #1 Implement INTERACT at each participating SNF, demonstrated by active use of the INTERACT 3.0 toolkit and other resources available at http://interact2.net.	Pass & Ongoing	
	Milestone #2 Identify a facility champion who will engage other staff and serve as a coach and leader of INTERACT program.	Pass & Ongoing	
	Milestone #3 Implement care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.	Pass & Ongoing	
	Milestone #4 Educate all staff on care pathways and INTERACT principles.	Pass & Ongoing	
	Milestone #5 Implement Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care.	Pass & Ongoing	
	Milestone #6 Create coaching program to facilitate and support implementation.	Pass & Ongoing	
	Milestone #7 Educate patient and family/caretakers, to facilitate participation in planning of care.	Pass & Ongoing	
	Milestone #8 Establish enhanced communication with acute care hospitals, preferably with EHR and HIE connectivity.	Pass & Ongoing	
	Milestone #9 Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	Pass & Ongoing	
	Milestone #10 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Ongoing	
2.b.viii	Module 2.b.viii.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.b.viii.3 - Prescribed Milestones		
	Milestone #1 Assemble Rapid Response Teams (hospital/home care) to facilitate patient discharge to home and assure needed home care services are in place, including, if appropriate, hospice.	Pass & Ongoing	
	Milestone #2 Ensure home care staff have knowledge and skills to identify and respond to patient risks for readmission, as well as to support evidence-based medicine and chronic care management.	Pass & Ongoing	
	Milestone #3 Develop care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.	Pass & Ongoing	
	Milestone #4 Educate all staff on care pathways and INTERACT-like principles.	Pass & Ongoing	
	Milestone #5 Develop Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care.	Pass & Ongoing	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Project ID	Module Name / Milestone #	Review Status	
	Milestone #6 Create coaching program to facilitate and support implementation.	Pass & Ongoing	
	Milestone #7 Educate patient and family/caretakers, to facilitate participation in planning of care.	Pass & Ongoing	
	Milestone #8 Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management.	Pass & Ongoing	
	Milestone #9 Utilize telehealth/telemedicine to enhance hospital-home care collaborations.	Pass & Ongoing	
	Milestone #10 Utilize interoperable EHR to enhance communication and avoid medication errors and/or duplicative services.	Pass & Ongoing	
	Milestone #11 Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	Pass & Ongoing	
	Milestone #12 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	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Project ID	Module Name / Milestone #	Review Status	
	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.	Pass & Ongoing	
	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	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Project ID	Module Name / Milestone #	Review Status	
	Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Pass & Ongoing	
	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.iv	Module 3.a.iv.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.a.iv.3 - Prescribed Milestones		
	Milestone #1 Develop community-based addiction treatment programs that include outpatient SUD sites with PCP integrated teams, and stabilization services including social services.	Pass & Ongoing	
	Milestone #2 Establish referral relationships between community treatment programs and inpatient detoxification services with development of referral protocols.	Pass & Ongoing	
	Milestone #3 Include a project medical director, board certified in addiction medicine, with training and privileges for use of buprenorphine and buprenorphine/naltrexone as well as familiarity with other withdrawal management agents.	Pass & Ongoing	
	Milestone #4 Identify and link to providers approved for outpatient medication management of opioid addiction who agree to provide continued maintenance therapy and collaborate with the treatment program and care manager. These may include practices with collocated behavioral health services, opioid treatment programs or outpatient SUD clinics.	Pass & Ongoing	
	Milestone #5 Develop community-based withdrawal management (ambulatory detoxification) protocols based upon evidence based best practices and staff training.	Pass & Ongoing	

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

DSRIP Implementation Plan Project

Staten Island Performing Provider System, LLC (PPS ID:43)

Project ID	Module Name / Milestone #	Review Status	
	Milestone #6 Develop care management services within the SUD treatment program.	Pass & Ongoing	
	Milestone #7 Form agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	Pass & Ongoing	
	Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
3.c.i	Module 3.c.i.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.c.i.3 - Prescribed Milestones		
	Milestone #1 Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.	Pass & Ongoing	
	Milestone #2 Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.	Pass & Ongoing	
	Milestone #3 Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management.	Pass & Ongoing	
	Milestone #4 Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods.	Pass & Ongoing	
	Milestone #5 Ensure coordination with the Medicaid Managed Care organizations serving the target population.	Pass & Ongoing	
	Milestone #6 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
	Milestone #7 Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers.	Pass & Ongoing	
3.g.ii	Module 3.g.ii.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.g.ii.3 - Prescribed Milestones		
	Milestone #1 Integrate Palliative Care into practice model of participating Nursing Homes.	Pass & Ongoing	
	Milestone #2 Contract or develop partnerships with community and provider resources, including Hospice, to bring the palliative care supports and services into the nursing home.	Pass & Complete	
	Milestone #3 Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.	Pass & Ongoing	
	Milestone #4 Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.	Pass & Ongoing	
	Milestone #5 Engage with Medicaid Managed Care to address coverage of services.	Pass & Ongoing	
	Milestone #6 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	