New York State Department Of Health

Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

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

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Quarterly Report - Implementation Plan for Adirondack Health Institute, Inc.

Year and Quarter: DY2, Q1   **Quarterly Report Status:** ⊘ Adjudicated

Status By Section

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

Status By Project

Project ID	Project Title	Status
2.a.i	Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management	☑ Completed
2.a.ii	Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP))	☑ Completed
2.a.iv	Create a medical village using existing hospital infrastructure	☑ 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.ii	Behavioral health community crisis stabilization 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.g.i	Integration of palliative care into the PCMH Model	☑ 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

NYS Confidentiality – **High**

New York State Department Of Health
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Status By Project

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

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Delivery System Reform Incentive Payment Project

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Adirondack Health Institute, Inc. (PPS ID:23)

Section 01 – Budget

☑ **IPQR Module 1.1 - PPS Budget - Waiver Revenue (Baseline) - READ ONLY**

Instructions :

READ ONLY - The Baseline Budget table was left for ease of reference during reporting.

Budget Items	DY1 ($)	DY2 ($)	DY3 ($)	DY4 ($)	DY5 ($)	Total ($)
Waiver Revenue	28,197,054	30,048,792	48,592,667	43,028,621	28,197,054	178,064,187
Cost of Project Implementation & Administration	**10,235,673**	**12,371,985**	**15,585,991**	**9,884,472**	**5,340,351**	**53,418,472**
Administration	4,230,800	4,430,000	4,492,800	4,624,434	4,760,017	22,538,051
Implementation	6,004,873	7,941,985	11,093,191	5,260,038	580,334	30,880,421
Revenue Loss	**1,335,088**	**4,005,319**	**13,359,421**	**15,583,627**	**10,235,673**	**44,519,128**
Internal PPS Provider Bonus Payments	**2,670,175**	**6,764,538**	**8,460,967**	**10,418,768**	**10,858,714**	**39,173,162**
Cost of non-covered services	**890,059**	**1,780,142**	**2,671,884**	**2,671,479**	**890,058**	**8,903,622**
Other	**4,094,269**	**6,052,482**	**9,351,594**	**7,391,092**	**5,160,366**	**32,049,803**
Sustainability Fund	712,047	4,272,340	4,987,517	2,849,578	1,424,093	14,245,575
Innovation Fund	0	0	2,671,884	3,116,725	3,115,205	8,903,814
Contingency Fund	3,382,222	1,780,142	1,692,193	1,424,789	621,068	8,900,414
Total Expenditures	**19,225,264**	**30,974,466**	**49,429,857**	**45,949,438**	**32,485,162**	**178,064,187**
Undistributed Revenue	**8,971,790**	**0**	**0**	**0**	**0**	**0**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

"The budget below does not vary in total from the application submission. We have provided further breakdown by providing additional subcategories in the 06012015 submission. We have included a line titled ""hold back for timing of funds flow"" to reflect the actual cash flow timing. As the PPS develops detailed project plans as outlined in this implementation plan, we anticipate that there will be modifications to the timing of the budget costs across the 5 year period and also modifications the budget costs category amounts.

The MAPP tool did not allow entry of negative values - the value in DY5 row labeled "other" in the amount of 2,242,947 is a negative amount.

Adirondack Health Institute, Inc. (PPS ID:23)

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Adirondack Health Institute, Inc. (PPS ID:23)

✅ **IPQR Module 1.2 - PPS Budget - Waiver Revenue (Quarterly)**

Instructions :

Please include updates on waiver revenue 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 DY2	Total Waiver Revenue	Undistributed Revenue YTD	Undistributed Revenue Total
30,048,792	178,064,187	24,190,143	167,217,654

Budget Items	DY2 Q1 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	**5,858,649**	**10,846,533**	**6,513,336**	**52.65%**	**42,571,939**	**79.70%**
Administration	935,981					
Implementation	4,922,668					
Revenue Loss	**0**	**0**	**4,005,319**	**100.00%**	**44,519,128**	**100.00%**
Internal PPS Provider Bonus Payments	**0**	**0**	**6,764,538**	**100.00%**	**39,173,162**	**100.00%**
Cost of non-covered services	**0**	**0**	**1,780,142**	**100.00%**	**8,903,622**	**100.00%**
Other	**0**	**0**	**6,052,482**	**100.00%**	**32,049,803**	**100.00%**
Sustainability Fund	0					
Innovation Fund	0					
Contingency Fund	0					
Total Expenditures	**5,858,649**	**10,846,533**				

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
No Records Found				

Narrative Text :

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

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

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Adirondack Health Institute, Inc. (PPS ID:23)

☑ **IPQR Module 1.3 - PPS Flow of Funds - Waiver Revenue (Baseline) - READ ONLY**

Instructions :

READ ONLY - The Baseline Funds Flow table was left for ease of reference during reporting.

Funds Flow Items	DY1 ($)	DY2 ($)	DY3 ($)	DY4 ($)	DY5 ($)	Total ($)
Waiver Revenue	28,197,054	30,048,792	48,592,667	43,028,621	28,197,054	178,064,187
Practitioner - Primary Care Provider (PCP)	1,316,915	2,725,139	4,957,900	5,283,276	3,976,534	18,259,764
Practitioner - Non-Primary Care Provider (PCP)	431,290	892,483	1,623,712	1,730,273	1,302,315	5,980,073
Hospital	3,374,595	6,983,169	12,704,619	13,538,396	10,189,867	46,790,646
Clinic	474,089	981,050	1,784,844	1,901,980	1,431,552	6,573,515
Case Management / Health Home	156,384	323,610	588,751	627,389	472,213	2,168,347
Mental Health	1,514,452	3,133,910	5,701,585	6,075,768	4,573,014	20,998,729
Substance Abuse	543,227	1,124,120	2,045,134	2,179,352	1,640,320	7,532,153
Nursing Home	576,150	1,192,248	2,169,082	2,311,433	1,739,733	7,988,646
Pharmacy	9,877	20,439	37,184	39,625	29,823	136,948
Hospice	0	0	0	0	0	0
Community Based Organizations	592,612	1,226,313	2,231,055	2,377,474	1,789,440	8,216,894
All Other	0	0	0	0	0	0
Uncategorized						0
PPS PMO	10,235,673	12,371,985	15,585,991	9,884,472	5,340,351	53,418,472
Total Funds Distributed	**19,225,264**	**30,974,466**	**49,429,857**	**45,949,438**	**32,485,162**	**178,064,187**
Undistributed Revenue	**8,971,790**	**0**	**0**	**0**	**0**	**0**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
No Records Found				

Narrative Text :

The PPS and PPS Lead Administration costs from the Project Plan Application are shown in the "All Other" Item below.

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☑ **IPQR Module 1.4 - PPS Flow of Funds - Waiver Revenue (Quarterly)**

Instructions :

Please include updates on waiver revenue flow of funds for this quarterly reporting period by importing the PIT file and filling out the PPS PMO line manually. 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 DY2	Total Waiver Revenue	Undistributed Revenue YTD	Undistributed Revenue Total
30,048,792.00	178,064,187.00	24,377,442.78	167,404,953.76

Funds Flow Items	DY2 Q1 Quarterly Amount - Update	Percentage of Safety Net Funds - DY2 Q1 Quarterly Amount - Update	Safety Net Funds Flowed YTD	Safety Net Funds Percentage YTD	Total Amount Disbursed to Date (DY1-DY5)	Percent Spent By Project											DY Adjusted Difference	Cumulative Difference
						Projects Selected By PPS												
						2.a.i	2.a.ii	2.a.iv	2.b.vii	2.d.i	3.a.i	3.a.ii	3.a.iv	3.g.i	4.a.iii	4.b.ii		
Practitioner - Primary Care Provider (PCP)	74,000	0.00%	0	0.00%	74,000	100	0	0	0	0	0	0	0	0	0	0	2,651,139	18,185,764
Practitioner - Non-Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	892,483	5,980,073
Hospital	1,888,049.69	84.00%	1,586,049.69	84.00%	3,045,954.16	98.36	0	.4	.01	0	.4	.4	0	.01	.4	.01	5,095,119.31	43,744,691.84
Clinic	522,257.18	21.78%	113,750	21.78%	987,233.86	96.95	1.1	0	1.64	0	.31	0	0	0	0	0	458,792.82	5,586,281.14
Case Management / Health Home	294,800	51.15%	150,800	51.15%	441,300	86.39	0	0	0	0	6.8	6.8	0	0	0	0	28,810	1,727,047
Mental Health	315,400	100.00%	315,400	100.00%	705,234.20	100	0	0	0	0	0	0	0	0	0	0	2,818,510	20,293,494.80
Substance Abuse	369,950	100.00%	369,950	100.00%	527,265.54	100	0	0	0	0	0	0	0	0	0	0	754,170	7,004,887.46
Nursing Home	136,500	100.00%	136,500	100.00%	136,500	100	0	0	0	0	0	0	0	0	0	0	1,055,748	7,852,146
Pharmacy	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	20,439	136,948
Hospice	91,750	0.00%	0	0.00%	139,250	100	0	0	0	0	0	0	0	0	0	0	0	0
Community Based Organizations	105,269	0.00%	0	0.00%	223,141.04	88.63	0	0	4.16	0	0	0	0	3.98	0	3.24	1,121,044	7,993,752.96
All Other	446,050	17.98%	80,200	17.98%	938,836.93	100	0	0	0	0	0	0	0	0	0	0	0	0
Uncategorized	34,150	0.00%	0	0.00%	54,150	100	0	0	0	0	0	0	0	0	0	0	0	0
Additional Providers	173,050	32.71%	56,600	32.71%	243,050													
PPS PMO	1,220,123.35	100.00%	1,220,123.35	100.00%	3,143,317.51												11,151,861.65	50,275,154.49
Total	**5,671,349.22**	**71.05%**	**4,029,373.04**	**71.05%**	**10,659,233.24**													

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Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
adycross	Templates	23_DY2Q1_BDGT_MDL14_TEMPL_DY2Q1_Supplemental_PIT_20160801_4630.xlsx	DY2Q1 supplemental PIT	08/01/2016 11:10 AM

Narrative Text :

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

In addition to populating the Additional Providers section of module 1.4, we have also uploaded an excel document labeled DY2Q1 Supplemental PIT to indicate what project the Funds apply to and what %.

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✅ **IPQR Module 1.5 - Prescribed Milestones**

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Complete funds flow budget and distribution plan and communicate with network	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.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	YES
Task 1. Distribute the Project Impact Assessment and Matrix (prepared as part of current state financial stability assessment) to network provider partners with explanation of the purpose of the matrix and how it will be used to finalize funds flow in determining expected impact of DSRIP projects and expectations of costs they will incur. Provide instructions and examples.	Completed	1. Distribute the Project Impact Assessment and Matrix (prepared as part of current state financial stability assessment) to network provider partners with explanation of the purpose of the matrix and how it will be used to finalize funds flow in determining expected impact of DSRIP projects and expectations of costs they will incur. Provide instructions and examples.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Complete a preliminary PPS Level budget for Administration, Implementation, Revenue Loss, Cost of Services not Covered budget categories (Excludes Bonus, Contingency and High Performance categories).	Completed	2. Complete a preliminary PPS Level budget for Administration, Implementation, Revenue Loss, Cost of Services not Covered budget categories (Excludes Bonus, Contingency and High Performance categories).	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Review the provider level projections of DSRIP impacts and costs submitted by network providers. During provider specific budget processes, develop provider level budgets including completion of Provider Specific funds flow plan.	Completed	3. Review the provider level projections of DSRIP impacts and costs submitted by network providers. During provider specific budget processes, develop provider level budgets including completion of Provider Specific funds flow plan.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	Completed	4. Develop the funds flow approach and distribution plan with	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	

NYS Confidentiality – **High**

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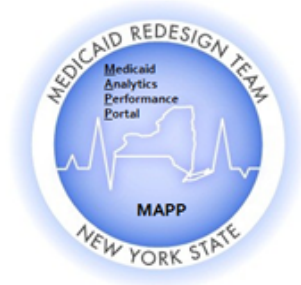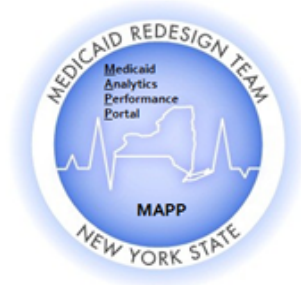**Adirondack Health Institute, Inc. (PPS ID:23)**

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
4. Develop the funds flow approach and distribution plan with drivers and requirements for each of the funds flow budget categories.		drivers and requirements for each of the funds flow budget categories.							
Task 5. Distribute funds flow approach and distribution plan to Finance Committee and network participating providers for review and input.	Completed	5. Distribute funds flow approach and distribution plan to Finance Committee and network participating providers for review and input.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 6. Revise plan based on consultation and finalize; obtain approval from Finance Committee.	Completed	6. Revise plan based on consultation and finalize; obtain approval from Finance Committee .	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 7. Prepare PPS, Provider and Project level funds flow budgets based upon final budget review sessions with network providers for review and approval by Finance Committee.	Completed	7. Prepare PPS, Provider and Project level funds flow budgets based upon final budget review sessions with network providers for review and approval by Finance Committee.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 8. Communicate approved Provider Level Funds Flow plan to each network provider. Incorporate agreed upon funds flow plan and requirements to receive funds into the PPS Provider Partner Operating Agreements.	Completed	8. Communicate approved Provider Level Funds Flow plan to each network provider. Incorporate agreed upon funds flow plan and requirements to receive funds into the PPS Provider Partner Operating Agreements.	05/01/2016	06/30/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 9. Distribute Funds Flow policy and procedure, and schedule DSRIP period close requirements, along with expected Funds distribution schedule, to PPS network provider partners.	Completed	9. Distribute Funds Flow policy and procedure, and schedule DSRIP period close requirements, along with expected Funds distribution schedule, to PPS network provider partners.	05/01/2016	06/30/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 10. Develop communication and training program for providers on funds flow, the administrative requirements related to the plan, and related schedules for reporting and distribution of funds.	Completed	10. Develop communication and training program for providers on funds flow, the administrative requirements related to the plan, and related schedules for reporting and distribution of funds.	05/01/2016	06/30/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	

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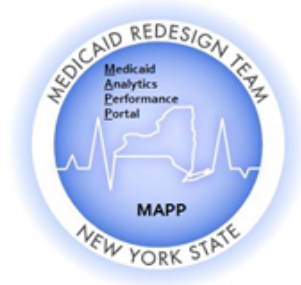
DSRIP Implementation Plan Project

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IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
No Records Found		

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Complete funds flow budget and distribution plan and communicate with network	poldytow	Templates	23_DY2Q1_BDGT_MDL15_PRES1_TEMPL_Committee_Meeting_Schedule_Template_-_Funds_Flow_4901.xlsx	Template for Funds Flow Meeting Schedules	08/02/2016 05:17 PM
	poldytow	Other	23_DY2Q1_BDGT_MDL15_PRES1_OTH_AHI_Budget_and_Funds_Flow_Plan_-_final_-_June_2016_4683.pdf	AHI PPS Budget and Funds Flow Plan	08/01/2016 04:36 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Complete funds flow budget and distribution plan and communicate with network	AHI PPS completed the Budget and Funds Flow Plan of the PPS during DY2Q1. The Budget and Funds Flow Plan has been developed over the previous months and involved AHI staff, consultants, PPS Finance Committee, RHIT Leaders, PPS Funds Flow Workgroup, PPS Steering Committee, and AHI Board of Directors. The Budget and Funds Flow Plan is the blueprint for AHI PPS to allocate DSRIP waiver revenue over the five years to budget categories (costs of administration and implementation, revenue loss, provider bonus payments, costs not covered by Medicaid, and funds for Sustainability, Contingency, and Innovation), the 11 projects that AHI PPS participates in, and ultimately to providers working to achieve the goals of each project. The Budget and Funds Flow Plan is comprised of several stages. First, was the engagement period which flowed funds to partners in two rounds during the development of the master plan. Second, is the project scope phase which defines payment activities in each project for partners to earn which will simultaneously lead the partners towards success in the projects in achieving the DSRIP aims.

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☑ **IPQR Module 1.6 - PPS Defined Milestones**

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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☑ **IPQR Module 1.7 - PPS Budget - Non-Waiver Revenue (Baseline)**

Instructions :

This table contains five budget categories for non-waiver revenue baseline budget reporting . Please add rows to this table as necessary in order to identify sub-categories.

Budget Items	DY1 ($)	DY2 ($)	DY3 ($)	DY4 ($)	DY5 ($)	Total ($)
Non-Waiver Revenue	0	0	0	0	0	0
Cost of Project Implementation & Administration	**0**	**0**	**0**	**0**	**0**	**0**
Administration	0	0	0	0	0	0
Implementation	0	0	0	0	0	0
Revenue Loss	**0**	**0**	**0**	**0**	**0**	**0**
Internal PPS Provider Bonus Payments	**0**	**0**	**0**	**0**	**0**	**0**
Cost of non-covered services	**0**	**0**	**0**	**0**	**0**	**0**
Other	**0**	**0**	**0**	**0**	**0**	**0**
Total Expenditures	**0**	**0**	**0**	**0**	**0**	**0**
Undistributed Revenue	**0**	**0**	**0**	**0**	**0**	**0**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

☑ **IPQR Module 1.8 - PPS Budget - Non-Waiver Revenue (Quarterly)**

Instructions :

Please include updates on non-waiver revenue 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

Non-Waiver Revenue DY2	Total Non-Waiver Revenue	Undistributed Non-Waiver Revenue YTD	Undistributed Non-Waiver Revenue Total
0	0	0	0

Budget Items	DY1 Amount - Update	DY2 Q1 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	**0**	**0**	**0**	**0**		**0**	
Administration	0	0					
Implementation	0	0					
Revenue Loss	**0**	**0**	**0**	**0**		**0**	
Internal PPS Provider Bonus Payments	**0**	**0**	**0**	**0**		**0**	
Cost of non-covered services	**0**	**0**	**0**	**0**		**0**	
Other	**0**	**0**	**0**	**0**		**0**	
Total Expenditures	**0**	**0**	**0**				

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

Adirondack Health Institute, Inc. (PPS ID:23)

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DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

☑ **IPQR Module 1.9 - PPS Flow of Funds - Non-Waiver Revenue (Baseline)**

Instructions :

In the table below, please detail your PPS's projected flow of non-waiver funds by provider type.

Funds Flow Items	DY1 ($)	DY2 ($)	DY3 ($)	DY4 ($)	DY5 ($)	Total ($)
Non-Waiver Revenue	0	0	0	0	0	0
Practitioner - Primary Care Provider (PCP)	0	0	0	0	0	0
Practitioner - Non-Primary Care Provider (PCP)	0	0	0	0	0	0
Hospital	0	0	0	0	0	0
Clinic	0	0	0	0	0	0
Case Management / Health Home	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0
Substance Abuse	0	0	0	0	0	0
Nursing Home	0	0	0	0	0	0
Pharmacy	0	0	0	0	0	0
Hospice	0	0	0	0	0	0
Community Based Organizations	0	0	0	0	0	0
All Other	0	0	0	0	0	0
Uncategorized	0	0	0	0	0	0
PPS PMO	0	0	0	0	0	0
Total Funds Distributed	**0**	**0**	**0**	**0**	**0**	**0**
Undistributed Non-Waiver Revenue	**0**	**0**	**0**	**0**	**0**	**0**

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

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Adirondack Health Institute, Inc. (PPS ID:23)

☑ **IPQR Module 1.10 - PPS Flow of Funds - Non-Waiver Revenue (Quarterly)**

Instructions :

Please include updates on flow of funds for this quarterly reporting period by importing the PIT file and filling out the PPS PMO line manually. 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

Non-Waiver Revenue DY2	Total Non-Waiver Revenue	Undistributed Non-Waiver Revenue YTD	Undistributed Non-Waiver Revenue Total
0.00	0.00	0.00	0.00

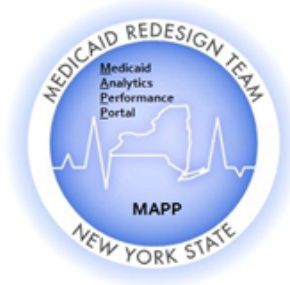| Funds Flow Items	DY1 Amount - Update	DY2 Q1 Quarterly Amount - Update	Percentage of Safety Net Funds - DY2 Q1 Quarterly Amount - Update	Safety Net Funds Flowed YTD	Safety Net Funds Percentage YTD	Total Amount Disbursed to Date (DY1-DY5)	DY Adjusted Difference	Cumulative Difference
Practitioner - Primary Care Provider (PCP)	0	0	0.00%	0	0.00%	0	0	0
Practitioner - Non-Primary Care Provider (PCP)	0	0	0.00%	0	0.00%	0	0	0
Hospital	0	0	0.00%	0	0.00%	0	0	0
Clinic	0	0	0.00%	0	0.00%	0	0	0
Case Management / Health Home	0	0	0.00%	0	0.00%	0	0	0
Mental Health	0	0	0.00%	0	0.00%	0	0	0
Substance Abuse	0	0	0.00%	0	0.00%	0	0	0
Nursing Home	0	0	0.00%	0	0.00%	0	0	0
Pharmacy	0	0	0.00%	0	0.00%	0	0	0
Hospice	0	0	0.00%	0	0.00%	0	0	0
Community Based Organizations	0	0	0.00%	0	0.00%	0	0	0
All Other	0	0	0.00%	0	0.00%	0	0	0
Uncategorized	0	0	0.00%	0	0.00%	0	0	0

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Adirondack Health Institute, Inc. (PPS ID:23)

Funds Flow Items	DY1 Amount - Update	DY2 Q1 Quarterly Amount - Update	Percentage of Safety Net Funds - DY2 Q1 Quarterly Amount - Update	Safety Net Funds Flowed YTD	Safety Net Funds Percentage YTD	Total Amount Disbursed to Date (DY1-DY5)	DY Adjusted Difference	Cumulative Difference
Additional Providers	0	0	0.00%	0	0.00%	0		
PPS PMO	0	0	0.00%	0	0.00%	0	0	0
Total	**0**	**0**		**0**		**0**		

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

Please note - We didn't have Non-Waiver funds for DY2Q1 so an updated PIT has not been uploaded. No changes were needed.

Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 1.11 - IA Monitoring

Instructions :

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

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 8. Communications are issued to PPS partners and stakeholders to announce final Governance.	Completed	Announce final Governance	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 9. Members of the PPS Executive Governing Body are installed.	Completed	Install members of Executive Governing Body	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 10. Members of the PPS Committees are installed.	Completed	Members installed to PPS Committees	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 1. Adirondack Health Institute (AHI) convenes key stakeholders including Adirondacks ACO, Adirondack Medical Home Initiative, OneCare Vermont, and others to develop regional strategy for Population Health Management governance & capabilities.	Completed	Convene key stakeholders	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Adirondack Health Institute (AHI) works with NYS DOH to secure approval of AHI as a Safety Net under DSRIP	Completed	Safety Net approval	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Review AHI governance structure & by-laws to	Completed	Review Governance structure and by-laws	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	

Adirondack Health Institute, Inc. (PPS ID:23)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
determine adequacy for DSRIP governing purposes.									
Task 4. Subsequent to the release of Funds Flow/Governance Requirements/Guidance from NYS DOH, AHI obtains legal consult to determine what Governance options remain feasible.	Completed	Obtain legal consult	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Tools/resources are prepared to support decision-making on Governance: visual representations, slides, pros/cons. Materials include descriptions of sub-committees: name, size, function. Materials depict overlap with existing organizations, such as the Adirondacks ACO and Adirondack Medical Home Initiative, and opportunities for integration and/or alignment.	Completed	Tools and resources to support Governance	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 6. AHI PPS Interim Steering Committee & Regional Health Innovation Team leaders take part in facilitated discussion of Governance options, including ownership, authority, and sub-committee structure, and provide feedback for consideration by AHI Members and Board.	Completed	Discuss Governance with Steering Committee and Regional Health Innovation Teams	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 7. AHI Board endorses the Governance Model; AHI Members provide final approval of the selected Governance model.	Completed	Final approval	07/01/2015	09/30/2015	07/01/2015	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	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. Charter is drafted for the Clinical Governance & Quality Committee.	Completed	governance and quality charter draft	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	Completed	convene governance and quality committees	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
2. Clinical Governance & Quality Committee is convened; members review draft charter and proposed structure for clinical quality oversight of all projects.									
Task 3. Clinical Governance & Quality Committee members review current Project Team and Regional Health Innovation Team structure and determine how to communicate with, and utilize, these structures to support Quality Committee functions.	Completed	Review project team and RHIT structures	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Clinical Governance & Quality Committee charter and project level structure is finalized.	Completed	finalize charter and project level structure	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Clinical Governance & Quality Committee endorses workplan (prepared by PMO) for the identification & adoption of standard evidence-based protocols for each Domain 3 project and others as needed.	On Hold	endorse workplan for standard protocols for projects	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 6. Communication plan is put in place to engage staff in the process of identifying & adopting evidence-based protocols; and to ensure protocls (once adopted) are disseminated throughout the PPS.	On Hold	Communication plan for protocols	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 7. Plan is established to monitor implementation of evidence-based protocols, including methods of measuring adherence to protocols and providing feedback to persons responsible for oversight at each partner organization.	On Hold	plan established to monitor implementation of protocols	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 8. On-going meeting schedule is issued to meet workplan deliverables.	Completed	meeting schedule issued for workplan deliverables	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 9. Clinical Governance & Quality Committee	Completed	develop final measures for monitoring quality	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Adirondack Health Institute, Inc. (PPS ID:23)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
reviews established metrics for monitoring performance & quality and develops final measures set.									
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.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task 1. Obtain legal consult and develop the PPS Governance Bylaws.	Completed	disseminate policies and procedures	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. PPS Executive Governance Body Meets: adopts bylaws and identifies key policies necessary for PPS	Completed	review and adopt policies	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Policies are drafted, include: compliance, dispute resolution, and policies regarding partner participation in the PPS.	Completed	develop by-laws	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. PPS Executive Governance Body meets to review & adopt policies.	Completed	identify key policies	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Policies and procedures are disseminated and communicated across the PPS.	Completed	draft policies	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #4 Establish governance structure reporting and monitoring processes	Completed	This milestone must be completed by 12/31/2015. Governance and committee structure document, including description of two-way reporting processes and governance monitoring processes.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. PPS recruits Director of the Project Management Office & project management staff.	Completed	recruit director of PMO	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. PPS Contracts with vendor for Project Management tool to support monitoring and reporting of progress at the workstream, and project, levels.	Completed	Contract with vendor for PM tool	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task	Completed	timeline and workplan for PM tool established	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
3. Workplan & Timeline for Project Management Tool Implementation is established.									
Task 4. Monitoring and Reporting flowchart is developed, depicting the flow of information from reports/dashboards to PPS Sub-Committees and Board.	Completed	Information flow chart developed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Director of PMO works with Project Management Tool vendor to coordinate alignment with DOH reporting requirements.	Completed	Align Reporting Requirements	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 6. There will be a need to monitor and report on progress in advance of Project Management Tool implementation, as such, the PMO will put in place an interim plan (and the necessary tools) for monitoring & reporting.	Completed	Monitoring/Reporting	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 7. PPS Partners and stakeholders are provided with "role-appropriate" access to dashboards & reports.	Completed	Dashboards	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8. Governance Communications flowchart is developed, depicting the flow of information amongst the various PPS Committees and Executive Governance Body.	Completed	Flowchart	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 9. Committee standing agendas are established, with each receiving regular reports from other committees as relevant.	Completed	Agendas	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 10. Governance Communications Strategy is developed, including use of a secure electronic platform for sharing of agendas and minutes among various governance bodies as appropriate to their functions & authorities.	Completed	Governance Communications Strategy	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #5	Completed	Community engagement plan, including plans for two-way	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	NO

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)		communication with stakeholders.							
Task 1. Develop position description & recruit Community Engagement Manager. This position is responsible for CBO outreach and engagement, overall and specifically in relation to Project 2di.	Completed	Community Engagement Manager (Jessica Chanese) hired 6/22/2015.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 2. Identify community based organizations that address the social determinants of health (employment, transportation, housing, legal, etc.)	Completed	Identify CBOs	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Invite CBOs to participate in Regional Health Innovation Team meetings and project teams.	Completed	Invite to Meetings	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Develop schedule of communications and events to stimulate CBO participation in DSRIP projects/activities AND to promote relationship building between health care provider organizations and CBOs. Coordinate these events in conjunction with the Adirondack Rural Health Network and the Population Health Improvement Program.	Completed	Communications Schedule	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Provide resources (including speakers) to CBOs to educate them on Medicaid redesign and DSRIP and the role CBOs can play in improving population health.	Completed	Provide Resources	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #6 Finalize partnership agreements or contracts with CBOs	In Progress	Signed CBO partnership agreements or contracts.	04/01/2015	06/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. Identify appropriate committees for CBO representation, including Finance	Completed	Identify committees	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 2. AHI will host planning meetings and invite CBOs from the nine county area to engage them in the PPS	Completed	Planning meetings	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. AHI will create a DSRIP information distribution list that will include CBOs and others to engage and inform all entities about the DSRIP process	Completed	Distribution list	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Determine a path for funds flow to CBOs as most are not safety net providers.	Completed	Fund Flow	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Work with CBOs providing services that support DSRIP projects including Healthy Heart Network (tobacco cessation), Adirondacks ACO, Hospices, county mental health associations, prevention councils, churches, homeless shelters, and others to determine desired participation level.	Completed	Work with CBOs	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Negotiate and draft partnership agreements with key CBOs	Completed	Partnership Agreements	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7. Sign partnership agreements	Completed	Sign Agreements	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	In Progress	Agency Coordination Plan.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. Building on existing partnerships and relationships, AHI will identify all appropriate agencies in the AHI PPS service area	Completed	Identify Agencies	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. AHI will host planning meetings and invite	Completed	Host Meetings	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
agencies from the nine county area to engage them in the PPS									
Task 3. AHI will create a DSRIP information distribution list that will include all public sector agencies such as Community Service Boards, Offices for the Aging, Public Health, disability agencies, and others to engage and inform them	Completed	Distribution List	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Recruit participants from the various public agencies to be part of, and possibly take a leadership role in, the PPS planning and leadership structure including AHI's Regional Health Innovation Teams (RHITs) and the PPS Steering Committee	Completed	Recruit Participants	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Develop an action plan for coordinating agency activities with the AHI PPS for discussion, review, and adoption by the Agencies and Municipal Authorities	In Progress	Action Plan	11/12/2015	06/30/2016	11/12/2015	09/30/2016	09/30/2016	DY2 Q2	
Milestone #8 Finalize workforce communication and engagement plan	Completed	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).	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task 1. Employee Engagement Work Group will utilize information on the key stakeholder organizations and ask organizations to identify one key contact person whose responsibility it will be to receive updates and communications regarding DSRIP and determine the best mode of dissemination to their organization.	Completed	Key Contact	07/01/2015	03/17/2016	07/01/2015	03/17/2016	03/31/2016	DY1 Q4	
Task 2. Employee Engagement Work Group will identify communication needs and required key messages to employee groups, as well as the available communication channels that can be	Completed	Identify Needs	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	

NYS Confidentiality – **High**

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
utilized for stakeholder engagement.									
Task 3. Employee Engagement Work Group will develop Workforce Communication and Engagement Strategy: Establish the vision, objectives and guiding principles as a means to engage key stakeholders, reviewed by Workforce Committee leadership and signed off by the executive body of the PPS.	Completed	Develop Strategy	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Employee Engagement Work Group will develop Workforce Communication & Engagement Plan: Outline objectives, principles, target audience, channel, barriers and risks, milestones, and measuring effectiveness; reviewed by the Workforce Committee leadership and signed off by the executive body of the PPS.	Completed	Develop Plan	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Milestone #9 Inclusion of CBOs in PPS Implementation.	Completed	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	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task 6. Sign partnership agreements.	Completed	Sign Agreements	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 1. AHI will host planning meetings and invite CBOs from the nine county area to engage them in the PPS.	Completed	Planning meetings	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. AHI will create a DSRIP information distribution list that will include CBOs and others to engage and inform all entities about the DSRIP process.	Completed	Distribution list	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Determine a path for funds flow to CBOs as most are not safety net providers.	Completed	Funds Flow	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	Completed	Work with CBOs	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
4. Work with CBOs providing services that support DSRIP projects including Health Heart Network (tobacco cessation), Adirondacks ACO, Hospices, community mental health associations, prevention councils, homeless shelters, and others to determine appropriate participation level.									
Task 5. Negotiate and draft partnership agreements with key CBOs	Completed	Partnership Agreements	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
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	ctrue	Templates	23_DY2Q1_GOV_MDL21_PRES1_TEMPL_Governance_Committee_Member_Template_-_All_4102.xlsx	Governance Committee Member Template	07/22/2016 03:55 PM
	ctrue	Templates	23_DY2Q1_GOV_MDL21_PRES1_TEMPL_Committee_Meeting_Schedule_Template_-_Workforce_4100.xlsx	Committee Meeting Schedule Template - Workforce	07/22/2016 03:54 PM
	ctrue	Templates	23_DY2Q1_GOV_MDL21_PRES1_TEMPL_Committee_Meeting_Schedule_Template_-_Steering_4099.xlsx	Committee Meeting Schedule Template - Steering	07/22/2016 03:53 PM
	ctrue	Templates	23_DY2Q1_GOV_MDL21_PRES1_TEMPL_Committee_Meeting_Schedule_Template_-_Network_4098.xlsx	Committee Meeting Schedule Template - Network	07/22/2016 03:52 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	ctrue	Templates	23_DY2Q1_GOV_MDL21_PRES1_TEMPL_Committee_Meeting_Schedule_Template_-_IT_&_Data_Sharing_4097.xlsx	Committee Meeting Schedule Template - IT and Data Sharing	07/22/2016 03:51 PM
	ctrue	Templates	23_DY2Q1_GOV_MDL21_PRES1_TEMPL_Committee_Meeting_Schedule_Template_-_Finance_4096.xlsx	Committee Meeting Schedule Template - Finance	07/22/2016 03:50 PM
	ctrue	Templates	23_DY2Q1_GOV_MDL21_PRES1_TEMPL_Committee_Meeting_Schedule_Template_-_Community_and_Beneficiary_Engagement_4095.xlsx	Committee Meeting Schedule Template - Community and Beneficiary Engagement	07/22/2016 03:50 PM
	ctrue	Templates	23_DY2Q1_GOV_MDL21_PRES1_TEMPL_Committee_Meeting_Schedule_Template_-_Clin_Gov_&_Quality_4094.xlsx	Committee Meeting Schedule Template - Clin Gov & Quality	07/22/2016 03:48 PM
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	ctrue	Templates	23_DY2Q1_GOV_MDL21_PRES5_TEMPL_Community_Engagement_Template_Governance_Milestone_5_DY2_Q1_4093.xlsx	Community Engagement Template	07/22/2016 03:47 PM
	dlarose	Other	23_DY2Q1_GOV_MDL21_PRES6_OTH_DY2Q1_Gov_M6_Remediation_20160916_5862.docx	DY2Q1 Gov M6 Remediation Narrative	09/15/2016 04:43 PM
Finalize partnership agreements or contracts with CBOs	ctrue	Other	23_DY2Q1_GOV_MDL21_PRES6_OTH_DY1_Q2_CBO_Template_Governance_Milestone_6_4089.xlsx	CBO Template	07/22/2016 03:41 PM
	ctrue	Other	23_DY2Q1_GOV_MDL21_PRES6_OTH_CBO_Meeting_Schedule_Template_Governance_Milestone_6_DY2_Q1_JC_4084.xlsx	CBO Meeting Schedule Template	07/22/2016 03:37 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize governance structure and sub-committee structure	
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	
Finalize bylaws and policies or Committee Guidelines where applicable	
Establish governance structure reporting and monitoring processes	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	
Finalize partnership agreements or contracts with CBOs	All potential partners, including CBOs, received the Master Participation Agreement as of 6/30/2016. The CBO Template provides information on CBOs which have signed and returned the Master Participation Agreement.
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.	

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☑ **IPQR Module 2.2 - PPS Defined Milestones**

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment Narrative			04/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Mid-Point Assessment	ctrue		23_DY2Q1_GOV_MDL22_PPS1045_OTH_MPA_ PPS_&_2ai_Narrative_20160803_4976.docx	AHI PPS & 2ai Mid Point Assessment Narrative	08/03/2016 09:23 AM

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	

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

Instructions :

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

With more than 100 partners, AHI faces challenges with developing an effective governance structure that ensures excellence in stewardship, oversight, and representation.
The three risks to governance are:
• Loss of participation of safety net leaders in governing the PPS network due to increased demands on them to lead their own organizations in addition to the region's ACO, Medical Home Initiative, and Health Home.
• Active participation of key stakeholders including hospital, physician, behavioral health, long-term/home health and community benefit leadership.
• Trust by key stakeholders.

These risks will be mitigated by:
• Working collaboratively with leadership of the Adirondack ACO, Adirondack Medical Home, and other stakeholders to develop a governance structure that meets the needs of AHI's Health Home and Population Health Improvement Program that aligns with the ACO, Medical Home, and PPS initiative.
• Compensating clinical leaders' time.
• Ensuring meetings are warranted and time is used efficiently.
• Development and execution of a network communication strategy to include open forums, the MIX platform, and website.

✅ 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 Governance Workstream is perhaps the most dependent on other Workstreams, each of which supports the overarching responsibility of the Governance to lead the PPS. The PPS will be successful to the extent that governing bodies can rely on high quality data and analytics made available through a well-designed IT infrastructure. This infrastructure will produce information necessary to perform cost/benefit analyses and estimates of ROI, which the Board can rely on to make important decisions on the allocation of resources and strategic direction of the PPS. The Finance Workstream supports Governance through effective and credible funds flow management. This Workstream is key to partner engagement in the PPS, as the commitment funds serves both as an incentive and a tool to ameliorate negative impacts of healthcare transformation on some types of provider organizations. Workforce development is also central: no plan or model can succeed without strong relationships with unions and

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workers, and a workforce that has the skills and capacity to meet the needs of the changing healthcare delivery system. Finally, provider/partner engagement is vital, as the leadership resources that partners bring to the table will be the driving forces in the development of and compliance with evidence-based protocols. Without provider leadership, the PPS will be hampered in efforts to achieve the high levels of coordination and clinical integration that are necessary for the system to operate under new models of care and achieve quality goals.

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☑ **IPQR Module 2.5 - Roles and Responsibilities**

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PPS Lead Applicant/Entity	AHI, Margaret Vosburgh CEO	Fiduciary responsibility; provide funding and staff resources; develop governance structure, bylaws, and policies; establish the project management office (staff, tools, processes)
Population Health Management Partner	ADK ACO, Karen Ashline	Board & Committee members. Partner with the PPS in Governance and IT Development; partner to align Clinical Governance & Quality with related initiatives (Medical Home, Health Home, MSSP, etc.); partner in development of regional PHM capabilities
Major hospital partners	Glens Falls Hospital, Adirondack Health, Champlain Valley Physician Hospital, St Lawrence Health System, Nathan Littauer Hospital (CEOs and Senior Administrators, Clinical Leaders, take part in a variety of forums)	Board and Committee members, project implementations, EBM protocol development, clinical leadership
Physician organizations and large practices	Hudson Headwaters Health Network, Plattsburgh Physician Group, North Country Physicians Organization (CEOs and Senior Administrators, Clinical Leaders, take part in a variety of forums)	Board and Committee members, project implementations, EBM protocol development, physician leadership
County Mental Health Departments	Rob York, DCS Warren-Washington County; Peter Trout, DCS Clinton County; Steve Valley, DCS Essex County, are the most active, all 9 County DCS are involved to varying degrees.	Board and Committee members, project implementations, EBM protocol development, behavioral health leadership

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☑ **Module 2.6 - IPQR Module 2.6 - Key Stakeholders**

Instructions :

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Health Home Care Management Agencies (AHI is Lead Health Home; care management agencies listed are downstream providers of Health Home services)	Alliance for Positive Health Behavioral Health Services North Citizen Advocates/ Northstar Behavioral Health Essex County Mental Health Services Glens Falls Hospital HCR Home Care Hudson Headwaters Health Network Mental Health Association in Essex County UVM Health Network- Champlain Valley Health Network Warren-Washington Association for Mental Health Community Maternity Services United Helpers/Mosaic United Helpers/ACT Hamilton County Community Services	Care Management Protocols and Procedures, Project Implementations
Community-Based Organizations	Offices for the Aging, NYConnects, Mental Health Associations & Alliances, Consumer and Peer Groups, Churches, YMCAs, Civic groups	Align projects with county plans and initiatives; participate in some project implementations
Public Health & Community Services	County-based Public Health Departments, Community Services Boards, Local Governmental Units	Align projects with county plans and initiatives; participate in some project implementations
External Stakeholders		
Key advisors, counselors, attorneys, consultants	Manatt, Phelps & Phillips, LLP, The Advisory Group, The Chartis Group, CohnReznick	Drafts governance documents, provider agreements, policies and procedures, contracts, etc.

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☑ IPQR Module 2.7 - IT Expectations

Instructions :

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

The AHI PPS is putting in place the shared IT infrastructure that will support communication and decision-making across the PPS Board and sub-committees. The Governance will rely on a secure electronic platform for sharing of meeting agendas and minutes, with the appropriate role-based access to such documents. Additionally, all PPS partners will have ready access to a tool for sharing information on project progress. This IT infrastructure will enable the PPS to readily produce progress reports and make visible the PPS' progress against milestones, thus allowing the PPS to achieve a level of transparency with key stakeholders that is necessary for on-going trust and support of the providers and communities served. Overall, the expectation is that IT will support the necessary two-way communication across committees, partners, and teams.

☑ IPQR Module 2.8 - Progress Reporting

Instructions :

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

The success of Governance Workstream is measured by progress against a set of required milestones, including the timely creation of the structures (BOD and Committees), populating such structures with the appropriate members, the formal adoption of bylaws, policies and procedures for all key committees and sub-committees, and the development, negotiation and execution of all required provider agreements to allow the PPS to begin operation. Progress is also measured by the successful implementation of project management and performance monitoring systems (including data collection, analyses and reporting) to support decision-making.

IPQR Module 2.9 - IA Monitoring

Instructions :
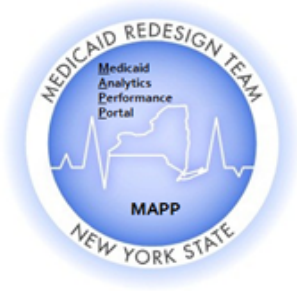
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Section 03 – Financial Stability

☑ IPQR Module 3.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation. Note some milestones include minimum expected completion dates.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize PPS finance structure, including reporting structure	Completed	This milestone must be completed by 12/31/2015. PPS finance structure chart / document, signed off by PPS Board.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. Establish the financial structure of the Governance organization and the roles and responsibilities of the Finance Committee in compliance with DSRIP governance guidelines and other applicable NYS or Federal rules.	Completed	1. Establish the financial structure of the Governance organization and the roles and responsibilities of the Finance Committee in compliance with DSRIP governance guidelines and other applicable NYS or Federal rules.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Develop charter for the PPS finance function and establish schedule for Finance Committee meetings. Includes coordination with other PPS functions and governance.	Completed	2. Develop charter for the PPS finance function and establish schedule for Finance Committee meetings. Includes coordination with other PPS functions and governance.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Develop PPS Org chart that depicts the complete finance function with reporting structure to Executive Body and any oversight committees.	Completed	3. Develop PPS Org chart that depicts the complete finance function with reporting structure to Executive Body and any oversight committees.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Obtain PPS Executive Body approval of PPS Finance Function charter and organization structure chart and populate finance committee.	Completed	4. Obtain PPS Executive Body approval of PPS Finance Function charter and organization structure chart and populate finance committee.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Define the Roles and Responsibilities of the	Completed	5. Define the Roles and Responsibilities of the PPS Lead and Finance function and document in a Business Office Plan.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
PPS Lead and Finance function and document in a Business Office Plan.									
Task 6. Develop policies and procedures for oversight and accountability of the accounting function, funds flow, budgeting, and reporting as required by GAAP, DSRIP, and all required external compliance. Includes documentation of the internal controls environment.	Completed	6. Develop policies and procedures for oversight and accountability of the accounting function, funds flow, budgeting, and reporting as required by GAAP, DSRIP, and all required external compliance. Includes documentation of the internal controls environment.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7. Recruit and populate open positions and train members of the Finance Office.	Completed	7. Recruit and populate open positions and train members of the Finance Office.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8. Incorporate finance structure and governance into operating agreements and PPS lead entity agreement as necessary.	Completed	8. Incorporate finance structure and governance into operating agreements and PPS lead entity agreement as necessary.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	Completed	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 1. Develop matrix of DSRIP Projects and identify expected impact on provider cost, patient volumes, revenue, loss of services or other based upon project goals and expected participation levels. Includes both quantitative and qualitative Impacts. Engage consultants as necessary and collaborate with other PPS lead entities to optimize knowledge base.	Completed	1. Develop matrix of DSRIP Projects and identify expected impact on provider cost, patient volumes, revenue, loss of services or other based upon project goals and expected participation levels. Includes both quantitative and qualitative Impacts. Engage consultants as necessary and collaborate with other PPS lead entities to optimize knowledge base.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 2. Review DRAFT of Project Impact matrix with Finance Committee and Executive Committee.	Completed	2. Review DRAFT of Project Impact matrix with Finance Committee and Executive Committee.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 3. Finalize Project Impact Matrix identifying project participation, expected impact of projects and provider specific view.	Completed	3. Finalize Project Impact Matrix identifying project participation, expected impact of projects and provider specific view.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Review and obtain approval of Project Impact Matrix from Finance Committee and Executive Body as basis for Sustainability and applicable portions of funds flow plan.	Completed	4. Review and obtain approval of Project Impact Matrix from Finance Committee and Executive Body as basis for Sustainability and applicable portions of funds flow plan.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5. Develop a communication strategy for PPS providers and partners in advance of conducting assessment to improve transparency and improve overall quality of input into the matrix.	Completed	5. Develop a communication strategy for PPS providers and partners in advance of conducting assessment to improve transparency and improve overall quality of input into the matrix.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 6. Operating agreements for PPS participants to outline the required compliance with providing information for project matrix and protocol for addressing any compliance issues.	Completed	6. Operating agreements for PPS participants to outline the required compliance with providing information for project matrix and protocol for addressing any compliance issues.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 7. Update the Financial Assessment and Project Impact Assessment documents that were used for the Preliminary Financial assessment conducted in Nov 2014. Update for added metrics and provider specific metrics.	Completed	7. Update the Financial Assessment and Project Impact Assessment documents that were used for the Preliminary Financial assessment conducted in Nov 2014. Update for added metrics and provider specific metrics.	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 8. Distribute Current State Financial Assessment and Project Impact Assessment documents to providers using the communication plan developed.	Completed	8. Distribute Current State Financial Assessment and Project Impact Assessment documents to providers using the communication plan developed.	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 9. Accumulate and review results of Current	Completed	9. Accumulate and review results of Current State Financial Assessment and Project Impact Assessment returned from	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
State Financial Assessment and Project Impact Assessment returned from providers. Reach out to providers that did not respond and follow up on any information that does not appear to be consistent with the instructions or varies significantly from the initial assessment data from Nov 2014.		providers. Reach out to providers that did not respond and follow up on any information that does not appear to be consistent with the instructions or varies significantly from the initial assessment data from Nov 2014.							
Task 10. Prepare report of PPS Current State Financial Status which highlights any areas of concern and includes publicly available information in addition to data provided by participants. Report to be reviewed by Finance Committee and then presented to the Executive Committee.	On Hold	10. Prepare report of PPS Current State Financial Status which highlights any areas of concern and includes publicly available information in addition to data provided by participants. Report to be reviewed by Finance Committee and then presented to the Executive Committee.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 11. Define procedure for ongoing monitoring of financial stability and obtain approval from Executive Body. Monitoring and reporting requirements to be incorporated into the operating agreements with participants of the PPS including protocol for handling non conformance issues.	Completed	11. Define procedure for ongoing monitoring of financial stability and obtain approval from Executive Body. Monitoring and reporting requirements to be incorporated into the operating agreements with participants of the PPS including protocol for handling non conformance issues.	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 12. Based upon Financial Assessment and Project Impact Assessment – identify providers (a) not meeting Financial Stability Plan metrics, (b) that are under current or planned restructuring efforts, or that will be financially challenged due to DSRIP projects or (c) that will otherwise be financially challenged and, with consideration of their role in projects, prepare initial Financially Fragile Watch List and obtain approval of Finance Committee. Communication plan for fragile watch list to be developed and documented and approved by the Executive	On Hold	12. Based upon Financial Assessment and Project Impact Assessment – identify providers (a) not meeting Financial Stability Plan metrics, (b) that are under current or planned restructuring efforts, or that will be financially challenged due to DSRIP projects or (c) that will otherwise be financially challenged and, with consideration of their role in projects, prepare initial Financially Fragile Watch List and obtain approval of Finance Committee. Communication plan for fragile watch list to be developed and documented and approved by the Executive Committee.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Committee.									
Task 13. Develop PPS Financial Stability plan. The plan will include metrics, ongoing monitoring process, and other requirements as part of progressive sanctions by the PPS.	Completed	13. Develop PPS Financial Stability plan. The plan will include metrics, ongoing monitoring process, and other requirements as part of progressive sanctions by the PPS.	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 14. Define process for evaluating metrics and implementing a Financial Stability Plan for the initial Fragile Watch List as any partners that subsequently are determined to be at risk.	Completed	14. Define process for evaluating metrics and implementing a Financial Stability Plan for the initial Fragile Watch List as any partners that subsequently are determined to be at risk.	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 15. Obtain approval of Finance Committee and other oversight as documented in governance documents.	Completed	15. Obtain approval of Finance Committee and other oversight as documented in governance documents.	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 16. Define role of project oversight for the Financial Stability Plan and Distressed Provider Plan. Document the process, including required monitoring and reporting for current and future plans.	Completed	16. Define role of project oversight for the Financial Stability Plan and Distressed Provider Plan. Document the process, including required monitoring and reporting for current and future plans.	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 17. Implement PMO oversight for FSP and Distressed Provider Plans – for any active plans identified at during DSRIP implementation phase.	Completed	17. Implement PMO oversight for FSP and Distressed Provider Plans – for any active plans identified at during DSRIP implementation phase.	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 18. Outline reporting requirements for initial plan and ongoing monitoring of for Distressed Provider Plan(s) which will include additional metrics and narrative for the provider.	Completed	18. Outline reporting requirements for initial plan and ongoing monitoring of for Distressed Provider Plan(s) which will include additional metrics and narrative for the provider.	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 19. Define process for evaluating metrics and implementing a DPP for Financially Fragile providers. Include process for progressive sanctions as documented in governance materials.	Completed	19. Define process for evaluating metrics and implementing a DPP for Financially Fragile providers. Include process for progressive sanctions as documented in governance materials.	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
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).	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. Assess NY Social Services Law 363-d, determine scope and requirements of compliance program and plan based upon the DSRIP related requirements that are within the scope of responsibilities of the PPS Lead.	Completed	1. Assess NY Social Services Law 363-d, determine scope and requirements of compliance program and plan based upon the DSRIP related requirements that are within the scope of responsibilities of the PPS Lead.	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Develop or augment existing written policies and procedures that define and implement the code of conduct and other required elements of the PPS Lead compliance plan that are within the scope of responsibilities of the PPS Lead.	Completed	2. Develop or augment existing written policies and procedures that define and implement the code of conduct and other required elements of the PPS Lead compliance plan that are within the scope of responsibilities of the PPS Lead.	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Develop process to ensure PPS network providers have implemented a compliance plan consistent with the NY State Social Services Law 363-d as required for the entire DSRIP contract period.	Completed	3. Develop process to ensure PPS network providers have implemented a compliance plan consistent with the NY State Social Services Law 363-d as required for the entire DSRIP contract period.	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Include a provision in the PPS Provider Operating Agreement that the network providers will maintain a current compliance plan to meet NY State Social Services Law 363-d requirements for a provider.	Completed	4. Include a provision in the PPS Provider Operating Agreement that the network providers will maintain a current compliance plan to meet NY State Social Services Law 363-d requirements for a provider.	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Put in place a process to required any new policy and procedure added after the initial PPS financial structure is established for DSRIP are reviewed for NY State Social Services Law 363-d.	Completed	5. Put in place a process to required any new policy and procedure added after the initial PPS financial structure is established for DSRIP are reviewed for NY State Social Services Law 363-d.	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Obtain Executive Body approval of the Compliance Plan (for the PPS Lead) and Implement.	Completed	6. Obtain Executive Body approval of the Compliance Plan (for the PPS Lead) and Implement.	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3	

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Adirondack Health Institute, Inc. (PPS ID:23)

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 #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 09/30/2016. Value-based payment plan, signed off by PPS board.	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2	YES
Task 1. Develop a VBP Work Group which includes representatives from across the care continuum of PPS system. Provide training on VBP core concepts with experts from region of engaged consultants - see step 3.	Completed	1. Develop a VBP Work Group which includes representatives from across the care continuum of PPS system. Provide training on VBP core concepts with experts from region of engaged consultants - see step 3.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Develop VBP Work Group Charter with the primary goal of the AHI PPS VBP Work Group to coordinate outreach and educational initiatives that support VBP arrangements throughout our system.	Completed	2. Develop VBP Work Group Charter with the primary goal of the AHI PPS VBP Work Group to coordinate outreach and educational initiatives that support VBP arrangements throughout our system.	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Engage consultants or identify SME (Subject Matter Experts) in PPS region to assist the VBP workgroup as necessary.	Completed	3. Engage consultants or identify SME (Subject Matter Experts) in PPS region to assist the VBP workgroup as necessary.	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3A. Develop education and communication plan for providers to facilitate understanding of value based payment (VBP), to include levels of VBP, risk sharing, and provider/MCO contracting options.	Completed	3A. Develop education and communication plan for providers to facilitate understanding of value based payment (VBP), to include levels of VBP, risk sharing, and provider/MCO contracting options.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Develop training materials to be used for provider and PPS stakeholder outreach and educational campaign. Engage consultants as necessary based on expertise and coordinate with other DSRIP work stream leads.	In Progress	4. Develop training materials to be used for provider and PPS stakeholder outreach and educational campaign. Engage consultants as necessary based on expertise and coordinate with other DSRIP work stream leads.	11/01/2015	06/30/2016	11/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 5. Conduct education and outreach campaign for PPS stakeholders, specifically providers, to increase knowledge among the PPS network of	In Progress	5. Conduct education and outreach campaign for PPS stakeholders, specifically providers, to increase knowledge among the PPS network of the various VBP models and to enable the PPS to employ those models in a coordinated	12/01/2015	06/30/2016	12/01/2015	09/30/2016	09/30/2016	DY2 Q2	

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Adirondack Health Institute, Inc. (PPS ID:23)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
the various VBP models and to enable the PPS to employ those models in a coordinated approach. Existing DSRIP communication channels and best practices for training using various media will be employed and documented to optimize resources.		approach. Existing DSRIP communication channels and best practices for training using various media will be employed and documented to optimize resources.							
Task 6. Develop a stakeholder engagement survey to establish a baseline assessment of the PPS's regional experience and readiness for VBP concepts and contracting. Key areas to assess include the following: degree of experience operating in VBP models and preferred compensation modalities; degree of sophistication in ability to negotiate plan contracts, monitor and report on service types; estimated volume of Medicaid Managed Care spending received by the network, estimate of total cost of care for specific services, provider ability and willingness to take downside risk in a risk sharing arrangement and existing systems in place to support new payment models. This will also be used to evaluate the preferred method of negotiating plan options with Medicaid Managed Care organization and the level of assistance needed to negotiate plan options with Medicaid Managed Care.	Completed	6. Develop a stakeholder engagement survey to establish a baseline assessment of the PPS's regional experience and readiness for VBP concepts and contracting. Key areas to assess include the following: degree of experience operating in VBP models and preferred compensation modalities; degree of sophistication in ability to negotiate plan contracts, monitor and report on service types; estimated volume of Medicaid Managed Care spending received by the network, estimate of total cost of care for specific services, provider ability and willingness to take downside risk in a risk sharing arrangement and existing systems in place to support new payment models. This will also be used to evaluate the preferred method of negotiating plan options with Medicaid Managed Care organization and the level of assistance needed to negotiate plan options with Medicaid Managed Care.	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 7. Develop detailed plan to perform stakeholder engagement survey to the provider population to determine PPS baseline demographics. Includes developing instructions for survey with examples where possible.	In Progress	7. Develop detailed plan to perform stakeholder engagement survey to the provider population to determine PPS baseline demographics. Includes developing instructions for survey with examples where possible.	12/01/2015	06/30/2016	12/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 8. Conduct provider outreach sessions to in conjunction with the survey to supplement the stakeholder engagement survey and engage	In Progress	8. Conduct provider outreach sessions to in conjunction with the survey to supplement the stakeholder engagement survey and engage stakeholders in open discussion.	12/01/2015	06/30/2016	12/01/2015	09/30/2016	09/30/2016	DY2 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
stakeholders in open discussion.									
Task 9. Compile stakeholder engagement survey results and findings from provider engagement sessions and analyze findings.	Not Started	9. Compile stakeholder engagement survey results and findings from provider engagement sessions and analyze findings.	05/01/2016	06/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 10. Develop strategy to engage MCOs in VBP assessment. Legal counsel to be engaged in advance to ensue compliance with regulations throughout discussions and planning.	Not Started	10. Develop strategy to engage MCOs in VBP assessment. Legal counsel to be engaged in advance to ensue compliance with regulations throughout discussions and planning.	05/01/2016	06/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 10A. Conduct stakeholder engagement sessions with MCOs to understand potential for contracting with the PPS and discuss potential options and planning process.	Not Started	10A. Conduct stakeholder engagement sessions with MCOs to understand potential for contracting with the PPS and discuss potential options and planning process.	05/01/2016	06/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 10B. Review results of MCO discussions and assess need to modify strategy from step 10.	Not Started	10B. Review results of MCO discussions and assess need to modify strategy from step 10.	05/01/2016	06/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 11. AHI PPS PPS Board to sign off on preference for PPS central role in contracting.	Not Started	11. AHI PPS PPS Board to sign off on preference for PPS central role in contracting.	05/01/2016	06/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 12. Develop initial PPS VBP Baseline Assessment, based on feedback from provider and MCO stakeholder engagement sessions and survey results. Summarize the findings and identify trends and any risks or unexpected issues that arose during the assessment process. Evaluate the responses to ensure the results are representative of regional providers. Review with Finance Committee.	Not Started	12. Develop initial PPS VBP Baseline Assessment, based on feedback from provider and MCO stakeholder engagement sessions and survey results. Summarize the findings and identify trends and any risks or unexpected issues that arose during the assessment process. Evaluate the responses to ensure the results are representative of regional providers. Review with Finance Committee.	05/01/2016	06/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 13. Circulate the AHI PPS VBP Baseline Assessment for open comment among network providers to help ensure accuracy and understanding.	Not Started	13. Circulate the AHI PPS VBP Baseline Assessment for open comment among network providers to help ensure accuracy and understanding.	05/01/2016	06/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task	Not Started	14. Update, revise and finalize AHI PPS VBP Baseline	05/01/2016	06/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
14. Update, revise and finalize AHI PPS VBP Baseline Assessment.		Assessment.							
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 3/31/2017. Value-based payment plan, signed off by PPS board.	05/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	YES
Task 1. Analyze health care bundle populations and total cost of care data provided by the Department of Health (DOH) to identify VBP opportunities that are more easily attainable and prioritize services moving into VBP along with survey results obtained during PPS VPB assessment.	Not Started	1. Analyze health care bundle populations and total cost of care data provided by the Department of Health (DOH) to identify VBP opportunities that are more easily attainable and prioritize services moving into VBP along with survey results obtained during PPS VPB assessment.	05/01/2016	06/30/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 2. Identify VBP accelerators and challenges within AHI PPS related to the implementation of the VBP model, including existing ACO and MCO models with current VBP arrangements, existing bundled payments, or shared savings arrangements.	Not Started	2. Identify VBP accelerators and challenges within AHI PPS related to the implementation of the VBP model, including existing ACO and MCO models with current VBP arrangements, existing bundled payments, or shared savings arrangements.	05/01/2016	09/30/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 3. Align providers and PCMHs to potential VBP accelerators and challenges to identify which providers and PCMHs are best aligned to expeditiously engage in VBP arrangements.	Not Started	3. Align providers and PCMHs to potential VBP accelerators and challenges to identify which providers and PCMHs are best aligned to expeditiously engage in VBP arrangements.	05/01/2016	09/30/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 4. Identify providers and PCMHs within the PPS with the ability to negotiate VBP arrangements and operate in a VBP model. Providers and PCMHs will be divided into three categories (Advanced, Moderate and Low) based on 1) findings derived from the VBP Baseline Assessment, 2) their alignment with VBP accelerators and challenges, and 3) their ability to implement VBP arrangements for more easily attainable bundles of care based on DOH	Not Started	4. Identify providers and PCMHs within the PPS with the ability to negotiate VBP arrangements and operate in a VBP model. Providers and PCMHs will be divided into three categories (Advanced, Moderate and Low) based on 1) findings derived from the VBP Baseline Assessment, 2) their alignment with VBP accelerators and challenges, and 3) their ability to implement VBP arrangements for more easily attainable bundles of care based on DOH provided data.	05/01/2016	09/30/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
provided data.									
Task 5. Conduct engagement sessions between 'advanced' providers/PCMHs and MCOs to discuss the process and requirements necessary for engaging in VBP arrangements.	Not Started	5. Conduct engagement sessions between 'advanced' providers/PCMHs and MCOs to discuss the process and requirements necessary for engaging in VBP arrangements.	07/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 6. Re-assess capability and infrastructure of providers and PCMHs that have been identified as 'advanced,' in order to assess for strengths and weaknesses in ability to continue as early adopters of VBP arrangements.	Not Started	6. Re-assess capability and infrastructure of providers and PCMHs that have been identified as 'advanced,' in order to assess for strengths and weaknesses in ability to continue as early adopters of VBP arrangements.	07/01/2016	09/30/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 7. Develop a realistic and achievable timeline for "Advanced" providers and PCMHs to become early adopters of VBP arrangements, taking into account the ability to engage in VBP arrangements for the care bundles deemed more attainable and which are supported by DOH data.	Not Started	7. Develop a realistic and achievable timeline for "Advanced" providers and PCMHs to become early adopters of VBP arrangements, taking into account the ability to engage in VBP arrangements for the care bundles deemed more attainable and which are supported by DOH data.	05/01/2016	09/30/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 8. Develop an implementation plan for VPB that includes the infrastructure and processes across the PPS to support the related VPB contract terms.	Not Started	8. Develop an implementation plan for VPB that includes the infrastructure and processes across the PPS to support the related VPB contract terms.	07/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 9. Develop phases 2 and 3 for "Moderate" and "Low" providers and PCMHs to adopt VBP arrangements using lessons learned, and develop early planning states for advanced providers to move into Level 2 arrangements when appropriate.	Not Started	9. Develop phases 2 and 3 for "Moderate" and "Low" providers and PCMHs to adopt VBP arrangements using lessons learned, and develop early planning states for advanced providers to move into Level 2 arrangements when appropriate.	07/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 10. Engage key financial stakeholders from MCOs, PPS and providers to discuss options for shared savings and funds flow. Key elements of this step will include effectively analyzing	Not Started	10. Engage key financial stakeholders from MCOs, PPS and providers to discuss options for shared savings and funds flow. Key elements of this step will include effectively analyzing provider and PPS performance, methods of dispersing shared savings and infrastructure required to	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
provider and PPS performance, methods of dispersing shared savings and infrastructure required to support performance monitoring and reporting.		support performance monitoring and reporting.							
Task 11. Prepare a VBP Adoption Plan for the PPS outlining the timelines, milestones and risk mitigation plan.	Not Started	11. Prepare a VBP Adoption Plan for the PPS outlining the timelines, milestones and risk mitigation plan.	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 12. VPB Adoption Plan to be reviewed by key stakeholders and governing body of the PPS.	Not Started	12. VPB Adoption Plan to be reviewed by key stakeholders and governing body of the PPS.	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 13. Plan to be communicated to PPS participants for input and review.	Not Started	13. Plan to be communicated to PPS participants for input and review.	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 14. Update, modify and finalize VBP Adoption plan with appropriate approvals.	Not Started	14. Update, modify and finalize VBP Adoption plan with appropriate approvals.	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	Not Started		01/01/2017	12/31/2017	01/01/2017	12/31/2017	12/31/2017	DY3 Q3	YES
Milestone #7 Contract 50% of care-costs through Level 1 VBPs, and >= 30% of these costs through Level 2 VBPs or higher	Not Started		01/01/2018	12/31/2018	01/01/2018	12/31/2018	12/31/2018	DY4 Q3	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	Not Started		01/01/2019	12/31/2019	01/01/2019	12/31/2019	12/31/2019	DY5 Q3	YES

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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

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize PPS finance structure, including reporting 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	

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☑ **IPQR Module 3.2 - PPS Defined Milestones**

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

NYS Confidentiality – High

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

Instructions :

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

AHI PPS has completed many of the milestones for the financial sustainability work stream including finalizing the finance and reporting structure, completing the network financial health assessment and sustainability strategy, and developing a compliance plan, but there remain challenges for AHI PPSs to assess and monitor the financial health of the PPS providers and to establish the role of AHI PPS in leading the transition to value based payment. These challenges include the following:

• Obtaining partner participation buy-in as AHI PPS moves from engagement to implementation phase of the project plans;

• Finding appropriate resources to analyze and validate data related to project performance;

• Determining whether AHI PPS is properly positioned to fully support financially fragile providers who are critical to the success of the PPS;

• Transitioning to value base payment is not accepted by the PPS partners at the pace required to meet DSRIP timelines;

• Resource limitations of PPS Partners, especially smaller entities, may prevent the entities from investing required resources needed to participate in the PPS and provide timely/adequate information;

• Developing a single plan that meets the needs of a wide range of partners, covering a large geographic area, where significant differences can exist from region to region within the service area; and

• Expertise on components of the DSRIP strategy, in particular VBP methods, not readily available or attainable to meet DSRIP timeline.

The challenges listed above will be mitigated in the following ways:

• AHI PPS will leverage the systems that will be used to measure and monitor DSRIP project performance and incorporate financial metrics in agreements with providers to monitor the financial health of the PPS providers.

• AHI PPS is developing tools that will be used to disseminate information, collaborate with participants, collect data, provide transparency, and timely quarterly reporting on the DSRIP projects internally to PPS and to NYSDOH.

• AHI PPS is developing a communications strategy to provide timely and clear information flow to PPS providers to garner support and active participation in meeting DSRIP project requirements and earning the full DSRIP payment.

• The AHI PPS funds distribution plan will be transparent to the providers and ensure that all plan requirements and related processes and payment schedules are clearly understood and communicated regularly.

• Through educational campaigns, AHI PPS will address the objectives of value based payment models, as well as the possible implications of engaging in value based payment arrangements, so providers can make informed decisions.

• AHI PPS will engage partners to develop a flexible, multi-phased approach to contracting on a VBP basis that also allows for AHI PPS providers with longstanding relationships to contract directly with the regions MCOs.

• AHI PPS will examine opportunities to facilitate and support contract negotiations between AHI PPS providers and MCOs to the greatest extent.

• AHI PPS will leverage existing relationship with Adirondack ACO and the Medical Home Pilot to further support contract negotiations between AHI

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PPS providers and MCOs.

☑ **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 financial stability workstream is dependent on the progress of several related workstreams in order to achieve successes. Those workstreams that share interdependencies in key areas with financial stability are outlined below.

• Governance – A fully supportive governance process is essential to establishing the role of the AHI PPS as the PPS Lead. In addition, fully established roles within the governance structure for Finance, Compliance and Audit will inform and drive the finance committee charter, its oversight of the finance function and approach to funds flow. There will be specific situations that will require board communications and/or approvals when significant risk is involved. We anticipate that our PPS governance may need to be modified based on the results of VBP planning activities.
• DSRIP Network Capabilities and Project Implementation - The successful implementation of the AHI PPS value based reform strategy, and execution of value based contracts, will require a developed and functioning integrated delivery network and buy-in of the network partners to the value based payment strategy. Transparency and strong communication strategies will be important at all phases on the DSRIP program.
• Reporting Requirements – The DSRIP process has extensive reporting requirements linked to DSRIP payments – such as quarterly reports from network partners is a dependency for processing and receiving timely payments to partners. This reporting is dependent upon input and submission of reports and data from the individual network providers as well as other sources of data that will require the PPSs IT function to access.
• DSRIP Projects – The AHI PPS finance function must have an understanding of projects selected and participation level of providers for each (Provider Participation Matrix) in order to develop a meaningful funds plan for the PPS. In addition, the PPS and the providers must understand project costs, impacts and other needs as part of their process of evaluating financial stability and impact going forward.
• HIT – This workstream will be essential to providing technology to access data, including a financial reporting system, as well as the technology for reporting project level performance data that is closely linked to the payments received for DSRIP projects. The extent of the role of IT for the PPS Lead and the PPS itself is expected to evolve throughout the DSRIP period which will require adaptive strategies throughout the work streams, including the finance areas of funds flow, budgeting and value based payment initiatives.
• Workforce – The relationship between the finance and workforce workstreams is crucial to direct funds to providers for training/retraining, recruitment, and redeployment. Finance works closely with the workforce workstream to process payments to providers that have been approved by the workforce workgroups and committee. Finance will also communicate all spending related to workforce to ensure that the appropriate data related to the workforce strategy and impact is being gathered and reported to meet the DSRIP requirements.

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☑ **IPQR Module 3.5 - Roles and Responsibilities**

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Chief Financial Officer	Eric Burton	Responsible for development and management of the Finance Office and its specific functions. The individual will provide guidance and oversight around the Funds Flow Plan, the Financial Stability Plan, and other relevant processes. The responsibilities include ensuring that funds are managed and distributed according to the approved plan, that reporting requirements are met and that communication regarding the Finance related functions is timely and accurate.
Finance Manager	Peter Oldytowski	Responsible for the daily operation of the Finance Office, including programmatic development of the infrastructure tools critical to the Funds Flow Plan and the related banking, accounts payable and general ledger functions.
Financial Analyst	New Hire	Responsible for assisting in the continuity of operations of the data aspects of the Finance Office and providing assistance to the Finance Office as it relates to data analysis, acquisition and reporting. This position will be responsible for developing and distributing the defined report data set(s) to the designated stakeholders.
Accounts Payable Staff	AHI Staff	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 write related to the DSRIP funds distribution.
Contracts Manager	New Hire	This position will be responsible for working with the CFO to coordinate the contracting process between the PPS and the network providers.
Accounts Receivable Staff	AHI Staff	Responsible for the day-to-day operations of the Banking function, including the processing of the DSRIP funds received from DOH and reporting of the status of funds expected and received as well as reconciliation of bank related statements.

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Compliance Director	Lottie Jameson - Interim	Will oversee the development and implementation of the compliance plan of the PPS Lead and related compliance requirements of the PPS as they are defined. Scope would include the PPS Lead compliance plan related to DSRIP. The compliance role should report to the Executive Body.
Audit	Cohn Reznick	External auditors reporting to the Finance Committee. The firm will perform the audit of the PPS and PPS Lead related to DSRIP services according to the audit plan approved by the Finance Committee and Executive Body

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☑ **IPQR Module 3.6 - Key Stakeholders**

Instructions :

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Bob Cawley	PPS DSRIP Project Director	The DSRIP Project Director has overarching responsibility for oversight of the DSRIP initiative for the PPS
Bob Cawley	Project Management Office	PMO oversight and leadership for finance related projects, VBR strategy, and for the overall implementation plan deliverables that affect finance function reporting
Project Champions	DSRIP Project Leads	Collaboration with finance re: PPS Project Implementation, status of project, reporting required to meet DOH requirements,
Lottie Jameson	PPS Compliance Committee PPS Compliance Officer	Oversight of PPS Compliance Plan and related training, education, and reporting requirements of the plan
Finance Committee Chair	PPS Finance Committee	Board level oversight and responsibility for the PPS Finance function; Review and approval of finance related policies and procedures; oversight of PPS Lead role, responsibilities and deliverables; oversight of audit and compliance related processes
Lottie Jameson Human Resources	PPS Human Resources	HR related functions of PPS for its employees and guidance related to the PPS workforce strategies
StoredTech	PPS IT Consultants	Information Technology related requirements for the finance function; access to data for the finance function reporting requirements
CEOs of PPS Network Partners	Network Finance Partners	PPS Network Provider partners' CEOs are responsible for their organization's' execution of their DSRIP responsibilities, they will contribute to the success of the finance function and finance related strategies
CFO/Finance Team of PPS Network Partner	Network Finance Partners	Primary contact for the PPS Lead finance function for conducting DSRIP related business and responsible for their organization's execution of their DSRIP related finance responsibilities and participation in finance related strategies
Boards of Directors for PPS	Governance	PPS Network Provider partners' BOD have overall responsibility for their organizations' execution of their DSRIP responsibilities, they

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		will contribute to the success of the finance function and finance related strategies
Dwane Sterling	PPS Technology Director	Data security and confidentiality plan, Data exchange plan.
External Stakeholders		
Stephen Schwartz, CohnReznick External Audit Function	External Audit Function	External Audit Function
MCOs and other payers	MCOs and other payers identified by PPS for pursuit of PPS Value based reform strategies	The PPS Lead and PPS will have responsibilities related to implementing the PPSs value based strategy, the contracting process, and implementation / administration of executed value based agreements.
NY DOH	NY DOH defines the DSRIP requirements	The PPS Lead and PPS finance function has responsibility for the overall administration of DSRIP reporting to DOH and the funds flow process
Community Representatives	Community Representatives	Community needs and interests are significant influencers of DSRIP projects and will contribute to the adoption and buy-in across the network. Communication regarding DSRIP status, results, and future strategies will be important to maintain their contribution and influence.
Government Agencies / Regulators	Government Agencies / Regulators	County and State agencies and regulatory bodies will have oversight and influence in a number of DSRIP related areas - including the importance of waivers or regulatory relief, construction / renovation projects, and other items related to DSRIP. Communication with them regarding DSRIP status, results, future strategies and their role in DSRIP success will be important.
Medicaid Managed care Plans	Responsible for contracting with AHI PPS and individual providers on a VBP basis.	These will be determined pursuant to the development of AHI PPS's Baseline Assessment and VBP Adoption Plan.
HIV Special Needs Plans	Responsible for contracting with AHI PPS and individual providers on a VBP basis for the HIV population specialty chronic population.	These will be determined pursuant to the development of AHI PPS's Baseline Assessment and VBP Adoption Plan.

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☑ **IPQR Module 3.7 - IT Expectations**

Instructions :

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

The development of shared IT infrastructure and data communications strategy across AHI PPS PPS will support the AHI PPS Finance Office and our work on the financial sustainability of the network by providing the network partners with capability for sharing and submitting reports and data pertaining to project performance and other DSRIP related business in a secure and compliant manner. We intend to link to the performance reporting mechanisms that will be utilized across the PPS to provide our finance team with current data that may be utilized to track project performance levels and expected DSRIP payments.

Other shared IT infrastructure and functionality across the PPS that will support or contribute to the success of the AHI PPS Finance Office includes:
• Population Health systems or technology that will support the need to access and report on data related to clinical services and outcomes – for DSRIP required metrics and to meet the needs under value based payment arrangements.
• Care Coordination technology and systems that supports broad network integration of services and health management capabilities.
• Communications platform to disseminate and accumulate information with our partners
• Leveraging existing medical home infrastructures
• Reporting and project management tool to collaborate and maintain transparency with our network partner
As DSRIP PPS plans develop, certain components of the IT infrastructure will be developed to be centralized with the PPS lead, some with will decentralized across providers or groups of providers and some may be centralized with the DOH and other third parties. The outcome of these decisions will impact significantly several facets of the AHI PPS DSRIP implementation plans.
The NYS CRFP initiated in conjunction with DSRIP will impact the IT infrastructure for the various work streams as funding for IT capital was requested by multiple AHI PPS providers and the AHI PPS. A population health management platform, EHR systems, tele health and other health data management software are among the capital requests. The results of the CRFP awards will impact the related DSRIP projects in terms of both funding and planning.

☑ **IPQR Module 3.8 - Progress Reporting**

Instructions :

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

We will align our PPS financial management and sustainability progress reporting with the reporting and oversight structures in place for the DSRIP

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projects, through the AHI PPS PMO. The PMO will be responsible for monitoring progress against project requirements and process measures at a provider level, and the preparation of status reports for the quarterly reporting process for DOH. We will leverage this process and integrate where feasible, the financial reporting that we require in order to be able to monitor and manage the financial health of the network over the course of the DSRIP program.

The AHI PPS Finance Office will be responsible for consolidating all of the specific financial elements of this project reporting into specific financial dashboards for the AHI PPS Board and for the tracking of the specific financial indicators we are required to report on as part of the financial sustainability assessments and the ongoing monitoring of the financial impacts of DSRIP on the providers. Through ongoing reporting, if a partner trends negatively or if the financial impacts are not in line with expectations, the AHI PPS Finance Office will work with the provider in question to understand the financial impact and develop plans for corrective action.

The AHI PPS Finance Office will provide regular reporting to the Finance Committee, Executive Body and network partners as applicable regarding the financial health of the FHPP and updates regarding the Financially Fragile Watch List and the Distressed Provider Plans currently in place.

IPQR Module 3.9 - IA Monitoring

Instructions :

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Section 04 – Cultural Competency & Health Literacy

☑ **IPQR Module 4.1 - Prescribed Milestones**

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize cultural competency / health literacy strategy.	Completed	This milestone must be completed by 12/31/2015. Cultural competency / health literacy strategy signed off by PPS Board. The strategy should: -- Identify priority groups experiencing health disparities (based on your CNA and other analyses); -- Identify key factors to improve access to quality primary, behavioral health, and preventive health care -- Define plans for two-way communication with the population and community groups through specific community forums -- Identify assessments and tools to assist patients with self-management of conditions (considering cultural, linguistic and literacy factors); and -- Identify community-based interventions to reduce health disparities and improve outcomes.	09/01/2015	12/21/2015	09/01/2015	12/21/2015	12/31/2015	DY1 Q3	YES
Task Develop metrics to evaluate and monitor ongoing impact of cultural competency / health literacy initiatives. Progress against these metrics will be evaluated on a semi-annual basis and results will be published.	Completed	Evaluate	09/01/2015	12/21/2015	09/01/2015	12/21/2015	12/31/2015	DY1 Q3	
Task By utilizing Community and Beneficiary Committee and the Workforce committee, with guidance from the Training and Resources Workgroup, the AHI PPS will ensure	Completed	Diverse Representation	09/01/2015	12/21/2015	09/01/2015	12/21/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
representation from a diverse group of stakeholders (providers, CBO, behavior health, education, local organizations) overseeing cultural competency and health literacy strategy.									
Task Building on the Community Needs Assessment, conduct analysis to confirm key priorities for the AHI PPS in terms of health disparities between different cultural, socioeconomic and age groups. This will include an analysis of the driving factors behind these poorer outcomes, and the drivers of inappropriate or under-use of services by specific populations. The focus groups and survey conducted with beneficiaries in the 2. d. i. project will be shared to inform cultural differences across the region and health literacy needs of the Medicaid population to be served.	Completed	Conduct Analysis	09/30/2015	12/21/2015	09/30/2015	12/21/2015	12/31/2015	DY1 Q3	
Task Building on the initial assessment carried out for the DSRIP application, assess cultural competency needs at the provider level. This gap analysis will compare the priority patient groups and health disparities with the facilities and services available at a provider / site level, as well as the linguistic capabilities of individuals at those providers. The analysis will also consider the role of CBOs and the capabilities available through our CBO partners. This analysis will be used to identify key targets (i.e. providers and/or geographic areas where the cultural competency of providers is in need of additional supports and resources). The assessment will cover: the patient environment; the simplicity / accessibility of services; and the extent to which existing community groups are actively promoting and/or providing services.	Completed	Assess Cultural	09/30/2015	12/21/2015	09/30/2015	12/21/2015	12/31/2015	DY1 Q3	
Task	Completed	Determine Standards	11/01/2015	12/21/2015	11/01/2015	12/21/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
The Community and Beneficiary Engagement Committee and the Workforce Committee will determine the AHI PPS standards for culturally and linguistically appropriate services (building on national standards). These two groups will consider relevant evidence-based clinical and/or programmatic approaches for target communities, such as disease risk factors for specific ethnic/racial groups, cultural issues that impact adherence rates, psycho-social stressors, nutritional regimens that match ethnic traditions and/or financial affordability, and implicit biases in assessing patients. These standards will be approved by other PPS committees as deemed appropriate and by the Leadership Board.									
Task Develop communications and engagement approach to build provider/partner buy-in to improve cultural competency and accessibility of services/facilities.	Completed	Develop approach	11/01/2015	12/21/2015	11/01/2015	12/21/2015	12/31/2015	DY1 Q3	
Task The Community and Beneficiary Engagement Committee and the Workforce Committee will share the Cultural Competency / Health Literacy Strategy with patient groups, CBOs, and PPS provider network.	Completed	Share Strategy	11/01/2015	12/21/2015	11/01/2015	12/21/2015	12/31/2015	DY1 Q3	
Task Develop literature / material designed to improve health literacy of target populations of attributed members, with specific reference to the availability of services and the most appropriate ways to access / navigate the health system; develop plan to disseminate this material in PPS learning collaborative with providers within the network identified as having best practices in in cultural competency.	Completed	Develop Materials	11/01/2015	12/21/2015	11/01/2015	12/21/2015	12/31/2015	DY1 Q3	
Milestone #2	Completed	This milestone must be completed by 6/30/2016. Cultural	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	YES

NYS Confidentiality – High

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).		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							
Task Based on gap assessment and the adopted standards/approaches/strategies, develop a plan for competency/health literacy trainings that addresses needs, scope and goals including targeted sites, potential for telemedicine utilization and preferred mode of training dissemination such as a learning management system (Moodle).	Completed	Develop Plan	02/01/2016	06/30/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Identify cultural competency 'champions' throughout the AHI PPS network and corresponding points of contact with CBO partners; identify organizations/individuals interested in Train the Trainer approach.	Completed	Identify Champions	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task In collaboration with CBOs, and PPS partners, the Community and Beneficiary Engagement Committee and the Training and Resources Workgroup will review evidence based training interventions that are effective in improving ccultural competency, with a particular focus on the specific cultural/socio-demographic groups identified above.	Completed	Review Trainings	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Utilizing the evidence base, the Community and Beneficiary Engagement Committee and the Training and Resources Workgroup will oversee training development for frontline practitioners	Completed	Oversee Training	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
focused on the core competencies and skills required to deliver culturally competent, health literate care (with specific reference to the patient populations identified as priorities above).									
Task In conjunction with Step 4, the Community Beneficiary Engagement Committee and the Training and Resources Workgroup will incorporate trainings into Workforce Training Strategy. In Workforce Implementation Plan Milestone "Develop Training Strategy" Steps 3, 4 and 5 outline how the strategy will be developed and how the effectiveness will be measured.	Completed	Incorporate Training	02/01/2016	06/30/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
No Records Found		

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	ctrue	Other	23_DY2Q1_CCHL_MDL41_PRES2_OTH_CCHL_training_schedule_DY2Q1Mapp_20160630_4067.xlsx	Training Schedule	07/22/2016 02:41 PM
	ctrue	Other	23_DY2Q1_CCHL_MDL41_PRES2_OTH_AHI_PPS_Steering_Committee_Meeting_Notes_20160712_4066.pdf	Steering Committee Meeting Notes	07/22/2016 02:39 PM
	ctrue	Other	23_DY2Q1_CCHL_MDL41_PRES2_OTH_AHI_PPS_CCHL_Training_Strategy_6.30.16_FINALMD_4065.pdf	Training Strategy	07/22/2016 02:37 PM

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize cultural competency / health literacy strategy.	
Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	Completing the AHI PPS CCHL Strategy as part of Milestone #1 was the foundation for completing Milestone #2. The strategy clarified PPS priorities around cultural competency and health literacy, which provides the basis for developing a training strategy. The AHI PPS CCHL Training Strategy was developed with input from the Community and Beneficiary Engagement Committee, the Workforce Committee and Training and Resources Workgroup, and a subject matter expert consultant. The AHI PPS Steering Committee reviewed and approved the Training Strategy document at their 7/12/16 meeting. Relevant trainings held to date are represented in the Training Schedule Template, and additional trainings will be implemented in the current and upcoming quarters. Please see supporting documentation.

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☑ **IPQR Module 4.2 - PPS Defined Milestones**

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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

A component of success of many of the work streams is dependent upon effective communication and active engagement by the participants.

The risks associated with Cultural Competency and Health Literacy are:
Communication:
• Ineffective communication by providers and lack of comprehension by the patient, coupled in some cases by cultural barriers, can create miscommunication and have a negative impact on health outcomes.
Partner/Practioner Engagement:
• Large geographic region makes in-person training and education prohibitive.
• Limited provider and staff time availability for training to carry out the Cultural Competency and Health Literacy Initiatives.
• Sustaining active participation in health literacy and cultural competency trainings
• As the PPSs health disparities are socioeconomic, age related, and disabilities, there can be a lack of understanding by providers about "cultural" differences or buy in that there is a need for training.

These risks will be mitigated by:
• Dissemination of gap assessment results to the Regional Health Improvement Team Leaders, the project Team Leaders, and to the AHI PPS Steering Committee, along with general media public service announcements, will heighten awareness about the importance of clear understanding and
communication between providers and patients and the potential impact on outcomes. The AHI PPS will undertake a comprehensive training program for providers through identifying and developing champions and trainers in their own organizations to increase their knowledge and efficacy related to Cultural
Competency and Health Literacy. Resources, literature and materials will be made available to providers to ensure accurate, timely health literate, culturally sensitive information is provided to patients.
• Using on-demand web based learning platforms and other methods that bring training to the provider will make it easier for providers to access training at their convenience in their offices or at home eliminating travel time and expense.
• Creating a regional, systemic approach for small practices with frequent staff turnover for ongoing training support to ensure health literacy and cultural competency principles are incorporated in the practice.
• The AHI PPS is developing a comprehensive training strategy that provides education at all levels in all PPS partner organizations –
administrative, provider and front line staff – to introduce these concepts and link them with patient outcomes. AHI PPS conducted a survey of all PPS partners to better understand existing CC&HL activities and training. AHI PPS will capitalize on partner organizations that have already established strong CC&HL programs by incentivizing them through the contracting process as Champions to help bring these concepts to others in more of a peer to peer model.

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☑ **IPQR Module 4.4 - Major Dependencies on Organizational Workstreams**

Instructions :

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

Cultural Competency and Health Literacy is woven throughout several workstreams. As the core of this initiative is training, thereby requiring efficient planning and implementation with the Workforce workstream as well as the Practitioner Engagement workstream.

This initiative is also interdependent with Project 2.d.i - Patient Activation. As patients become informed, activated and engaged in their health, their confidence and efficacy in communicating their needs to their providers will increase. The PPS will prepare providers with skills and techniques through training and education, along with resources and materials to meet the needs of their patients. Patients will be completing PAM [Patient Activation Measure] tools and will receive referral to providers and CBOs for services.

There is also an interdependency with the development of the Population Health Management system. Demographic and community health data will drive the direction for trainings to be sure that providers and CBOs can be effective and serve patient need.

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☑ **IPQR Module 4.5 - Roles and Responsibilities**

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
AHI PPS Community and Beneficiary Engagement Committee Chair/ Project 2.d.i (Patient Activation) Champion	Crystal Carter, Clinton County Office for the Aging	Responsible for review and approval of strategy and deliverables
Workforce Committee Chair	Mike Lee, Adirondack Health	Responsible for review and approval of strategy and deliverables
Community and Beneficiary Engagement Committee	Tess Barker President & Chief Executive Officer Planned Parenthood of the North Country New York; Jocelyn Blanchard Director of Navigator Services Southern ADK Independent Living; Sr. Charla Commins Executive Director Catholic Charities of Saratoga, Warren & Washington counties; Kim Cook Director Open Door Mission; Michael Countryman Executive Director The Family Counseling Center of Fulton County; Janet Mann, Care Mgt Support Coordinator Northern ADK Medical Home, Adirondacks ACO; Marty Mannix, Community member, Adirondacks ACO; Tracy Mills, Senior Director, Planning & New Business Development, Glens Falls Hospital; Claire Murphy, Executive Director, Washington County EOC; Ashley Patnode, Community Member; Paul Raino, Community Member, ADK ACO; Allison Reynolds, Prevention Educator. Council for Prevention; Cynthia Nassivera-Reynolds, VP Transformation and Clinical Quality, Hudson Headwaters Health Network, Adirondacks ACO; Joe Riccio, Director of Communication, ADK Health, ADK	Includes representatives from community based organizations, public agencies, and clinical provider organizations, as well as community members/project beneficiaries who guide the development and implementation of the PPS CCHL strategies, PPS Community Engagement plan, Project 2.d.i: Patient Activation activities, and other activities intended to engage community members in PPS initiatives
Workforce Committee	Includes 17 Individuals including: Chair, Mike Lee (Chief Human Resources Officer, Adirondack Health), Linda Beers (Essex County Public Health), Jill Borgos (Empire State College), Kyle Brock	Includes representatives from human resources, finance, administration from , educational institutions, , health care organizations representing primary care, acute care, home care,

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
	(Glens Falls Hospital), Marti Burnley (Hudson Headwaters Health Network), Debbie Couture (Behavioral Health Services North), Michelle Law (Franklin-Essex-Hamilton BOCES), Michelle LeBeau (UVM-CVPH), Becky Leahy (North Country Home Services),Darlene Lewis (Canton Potsdam Hospital), Mark Lukens, Behavioral Health Services North), Megan Murphy (AHI), Elizabeth Parsons (Fort Hudson Health System), Sadie Spada (The Adirondack Arc), Kathy Tucker (1199 SEIU), Diane Wildey (, SUNY Adirondack), Karen Zanni (Empire State College).	long term care services, public health departments as well as union representatives and AHI staff who will define how and by whom any decisions around resource availability, allocation, training, redeployment and hiring will be made and signed off on.
Training and Resources Workgroup	Workgroup Leader: Diane Wildey (Dean Special Academic Services, SUNY ADK), and includes other interested parties related to training needs and strategies	Responsible for a comprehensive set of strategies for successful implementation of the workforce transformation agenda related to training needs, including informing and guiding development and implementation of the CCHL Training Strategy. Identify training gaps and key training resources available to achieve success in implementation plan activities.
AHI Vice President of Regional Planning and Development	Lottie Jameson, AHI	Provide oversight and input in to the development of CCHL initiatives.
AHI Director of Community Engagement and Workforce	Megan Murphy, AHI	Provide oversight and input in to the development of CCHL initiatives. . Serves as AHI representative on the Workforce Committee and Community and Beneficiary Engagement Committee.
AHI Workforce Manger	Kelly Owens, AHI	Responsible for incorporating Cultural Competency and Health Literacy into Workforce initiatives
AHI Community Engagement Manager	Jessica Chanese, AHI	Responsible for 2.d.i implementation and assuring that Cultural Competency and Health Literacy principles are integrated into the project implementation
Workforce Coordinators	Chelsea Truehart and JP Quintal	Assist with implementation of workforce deliverables and managing workforce workgroup initiatives, including those related to the CCHL workstream.
Community Engagement Coordinator & Facilitators	Melissa Davey, Amber Guyette, Victoria Knierim	Assist with implementation of Project 2.d.i: Patient Activation and CCHL deliverables, as well as other community engagement initiatives

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☑ **IPQR Module 4.6 - Key Stakeholders**

Instructions :

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Margaret Vosburgh	CEO, AHI	Oversight in overall PPS activities
Eric Burton	CFO, AHI	Oversight in overall PPS activities
Bob Cawley	Director, Health Transformation for AHI PPS	Oversight in overall PPS activities
AHI Cultural Competency and Health Literacy Task Force (Phil Kahn, Communications Coordinator; Megan Thompson, Health Home Coordinator; Donna Gallup, EASE Coordinator; Melissa Davey, Community Engagement Coordinator)	Model implementation of CCHL strategies internally	Recommend and guide activities to align AHI internal practices with DSRIP CCHL workstream principles
PPS Community Based Organizations: Including but not limited to North Country Healthy Heart Network, Adirondacks ACO, Open Door Mission, Prevention Councils for all counties, Glens Falls, Plattsburgh, Malone, Essex, and Saratoga housing authorities, Moreau Community Center, and Catholic Charities	Help develop and execute workstream; recipients of educational programs	Subject matter expert, patient liaison; commit to and continually improve cultural competency initiative
PPS Clinical Providers and staff, including but not limited to those at Glens Falls Hospital, Adirondack Health, UVHN: Alice Hyde, CVPH, Elizabethtown Community Hospital) ; HHHN; BHSN; Citizen Advocates	Help develop and execute workstream; recipients of educational programs	Subject matter expert, patient liaison; commit to and continually improve cultural competency initiative
PPS public sector Agencies at state and local levels: Including but not limited to Clinton County: OFA, DSS, CSB, Mental Health; Essex County CSB, Mental Health, Public Health; Franklin County CSB, Public Health, OFA; Hamilton County CSB, Mental Health, Public Health; Fulton County Public Health, Mental Health; Saratoga County Mental Health; Warren County CSB, Mental Health; Washington County CSB, Mental	Help develop and execute workstream; recipients of educational programs	Subject matter expert, patient liaison; commit to and continually improve cultural competency initiative

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Health, Public Health		
External Stakeholders		
Wilma Alvarado-Little, AlvaradoLittle Consulting, LLC	Consultant for CCHL strategy and CCHL training strategy development	Provides guidance and content to inform development of both the AHI PPS CCHL Strategy and AHI PPS CCHL Training Strategy
Clinical providers, community based organizations, and public agencies not associated with the PPS	Recipients of information, community/patient liaisons source of feedback	Participate in community forums, surveys, focus groups or other opportunities to contribute feedback
Patients and caregivers; other community members	Recipient of information/improved services, participate in focus groups and other contributions to design initiative	Participate in community forums, surveys, focus groups or other opportunities to contribute feedback
Training Vendors (TBD)	Training Vendor	Assist with coordination, development, and delivery of training activities as guided by the PPS training strategy and Training and Resources Workgroup with project manager input.

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☑ **IPQR Module 4.7 - IT Expectations**

Instructions :

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

Interoperable IT infrastructure will support the Cultural Competency and Health Literacy initiative. The PPS will be able to monitor, review and analyze the demographics for the people that are being served to be sure that appropriate interventions are being developed. If demographics shift, the Project Team and Workforce Committee will be able to develop appropriate training and education materials to address the changes. The interoperable systems will enable collecting utilization data and tracking outcomes for our target population.

☑ **IPQR Module 4.8 - Progress Reporting**

Instructions :

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

The AHI PPS will update the demographic information for the PPS region annually, including specific health disparities identified in the CNA and the gap analysis, to track any potential changes in the population over time.

The Community and Beneficiary Engagement Committee and Workforce Committee will develop metrics to track the effectiveness of the initiatives. These will include patient outcomes, evaluation results from trainings, and results from the focus groups and surveys as well as patient satisfaction results.

IPQR Module 4.9 - IA Monitoring

Instructions :

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Section 05 – IT Systems and Processes

☑ IPQR Module 5.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	In Progress	Detailed IT current state assessment. Relevant QEs (RHIOs/HIEs) should be involved in performing this assessment.	04/01/2015	06/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 5. Map future state needs articulated in IT Strategic Plan against readiness assessment in order to identify key gaps in IT infrastructure, data sharing and provider capabilities	In Progress	Identify key gaps	11/12/2015	06/30/2016	11/12/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 1. Establish IT Governance Structure	Completed	Establish structure	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Conduct IT Readiness Survey and analyze results (survey to include readiness for data sharing at the provider level and a mapping of the various systems in use throughout the network and their potential interoperability)	Completed	Readiness Survey	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Share results of IT readiness assessment with network partners and discuss implications in provider IT leads' forum	Completed	Share results	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Update and approve IT Strategic Plan	Completed	Strategic Plan	11/12/2015	03/31/2016	11/12/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 6. Re-survey IT Readiness to obtain higher	Completed	Re-survey	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
participation rate.									
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	06/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. Define IT Change Approval Process by Change Advisory Board (IT & DS Sub-Committee)	In Progress	Define Process	07/01/2015	06/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 2. Catalogue, define, and publish Standard/Non-Standard change scenarios	Completed	Change scenarios	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 3. Establish roles, responsibilities, and performance metrics for change process	Completed	Establish metrics	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Identify, communicate, and escalate pathways for Change Advisory Board (IT & DS Sub-Committee), representing multiple entities	Completed	Pathways for Change Advisory Board	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5. Approve and publish IT Change Strategy (including risk management), signed off by the AHI PPS Executive Body	In Progress	Change Strategy	11/12/2015	06/30/2016	11/12/2015	09/30/2016	09/30/2016	DY2 Q2	
Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	In Progress	Roadmap document, including current state assessment and workplan to achieve effective clinical data sharing and interoperable systems where required. The roadmap should include: -- A governance framework with overarching rules of the road for interoperability and clinical data sharing; -- A training plan to support the successful implementation of new platforms and processes; and -- Technical standards and implementation guidance for	07/01/2015	06/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		sharing and using a common clinical data set -- Detailed plans for establishing data exchange agreements between all providers within the PPS, including care management records (completed subcontractor DEAAs with all Medicaid providers within the PPS; contracts with all relevant CBOs including a BAA documenting the level of PHI to be shared and the purpose of this sharing).							
Task 1. Define data exchange needs based on the planning for the 11 DSRIP Projects and engagement with the network providers (as part of the current state assessment) *IT & DS Committee to create Sub Committee responsible for development of clinical data sharing and interoperability roadmap.	In Progress	Define Needs	07/01/2015	06/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 2. Define system interoperability requirements, using HIE/RHIO Protocols (Performance, Privacy, Security, etc.)	In Progress	Define requirements	07/01/2015	06/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 3. Map current state assessment against data exchange and system interoperability requirements	In Progress	Comparision	07/01/2015	06/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 4. Incorporate Data Sharing Consent Agreements and Consent Change Protocols into partner agreements, including subcontractor DEAAs with all providers within the PPS; contracts with all relevant CBOs	In Progress	Agreements	07/01/2015	06/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 5. Evaluation of business continuity, and data privacy controls by IT & DS Committee	In Progress	Evaluation by Committee	07/01/2015	06/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 6. Develop transition plan for providers currently using paper-based data exchange	In Progress	Transition plan	07/01/2015	06/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 7. Develop training plan for front-line and support staff, targeting capability gaps identified in	In Progress	Develop training plan	07/01/2015	06/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
current state assessment									
Task 8. Finalize clinical data sharing and interoperability roadmap	In Progress	Finalize roadmap	07/01/2015	06/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 9. Approval of clinical data sharing and interoperability roadmap by IT & DS Committee.	In Progress	Approve roadmap	11/12/2015	06/30/2016	11/12/2015	09/30/2016	09/30/2016	DY2 Q2	
Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	In Progress	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	06/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. Identify system needs, interfaces, and Action Plans for Existing/New Attributed Members	In Progress	Identify needs	07/01/2015	06/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 2. Perform a Gap analysis of existing communication channels used to engage with patients (call, text, mail etc.), comparing this to demographic information about member population (using CNA)	In Progress	Gap analysis	07/01/2015	06/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 3. Establish new patient engagement channels, potentially including new infrastructure (portal, call center, interfaces)	In Progress	Establish new channels	11/12/2015	06/30/2016	11/12/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 4. Incorporate patient engagement metrics (including numbers signing up to QEs) into performance monitoring for the AHI PPS IT & DS Committee and establish reporting relationship (focused on this metric) with the AHI PPS PMO - DY2, Q1S	In Progress	Incorporate metircs	11/12/2015	06/30/2016	11/12/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 5. Establish patient engagement progress reporting to the AHI PPS PMO	In Progress	Establish process	11/12/2015	06/30/2016	11/12/2015	09/30/2016	09/30/2016	DY2 Q2	
Milestone #5 Develop a data security and confidentiality plan.	In Progress	Data security and confidentiality plan, signed off by PPS Board, including: -- Analysis of information security risks and design of controls to mitigate risks	04/01/2015	06/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		-- Plans for ongoing security testing and controls to be rolled out throughout network.							
Task 1. Define data needs for PPS to access and establish protocols for Protected Data *Sub Committee to be set up by IT & DS Committee responsible for developing data security and confidentiality plan	Completed	Define needs	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 2. Establish Data Collection, Data Use, and Data Exchange Policies in conformance with HIPAA/HITECH, NYS rules & regulations and industry standard information security practices.	Completed	Establish policies	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 3. Data Security Audit or Monitoring Plan Established	Completed	Audit/Monitoring Plan	11/12/2015	06/30/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 4. Identify Vulnerability Data Security Gap Assessment including physical systems and building security, employee responsibilities, identification and authentication, security of cloud-based systems, RHIO/SHIN-NY and telecommunication systems and implement mitigation strategies	In Progress	Gap Assessment	10/01/2015	06/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 5. Approval of Data Security and Confidentiality plan by IT & DS Committee	In Progress	Approval by Committee	10/01/2015	06/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 6. Create on-going Data Security Progress Reporting to IT & DS Committee	In Progress	Progress Reporting	10/01/2015	06/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
No Records Found		

NYS Confidentiality – **High**

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop a data security and confidentiality plan.	dlarose	Other	23_DY2Q1_IT_MDL51_PRES5_OTH_DY2Q1_IT_M5_Remediation_Narrative_20160916_5902.docx	DY2Q1 IT Systems M5 Remediation Narrative	09/16/2016 02:51 PM
	ctrue	Other	23_DY2Q1_IT_MDL51_PRES5_OTH_Sys_Security_Plan_(SSP)_Moderate_Plus_Workbook_(IA_Family)_Final_ENCRYPTED_4862.docx	Sys Security Plan (SSP) Moderate Plus Workbook (IA Family)	08/02/2016 03:50 PM
	ctrue	Other	23_DY2Q1_IT_MDL51_PRES5_OTH_Sys_Security_Plan_(SSP)_Moderate_Plus_Workbook_(AC_Family)Final_ENCRYPTED_4861.docx	Sys Security Plan (SSP) Moderate Plus Workbook (AC Family)	08/02/2016 03:49 PM
	ctrue	Other	23_DY2Q1_IT_MDL51_PRES5_OTH_Sys_Security_Plan_(SSP)_Mod_Plus_Workbook_(SC_Family)_Final_(002)_ENCRYPTED_4860.docx	Sys Security Plan (SSP) Mod Plus Workbook (SC Family)	08/02/2016 03:48 PM
	ctrue	Other	23_DY2Q1_IT_MDL51_PRES5_OTH_Sys_Security_Plan_(SSP)_Mod_Pl_Workbook_(CM_Family)_(AS)(avt)_Final_ENCRYPTED_4859.docx	Sys Security Plan (SSP) Mod Pl Workbook (CM Family)	08/02/2016 03:48 PM
	ctrue	Other	23_DY2Q1_IT_MDL51_PRES5_OTH_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(SA_Family)_A..._4290.docx	OHIP DOS System Security Plan (SSP) Moderate Plus Workbook (SA Family)	07/27/2016 02:47 PM
	ctrue	Other	23_DY2Q1_IT_MDL51_PRES5_OTH_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(PM_Family)_A..._4289.docx	OHIP DOS System Security Plan (SSP) Moderate Plus Workbook (PM Family)	07/27/2016 02:46 PM
	ctrue	Other	23_DY2Q1_IT_MDL51_PRES5_OTH_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(PL_Family)_A..._4287.docx	OHIP DOS System Security Plan (SSP) Moderate Plus Workbook (PL Family)	07/27/2016 02:45 PM
	ctrue	Other	23_DY2Q1_IT_MDL51_PRES5_OTH_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(MA_Family)_A..._4285.docx	OHIP DOS System Security Plan (SSP) Moderate Plus Workbook (MA Family)	07/27/2016 02:41 PM
	ctrue	Other	23_DY2Q1_IT_MDL51_PRES5_OTH_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(CP_Family)_A..._4283.docx	OHIP DOS System Security Plan (SSP) Moderate Plus Workbook (CP Family)	07/27/2016 02:32 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).	Pending completion of identification of future needs based on key gaps in IT infrastructure, data sharing and provider capabilities.

NYS Confidentiality – **High**

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop an IT Change Management Strategy.	IT Change Management Strategy defined and awaiting final approval.
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	Data sharing consent agreements and consent change protocols are in process. Gap analysis underway to identify training needs and evaluate business continuity and transition plan.
Develop a specific plan for engaging attributed members in Qualifying Entities	Gap analysis compared to the Community Needs Assessment is in process.
Develop a data security and confidentiality plan.	Policies have been developed ("Written Information Security Program" (WISP) and "Annual Risk Assessment Policy") and awaiting final approval.

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☑ IPQR Module 5.2 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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

IT systems risks and challenges that impact most, if not all, of the AHI PPS projects, specifically 2.a.i, 2.a.ii, 2.a.iv, 2.d.i, 3.a.i and 4.b.ii. . IT risks and challenges include:

• Variation in data collection, sharing and security capabilities among partner organizations.

• Inconsistent implementation of data sharing standards by EHR vendors.

• DOH restrictions on the use of Medicaid claims data critical to the success of the AHI PPS.

• Competing initiatives among AHI PPS partners that have individualized metrics and requirements.

• Limited RHIO resources available to implement connectivity

• Competing obligations, priorities and time constraints to the AHI PPS and partners' employers.

• AHI PPS partners engaged with multiple RHIOs.

The IT & DS Governance Committee working with the PMO, Quality Committee and others, as needed, will be responsible for finalizing and implementing mitigation plans. The AHI PPS strategies for mitigating the risks and challenges listed above include:

• Assisting partners with researching and obtaining the appropriate technology – messaging capability, eHR-lite or fully functioning eHR.

• Assisting practices with Transition Coaches to incorporate technology into their workflow.

• Working with eHR vendors, provider practices, and Hixny to develop standardization in the data elements included in CCD-A and other transactions.

• Contracting with Hixny for dedicated resources to support AHI PPS partners.

• Collaborating with other PPSs and HANYS to work with DOH to find an appropriate compromise that will protect beneficiaries while allowing all PPSs to use the data to achieve DSRIP goals.

• Utilization of the MAPP and Salient tools even with the inherent risk of siloing data that will make practice transformation and achievement of AHI PPS goals more difficult.

• Align metrics and processes where possible with other initiatives and deploy PHM and performance reporting solutions that support multiple metric sets using the same practice based sources to reduce impact on PPS partners.

• Transition coaches, data analysts, and human capital from larger PPS partners to assist smaller PPS organizations with implementation of appropriate technology and processes to support goals and deliverables.
Continuing to bring in IT resources to help ensure AHI PPS can support PHM, analytics and reporting needs.

• AHI PPS will provide staff support to PPS committees, work groups, and project teams through PMO and other resources.

• Advocating for AHI PPS members to join a single RHIO and reliance on SHIN-NY development to provide adequate data sharing between RHIOs.

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☑ **IPQR Module 5.4 - Major Dependencies on Organizational Workstreams**

Instructions :

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

As is described throughout this implementation plan, the development of new and / or improved IT infrastructure is a crucial factor underpinning many other workstreams including, in particular, clinical integration, population health management and performance reporting. However, without the right business and financial support, the AHI PPS IT & DS Committee will not be able to drive the technological infrastructure development program to ensure the success of these workstreams. The interaction between the IT & DS and the PPS's clinical governance structure (especially the Practitioner Champions) will be vital to ensure that the IT infrastructure that we develop meets the needs of individual practitioners, providers and – particularly when it comes to population health management – the whole PPS network. During our development of the IT future state, we will work closely with the AHI PPS Finance Team to review available capital and DSRIP funding resources. Adding new technologies, interfaces, reporting and monitoring solutions, and other engagement channels within our PPS will also require additional IT staffing, which will depend heavily on the AHI PPS Workforce Strategy team. We will look to gain additional resources for IT call centers, support, analysis, and reporting. We will also look to other alternate means of staffing. Along with the need for new IT staff and systems, training the workforce to use new and expanded systems effectively will be crucial. To facilitate appropriate cooperation and communication, we recommend that members of the IT & DS Committee be embedded in the other relevant AHI PPS governance committees. The IT & DS Committee should also receive regualr updates from the PMO, Regional Health Innovation Teams (RHIT) and Project Champions or teams.

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☑ **IPQR Module 5.5 - Roles and Responsibilities**

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Chief Information Officer	AHI Director Health Systems Transformation, Bob Cawley	IT Governance, Change Management, IT Architecture
Data, Infrastructure, and Security Lead	AHI Technology Director, Dwane Sterling	Data security and confidentiality plan, Data Exchange Plan
Project Management Lead	AHI Technology Director, Dwane Sterling	Project Portfolio, Risk Register, Vendor Contracts, Progress Reports
Analytics and Reporting Lead	AHI Data Analyst, Forrest Hillery	Business Analytics, Metrics Implementation and Reporting
Application Lead	AHI Technology Director, Dwane Sterling	Application Strategy and Data Architecture

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✅ **IPQR Module 5.6 - Key Stakeholders**

Instructions :

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Practitioner Champions	Interface between IT Transformation Group and front-line end users	Input into system design / testing and training strategy
Regional Health Innovation Teams (RHITs)	Interface between IT Transformation Group and front-line end users	Input into system design / testing and training strategy/integration of IT & DS priorities into projects
PMO Manager	Responsible for designing and managing EHR interfaces, and interoperability	Patient Engagement Plan
Chief Compliance Officer	Approver	Data Security Plan
External Stakeholders		
Hixny	RHIO Platform Lead	Roadmap for delivering new capabilities
Consumers & Families	Recipients of care delivered by PPS partners, Partners in developing processes and systems	Roadmap for delivering new capabilities
Registries	Providers and Consumers of PPS data	Roadmap for delivering new capabilities
Public Health Departments	Providers and Consumers of PPS data, Partners in developing Community Health Needs Assessments and Plans	Roadmap for delivering new capabilities
eHR Vendors	Developing PPS Participant Data Collection and Sharing Capabilities	Roadmap for delivering new capabilities

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☑ **IPQR Module 5.7 - Progress Reporting**

Instructions :

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

Our IT & Data Sharing Governance Committee will establish expectations with all partners to supply key artifacts and monthly reports on key performance metrics. We will monitor the development and acquisition of key data sharing capabilities across the network and perform ongoing use and performance reports. These will be necessary to ensure continuing progress against our IT change management strategy. Follow-up specific IT questionnaires and surveys will be used periodically to identify any additional gaps, under/non-utilization, or the need for re-training. Our AHI PPS IT Transformation Group will be responsible for engaging attributed members in QEs and will report on this to the AHI PPS PMO. The FITG will also report to the Clinical Quality Committee on the level of engagement of providers in new / expanded IT systems and processes, including data sharing and the use of shared IT platforms.

In addition, the FITG will use the following ongoing performance reports to measure continuous performance of all partners:

1. Annual Gap Assessment Report – Partner adoption of IT infrastructure, enablement of clinical workflows, and application of population analytics
2. Annual refresh of IT Strategic Plan
3. Annual Data Security Audit Findings and Mitigation Plan
4. Monthly workforce training compliance report
5. Monthly Project Portfolio 'Earned Value' report for all IT related projects within DSRIP project portfolio
6. Monthly HIE usage report depicting turnaround time for various data elements
7. Weekly shared services performance report
8. Weekly Performance report on vendor agreed SLAs

AHI PPS IT Transformation Group will also conduct a quarterly survey of IT stakeholders (in particular the users of new infrastructure / systems) to derive qualitative assessments of user satisfaction.

IPQR Module 5.8 - IA Monitoring

Instructions :

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Section 06 – Performance Reporting

✅ IPQR Module 6.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	In Progress	Performance reporting and communications strategy, signed off by PPS Board. This should include: -- The identification of individuals responsible for clinical and financial outcomes of specific patient pathways; -- Your plans for the creation and use of clinical quality & performance dashboards -- Your approach to Rapid Cycle Evaluation	07/01/2015	06/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. The Clinical Quality Committee and the Financial Governance Committee, in coordination with the Regional Health Innovation Team Leaders and the PPS Project Teams, identifies the individuals accountable for clinical and financial outcomes for patient care pathways. These individuals lead continuous improvement processes for the patient care pathways underlying their respective projects. As per the PPS Governance Implementation Plan, Clinical governance will be finalized by DY1, Q3, as such, this step will take place in DY1, Q4.	In Progress	Identify individuals	01/01/2016	06/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 2. The Leaders identified in task #1 are convened, receive information on their role and engage in dialogue to contribute to the development of the role, and needs for training / professional development are identified. Any needs identified are communicated to Workforce	In Progress	Leaders Convene	01/01/2016	06/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Committee(s).									
Task 3. Establish a process for communicating performance related data (including, at minimum, the data provided to the PPS by NYS DOH) to leaders, teams, and providers, as needed for their specific role. Establish interim mechanism/tools for reporting (utilizing existing templates, dashboards, etc.), while building the PPS-wide Performance Measurement system.	Completed	Process for communicating	11/12/2015	06/30/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 4. Perform a current state assessment of existing reporting processes across the PPS and define target state outcomes. Assessment will include focus on Behavioral Health and other provider types that may not have eHRs or similar systems with readily available reporting capability. A. Identify work arounds for practices that do not possess advanced data collection and reporting capabilities. B. Develop Remediation Plans for practices that do not possess advanced data collection and reporting capabilities.	In Progress	Assessment	07/01/2015	06/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 5. Develop initial PPS-wide Performance Measurement system for medical record-based outcome measures, as well as for those process measures that our project development groups are identifying as driving the outcomes we aim to realize. The initial system will likely consist of a set of manual reports that will need to be aggregated by AHI PPS, combined with reports from the MAPP tool until a more robust reporting process can be put in place. The final state solution will be dependent on establishing robust, consistent connectivity with all of the practices and implementation of a robust PHM solution. This will be defined in the Target State	In Progress	Develop system	11/12/2015	06/30/2016	11/12/2015	09/30/2016	09/30/2016	DY2 Q2	

![Medicaid Redesign Team MAPP New York State logo]

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Outcomes.									
Task 6. Reach agreement with at least one MCO to exchange key information (including additional quality metrics). AHI PPS will leverage the payor relationships developed through the Adirondack Medical Home Initiative (AMHI), an all payor Medical Home program in operation since 2010, as well as AHI's Health Home program which has been in operation since 2012.	In Progress	MCO agreement	11/12/2015	06/30/2016	11/12/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 7. In consultation with the Finance Committee, the Clinical Quality Committee will establish PPS-wide standardized care practices. These standards will be monitored and updated on a regular basis.	In Progress	Standardized care practice	11/12/2015	06/30/2016	11/12/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 8. Establish regular two-way reporting structure to govern the monitoring of performance based on both claims-based, non-hospital CAHPS DSRIP metrics and DSRIP population health metrics (using AHI PPS' MAPP PPS-specific Performance Measurement Portal).	In Progress	Two-way reporting	07/01/2015	06/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 9. Finalize layered PPS-wide reporting structure: from the individual providers, through their associated projects' metrics and the Project Leadership Teams, up to the AHI PPS PMO. Performance and improvement information made available by the state (MAPP but also the further evolving Salient SIM tool) will be appropriately integrated into this reporting structure. This reporting structure will define how providers are to be held accountable for their performance against PPS-wide, statewide and national benchmarks.	In Progress	Finalize reporting structure	07/01/2015	06/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 10. Develop performance reports for PMO,	In Progress	Roadmap	07/01/2015	06/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Clinical Quaity, Finance and other Governing Committees as appropriate. Establish roadmap for development of reporting dashboards, with different levels of detail for reports depending on the audience. Once developed, the monthly Executive Body dashboard reports will show on one (digital) page the overall performance of the PPS. The various dashboards will be linked and will have drill-down capabilities.									
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	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. After performing current state analyses and designing workflows, the AHI PPS Workforce Strategy Team will create a dedicated training team to integrate new reporting processes and clinical metric monitoring workflows into retraining curriculum. This curriculum will be coordinated with NCQA recognition efforts as much as possible.	In Progress	Form training team	07/01/2015	06/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 2. This dedicated training team will develop a framework for a performance reporting/ rapid cycle evaluation training regime. Initially, this regime will be dependent on availability of local reporting from the practice her. Ultimately, the PHM a performance Management system will be utilized.	In Progress	Develop framework	07/01/2015	06/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 3. Deliver training module to practitioner champions and AHI PPS' Regional Health Innovation Teams (RHITs); use their feedback to refine training program for practitioners throughout the network, including specific program for new hires A. Identify potential training needs that are	In Progress	Send model to be refined	07/01/2015	06/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
specific to different provider types and settings, including Behavioral Health. B. Develop Training Plans to address training needs. Plan will include follow up to assess effectiveness of training and identify remediation needs.									
Task 4. Validate schedule to roll out training to all provider sites across the PPS network, using training at central hubs for smaller providers; specific thresholds will also be defined for minimum numbers to undertake training, Due to the expansive geography of AHI PPS, we expect not only to hold regional in-person trainings but to utilize tele, video and web-conferencing when appropriate.	In Progress	Schedule	07/01/2015	06/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 5. In collaboration with the PPS PMO, the training team will identify decision-making practitioners and staff at each site / provider to train in advance of PPS-wide training; these individuals will become performance management champions in their individual providers / sites and will work alongside the practitioner champions for those sites	Completed	Identify staff at sites	11/12/2015	06/30/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 6. Initiate training at provider sites.	In Progress	Training	11/12/2015	06/30/2016	11/12/2015	09/30/2016	09/30/2016	DY2 Q2	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
No Records Found		

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Establish reporting structure for PPS-wide performance reporting and communication.	Reporting structure defined, but leaders have not yet convened to begin dialogue to contribute to the development of the role.
Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	Pending meeting of the performance reporting leadership to identify workforce and training needs around clinical quality improvement.

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☑ **IPQR Module 6.2 - PPS Defined Milestones**

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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

Designing and implementing a standard reporting workflow that will functionally work for the entire PPS will be a significant challenge due to:
• the geographic spread of the AHI PPS network - nine counties over 11,000 square miles;
• relatively small median practice size diminishes confidence in metrics at an operational level
• the diversity of the AHI provider network; and,
• long-standing professional independence with differing reporting cultures and workflows.
Performance management is at risk since AHI will rely on eHRs for initial clinical quality performance reporting. AHI PPS practice coaches and analysts will support the practices by leveraging experience and tools from practices with similar systems and characteristics. To achieve performance excellence, AHI will employ the following strategies to achieve performance excellence.
• Practice Champions will be engaged to assist the wide range of PPS participants with reaching consensus on the adoption of appropriate practices and standards across the PPS. Since many of the practices are engaged in other programs with their own set of goals, metrics, and standards, Practice Champions will also work with the participants to achieve appropriate alignment and consensus on the DSRIP standards.

• The board, quality committee, and practitioner champions will form a structure that requires adherence to performance reporting processes, and clearly identified accountability for specific outcomes, either on a project basis or across the whole PPS. Accountability will be designed to ensure front-line practitioners have the autonomy to determine the performance measures requiring greater emphasis. Reporting of performance measures will inform PPS leadership to the extent of improvement and areas of opportunity in patient care delivery.
In addition to improved quality of care, AHI Practitioner Champions will be responsible for encouraging practitioners throughout the network to participate in the PPS performance reporting systems. These professional incentives (improving quality of care) will be coupled with financial incentives, such as financial / personnel support for small practices to help them streamline their operations to support the increased reporting burden.

☑ **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.)

Our success with Performance Reporting has significant dependence on our Governance workstream. Without effective leadership and a clearly defined organizational structure, with clear responsibilities and lines of accountability, our ability to create a common culture and to embed performance reporting structures and processes will be severely hampered.
The Workforce Strategy workstream is also an important factor in our efforts to developing a consistent performance reporting culture and to

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embed the performance reporting framework we will establish. Training on the use of these systems – as well as the vision of Forestland PPS as an organization where practitioners don't accept less than excellent quality – will need to be a central part of our broader training strategy for all the staff who are impacted by our workforce transformation.

The success of performance reporting relies on quick and accurate transfers of vital performance information. If providers cannot gather the right information, or an oversight committee fails to gather and distribute the aggregated data in a timely manner, the data will not be reported in such a way that it can be acted upon to improve clinical outcomes and ultimately improve performance throughout the network. A crucial dependency for our successful implementation of a performance reporting culture and processes is the work of the AHI PPS IT & DS Committee to customize existing systems and implement the new IT systems that will be required to support our reporting on patient outcome metrics.

Practitioner Engagement and Clinical Integration will both be absolutely crucial to the success of our efforts to create a common performance culture throughout the PPS network, and to embed the new performance reporting practices within business-as-usual clinical practice.

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☑ **IPQR Module 6.5 - Roles and Responsibilities**

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Project Leadership Teams	AHI PPS PMO, Practice Champions, RHITs	Responsible for project management of the 11 DSRIP projects, including their role in the performance reporting structures and processes in place across the PPS
Project-specific Finance / Clinical Performance Monitoring Leads	TBD	Members of Project Leadership Teams Ultimately accountable for quality of patient care and financial outcomes per project Accountable for the realization and continuous improvement of the multi-disciplinary care pathways underlying their respective projects
Practitioner Champions	Adirondack Medical Home Physician Leaders and new Champions to be recruited.	Responsible for spreading and embedding common culture of continuous performance monitoring and improvement throughout Practitioner Professional Peer Groups Responsible to Clinical Quality Committee for practitioners' involvement in performance monitoring processes
AHI PPS IT & DS Committee	Please see Committee Member template.	Responsible for ensuring the implementation, support, and updating of all IT and reporting systems to support performance monitoring framework. Also responsible for ensuring that the systems used provide valuable, accurate, and actionable measurement for providers and staff.

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☑ **IPQR Module 6.6 - Key Stakeholders**

Instructions :

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
IT Staff within individual provider organizations	Reporting and IT System maintenance	Monitor, tech support, upgrade of IT and reporting systems.
Providers	Organizations immediately responsible for delivering on the performance monitoring processes established across the PPS.	Promote culture of excellence Employ standardized care practices to improve patient care outcomes.
AHI PPS Steering Committee	Ultimately responsible for AHI PPS meeting or exceeding our targets	Prioritizing and improving patient care and financial outcomes for the entire AHI PPS. Act as a high-profile, organization-wide champion for a common culture, standardized reporting processes, care guidelines, and operating procedures. Hold monthly executive meetings with patient outcomes as the main agenda item and will review patient outcome reports prepared by the sub-Committees.
Forestland PPS Finance Committee	Responsible for collecting, analyzing, and handling financial outcomes from performance management system	Will elect key decision makers to champion the performance management cause within the DSRIP projects, and to interface with the Clinical Quality Committee.
AHI PPS Clinical Quality Committee	Ultimately responsible for all clinical quality improvement across the whole network	Monthly Executive Report for the Steering Committee which includes patient care metrics updates. Will elect several key decision makers to champion the performance management cause within the DSRIP projects, and will interface with the Finance Committee.
External Stakeholders		
Managed care organizations	Will provide key information to the Forestland PPS. Will also be necessary for arranging shared shavings agreements with the PPS in the later stages of DSRIP.	Provide data to PPS Shared savings
Patient representative organizations	Provide patient feedback to support performance monitoring and performance improvement	Input into performance monitoring and continuous performance improvement processes

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☑ IPQR Module 6.7 - IT Expectations

Instructions :

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

Our PPS will be using a number of IT solutions to accurately measure, monitor, and report on DSRIP and non-DSRIP metrics. To this end, our IT & DS Committee will be responsible for interfacing with the clinical and finance leads of the DSRIP projects to ensure that dashboards, reports, and metrics-gathering software are accurate and have no usability issues.

Initially, existing performance reporting structures within the larger provider organizations in the PPS will be leveraged to provide the staff and IT infrastructure needed to build up the evolving PPS-wide Performance Measurement system as planned. In the interim, a system of Excel files transferred from the state's MAPP tool and Salient's SIM tool, to the leading workstream committee, through the project leads, and down to the individual providers will serve as a bridge before the robust final system is fully ready for deployment. We are currently considering several options for the procurement of PPS-wide performance reporting systems, including a collaborative buying solution with the region's ACO or our neighboring PPS, NCI. The final system will have to have the capabilities to aggregate information on projects & care processes from the providers to the workstream lead, and from the state to the providers, in a way that is accessible, while also sufficiently secure to protect patient information.

☑ IPQR Module 6.8 - Progress Reporting

Instructions :

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

This workstream's success will be measured by how our providers' understanding of their performance is improved by our implementation of performance measurement. We will continually measure the level of engagement and involvement of providers in the performance reporting systems and processes, we will define metrics to measure providers' involvement in the PPS performance reporting structure (e.g. active users of performance reporting IT systems, involvement in feedback discussions with Clinical Quality Committee about performance dashboards). We will also set targets for performance against these metrics. The Practitioner Champions and the Project-specific Performance Monitoring Leads will be held accountable for driving up these levels of involvement.

Our front-lines will measure the outcomes that matter most to patients, and use our reporting and IT systems to monitor, evaluate, and identify the contributing processes and intermediate outcomes. They will be surveyed and interviewed to determine the level at which they find that the performance reporting system provides them with the right information, and the level at which they find that the information is clear and – most importantly – actionable.

Performance reports will be compiled into the Executive Report, which will be the top item during the monthly Executive Body meetings. The quarterly reports will show the variation in patient care outcomes between quarters, which will be easily accomplished using our monthly model.

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Tracking change in the metrics included on these dashboards over time will be the primary tool we use to evaluate the impact of our performance reporting systems and our efforts to embed a culture of continuous improvement.

IPQR Module 6.9 - IA Monitoring

Instructions :

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Section 07 – Practitioner Engagement

✅ **IPQR Module 7.1 - Prescribed Milestones**

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop Practitioners communication and engagement plan.	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	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Identify and appoint 'Practitioner Champions' across the full continuum of care throughout the 9 county PPS region.	Completed	Practitioner Champions	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Include Practitioner Champions on Clinical Quality Committee (to be established by DY1 Q3).	Completed	Include	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Provide Practitioner Champions with resources - including standard performance reports - that they can share with peers and professional groups as appropriate.	Completed	Resources	11/12/2015	06/30/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Establish a method to track when and how the Practitioner Champion's are disseminating information on PPS performance, or engaging in other communication activities, with their peer	Completed	Communication	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
groups.									
Task AHI PPS Communications resource will develop a communication and engagement plan for review by the Clinical Quality Committee. This draft plan will include: a. Structures and processes for two-way communication between front-line practitioners and the Governance of the PPS – using the Practitioner Champions as a key line for this communication b. Process for managing grievances rapidly and effectively c. High-level approach to creating learning collaboratives d. Other forums for practitioners to discuss, collaborate, and shape how DSRIP will affect their practices	Completed	Plan	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Identify existing resources & capabilities that can be leveraged to implement the practitioner communication & engagement plan. For example, leveraging professional networks, existing meetings/forums of practitioners, and communication tools - such as AHI webiste, and The MIX).	Completed	Leverage Resources	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Determine what additional communication resources / capabilities are needed to augment the existing resources identified in step 6, and acquire or develop the additional resources needed to implement the plan.	Completed	Additional Resources	11/12/2015	06/30/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Identify the types of practitioner support services that are most needed to increase/maintain practitioner engagement (e.g., services designed to help practitioners and providers improve the efficiency of their operations, thereby	Completed	Identify Supports	11/12/2015	06/30/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
freeing up time for the new collaborative care practices; back-office shared services; support with streamlining work flows; group-purchasing services/plans, etc.)									
Task Determine which services identified above can be supplied via existing resources, and develop or build-out services (create additional capacity) where needed.	Completed	Build-out	11/12/2015	06/30/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Finalize the plan by obtaining endorsement from Champions & Clinical Quality Committee	Completed	Finalize	11/12/2015	06/30/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	Completed	Practitioner training / education plan.	11/12/2015	06/30/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Develop content of training module(s) for practitioners & other professional groups, include: a. Core goals of DSRIP program b. AHI PPS projects & quality improvement goals c. Cross-PPS work streams underpinning the delivery of the DSRIP projects, including value-based payment, case management and clinical integration	Completed	Training Modules	11/12/2015	06/30/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Produce the content (developed in step1) in a variety of formats, including materials suitable for face to face meetings, web-based sessions, and brief memo or informational pieces for newsletters, etc.	Completed	Content	11/12/2015	06/30/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Leverage Practitioner Champions and HR/Communications resources at Partner organizations and professional groups, to assist	Completed	Leverage Champions	11/12/2015	06/30/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
in developping a plan for delivering the training modules / disseminating key messages. Utilize existing channels, such as conferences, annual meetings, etc. whenever possible. Coordinate with Workforce activities as appropriate.									
Task Finalize the training/education plan. Ensure it includes multiple opportunity for two-way communication, and that the steps are designed to reach a majority of the target audience.	Completed	Finalize	11/12/2015	06/30/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Establish a method to track Practitioner participation in training/educational activities. Using information obtained, modify the plan as needed to ensure a majority of practitioners rake part in the program(s).	Completed	Tracking Method	11/12/2015	06/30/2016	11/12/2015	06/30/2016	06/30/2016	DY2 Q1	

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.	leebrad	Implementation Plan & Periodic Updates	23_DY2Q1_PRCENG_MDL71_PRES1_IMP_Practitioner_Engagement_Plan_FINAL_3664.pdf	Engagement plan	07/06/2016 04:00 PM
	leebrad	Implementation Plan & Periodic Updates	23_DY2Q1_PRCENG_MDL71_PRES1_IMP_DY2_Q1_Meetings_Practitioner_Engagement_3663.xlsx	Meetings	07/06/2016 03:59 PM
	leebrad	Implementation Plan & Periodic Updates	23_DY2Q1_PRCENG_MDL71_PRES1_IMP_AHI_PPS_Clinical_Governance_and_Quality_Committee_3662.pdf	CG&Q Committee	07/06/2016 03:56 PM
	leebrad	Implementation Plan & Periodic Updates	23_DY2Q1_PRCENG_MDL71_PRES1_IMP_2.a.ii_Directory_of_Physician_Champions_3661.pdf	Physician Champion Directory	07/06/2016 03:54 PM
Develop training / education plan targeting practiners and other professional groups,	leebrad	Implementation Plan & Periodic Updates	23_DY2Q1_PRCENG_MDL71_PRES2_IMP_Training_Plan_v2_3666.pdf	Training Plan	07/06/2016 04:02 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	leebrad	Implementation Plan & Periodic Updates	23_DY2Q1_PRCENG_MDL71_PRES2_IMP_DY2_Q1_Training_Practitioner_Engagement_3665.xlsx	Training	07/06/2016 04:02 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop Practitioners communication and engagement plan.	
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.	

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☑ **IPQR Module 7.2 - PPS Defined Milestones**

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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

The success of any collaborative effort requires effective communication and active engagement by all participants. Practitioner communication and engagement for AHI will be challenged due to:

• The large rural geographic spread of the AHI PPS provider network.

• The degree and extent of demands on providers by numerous initiatives currently underway in the region including, MSSP ACO, Adirondack Medical Home, payer specific programs, NCQA recognition, as well as adapting to the change to value-based payment models (including the proposed MACRA legislation)

• Loss of institutional knowledge due to staff turnover during the duration of the DSRIP program.

• Clinical resistance to change and shift in organizational culture.

These challenges will be mitigated by:

• Adirondack Pods and the Regional Healthcare Innovation Teams (RHITs) will be a catalyst for training for smaller provider organizations.

• Practitioner Champions will play a central role in the group training and education sessions for smaller provider organizations.

• Transformation coaches will provide assistance via remote and on-site consulting; data and reporting analysts will coordinate deployment of IT and data reporting infrastructure with the partners to minimize duplication and impact on the practices and partner organizations.

• Exploring innovative approaches to implementing organizational change throughout the PPS.

• Train the trainer program to include electronic and printed training materials to promote easily accessible and convenient in-service opportunities to engage practitioners during onboarding and at any point during the partner-provider relationship.

• Practitioner Champions will be the voice for evidence-based change which will be reinforced in all DSRIP communications.

• Utilization of the LinkedIn platform to identify examples of best practice that will be shared with PPS partners.

☑ 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.)

Our plans for practitioner engagement depend on effective, rapid and easy-to-access communications tools. We intend to continue to use a combination of communication tools, inclusive of our Vertical Response Emails, Website Blog, Go To Meetings and Webinars, and we intend to utilize the LinkedIn platform to facilitate communication and best practice sharing between practitioners working in different provider organizations.

Transformation Coaches are available throughout the PPS to provide on-site and remote consulting to practices in their transformation efforts.

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The role of the Practitioner Champions is central to our plans for practitioner engagement. It is important that they are able to play the role we intend them to play in the governance structure – advocating to the AHI PPS Steering Committee on behalf of the practitioners they represent and communicating information back down to those practitioners effectively.

To this end, our practitioner engagement is dependent on an effective governance structure and processes. Additionally, the Clinical Integration, Population Health Management (PHM), Performance Reporting, and Financial Sustainability work streams are integral to practitioner engagement. Making sure the practitioners have a good understanding of these work stream relationships and how these will drive payment within a value-based payment model is integral to the financial sustainability of the PPS.

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☑ **IPQR Module 7.5 - Roles and Responsibilities**

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
AHI PPS Director of Communications	AHI Communications Manager	Oversee the development and implementation of the communication aspects of the practitioner engagement strategy
AHI PPS Workforce Manager	Kelly Owens	Oversee the development and implementation of the practitioner training program
AHI Director of Health System Transformation	Bob Cawley	Participate in development of the communication and engagement plan, ensuring it is coordinated with similar efforts under the Adirondack Region Medical Home Initiative
Adirondacks ACO, Adirondack Region Medical Home Pilot	Karen Ashline	Participate in development of the communication and engagement plan, ensuring it is coordinated with similar efforts under the Adirondack Region Medical Home Initiative
Adirondack Region Medical Home Pilot, Hudson Headwaters Health Network	Cyndi Nassivera-Reynolds	Participate in development of the communication and engagement plan, ensuring it is coordinated with similar efforts under the Adirondack Region Medical Home Initiative & Hudson Headwaters Health Networks plans.
Physician Champion	Adirondack Medical Home Physician Leaders: Elizabeth Buck, David "Tucker" Slingerland, and additional Champions to be recruited. DSRIP Project 2.a.ii "Primary Care" Project Champion: David Beguin, MD	Represent physicians on the Clinical Quality Committee; responsible for driving their engagement in the DSRIP program
Nursing Champion	Care Management and Practice Clinical Staff from AMHI and ADK ACO practices as well as representatives from other regions	Represent nurses on the Clinical Quality Committee; responsible for driving their engagement in the DSRIP program
Community Care Champion	TBD	Represent care coordinators and other community care workers on the Clinical Quality Committee; responsible for driving their engagement in the DSRIP program
Regional / Organization-specific Practitioner Champions	TBD	Act as liaison between the Clinical Quality Committee and the PPS's downstream providers
AHI Practice Transformation Services Manager	RuthAnn Craven	Participate in development of the communication and engagement plan, ensuring it is coordinated with similar efforts under the Adirondack Region Medical Home Initiative. Oversee Transformation Coach assistance provided to practices.

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☑ **IPQR Module 7.6 - Key Stakeholders**

Instructions :

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Practitioners throughout the network	Target of engagement activities	Attend training sessions; report to relevant Practitioner Champions
AHI PPS Workforce Transformation Group	Oversight of all training strategies, including practitioner education / training described above	Input into practitioner education / training plan
Clinical Quality Committee	Governance committee on which practitioner Champions sit	Monitor levels of practitioner engagement; forum for decision making about any changes to the practitioner engagement plan
External Stakeholders		
Chambers, local businesses, social and civic organizations	Education to members about the AHI PPS initiatives	Outreach
Rural Health Network	Ensure rural physicians' communication plans support the AHI PPS initiatives	Advocacy/outreach
Patient and Families	Recipients of improved health care services can support PPS advocacy efforts	Advocacy/Outreach
Community Benefit Organizations	Content experts and patient liaison	Provide assistance in the development and execution of the work stream

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☑ IPQR Module 7.7 - IT Expectations

Instructions :

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

> The development of a shared IT infrastructure across the AHI PPS will enable the PMO to better execute our practitioner engagement plan. The IT infrastructure requirements include the support of communication between practitioners, which will be important for engaging practitioners in DSRIP and for the sharing of best practice(s). This is true both within the AHI PPS and between PPSs throughout the state. We are currently using LinkedIn, several project teams have user groups, and additional ones will be formed.
>
> The AHI PPS is also planning to utilize Performance Logic's DSRIP Tracker for managing the DSRIP projects selected and will utilize the functionality within this tool as part of the engagement plan. This web-based project management tool will enable transparency and collaboration among participating partners within each project.
>
> The ability for providers to share clinical information easily will also be important, not just for the improvements in clinical integration but also for the ongoing buy-in of individual practitioners. Hence, this infrastructure will include the input of Practitioner Champions and will be critical to the delivery of our practitioner engagement education and training materials.

☑ IPQR Module 7.8 - Progress Reporting

Instructions :

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

> Measuring the success of the PPS practitioner engagement plan will begin with identification of Practitioner Champions. Input from these champions will contribute toward the progress reporting that will include the attendance levels at the practitioner engagement training events.
>
> Additionally, questionnaires pre- and post-training will be designed to assess the impact of the DSRIP program training sessions. These will be designed in collaboration with our workforce transformation team. The results of these surveys will serve as an ongoing indicator of the success and required improvements to be made to our practitioner engagement plan.
>
> We anticipate setting a target of delivering in-person education & training to a majority of practitioners in our network. We will use this metric to monitor the progress of this work stream. In addition, we will monitor the attendance at practitioner training events. The design of these training events will involve specific targets being set for the number of attendees per training.
>
> Our Practitioner Champions will be responsible for generating interest and involvement in these training programs and will be held accountable against the participation targets set in the programs' design phase.
>
> The use of our practitioner discussion forums on the MIX platform will be another indicator of the level of engagement of practitioners in the DSRIP

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program. It will also allow us to identify specific groups of practitioners that are less engaged.

The Practitioner and Regional Champions will report regularly to the PMO and Clinical Quality Committee on the levels of engagement (and coordination and integration) they see amongst the group they represent.

IPQR Module 7.9 - IA Monitoring

Instructions :

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Section 08 – Population Health Management

✅ IPQR Module 8.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop population health management roadmap.	In Progress	Population health roadmap, signed off by PPS Board, including: -- The IT infrastructure required to support a population health management approach -- Your overarching plans for achieving PCMH 2014 Level 3 certification in relevant provider organizations --Defined priority target populations and define plans for addressing their health disparities.	04/01/2015	06/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. The AHI PPS will work closely with the Adirondacks ACO, Adirondack Medical Home Initiative, AHI Health Home, Adirondack Rural Health Network (ARHN) and Population Health Improvement Program (PHIP) to develop the overall population health management approach and roadmap. This collaboration will continue beyond the planning phase and may include conducting an inventory of available data sets with individual demographic, health, and community status information, to supplement data available through the MAPP tool and/or other platforms.	Completed	Collaborate with other initiatives to develop the overall population health management approach and roadmap.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. The AHI PPS will utilize consulting services to assist in developing a proposed IT infrastructure that will be required to support the population health management needs of the PPS. The	Completed	Utilize consulting services to develop IT infrastructure	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
scope of work will include capturing the PPS-wide PHM requirements via interviews with PPS partners.									
Task 3. The AHI PPS will build on the regional community health needs assessment and planning process (conducted by AHI's Adirondack Rural Health Network (ARHN) and/or AHI's Population Health Improvement Program (PHIP) to produce an annual update of the CNA.	Completed	Build upon regional community health needs assessment to produce an annual update to CNA.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 4. The AHI PPS had members of their Healthcare Information Technology Work Group attend the Population Health Management vendor fair being hosted by DOH (DST) that is scheduled in June. The purpose of attending this fair is to explore the possible solutions that could meet the IT Infrastructure requirements of the PPS. Additional PHM Vendor scoping efforts will also be underway.	Completed	HIT workgroup attended PHM vendor fair in June.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. In partnership with Adirondacks ACO, Adirondack Medical Home Initiative, AHI Health Home, ARHN and PHIP, the AHI PPS will work to identify priority practice groups to have access to registries; evaluate IT capacity and identify gaps in IT infrastructure at a provider level that need to be addressed to support effective access to these registries.	Completed	Identify priority practice groups to have access to registries, evaluate IT process at provider level.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 6. Complete workforce assessment for priority practice groups' care management capabilities, including staff skills and resources required to manage the targeted populations in each geographic area.	Completed	Complete workforce assessment for priority practice groups' care management capabilities.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 7. The AHI PPS will recruit project management resource(s) to work with the project 2.a.ii	Completed	Recruit project management resources	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
participating partners to finalize the PPS-wide roadmap for achieving NCQA 2014 PCMH Level 3 recognition. The scope of work for this project manager will be to assess current state with regard to PCMH 2014 Level 3 recognition, identifying key gaps and developing an overarching plan to achieve Level 3 recognition for all relevant providers.									
Task 8. Refine priority clinical issues from the Community Needs Assessment (at a whole-PPS level and also specific priorities for specific geographic areas) to ensure alignment between undertaken projects and clinical priorities, with particular focus on targeted population. Solicit participating provider feedback before finalization.	In Progress	refine priority clinical issues form CNA at a whole PPS level	10/01/2015	06/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 9. Develop care guidelines for providers on priority clinical issues; establish metrics for each clinical area to monitor progress in managing population health.	In Progress	Develop Care guidelines for providers on priority clinical issues	10/01/2015	06/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 10. AHI PPS Practice Transformation Team (Project 2aii) to finalize PPS-wide roadmap for achieving NCQA 2014 PCMH Level 3 recognition for all relevant provider sites. The project management resource dedicated to project 2.a.ii will work with the participating partners to finalize the PPS-wide roadmap for achieving NCQA 2014 PCMH Level 3 recognition for all relevant providers.	Completed	Practice Transformation Team to finalize roadmap for achieving NCQA 2014 PCMH Level 3 recognition	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 11. Deploy staff support at provider level (as part of practitioner engagement training plan) to train providers to use and apply information learned from the registries; how to implement established care guidelines; develop disease pathways etc.	Completed	Deploy staff support	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 12. The AHI PPS Clinical Quality Committee to review and finalize the population health management roadmap for approval by the PPS Steering Committee.	In Progress	Clinical Quality Committee to review and finalize PHM roadmap	01/01/2016	06/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #2 Finalize PPS-wide bed reduction plan.	In Progress	PPS Bed Reduction plan, signed off by PPS Board. This should set out your plan for bed reductions across your network, including behavioral health units/facilities, in line with planned reductions in avoidable admissions and the shift of activity from inpatient to outpatient settings.	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4	NO
Task 1. The AHI PPS will establish a process for monitoring service utilization, as needed. In doing so, the AHI PPS will leverage one of their committee's (i.e. Network Committee or Quality Committee) in performing this function. This committee will report into the Program Management Office (PMO) and will be responsible for monitoring and reporting on reductions in avoidable hospital use, as well as modeling the impact of all DSRIP projects on inpatient activity.	In Progress	Establish a process for monitoring service utilization	10/01/2015	06/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 2. The AHI PPS will draft a model that forecasts the impact of all DSRIP projects on avoidable hospital use and utilization – both in terms of the impact on hospital services and in terms of the demand for community-based services (model will be established by DY1, Q4 and updated regularly with activity / utilization data to provide 'live' and 'forecast' pictures).	Completed	Draft a model to forecast the impact of DSRIP projects	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 3. Based on this modeling and in consultation with provider network, the AHI PPS will establish high-level forecasts of the following (this forecast capacity model will be updated on a regular basis throughout the 5 years). a. Reduced avoidable hospital use over time	In Progress	High level forecasts	01/01/2016	06/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
b. Changes in required inpatient capacity; and c. Resulting changes in required community / outpatient capacity									
Task 4. The AHI PPS will work with providers impacted by the forecast capacity change to determine their own 'first draft' capacity change plan.	In Progress	Forecast capacity change	04/01/2016	09/30/2016	06/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 5. The AHI PPS PMO to lead consultation on first draft capacity change plan. Consultation will include Hospitals, Nursing Homes and local county Directors of Community Services (DCSs), as well as the AHI PPS Quality and/or Network Committee. A. Distribute Draft Plan to key stakeholders and impacted providers. B. Collect feedback through various means including in-person and web-enabled work sessions. C. Document Feedback and proposed changes.	In Progress	First draft capacity change plan	07/01/2016	12/31/2016	06/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 6. The AHI PPS to finalize and publish final capacity change / bed reduction plan and schedule of annual updates on capacity changes across the network A. Obtain consensus on modifications to draft plan. B. Incorporate approved modifications into final plan. C. Gain approval from AHI PPS Quality and/or Finance Committees. D. Publish Final Plan using various means, including AHI website.	In Progress	Finalize and publish capacity change/bed reduction plan	10/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4	

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IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
No Records Found		

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
No Records Found					

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop population health management roadmap.	PHM Roadmap has been drafted; pending review/approval by Clinical Quality Committee and Steering Committee.
Finalize PPS-wide bed reduction plan.	

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☑ **IPQR Module 8.2 - PPS Defined Milestones**

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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

The AHI PPS faces challenges to achieving a cohesive, integrated, and comprehensive approach to health care delivery that focuses on preventative care. The barriers to success are:
·   Disconnect between population health management issues identified at the system level and care delivery at the practice/provider level. For example, insufficient access to cardiology providers in a geographic location where cardiovascular disease is a priority.
·   Prolonged focus on analysis of a given population's health needs at the expense of responding quickly to developing new services or interventions.
·   The risk that a population health management approach, described in provider training and education, will become reactive over time resulting in patient-facing care managers filling clinical care gaps for individual patients immediately which is inefficient and leads to provider fatigue.

AHI will mitigate the risks to achieving integrated health care in the following ways:
·   Clinical integration and practitioner engagement will focus on integrating care management through the development of cross-disciplinary teams for multi-morbid patient groups.
·   Care managers will assume an active role in the continuous management of patient pathways and have consistent engagement with the care management team.
·   Utilize value stream mapping to identify clinical priorities with the greatest opportunity for eliminating waste and where the implementation of new, efficient support systems are likely to have the greatest effect at generating momentum amongst PPS partners.
·   Reinforcement of the difference between population management-based care delivery and patient complaint-based delivery.
• AHI PPS will work through our committee structure, especially the IT & DS as well as CG & Quality, to deploy technology to complement existing capabilities while providing a consistent platform throughout the region.

☑ IPQR Module 8.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

The development of effective population health management across the AHI PPS is highly dependent on the successful implementation of the following other work streams.

Practitioner Engagement: The PPS needs a strong and well-executed practitioner engagement plan that is focused on getting all of the practitioners on board with achieving our collective DSRIP goals. AHI's approach to decision support is partnering AHI Practice Transformation

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resources with practices to leverage the PHM data available to enable meaningful changes to how health care is provided. We are committed to ensuring that primary care physicians in our network are armed with the tools to deliver the value that they are uniquely suited to provide to their patients and the health care system.

Clinical Integration: Population Health Management is dependent on effective clinical integration across the full continuum of care. This requires a significant investment in Healthcare IT that allows for rapid communication and meaningful data sharing. A robust and functional set of data gathering and monitoring tools is required within a population health management solution in order to be successful. Our IT Systems and Processes work stream will utilize existing investments within our region and identify the additional IT needs that will provide the population-level health metrics required to monitor the impact and success of our population health management work stream within the AHI PPS.

IT Systems and Processes: Data analysis is an integral part of PHM. Reports including mortality, health status, disease prevalence and patient experience must be available to providers, care managers and practice administrators to enable practices to measure cost and patient experience on a population-wide basis.

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☑ **IPQR Module 8.5 - Roles and Responsibilities**

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Population Health Management Work stream Lead	AHI Director, Health Systems Transformation (Bob Cawley)	Oversee the implementation of the population health management strategy Report its progress to the PPS executive body
Program Management Office: Service Utilization Monitoring Team	AHI Data Analyst, Forrest Hillery, and Partner-based resources	Monitor the impacts of DSRIP projects in terms of inpatient & community capacity; oversee the modeling and implementation of capacity change (including bed reductions) linked to improvements in population health management and the resulting reduction in the need for hospital-based services
AHI PPS Practice Transformation Project Team (Project 2aii)	AHI Director, Health Systems Transformation (Bob Cawley), AHI Transformation Resources (Ruth Ann Craven) and Partner-based resources (some PPS partners have internal supports for practice transformation, and/or established contracts for this service)	Lead the development and implementation of a PPS-wide work plan for all relevant provider sites to achieve PCMH 2014 Level 3 Recognition. Work in coordination with the PPS's central IT team to ensure population health management IT needs are procured and developed.

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☑ **IPQR Module 8.6 - Key Stakeholders**

Instructions :

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
AHI PPS PMO	Oversight of DSRIP projects	Jointly responsible for Bed Reduction Plan
Hospitals represented on the AHI PPS Bed Reduction Working Group	Stakeholder to bed reduction plan	Represented on the Bed Reduction Working Group; will sign off on any bed reduction goals set at an individual provider level
Nursing homes represented on the AHI PPS Bed Reduction Working Group	Stakeholder to bed reduction plan	Represented on the Bed Reduction Working Group; will sign off on any bed reduction goals set at an individual provider level
Professional Peer Groups	Key role in the adoption of population health management practices amongst their members	Active engagement in the development of training & education materials
CBOs, including organizations focused on crime reduction, housing, and transportation	Vital component of ensuring the success of the population health management strategy	Work with care management teams in adapting care to better serve target populations
External Stakeholders		
MCOs	Key partner in payment reform	Collaborate in PPS payment reforms (VBP) in line with VBP roadmap; provide insight into population health management approach to be implemented across the AHI PPS

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☑ IPQR Module 8.7 - IT Expectations

Instructions :

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

One of the key principles of our approach to population health management is that all care will become 'data-driven'. Our IT & Data Sharing Committee and team will be responsible for ensuring that practitioners have access to the data and tools required to allow them to develop interventions and services that will address the wider determinants of population health for their local population. This effort will be facilitated by the adoption of an AHI PPS Population Health Management solution that will help our team monitor performance of both clinical and claims-based metrics and DSRIP population health metrics.

The analysis of population-level outcome data will also be the basis for our assessment of the impact of population health management on the priority groups and clinical areas identified in our population health management roadmap (see above).

The AHI PPS IT & Data Sharing Committee will also select appropriate RHIO(s), and leadership will require all partners to connect with the selected RHIO(s) to service our attributed population. This effort will be conducted in tandem with the EHR platforms, care management, and population health management systems that we have already implemented, or are currently implementing.

☑ IPQR Module 8.8 - Progress Reporting

Instructions :

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

As described above, we will monitor the impact of our population health management work stream through a combination of the DSRIP outcome measures and our own specific population health metrics.

These AHI PPS-specific metrics will be identified in the population health roadmap and will be monitored by the AHI PPS PMO and reported to the Clinical Quality Committee. For example, we believe we can augment the DSRIP outcome metrics for Domain 4.A. with additional metrics that will allow us to monitor the substance abuse issue in the AHI PPS.

Our goal will be to isolate metrics that are not wholly represented by the available DSRIP outcome measures, and to focus upon elements that our front-lines deem important, which is in line with our approach to Performance Management.

We will build continuous quality improvement into the population health road map, establishing time frames to re-evaluate the data sets, functionality of registries, and of our priority issues for population health management.

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Our group of Practitioner Champions will also play a role in identifying groups of providers that have been particularly successful in tackling the broader determinants of health and having a measurable impact on population health. These groups of providers will then become case studies to spread best practice(s) across the PPS network.

IPQR Module 8.9 - IA Monitoring

Instructions :

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Section 09 – Clinical Integration

☑ IPQR Module 9.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Perform a clinical integration 'needs assessment'.	In Progress	Clinical integration 'needs assessment' document, signed off by the Clinical Quality Committee, including: -- Mapping the providers in the network and their requirements for clinical integration (including clinical providers, care management and other providers impacting on social determinants of health) -- Identifying key data points for shared access and the key interfaces that will have an impact on clinical integration -- Identify other potential mechanisms to be used for driving clinical integration	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Prepare a Provider Landscape reference document: illustrate project by project, which partners are particpating and their role (project lead(s), project partner, project stakeholder), including representation across the care continuum and CBOs.	Completed	Prepare Landscape	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop the clinical integration needs assessment tool (on a project by project basis, outline people, process, technology, and data components relevant for clnical integration; include the requirements for data sharing and interoperability). Collaborate with other PPSs, share information on The MIX,utilize Target Operating Model Toolkit (in development by KPMG) if appropriate.	In Progress	Develop Tool	07/01/2015	06/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Utilize the results of the assessment to perform a gap analysis of the provider network involved in each project. Utilize the resources of the Target Operating Model Toolkit as appropriate, to prepare an illustration of provider / regional gaps in the elements necessary to support integration.	In Progress	Gap Analysis	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
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	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	NO
Task Convene PPS Project Team 2ai. Team members include administrators, clinicians, and community-based organizations. Cross-pollinate Teams and PPS Committee membership as relevant (Finance, IT & Data Sharing, Clinical Governance & Quality, Workforce, etc.) Each Team identifies a Clinical Champion and Operational Lead.	Completed	Convene	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task PPS Project Team 2ai (Create an IDS) members participate in a facilitated workgroup to define the desired "target state". The target state includes a description of the people, processes, technology, and data, necessary to support a clinically integrated model of care.	Completed	Define Target State	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Create the workplan (steps, dates, person / org	In Progress	Workplan	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
responsible) to address the gaps identified between the current state and the target state.									
Task Identify resources needed to accomplish the workplan, including Subject Matter Experts, technology and other tools, and other human resources. Leverage existing resources (PPS Partners, ACO, Health Home, ec.) and work collaboratively to resource the plan.	In Progress	Resources	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Identify steps that represent a common theme or element that is shared across projects (e.g., technology to support role-based data sharing).	In Progress	Common Steps	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Develop strategies to encourage the types of behaviors and practices that are necessary to achieve the target state. For example: incorporate financial incentive into partner contracts for demonstrating such behaviors; provide low-cost shared back office service.	In Progress	Develop Strategies	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Obtain consultation as needed, include internal & external stakeholders, and produce a draft of the Clinical Integration Strategy. Engage the PPS Governing bodies in the development and finalization of the strategy.	In Progress	Consultation	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task PPS Clinical Governance (which includes some if not all Clinical Champions), endorses the target state model and the workplan, which together, define the PPS' clinical integration strategy.	In Progress	Endorsement	01/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
No Records Found		

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform a clinical integration 'needs assessment'.	
Develop a Clinical Integration strategy.	Task 2.2: 'Target Workforce State Report for Adirondack Health Institute PPS' completed by Workforce Committee

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☑ **IPQR Module 9.2 - PPS Defined Milestones**

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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

Successful clinical integration requires health information technology to support adherence to new clinical pathways and the ability to operate collaboratively across settings of care.
The major risks to AHI are:
• Health information technology readiness; and,
• Standardized care pathways across disparate organizations.
Information technology initiatives take time and resources to implement. An AHI survey revealed that most behavioral health and long-term care settings rely on paper documentation and are not connected to the RHIO.
In consideration of the current state of HIT readiness and clinical integration, AHI will mitigate the risk by:
• Developing a multi-phased approach that will be limited to the extent the technology is in place to support the integrated model.
• Identifying high priority HIT capabilities and devoting significant resources to establishing them early in the implementation period.
• Establishing technology requirements for participation in the PPS as determined by the IT and Data Sharing Committee and Network Committee.
• Relying on the Clinical Governance and Quality Committee to establish standardization of care pathways that involve providers from multiple settings.
Putting a strategic communications plan in place to encourage buy-in from key change agents, including clinicians, operations, and administration.

☑ IPQR Module 9.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

The Clinical Integration Workstream relies extensively on IT Systems and Processes. The dependency on technology is significant, as discussed under Risks & Mitigation. The PPS will include clinicians and other end-users of technology in IT planning processes, to ensure systems and processes are developed with the needs of real-world users at the forefront.

Another major dependency is with Practitioner Engagement. The Clinical Governance & Quality Committee, which will set standards, needs the trust and support of practitioners throughout the network in order to be effective.

An additional dependency is with Workforce. Some providers will need training and/or professional development to acquire skills in team-based care models.

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☑ **IPQR Module 9.5 - Roles and Responsibilities**

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Clinical Governance & Quality Committee	Bob Cawley, Director of Health System Transformation oversees Clinical Integration workstream until such time as the Committee is established and a chair is selected.	Oversee the development of the Clinical Integration Strategy; report on progress to the PPS Board
PPS Project Team 2ai - Integrated Delivery System Team	This team includes all AHI PPS Regional Health Innovation Team Leaders: Karen Ashline (Champlain Valley Physicians Hospital, Adirondack Medical Home Initiative, Adirondacks ACO); Peter Trout (Clinton County Community Services Board & Mental Health Clinic); Cyndi Nassivera-Reynolds (Hudson Headwaters Health Network); David "Tucker" Slingerland (Hudson Headwaters Health Network); Brian McDermott (Glens Falls Hospital); Laurence Kelly (Nathan Littauer Hospital); Geoff Peck (Nathan Littauer Hospital); Sue Hodgson (Canton-Potsdam Hospital and St. Lawrence Health System); Patti Hammond (Adirondack Health) and Beth Lawyer (Citizens Advocates).	Develop and manage the Clinical Integration Strategy; report on progress to the Clinical Governance & Quality Committee
PPS Project Team 2ai - Integrated Delivery System Team: Primary Care Representation	Hospital affiliated primary care representatives: Karen Ashline (Champlain Valley Physicians Hospital, Adirondack Medical Home Initiative, Adirondacks ACO); Brian McDermott (Glens Falls Hospital); Laurence Kelly (Nathan Littauer Hospital); Geoff Peck (Nathan Littauer Hospital); Sue Hodgson (Canton-Potsdam Hospital and St. Lawrence Health System); and Patti Hammond (Adirondack Health). FQHC representatives: Cyndi Nassivera-Reynolds (Hudson Headwaters Health Network); and David "Tucker" Slingerland (Hudson Headwaters Health Network).	Liaison between primary care and the clinical integration process
PPS Project Team 2ai - Integrated Delivery System Team: Behavioral Health Representation	Peter Trout (Clinton County Community Services Board & Mental Health Clinic), Beth Lawyer (Citizen's Advocates).	Liaison between behavioral health and the clinical integration process
PPS Project Team 2ai - Integrated Delivery System Team: Care Management Representation	Providers of Health Home Care Management services: Karen Ashline (Champlain Valley Physicians Hospital, Adirondack Medical Home Initiative, Adirondacks ACO), Cyndi Nassivera-Reynolds (Hudson Headwaters Health Network), Beth Lawyer (Citizen's Advocates).	Liaison between care management and the clinical integration process

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PPS Project Team 2ai - Integrated Delivery System Team: Community Representation	TBD	Liaison between community and the clinical integration process
PPS Project Team 2ai - Integrated Delivery System Team: Long-Term, Home, and Community-Based Services Representation	TBD	Liaison between long-term, home, and community-based services, and the clinical integration process
PPS Project Team 2ai – Integrated Delivery System: Managed Care Organization (MCO) Representation	TBD	Liaison between managed care organizations and the clinical integration process.

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☑ **IPQR Module 9.6 - Key Stakeholders**

Instructions :

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Non-clinical service providers	Their buy-in and support of new pathways, lines of accountability, responsibility and communication will be central to the success of this workstream.	Engage in the process, including: - The consultation process; and - The training
Clinical staff	Their buy-in and support of new pathways, lines of accountability, responsibility and communication will be central to the success of this workstream	Engage in the process, including: - The consultation process; and - The training
External Stakeholders		
Patients	Care improved upon by the clinical integration of the PPS	Response to consultation on clinical integration strategy
Family members / Caregivers	Communication with practitioners, particularly on behalf of children, the elderly, or those without mental capacity	Response to consultation on clinical integration strategy
Community Based Organizations (CBOs)	Supporting the development and implementation of the clinical integration strategy	Response to consultation on clinical integration strategy

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☑ IPQR Module 9.7 - IT Expectations

Instructions :

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

IT is needed to ensure the availability of the right information, to the right person/provider, at the right time. Each segment of the care continuum, and the clinics/sites within that segment, will be supported by a tailored IT plan, built on their current state of readiness, and designed to move them to a level that supports their effectiveness in clinically integrated care models.

The PPS has begun to establish a technology roadmap. An IT & Data Sharing Committee has been established. The Committee will work closely with the Clinical Governance and Quality Committee. The two Committees will work together to finalize the technology roadmap.

AHI PPS is participating in a Target Operating Model (TOM) pilot and will leverage this experience, and the toolkit, to support the Clinical Integration Workstream.

☑ IPQR Module 9.8 - Progress Reporting

Instructions :

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

Progress on the Clinical Integration Workstream will be measures against two prescribed milestones: completion of a clinical integration needs assessment, and the clinical integration strategy. Additionally, the Domain 3 quality measures are key indicators of the success of the clinical integration activities.

Progress will be monitored through surveys and/or focus groups of patients and providers that are designed to identify the specific links in patient pathways where information sharing and collaboration could be improved. Several items on the patient experience survey are relevant. AHI hosts a Summit each year, which provides an opportunity for focus groups.

IPQR Module 9.9 - IA Monitoring:

Instructions :

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Section 10 – General Project Reporting

☑ **IPQR Module 10.1 - Overall approach to implementation**

Instructions :

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

The Department of Health System Transformation includes the Project Management Office (PMO), overseen by a PMO Director, who together have responsibility for implementation plan deliverables.

A project team comprised of clinical and operational leads from PPS Partner organizations has been assembled to spearhead the activity necessary to accomplish implementation plan deliverables. The projects are grouped by behavioral health, primary care, and prevention, and assigned to a Project Manager (PM). The AHI PPS is currently recruiting for a PM to support 3ai – Integrating Behavioral Health into Primary Care, and 4aiii – Strengthening MEB Infrastructure. The PM assigned to the project is responsible for supporting the Team by coordinating meetings, setting meeting agendas, researching information and resources, and producing progress and performance reports. The PMO uses the Performance Logic DSRIP Tracker Tool for project management.

At this point in the DSRIP implementation plan, the Team has been very project focused with a heavy emphasis on timeline and reporting for tasks milestone completion. The PPS is on track to disseminate Project 2aii – PCMH and Project 2di – Community Engagement at the end of the summer which will pave the way for Partners to become actively involved in DSRIP Project activity. With contracts defining roles and responsibilities of AHI PPS and Partners, and the shift in focus to performance, the PPS has retained an advanced degree clinician and professor to support project managers by:

• developing work plans that foster community engagement and drive successful project outcomes;

• developing systems and processes to implement transformative strategies that the meet the triple aim;

• monitoring DSRIP milestones and timelines; and,

• developing and implementing strategies to meet the goals.

With the contractor for clinical effectiveness working with the PMO, we expect emphasis will be placed on common patient care pathways, and care coordination and management that are common to multiple projects.

☑ **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.

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The AHI PPS has 11 projects and is continuing to establish the PPS infrastructure. Project requirements, strategies, staff and budgets, are inter-related across projects and infrastructure work streams. As such, the functions of the PMO, the Project Teams, and the PPS Governance (including Finance, IT, Clinical Quality, etc.) will need to be integrated. Several strategies will be used to achieve this including interdisciplinary committees and workgroups, careful development of agendas to include the necessary status reports from related work streams, and communications platforms that allow for easy sharing of information across initiatives. The PPS is leveraging The MIX for discussion groups, and will also utilize the DSRIP Tracker Project Management platform, to manage the integrated functions.

The AHI PPS is currently taking steps to ensure the PMO is adequately resourced to manage the complexity described above. Four Project Managers have been recruited, two more are anticipated, and additional Project Management capacity is available via a contracted resource. The team will manage the overlapping project requirements, and will rely on the "Conceptualizing PPS Project Requirements" resource provided by the DSRIP Support Team.

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☑ **IPQR Module 10.3 - Project Roles and Responsibilities**

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
AHI PPS PMO	Project Managers: Jill Rock, Betsey Towne, Jessica Chanese, Paula Jacobson, Ruth Ann Craven.	The PMO monitors progress and produces reports for PPS partners, Project Teams and Governing bodies, as well as the NYS DOH. The PMO is the central link between the Project Teams and the Workstreams (Finance, Workforce, IT, etc.). The PMO monitors progress and identifies risks for all Projects and Workstreams, and engages PPS leadership/Governance as needed.
Clinical Governance & Quality Committee	Oversees clinical quality for all projects	The PPS Clinical Governance & Quality Committee will establish a structure for managing Clinical Quality of all projects (sub-committees or workgroups will be established that cover 1 or more related projects).
Project Team Leaders	At this time, there are over 50 individuals leading projects in their regions. Given the large geography of the AHI PPS, we have organized into sub-regions, each area has leadership in place for their Project Teams.	Project co-leads (clinical & operational) drive the Project Implementation, supported by a Project Manager

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

Instructions :

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
AHI PPS Finance Committee	Financial Impact Monitoring	The Finance Committee will monitor the impact of the DSRIP Projects on the financial health of the network and providers. The Finance Committee will include AHI's CFO, who will work closely with the AHI PMO.
AHI PPS Workforce Committee & Workforce Manager	Manage the delivery of the workforce strategy through the project teams.	Manager will work closely with the Project Teams, to identify and develop the Workforce Strategies, and to coordinate efforts across projects to achieve efficiencies. The Workforce Manager will be reponsible for the quarterly reporting of Workforce numbers (supplied by the Project Teams)
AHI PPS IT & Data Sharing Committee	Identify and establish a plan for, the IT needs of the Projects.	The AHI PPS IT & Data Sharing Committee will be staffed by an AHI Senior Manager, who is the liaison between this Committee and the AHI PPS PMO The Committee will have the overall responsibility for management of the IT and Data Sharing initiatives.
Compliance Committee	Establish and Monitor the PPS Compliance Plan	Review PPS conduct in terms of adherence to the applicable guidelines, laws, and regulations.
Community & Beneficiary Engagement Committee	Manages PPS relationships with patients, consumers, and CBOs	Coordinat patient and community outreach and engagement activities.
External Stakeholders		
Patient Advisory Councils	Patient Group	Some PPS partners have established Patient Advisory Councils, these groups will be engaged in the PPS to provide feedback, views, opinions, that can inform the development of the Projects.
Ellis Medicine PPS	Collaborating on Domain 4 Project Implementation	Collaborate on Domain 4 implementation, given overlapping service areas and providers; coordinate to avoid redundancy/overlap in project implementation
North Country Initiative PPS	Collaborating on Domain 4 Project Implementation	Collaborate on Domain 4 implementation, given overlapping service areas and providers; coordinate to avoid redundancy/overlap in project implementation
Albany Med PPS	Collaborating on Domain 4 Project Implementation	Collaborate on Domain 4 implementation, given overlapping

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		service areas and providers; coordinate to avoid redundancy/overlap in project implementation
Labor Representatives (union, staff of non-unionized employers)	Labor Representation	PPS Partners have identified labor representatives (the union rep, or a staff member for non-unionized employers) that are taking part in the Workforce Committee and providing input in the development of the Workforce Strategy.
Directors of Community Services / Commmunity Services Boards/ Local Governmental Units	Project Planning and Implementation Support	PPS has engaged with LGUs for project planning support including the development and incorporation of projects into county service plans as appropriate
OMH, OPWDD, OASAS	Project Implementation Support	Provide insight into best practices with respect to the implementation of all projects - particularly 2.a.i. and 3.a.i.
Office for the Aging	Project Implementation Support	Provide insight into best practices with respect to the implementation of all projects - particularly 2.b.viii and 3.g.i.

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☑ **IPQR Module 10.5 - IT Requirements**

Instructions :

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

The Project Implementations will be supported by regional IT infrastructure. The HIT Workgroup is currently developing the PPS Technology Roadmap, which will include a timeline that reflects PPS-wide priorities. There are specific IT capabilities and data sharing protocols that will support multiple projects, and multiple project requirements. These high priority elements will be undertaken early in the IT implementation plan.

The AHI PPS conducted a high-level current state assessment that identified significant variation in the network in terms of providers access to, and use of, electronic patient information. The HIT Workgroup will transition to an IT & Data Sharing Committee, which will drive greater use of interoperable health IT platforms. The PMO will be responsible for ensuring that each of the DSRIP projects is tied into the IT planning and implementation in the appropriate fashion. The overarching multi-project IT initiative of the AHI PPS will be the Population Health Management System. The PHM functionality will be central to multiple projects.

☑ **IPQR Module 10.6 - Performance Monitoring**

Instructions :

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

The DSRIP projects are central to the development of a quality performance reporting system and culture. It is through each project team that the PPS promotes a culture of quality improvement and accountability. The Project Teams and PMO processes and tools provide the PPS with the opportunity to optimize and standardize processes that are necessary to realize the desired outcomes.

For each individual project, the project co-leads will oversee the creation and continuous improvement of the multi-disciplinary care pathways that support the delivery of the project. The leads will communicate performance, in relation to goals, to Project Teams and partner organizations. Project Leads will have a key role in the data & analytics work stream; they will contribute to the development of performance dashboards and other reporting tools. The leads will identify resources needed for Project success, including clinical specialists, CBOs, training, or other resources.

The AHI PPS PMO will be responsible for consolidating all performance reporting metrics and measures – including the project-specific performance dashboards described above, and the DSRIP outcome measures – and reporting the most critical or high-risk metrics up to the Clinical Governance & Quality Committee and the PPS steering committee.

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☑ **IPQR Module 10.7 - Community Engagement**

Instructions :

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

The AHI PPS has a multi-pronged approach to engaging the community in the PPS projects. The governance includes a Community & Beneficiary Engagement Committee. This group provides community representatives with a direct line of communication to the PPS Steering Committee.   The PPS will also work closely with the Population Health Improvement Program Staff (AHI is the PHIP contractor in this region) and the area's Rural Health Networks to leverage existing community groups & forums to provide insight and guidance to the PPS with regards to the projects, and to assist the PPS in identifying opportunities for collaboration.

The role of any given community based organization varies by project. We expect extensive CBO engagement and contracting under project 2.d.i and many CBOs have already signed master participation agreements.

IPQR Module 10.8 - IA Monitoring

Instructions :

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Section 11 – **Workforce**

☑ **IPQR Module 11.1 - Workforce Strategy Spending (Baseline)**

Instructions :

Please include details on expected workforce spending on a semi-annual basis. Funds may be shifted from one funding type category to another within the workforce strategy spending table, as long as the PPS adheres to their overall spend commitments. However, the PPS may apply a 25% discount factor to the DY1 Workforce Strategy Spend target. If the PPS applies this discount in DY1, the PPS will be expected to reallocate those funds appropriately in DY2-4 to fully meet their DY1-4 total commitment.

Funding Type	Year/Quarter										Total Spending($)
	DY1(Q1/Q2)($)	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)($)	
Retraining	0.00	750,000.00	385,000.00	715,000.00	155,000.00	232,500.00	90,000.00	135,000.00	40,000.00	60,000.00	2,562,500.00
Redeployment	0.00	0.00	35,000.00	65,000.00	20,000.00	30,000.00	20,000.00	30,000.00	2,000.00	3,000.00	205,000.00
New Hires	0.00	125,000.00	350,000.00	650,000.00	245,000.00	367,500.00	90,000.00	135,000.00	18,000.00	27,000.00	2,007,500.00
Other	0.00	250,000.00	140,000.00	260,000.00	90,000.00	135,000.00	80,000.00	120,000.00	40,000.00	60,000.00	1,175,000.00
Total Expenditures	**0.00**	**1,125,000.00**	**910,000.00**	**1,690,000.00**	**510,000.00**	**765,000.00**	**280,000.00**	**420,000.00**	**100,000.00**	**150,000.00**	**5,950,000.00**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
No Records Found				

Narrative Text :

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

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☑ **IPQR Module 11.2 - Prescribed Milestones**

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Define target workforce state (in line with DSRIP program's goals).	In Progress	Finalized PPS target workforce state, signed off by PPS workforce governance body.	07/01/2015	06/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Step 4: Complete future state assessment identifying future workforce demand based on anticipated needs of project implementation.	Completed	complete assessment	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 5: Report information/updates to Workgroups	Completed	report updates	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 6: Final analysis approved by the Workforce Committee.	Completed	final analysis	02/01/2016	06/30/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 1: Establish Workforce Workgroups (which include individuals with subject matter expertise and experience and representatives from AHI) who will be tasked with planning and implementation efforts as laid out in the implementation plan. The Workforce Workgroups are: Compensation and Benefits Workgroup, Employee Engagement Workgroup, Recruitment and Retention Workgroup and Training and Resources Workgroup. Other workgroups may be created if deemed necessary for planning and implementation.	Completed	establish workgroups	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2: Contract with the Center for Health Workforce Studies to assist in plan development to capture the target workforce state.	Completed	contract to assist in development	09/01/2015	02/29/2016	09/01/2015	02/29/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Step 3: Collaborate with the Albany Medical Center PPS and Alliance For Better Health Care PPS on job title descriptions that will assist in defining the professions within the target workforce state.	Completed	collaborate between PPS's	10/15/2015	12/31/2015	10/15/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 7: Complete report of projected impact by staff type and facility for DY5.	In Progress	Complete report.			05/01/2016	09/30/2016	09/30/2016	DY2 Q2	
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	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Step 4: The Workforce Committee will review and approve workforce transition roadmap (including timeline for the transition of the workforce from the current state to the future state).	In Progress	review and approve transition roadmap	03/02/2016	09/30/2016	03/02/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 3: Utilizing information from the gap analysis and transition roadmap, complete an impact assessment identifying impact by role and organization (low, medium, high)	Not Started	complete an impact assessment	05/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 2: Based on the findings of the future state assessment and current state assessments, develop consolidated map of specific changes required to the workforce in order to achieve the essential workforce for successful project implementation. Define the timeline of when these changes will need to take place and what the dependencies are for all training, redeployment and hiring in line with project timeline and needs.	In Progress	develop map of specific changes required	01/15/2016	09/30/2016	01/15/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 1: Develop the Workforce Committee, which will be the governing body for workforce planning and programming. The Committee will define	Completed	Develop workforce committee	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
how and by whom decisions around resource availability, allocation, training, redeployment and hiring will be made and signed off on. The Committee will be comprised of the Workforce Committee Chair, leaders of the designated workgroups, union representatives, human resources representatives, workforce experts, individuals with experience in curriculum development and representatives from AHI.									
Task Step 5: Utilizing data from the current state analysis and transition roadmap, identify the origin and destination of staff who may be redeployed to understand the changes and impact to jobs and partner organizations.	In Progress	Identify the origin and destination of redeployed staff			06/30/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state.	In Progress	Current state assessment report & gap analysis, signed off by PPS workforce governance body.	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Step 7: The Workforce Committee will review and approve recruitment strategies for new hire and employee retention needs based on findings of the gap analysis.	In Progress	review and approve strategies for recruitment	12/01/2015	09/30/2016	12/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Step 6: The Recruitment and Retention Workgroup will develop strategies to attract potential new hires to new opportunities as a result of DSRIP project implementation.	In Progress	develop recruitment and retention strategies	11/15/2015	09/30/2016	11/15/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Step 5: Analyze gap analysis and need for new hires along with training and redeployment needs. Review/revise workforce budget based on projections over the duration of project implementation	Not Started	gap analysis	04/15/2016	09/30/2016	07/28/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 4: Map current state analysis against future workforce needs to identify workforce gaps and	In Progress	Map current state against future needs to identify gaps	03/21/2016	06/30/2016	03/21/2016	09/30/2016	09/30/2016	DY2 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
new hire needs.									
Task Step 3: Perform current state assessment.	Completed	perform current state assessment	01/26/2016	03/31/2016	01/26/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 2: Workforce Committee to approve the process to complete current state assessment.	Completed	approve process for assessment	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task "Step 1: Retain the Center for Health Workforce Studies to perform current state assessment of staff availability across the PPS and partner organizations, which will identify: - Staff who could fill future state roles through up-skilling and training; - Staff who could potentially be redeployed directly into future state roles "	Completed	assess current state of staff across PPS	09/01/2015	03/31/2016	09/01/2015	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.	Completed	Compensation and benefit analysis report, signed off by PPS workforce governance body.	07/01/2015	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	YES
Task Step 5: The Compensation and Benefits Workgroup will develop a plan to identify the number of full and partial placements across the AHI PPS and identify the impact to compensation and benefits. The Workgroup includes representatives from unions and regional Departments of Labor to assist in analysis.	On Hold	identify redeployment numbers and identify the impact to compensation and benefits.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Step 4: Utilizing data from the current state analysis and transition roadmap, identify the origin and destination of staff who may be redeployed to understand the changes and impact to jobs and partner organizations.	On Hold	utilize analysis and roadmap to understand the potential impact on partner organizations	05/01/2016	06/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Step 3: Collaborate with the Albany Medical Center PPS and Alliance For Better Health Care	Completed	Collaborate with other PPS's to define target professions	10/15/2015	03/31/2016	10/15/2015	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
PPS on job title descriptions that will assist in defining the professions within the target workforce state and compensation and benefits analysis.									
Task Step 2: The Workforce Committee will approve the process to proceed with Compensation and Benefit Analysis.	Completed	approve compensation and benefit analysis process	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 1: The Compensation and Benefits Workgroup, working with the Center for Health Workforce Studies, will develop a baseline compensation and benefits analysis based on guidelines provided by NYS DOH.	Completed	develop a baseline compensation and benefits analysis	01/01/2016	02/29/2016	01/01/2016	02/29/2016	03/31/2016	DY1 Q4	
Task Step 7: The Workforce Committee will review and finalize compensation and benefit analysis and employee engagement policies	Completed	finalize compensation and benefit analysis and employee engagement policies	04/01/2015	03/31/2020	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 6: Employee Engagement Work Group will direct the development and incorporation of policies for impacted staff who face partial placement, as well as those staff who refuse retraining or redeployment. The Employee Engagement Workgroup includes union and regional Departments of Labor to assist in planning.	Completed	development and incorporation of policies	12/01/2015	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task # 5 The Workforce Committee will develop a plan to identify the number of full and partial placements across the AHI PPS and identify the impact to compensation and benefits. The Committee includes both employer and union representation.	Completed	Develop a plan to identify placements across the AHI PPS	12/01/2015	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task #1 The Compensation and Benefits Work Group, working with the Center for Health Workforce Studies, will develop a baseline compensation	On Hold	Work with Center for Health Workforce Studies.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
and benefits analysis tool based on guidelines provided by NYS DOH.									
Task #7 The Workforce Committee will review and finalize the compensation and benefits analysis and employee engagement policies.	Completed	Finalize analysis and engagement policies.	03/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #5 Develop training strategy.	In Progress	Finalized training strategy, signed off by PPS workforce governance body.	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Step 1: The Training and Resources Work Group will outline current state training needs based on the gap analysis and transition roadmap which may also include surveys and interviews.	In Progress	outline training needs	02/01/2016	09/30/2016	02/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 4: Develop and finalize Training Strategy based on transition roadmap, including goals, objectives and guiding principles for the detailed training plan; confirm process and approach to training (e.g. voluntary vs. mandatory etc.) as well as methods of tracking.	In Progress	develop and finalize training strategy	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Step 3: Develop a tool to measure training effectiveness in relation to established goals within the training strategy.	In Progress	measure effectiveness of training	03/01/2016	09/30/2016	03/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 2: The Training and Resources Workgroup will identify training resources (education and other training resources) that are currently available within the PPS and identify resources that can be provided via web-based learning or are available outside the AHI PPS region.	In Progress	identify resources	07/01/2015	06/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Step 6: The Workforce Committee will review and approve the training plan.	Not Started	review and approve training plan	06/01/2016	09/30/2016	07/30/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 5: Finalize detailed Training Plan (based on Training Strategy), including methods, channels and key messages required for training based on	In Progress	finalize detailed plan	02/01/2016	09/30/2016	02/01/2016	09/30/2016	09/30/2016	DY2 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
project needs. This includes consideration of geography, language, level of education, training tools, and methods of delivery.									

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
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.	dlarose	Other	23_DY2Q1_WF_MDL112_PRES4_OTH_Compensation_Benefits_Data_Reporting_AHI_DOH_with_AntiTrust_6_28_4416.xlsx	Compensation Benefits Data Reporting	07/28/2016 02:53 PM
	ctrue	Other	23_DY2Q1_WF_MDL112_PRES4_OTH_AHI_PPS_Compensation_and_Benefits_Summary_6.16_4061.pdf	Compensation and Benefits Summary	07/22/2016 01:53 PM
	ctrue	Other	23_DY2Q1_WF_MDL112_PRES4_OTH_7.13.16_Meeting_Overview_4060.pdf	7.13.2016 Workforce Committee Meeting Overview	07/22/2016 01:51 PM
Develop training strategy.	dlarose	Templates	23_DY2Q1_WF_MDL112_PRES5_TEMPL_workforce_training_schedule_DY2Q1Mapp_20160714_4288.xlsx	Workforce Training Schedule Template	07/27/2016 02:45 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Define target workforce state (in line with DSRIP program's goals).	Per DOH guidance on 7/18/16, task added to report projected impacted staff for this milestone by 9/30/16 to fulfill requirements.
Create a workforce transition roadmap for achieving defined target workforce state.	Step 5 was added to this milestone from Milestone 4 as this task is dependent upon transition of the road map. The task will be put on hold under Milestone 4.
Perform detailed gap analysis between current state assessment of workforce and projected future state.	
Produce a compensation and benefit analysis, covering impacts	Per DOH guidance on 5/26/16 and 7/12/16, governing body approval has been extended beyond the end of the quarter to allow for the PPS to obtain approval

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	through the due date for the PPS quarterly report submission. The analysis was complete and reviewed by the Compensation and Benefits Workgroup by 6/30/16 with appropriate sign off from the PPS Workforce Governance Body (Workforce Committee) on 7/13/16. Please note - Step 4 was put on hold within this milestone and was moved to Milestone 2 as this task is dependent on the transition road map.
Develop training strategy.	

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☑ **IPQR Module 11.3 - PPS Defined Milestones**

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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

The key risks we have identified that could impact our ability to meet our baseline process measures in the future are:
1. Competition from the overlapping PPSs in the adjacent regions to AHI over high-demand positions. We will collaborate with neighboring PPSs in our region and strive for equitable access among PPSs for hiring high-demand staff. Regular meetings and discussions with key workforce staff in neighboring PPS will take place with the goal of ensuring the future state workforce needs of all PPSs are met and to identify opportunities for collaboration.
2. Difficulty recruiting for providers in the AHI PPS network (particularly for relatively low-paid roles), with the challenges in a rural area compared to other PPSs in the State that will also be recruiting for the same positions.

To mitigate this risk, the Recruitment and Retention Workgroup has been developed which is investigating strategies to building a pipeline of health care staff and a coalition of health care professionals who will speak to the need for these key positions in high schools, BOCES programs (including New Visions), and community colleges. The Recruitment and Retention Workgroup is also creating a marketing campaign regionally and beyond to help identify our region as an employment destination. In addition, a Recruitment and Retention Fund has been developed to assist partners with recruitment and retention efforts for key positions which will expand services for DSRIP related projects.
3. Many requirements and projects, including 2a i, depend on the successful implementation of an electronic health records system, as well as the necessary training and change management and engagement support to ensure that impacted staff are ready, willing, and able to succeed with the new system.
In order to execute the activities to support these endeavors in a timely and effective manner, AHI PPS continues to maintain discussions with consultants to provide technical assistance. Necessary training will be incorporated in to a training plan. Strict project management and reporting protocols will be instituted to ensure the PPS remains on track and on schedule with regard to getting our people, processes, and technology ready for success in the DSRIP future.
4. AHI PPS may have difficulty obtaining buy-in and support from frontline workers and key stakeholders, which in turn could impact DSRIP project success.
To mitigate this risk, the PPS has approved the Workforce Communication and Engagement Strategy to provide information and updates to share with partners to then be shared with their employees. This strategy included a survey to partners to identify the mechanisms used to communicate with their employees and its effectiveness. Tools to communicate with all employees will be developed from this information and shared for use, incorporated in to a tool that they have identified works best for their organization.   All workforce groups (Workforce Committee, Workforce Advisory Council and four workgroups) have membership which includes union representation as a mechanism for communication and to gain support from employees.
5. Partners not completing necessary survey/assessment documentation for analysis of the PPS workforce.
To mitigate this, the PPS will carefully plan important information gathering tools to ensure the best response. The PPS will work with professional survey organizations to ensure the questions are clear and concise. Partners will be given adequate time to fill out the surveys as accurately as possible, frequent reminders will be sent out, and extensions will be given as needed to complete assessments. When possible and appropriate, the PPS will group surveys together to reduce the numbers of surveys for Partners.

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☑ **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.)

Given the importance of the workforce spending milestone and the importance of directing funds to providers in our network to support the training/retraining, recruitment and redeployment needs, the connection between workforce transformation and finance is crucial. Finance (both AHI finance and PPS finance) will be kept updated with workforce funding requests as initiated through the workforce workgroups and committee. Feedback from finance will be solicited to enhance the process. Finance and workforce will remain in frequent contact on the status of workforce spending to ensure that the PPS will meet the requirements of the workforce spending achievement value.

Additionally, there is a strong relationship between the training components of workforce transformation strategy and the cultural competency workstream. Training linked to cultural competency and health literacy will be needed for all levels of the workforce, including physicians, nurses care coordinators, etc., to ensure that all are able to communicate effectively with our entire patient population. The Training and Resources Workgroup and Workforce Committee will play an integral role the Cultural Competency and Health Literacy Training Strategy implemented throughout the PPS.

Lastly, workforce is closely tied to clinical integration as training/retraining and the addition of new staff will focus on creating more integrated multi-disciplinary teams that cross organizations boundaries. Redeployments may be necessary to ensure that the right staff are placed in the right location to support better clinical integration and success of DSRIP projects.

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☑ **IPQR Module 11.6 - Roles and Responsibilities**

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
VP, Regional Health Planning and Development for AHI PPS	Lottie Jameson	Provide oversight and input into the development of workforce initiatives
Community Health Services Director for the AHI PPS	Megan Murphy	Provide oversight and input into the development of workforce initiatives. Serves as AHI representative on the Workforce Committee.
Workforce Manager	Kelly Owens/AHI	Dedicated Workforce Manager accountable for development of IP and execution of all workforce-related activities
Workforce Committee Chair	Mike Lee/ Adirondack Health System	Mike is the Chief Human Resources Officer for Adirondack Health System with extensive health care experience in acute care, long term care, hospice, homecare and health systems. He will provide leadership to the Workforce Committee and assist AHI Workforce staff in the successful implementation of workforce activities.
Training and Resources Work Group	Workgroup Leader: Diane Wildey (Dean Special Academic Services, SUNY ADK), and includes other interested parties related to training needs and strategies.	Responsible for a comprehensive set of strategies for successful implementation of the workforce transformation agenda related to training needs. Identify training gaps and key training resources available to achieve success in implementation plan activities.
Compensation and Benefits Work Group	Workgroup Leader: Sadie Spada (CEO, ADK Arc), and includes other interested individuals with an interest/expertise related to compensation and benefit information.	Responsible for a comprehensive set of strategies related to compensation and benefit in order to fully understand the impact of DSRIP Implementation upon the workforce and achieve prescribed milestones.
Employee Engagement Work Group	Workgroup Leaders: Michelle LeBeau (VP Human Resources, UVM-CVPH) and includes other interested individuals related to engaging the workforce in DSRIP related information	Responsible for a comprehensive set of strategies for successful implementation of the workforce transformation agenda related to communication and working with impacted employees. Develop a communication plan with all levels of the workforce related to DSRIP and strategy to work with impacted employees due to project implementation.
Other Workforce Training Vendors	TBD	Vendors to be determined to assist with training needs identified through the training strategy.
WF Training Vendor	Hudson Mohawk Area Health Education Center (HM AHEC)	Training vendor with experience in coordinating training in areas key to many projects that can support the execution of workforce related activities and provide necessary training sessions identified to support retraining needs. Provides experience leading Care

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		Coordination Training which will be in high demand.
WF Learning Management System (Training) Vendor	TBD	Training vendor with extensive experience in education of health care professionals in acute care setting with on-line training that can provide training to support training and retraining needs along with the ability to track training across the PPS.
Labor Representation	1199 SEIU - United Health Workers East	Labor organization that, through participation on the Workforce Committee and each of its work groups, can provide insights and expertise into likely workforce impacts, staffing models, and key job categories that will require retraining, redeployment, or hiring.
Workforce Consultant	Center for Health Workforce Studies	Responsible for the coordination and execution of workforce activities and analyses, working with the Workforce Committee and Workforce Manager to achieve necessary milestones.
Workforce Leadership Team	Workforce Committee Chair, Work Group leaders, designation AHI PPS Workforce staff	Define how and by whom any decisions around resource availability, allocation, training, redeployment and hiring will be made and signed off.
Workforce Committee	Includes 17 Individuals including: Chair, Mike Lee (Chief Human Resources Officer, Adirondack Health), Linda Beers (Essex County Public Health), Jill Borgos (Empire State College), Kyle Brock (Glens Falls Hospital), Marti Burnley (Hudson Headwaters Health Network), Debbie Couture (Behavioral Health Services North), Michelle Law (Franklin-Essex-Hamilton BOCES), Michelle LeBeau (UVM-CVPH), Becky Leahy (North Country Home Services),Darlene Lewis (Canton Potsdam Hospital), Mark Lukens, Behavioral Health Services North), Megan Murphy (AHI), Elizabeth Parsons (Fort Hudson Health System), Sadie Spada (The Adirondack Arc), Kathy Tucker (1199 SEIU), Diane Wildey (, SUNY Adirondack), Karen Zanni (Empire State College).	Includes representatives from human resources, finance, administration from , educational institutions, , health care organizations representing primary care, acute care, home care, long term care services, public health departments as well as union representatives and AHI staff who will define how and by whom any decisions around resource availability, allocation, training, redeployment and hiring will be made and signed off on.
Workforce Coordinators	Jon Quintal/AHI Chelsea Truehart/AHI	Assist with implementation of workforce deliverables and managing workforce workgroup intiatives.
Recruitment and Retention Workgroup	Workgroup Leaders: Darlene Lewis (VP, Human Resources Canton Potsdam Hospital) and Mark Lukens (Interim CEO, Behavioral Health Services North) and includes other interested parties related to the recruitment and retention efforts in the PPS region.	Responsible for a comprehensive set of strategies for successful implementation of the workforce transformation agenda related to the recruitment and retention of hard to fill/retain positions within the PPS and those positions of high need with successful project implementation.

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☑ **IPQR Module 11.7 - Key Stakeholders**

Instructions :

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Margaret Vosburgh	CEO, AHI	Oversight in all PPS activities
Eric Burton	CFO, AHI	Financial oversight
Bob Cawley	Director, Health System Transformation for AHI PPS	Oversight in overall PPS activities
Phil Kahn	Communications Coordinator, AHI	Assist with execution of employee engagement and communication activities.
External Stakeholders		
Workforce Advisory Council	Workforce advisory group	Subject matter experts and interested parties who will share information and recommendations related to implementation efforts including analyses of current and future state, transition roadmap, compensation and benefits analysis, and training strategy
1199 SEIU - UHWE	Labor/Union Representation	Expertise and input around job impacts resulting from DSRIP projects. Participation on Workforce Committee, workgroups and Workforce Advisory Council.
United Food and Commercial Workers	Labor/Union Representation	Expertise and input around job impacts resulting from DSRIP projects. Participation on the Workforce Advisory Council.
New York State Nurses Association (NYSNA)	Labor/Union Representation	Expertise and input around job impact resulting from DSRIP projects. Participation in workgroups and Workforce Advisory Council.
Center for Health Workforce Studies	Workforce Vendor	Coordination and execution of workforce activities and analysis
Albany Medical Center PPS	Neighboring PPS	Neighboring PPS with shared counties. Collaboration on agreed upon efforts to avoid duplication and streamline resources.
Alliance For Better Health Care PPS	Neighboring PPS	Neighboring PPS with shared counties. Collaboration on agreed upon efforts to avoid duplication and streamline resources.
Samaritan Medical Center PPS	Neighboring PPS	Neighboring PPS with shared counties. Collaboration on agreed upon efforts to avoid duplication and streamline resources.
Hudson Mohawk Area Health Education Center	Training Vendor	Training vendor with experience in coordinating training in areas key to many projects that can support the execution of workforce related activities and provide necessary training sessions identified to support retraining needs. Provides experience leading Care

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		Coordination Training which will be in high demand.
LMS Training Vendor (TBD)	Training Vendor	Vendor providing on-line training and tracking ability related to training initiatives.
Training Vendors (TBD)	Training Vendor	Training vendor with experience in coordinating training in areas key to many projects that can support the execution of workforce related activities and provide necessary training sessions identified to support retraining needs. Provides experience leading Care Coordination Training which will be in high demand.

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☑ **IPQR Module 11.8 - IT Expectations**

Instructions :

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

The relationship between IT and Workforce is an important one, and alignment between these two workstreams at AHI PPS will be critical to DSRIP success. First, once our training strategy and plan are implemented, we will rely on IT platforms significantly to track training progress (e.g. tracking who's been trained, the subject matter of the training, when the training took place, certification levels, etc.). This will require a cross-member organization learning management system (LMS) capability. Second, as AHI PPS begins to execute the workforce transition roadmap, we will rely on IT capabilities to track staff movement and changes across the PPS (e.g. redeployed staff, net new hires). AHI PPS will utilize a data collection system to track workforce changes in a timely fashion.

☑ **IPQR Module 11.9 - Progress Reporting**

Instructions :

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

The headline measures of the success of our workforce transformation program will be the targets of redeployed, retrained, and hired staff and the workforce budget, as articulated in the gap analysis and transition roadmap provided later in DY2. AHI PPS will work with a data consultant and data collection system to obtain and report this data every six months as required. Trends will be shared with the respective workgroups and committee and variances will be discussed.

DSRIP project managers will provide reports to the Workforce Manager to share with the AHI PPS Workforce Committee and Workgroups (Compensation and Benefits, Employee Engagement, Recruitment and Retention, and Training and Resources), in order to ensure the workforce committee and workgroups (particularly the Training & Resources Workgroup and Recruitment & Retention Workgroup)   have a real-time view of how the recruitment, redeployment and retraining efforts are affecting the individual projects. This will allow us to manage any risks as they arise.

The Workforce Committee, with guidance and assistance from the Workforce Workgroups and dedicated AHI PPS Workforce Staff, will develop a process to manage the data collection and ratification for the quarterly progress reports, and will communicate this with all organizations in the PPS Network.

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☑ **IPQR Module 11.10 - Staff Impact**

Instructions :

Please upload the Workforce Staffing Impact (Baseline) table provided for quarterly reporting.

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
dlarose	Other	23_DY2Q1_WF_MDL1110_OTH_Workforce_Module_11_10__4681.docx	Blank Document	08/01/2016 04:33 PM

Narrative Text :

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✅ **IPQR Module 11.11 - Workforce Strategy Spending (Quarterly):**

Instructions :

Please include details on workforce spending for DY2. The workforce spending actuals should reflect only what was spent during the relevant quarters and is not cumulative across semi-annual periods. The PPS can shift funding across categories; e.g., from Retraining to New Hires. Please note that the "Cumulative Percent of Commitments Expended through Current DSRIP Year (DY2)" section is calculated based on the total yearly commitments.

Benchmarks	
Year	**Amount($)**
Total Cumulative Spending Commitment through Current DSRIP Year(DY2)	3,725,000.00

Funding Type	Workforce Spending Actuals		Cumulative Spending to Date (DY1-DY5)($)	Cumulative Percent of Commitments Expended through Current DSRIP Year (DY2)
	DY1(Q1/Q2)($)	**DY1(Q3/Q4)($)**		
Retraining	0.00	0.00	205,757.08	11.12%
Redeployment	0.00	0.00	0.00	0.00%
New Hires	0.00	0.00	542,996.62	48.27%
Other	0.00	0.00	241,295.73	37.12%
Total Expenditures	**0.00**	**0.00**	**990,049.43**	**26.58%**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
No Records Found				

Narrative Text :

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

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IPQR Module 11.12 - IA Monitoring:

Instructions :

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

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

Instructions :

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

Challenge: Operational challenges in implementing and executing the project's milestones and tasks within the quarter for completion. Project Milestones 1 and 2 have resulted in some changed due dates Additionally, AHI PPS has experienced changing leadership, which has impacted the project significantly.. Efforts are underway to create the infrastructure to operate in an IDS fashion.

Mitigation: AHI PPS continues to engage our partners in the development of an IDS. This includes additional training opportunities to help develop broader understanding of IDS concepts and goals. AHI PPS has successfully recruited a new CEO that is leading efforts to review the PPS Lead organizational structure and composition of the governance committees to ensure that we have sufficient resources that are effectively deployed.

Challenge: Secure contracting agreements (Master Participation Agreement and Project Schedule A2s) with PPS Partners.

Mitigation: PPS Governance has agreed upon a second round of Engagement Funds to be distributed to PPS Partners. AHI PPS has distributed a Master Participation Agreement to all partners with 57 having been returned, as of 6/30/2016. Project specific schedules for most projects have been reviewed by the PPS Finance Committee which has recommended several to the PPS Steering Committee and has several more queued up for approval.

Challenge: Performance management and engagement across the AHI PPS network.

Mitigation: Reorganize and, if necessary, Increase AHI PPS resources to provide more focus on vital provider/partner engagement activities.

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	DY3 Q4	Project	N/A	In Progress	04/01/2015	06/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers.		Project		In Progress	04/01/2015	06/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Utilize Network Committee (to be established under Governance) to develop work plan.		Project		In Progress	10/01/2015	06/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Define PPS administrative staffing plan, including identifying Network Management resources dedicated to managing and building an appropriate network.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Analyze current state of network adequacy, taking into consideration the geographic distribution of Medicaid and uninsured populations, and their health needs, in relation to the set of providers that have signed a commitment letter to participate in the PPS.		Project		In Progress	07/01/2015	06/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Establish a network development strategy (short & long-term) focusing on adding new providers and/or expanding capacity in underserved areas.		Project		In Progress	07/01/2015	06/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Provide the Workforce Committee (to be established under Governance) with information on the Network Development. strategy, as it may be informative for the Workforce Development plans.		Project		In Progress	10/01/2015	06/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4

NYS Confidentiality – **High**

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Work with Community and Beneficiary Engagement Committee (to be established under Governance) to develop CBO inclusion/adequacy strategy.										
Task Develop list of target CBOs and define plan for ongoing engagement/inclusion.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Work with Finance Committee to develop payer engagement strategy.		Project		In Progress	10/01/2015	06/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Develop list of target payers and define plan for engagement in PPS activities.		Project		In Progress	10/01/2015	06/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	DY2 Q4	Project	N/A	In Progress	04/01/2015	06/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS produces a list of participating HHs and ACOs.		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS.		Project		In Progress	04/01/2015	06/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery.		Project		In Progress	04/01/2015	06/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Evaluate existing population health management capabilities, including those of the Adirondack Region Medical Home Initiative, the AHI Health Home, and the Adirondacks ACO.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Establish a collaborative planning process. Include Medical Home, ACO, and HH, decision-makers in the PPS HIT Workgroup; provide PPS representation to the Medical Home Governance Committee and the Adirondacks ACO Informatics Committee.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Align the committees that govern technology plans and investments (including population health management systems) and those that govern clinical quality, patient and beneficiary engagement, where feasible. Alignment plan will take into consideration the governance requirements of the various legal		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
entities.										
Task Incorporate Health Home outreach and care management capabilities in the appropriate project plans.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Evaluate current state of measures alignment: prepare metrics crosswalk (ACO, Medical Home, HH, PPS).		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Work with the Clinical Quality Committees of the various entities (or a shared committee, if feasible), to establish a unified, regional quality dashboard and metrics set that is utilized by ACO, Medical Home, Health Home and PPS.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	DY2 Q4	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 PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment reminders are followed.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS trains staff on IDS protocols and processes.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Utilize Clinical Quality Committee (to be established through Governance) to develop work plan. Clinical Quality Committee will include primary care, acute care, behavioral health, long-term care, public health and CBOs as appropriate. Clinical Quality Committee structure will be finalized, as required, by the end of DY1 Q3; following which the Committee will have one-quarter to create the work plan.		Project		In Progress	10/01/2015	06/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Identify and prioritize the list of processes for which the PPS / IDS will seek to develop standardized protocols.		Project		In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task		Project		In Progress	10/01/2015	06/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Gather existing protocols from across participating organizations (PPS partners, ACO, Medical Home, etc.), as well as evidence on the effectiveness of such protocols, and determine which ones will be adopted by the Committee and thus become standardized across the region.										
Task Identify process and quality measures to track in alignment with protocols to be implemented.		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop timeline for adoption across region, including time commitments from participating organizations to roll out protocols and timeline for integrating measurements into quality/IT systems.		Project		Not Started	04/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop the tools/resources needed to support dissemination of protocols and guidelines that have been adopted, including summaries, flowcharts, memos, slides, and other communication tools.		Project		Not Started	04/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Establish method to track dissemination of protocols, and to monitor adherence to such protocols.		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Utilize PMO to perform tracking (to previous task) and supply information to Clinical Quality Committee on an on-going basis.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	DY3 Q4	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 connectivity to RHIO's HIE and 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's HIE and 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
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Hospital	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's HIE and SHIN-NY		Provider	Safety Net Mental Health	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
requirements.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Nursing Home	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses alerts and secure messaging functionality.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Identify EHR vendor systems being used by participating safety net providers within the PPS.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Confirm that each of the EHR vendor systems being used by participating safety net providers within the PPS includes DIRECT Exchange (secure messaging), alerts and patient record look up. (Overlap with PCMH and MU requirements and plan addressed in project requirements, Milestones #5 and #7 below.)		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task For those EHR vendor systems that do not meet these requirements, develop a plan to address this issue with the participating provider.		Project		In Progress	07/01/2015	06/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Develop an implementation plan that includes setting up the sharing of health information via HIE and amongst clinical partners participating within the PPS.		Project		In Progress	07/01/2015	06/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Validate that all participating PPS safety net providers are actively sharing health information via HIE and amongst clinical partners participating within the PPS.		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	DY3 Q4	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	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 Identify all of the EHR systems being used by participating safety net providers within the PPS.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	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 an implementation plan that ensures that all EHR systems being used by safety net providers within the PPS meet MU and PCMH Level 3 standards by the end of Demonstration Year 3. (Overlaps with PCMH and MU steps that are outlined in more detail in project requirement #7 below.)		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Validate that all EHR systems being used by safety net providers within the PPS meet MU and PCMH Level 3 standards by the end of Demonstration Year 3.		Project		Not Started	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	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		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Identify participating safety net providers that are actively using EHRs and other IT platforms.		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Examine the population health management (PHM) functionality being used by any of our PPS partners. Some of the PPS partners may be performing their own health management (PHM) with the data within their own EHRs.		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Gather and document DSRIP and PPS population health management requirements. These should also include input from participating safety net providers.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Perform a PHM vendor scan to identify available functionality of population health management tools/solutions that could contribute toward satisfying this PPS requirement.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Outline the plan and/or mechanism by which the PPS will utilize the data from the EHRs to perform population health management for all participating safety net providers. (Inclusive of functionality being developed by the state via the MAPP and Salient platforms.)		Project		In Progress	07/01/2015	06/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Align the above mentioned steps within the PPS's population health management road map that is being developed. Refer to the Population Health Management work stream section.										
Task Begin to follow this PHM roadmap as part of the over-arching implementation plan of the PPS to achieve this project requirement.		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Validate that the PPS is performing population health management by actively using EHRs and/or other IT platform, including use of targeted patient registries, for all participating safety net providers.		Project		Not Started	04/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Secure local subject matter experts (NCQA Certification/Meaningful Use/ Practice Transformation) to provider services to support the PPS with this project, particularly with steps 2 to 7.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Gain commitments from each participating practice, including a signed contract and/or MOU, and the identification of a Physician Champion.		Project		In Progress	07/01/2015	06/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Establish a PPS-wide detailed work plan and timeline that culminates with all participating PCPs meeting all requirements by the end of DY3, Q4.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Identify and engage existing resources to provide services to support practices in meeting project requirements. (This will include contracting with PMO/PCMH/MU Consultants.)		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Hire experienced Practice Transformation Coach(es) and Project Manager to support the project.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Establish and execute a communications plan to support Certification goals: key messages, audiences methods of communication, timeline. Ensure resource are in place to execute Communications plan - coordinate with Communications & PMO. These activities will be provided on an on-going bases through the end of the Target Completion Date.		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Create individual work plans, tailored to the needs of each participating practice. Present plans to practices; gain buy-in. Plan includes the required steps and level of effort on behalf of the practices to achieve the PCMH and MU certifications.		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Gain buy-in from practice staff to be assigned ownership of tasks within the implementation plan and to contribute toward the project goals.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Conduct initial practice assessments of all required participating practices; document the "current state" - include workflow, resources, etc.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Conduct EHR readiness assessment. (see Project Requirement/Milestone #5 steps)		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Validate the "current state" document with each practice; schedule meetings, review Policies and Procedures, gain more information to be confident that the current state assessment is accurate.		Project		Not Started	04/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Perform a gap analysis assessment for participating practices between current state of each practice and requirements to achieve 2014 Level 3 PCMH recognition and to meet MU standards.		Project		Not Started	04/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task		Project		Not Started	04/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Allocate, and mobilize resources to each practice to fill gaps noted in task above. [Validate the "current state" document with each practice; schedule meetings, review Policies and Procedures, gain more information to be confident that the current state assessment is accurate.] Includes AHI PPS internal resources & contracted services.										
Task Deliver Training and Education to practice staff to address needs/gaps. Identify and share best practices with PCP's. These activities will be provided on an on-going basis through the end of the Target Completion Date.		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Include EHR Vendor in the practice transformation plan where needed; provide overall project management support for the practice to help them manage the vendor to achieve any vendor steps in the plan, such as required upgrades.		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Conduct chart reviews and create NCQA documentation necessary for the application. Provide feedback, remediation, as needed.		Project		Not Started	04/01/2016	09/30/2017	07/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Complete and submit Meaningful Use Attestation with practice staff / providers.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Complete and submit NCQA Applications.		Project		Not Started	01/01/2017	12/31/2017	01/01/2017	12/31/2017	12/31/2017	DY3 Q3
Task Obtain copies of the Meaningful Use Certification and of the NCQA 2014 Level 3 Certification to document completion of the requirement.		Project		Not Started	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	DY3 Q4	Project	N/A	In Progress	10/01/2015	09/30/2018	10/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Medicaid Managed Care contract(s) are in place that include value-based payments.		Project		In Progress	10/01/2015	09/30/2018	10/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Establish Value-Based Payment Workgroup (sub-group of Finance Committee), including provider representation.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Develop and implement an education and communication		Project		In Progress	01/01/2016	09/30/2018	01/01/2016	09/30/2018	09/30/2018	DY4 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
strategy for PPS network on VBP concepts and frameworks and best practices. It is expected that there will be an on-going need for education & communication on VBP across the network.										
Task Conduct stakeholder engagement with PPS Providers.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Conduct stakeholder engagement with MCOs.		Project		Not Started	07/01/2016	09/30/2017	07/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Conduct a VBP Baseline Assessment (Workgroup will develop the VBP assessment and evaluate the results of the assessment).		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Identify & prioritize potential opportunities and providers for VBP arrangements, based on results of the assessment.		Project		Not Started	04/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Create the VBP adoption plan (a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest), including steps/timeline for the priorities identified in the task above.		Project		Not Started	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Establish a mechanism for tracking progress on the plan; establish database for housing information on the various types of payment arrangements that are in place throughout the PPS.		Project		Not Started	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Execute on plan and monitor progress, ensure Providers are supported (e.g. consultants, other resources) to achieve plan.		Project		Not Started	10/01/2016	09/30/2018	10/01/2016	09/30/2018	09/30/2018	DY4 Q2
Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	DY2 Q4	Project	N/A	In Progress	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted.		Project		In Progress	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Identify MCOs to partner with PPS, and engage in Committees as appropriate.		Project		Not Started	04/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop strategy to engage MCOs in monthly forums to discuss utilization, performance, and payment reform issues.		Project		Not Started	04/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Obtain legal counsel to ensure compliance with regulations		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1

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Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
throughout all payor engagement activities.										
Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	DY3 Q4	Project	N/A	In Progress	01/01/2016	09/30/2018	01/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation		Project		In Progress	01/01/2016	09/30/2018	01/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.		Project		In Progress	01/01/2016	09/30/2018	01/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task Research best practices on aligned provider compensation approaches.		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Establish Provider Compensation Alignment Workgroup (including providers).		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop a communications plan, focusing on the "provider-facing" communications.		Project		Not Started	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Identify one or more Provider Champions who will participate in the development and implementation of "provider communications strategies" to promote aligned compensation models.		Project		Not Started	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Evaluate existing compensation models / approaches; identify high priority areas for alignment.		Project		Not Started	04/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Workgroup develops a plan to transition provider compensation to align with patient outcomes.		Project		Not Started	04/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Plan is vetted with Providers, administrators, and others as appropriate.		Project		Not Started	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Implement plan and track progress.		Project		Not Started	01/01/2017	09/30/2018	01/01/2017	09/30/2018	09/30/2018	DY4 Q2
Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	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

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Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.										
Task Research best practices on patient activation and engagement, continually review new literature, complete first research review by DY1 Q3.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Establish project management team and timelines associated with meeting project requirements for all participating partners.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Utilize the 2.d.i Project Work Group to vet the practices and develop implementation plans that maximize the CBOs assets and ability to reach the target population.		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Establish method for tracking progress on the implementation plan, utilize PMO to monitor progress and provide reports to 2di team, and to Patient and Community Engagement Committee.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task The PPS will create a standard performance-based contract that compensates CBOs and providers for outreach and navigation services, including incentives for successfully meeting patient activation metrics/goals.		Project		In Progress	10/01/2015	06/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task The PPS will contract with CBOs and health care providers that already have an established, trusted relationship with the target population, to perform outreach and navigation activities.		Project		In Progress	10/01/2015	06/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task The 2.d.i Project Work Group will work closely with the PPS Workforce Committee to develop training for providers and CBOs in using the Patient Activation Measure (PAM) tool and cultural competency trainings, such as Bridges Out of Poverty.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

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Adirondack Health Institute, Inc. (PPS ID:23)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	The AHI PPS DSRIP Project 2.a.i Milestone 1 is due 6/30/2016 (DY2Q1). The Milestone is "All PPS providers must be included in the Integrated Delivery System (IDS). The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy". AHI PPS Leadership determined on 6/7/2016 that Milestone 1 will not be completed by 6/30/2016 and the Milestone date will be changed to a due date of 9/30/2016 (DY2Q2). The NYS Department of Health required documentation to satisfy Milestone 1 is: "Provide a list of Network Providers and list of contract agreements among providers in the IDS". During a 2.a.i Project Meeting on 6/7/2016, PPS Leadership determined that the required documentation for AHI PPS contract agreements is; Terms of Participation and Masters Services Agreement with Project Specific Schedules. As of 3/2/2016, 94 organizations have signed the Terms of Participation. The contracting package includes three elements; Terms of Participation, Master Participant Agreement and Project Specific A2 Schedules. During DY2Q1, the AHI PPS distributed the Master Participation Agreement to PPS Partners on 6/6/2016 with a signed return deadline of 6/22/2016. As of 6/30/2016 58 Master Participation Partner Agreements have been signed and returned to AHI PPS. During DY2Q2, the PPS anticipates fully executing the Project Specific Schedule A2s to PPS partners. The PPS Finance Committee has finalized a plan to disburse a second round of engagement funds in June 2016. The PPS Finance Committee is continuing work on the Schedule A2 Projects which will provide a detailed outline of roles and responsibilities that the PPS Partner's will perform in the specific projects chosen, payment flow, and documentation and performance requirements.
Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	The AHI PPS DSRIP Project 2.a.i Milestone 2 is due 6/30/2016 (DY2Q1). The Milestone is "Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS". AHI PPS Leadership determined on 6/7/2016 that Milestone 2 will not be completed by 6/30/2016 and the Milestone date will be changed to a due date of 9/30/2016 (DY2Q2). The NYS Department of Health required documentation to satisfy Milestone 2 is: "Updated list of participating Health Home comprising name, license #, start/end date of contract, full address, etc. Inventory agreements with participating Health Homes and ACOs as it is defined in the milestone requirement. Evidence should include periodic meetings with schedules, agendas, meeting minutes, etc." As of 6/30/2016, Inventory Agreements with participating Health Home and ACOs is not finalized for the DY2Q1 submission. The Shared Services Agreement is under review by AHI PPS Executive Leadership. AHI PPS Executive Leadership anticipates that the Shared Services Agreement with the ACO will be finalized and signed during DY2Q2. To support fulfilling Milestone 2, the AHI PPS is convened two internal 2.a.i meetings during May 2016 and June 2016 with AHI PPS Leadership to discuss the development process of the IDS strategy for the PPS and support for Milestone 2 DY2Q1 requirements. AHI PPS Leaders, Governance Committees and Regional Health Innovation Team Leaders will focus formal meeting discussions on implementing the PPS' strategy towards evolving into an IDS. The Milestone requirement of regularly scheduled formal meetings to develop collaborative care practices and integrated service delivery will be fulfilled by the various Governance Committee meetings and Regional Health Innovation Team meetings.
Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	
Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	
Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	
Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Meaningful Use standards by the end of DY 3.	
Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	
Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	
Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	
Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	

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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone The AHI PPS, and the PPS Partners / Providers obtain regulatory waivers, if necessary to implement the plan.	In Progress	The AHI PPS, and the PPS Partners / Providers obtain regulatory waivers, if necessary to implement the plan.	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	Completed	AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	In Progress	If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project Team identifies any additional regulatory barriers to project implementation.	In Progress	Project Team identifies any additional regulatory barriers to project implementation.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements / timeline for such submissions.	In Progress	AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements / timeline for such submissions.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Partners / Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in	In Progress	PPS Partners / Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in resolving any barriers to successful submission of their applications.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
resolving any barriers to successful submission of their applications.								
Task PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	In Progress	PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone Mid-Point Assessment	Completed	Mid-point Assessment Narrative			06/30/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Mid-Point Assessment	dlarose	Other	23_DY2Q1_PROJ2ai_MDL2ai3_PPS1504_OTH_2ai_MPA_Narrative20160719_4218.docx	2ai Mid-Point Assessment Narrative	07/26/2016 04:05 PM

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
The AHI PPS, and the PPS Partners / Providers obtain regulatory waivers, if necessary to implement the plan.	
Mid-Point Assessment	

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

Instructions :

Adirondack Health Institute, Inc. (PPS ID:23)

Project 2.a.ii – **Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP))**

☑ **IPQR Module 2.a.ii.1 - Major Risks to Implementation and Mitigation Strategies**

Instructions :

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

One risk to the AHI PPS is provider fatigue. Specifically:

• A number of health care providers are having increased demands on their time because of engagement in multiple ongoing primary care initiatives that are available in the region such as Medical Home, Adirondacks ACO, payer specific programs, NCQA recognition, as well as adapting to the change to value-based payment models (including the proposed MACRA legislation).

To mitigate this risks, the PPS will:

• AHI Transformation resources will identify the collective challenges and collaborate with partners to leverage shared resources across the network and alleviate concurrent pressures on providers.

Another risk is the AHI PPS is still working on finalizing contracting with our participants, including some large primary care practices.

• These efforts were delayed for the AHI PPS in part because of the time it took to confirm Safety Net status for AHI.

• Until that status was confirmed, we were unable to finalize our governance which has impacted budgeting and contracting.

To mitigate this risk, the PPS has:

• Retained consultants and held frequent meetings of our Finance and Steering Committees in order to make up ground.

Another risk is the AHI PPS will be unable to meet the patient engagement speed and scale targets set for this project.

• The AHI PPS was very aggressive in our speed and scale targets.

• Several providers have indicated they feel the requirement of annual screening for each Medicaid beneficiary, regardless of age, gender or health status is not supported by evidence and are concerned they may not have the capacity to meet the requirement.

To mitigate this risk, the PPS is:

• Working with the providers to resolve these concerns, and

• Are undertaking a rapid cycle quality improvement project (PDSA) around patient engagement for this project.

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✅ **IPQR Module 2.a.ii.2 - Patient Engagement Speed**

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY3,Q4	67,447

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	47,250	49,500	51,750	54,000
	Quarterly Update	3,456	0	0	0
	Percent(%) of Commitment	7.31%	0.00%	0.00%	0.00%
IA Approved	Quarterly Update	0	0	0	0
	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%

⚠ Warning: PPS Reported - Please note that your patients engaged to date (3,456) does not meet your committed amount (47,250) for 'DY2,Q1'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
adycross	Other	23_DY2Q1_PROJ2aii_MDL2aii2_PES_OTH_DY2Q1_2aii_Actively_Engaged_Patients_FINAL_4489.xlsx	2aii Actively Engaged Patients	07/29/2016 11:19 AM

Narrative Text :

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

*Please note that the password for the encrypted supporting documentation will be sent in an encrypted email to Logan Tierney and Megan Rurak.

The number of actively engaged patients for Project 2aii "Primary Care" is short of our projection for a number of reasons:
• We are still working on finalizing contracting with our participants, including some large primary care practices. These efforts were delay for AHI PPS in part because of the time it took to confirm Safety Net status for AHI. Until that status was confirmed, we were unable to finalize our governance which has impacted budgeting and contracting. While we are still behind schedule, we have retained consultants and held frequent meetings of our Finance and Steering committees in order to make up ground.

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• As shared previously, AHI PPS was very aggressive in our speed and scale targets.

• Several of our providers have indicated that they feel the requirement of an annual screening for each Medicaid beneficiary, regardless of age, gender or health status is not supported by evidence and are concerned that they do not have the capacity to meet the requirement. We are working with the providers to resolve these concerns.

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☑ **IPQR Module 2.a.ii.3 - Prescribed Milestones**

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	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 Ensure that all participating PCPs in the PPS meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Secure local subject matter experts (NCQA Certification / Meaningful Use / Practice Transformation) to provide services to support the PPS with this project, particularly with the next 6 tasks.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Gain commitments from each participating practice, including a signed contract and/or MOU, and the identification of a Physician Champion.		Project		In Progress	09/01/2015	06/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Establish a PPS-wide detailed work plan and timeline that culminates with all participating PCPs meeting all requirements by the end of DY3, Q4.		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify and engage existing resources to provide services to support practices in meeting project requirements. (This will include contracting with PMO/PCMH/MU Consultants.)		Project		Completed	07/01/2015	01/04/2016	07/01/2015	01/04/2016	03/31/2016	DY1 Q4
Task Hire experienced Practice Transformation Coach(es) and Project Manager to support the project.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Establish and execute a communications plan to support Certification goals: key messages, audiences, methods of communication, timeline. Ensure resource are in place to execute Communications plan - coordinate with Communications & PMO. These activities will be provided on an on-going basis through the		Project		Completed	01/01/2016	03/31/2018	01/01/2016	06/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
end of the Target Completion Date.										
Task Create individual work plans, tailored to the needs of each participating practice. Present plans to practices; gain buy-in. Plan includes the required steps and level of effort on behalf of the practices to achieve the PCMH and MU certifications.		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Gain buy-in from practice staff to be assigned ownership of tasks within the implementation plan and to contribute toward the project goals.		Project		Completed	01/04/2016	03/31/2016	01/04/2016	03/31/2016	03/31/2016	DY1 Q4
Task Conduct initial practice assessments of all required participating practices; document the "current state" - include workflow, resources, etc...		Project		Completed	01/04/2016	03/31/2016	01/04/2016	03/31/2016	03/31/2016	DY1 Q4
Task Conduct EHR readiness assessment. (Refer to tasks outlined under Milestone #5.)		Project		Completed	01/04/2016	06/30/2016	01/04/2016	06/30/2016	06/30/2016	DY2 Q1
Task Validate the "current state" document with each practice; schedule meetings, review Policies & Procedures, gain more information to be confident that the current state assessment is accurate.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Perform a gap analysis assessment for participating practices between current state of each practice and requirements to achieve 2014 Level 3 PCMH recognition and to meet MU standards.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Allocate, and mobilize resources to each practice to fill gaps noted in the task above. Includes AHI PPS internal resources & contracted services.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Deliver Training and Education to practice staff to address needs/gaps. Identify and share best practices with PCP's. These activities will be provided on an on-going basis through the end of the Target Completion Date.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Include EHR Vendor in the practice transformation plan where needed; provide overall project management support for the practice to help them manage the vendor to achieve any vendor steps in the plan, such as required upgrades.		Project		Completed	10/01/2015	03/31/2018	10/01/2015	06/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Conduct chart reviews and create NCQA documentation necessary for the application. Provide feedback, remediation, as needed.		Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Complete and submit Meaningful Use Attestation with practice staff / providers.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Complete and submit NCQA Applications.		Project		In Progress	01/04/2016	09/30/2017	01/04/2016	09/30/2017	09/30/2017	DY3 Q2
Task Obtain copies of the Meaningful Use Certification and of the NCQA 2014 Level 3 Certification to document completion of the requirement.		Project		In Progress	01/04/2016	03/31/2018	01/04/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the project.	DY2 Q4	Project	N/A	Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task PPS has identified physician champion with experience implementing PCMHs/ACPMs.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task As part of a PPS-wide collaborative planning process, the PPS will schedule and/or coordinate activities with all participating practices to meet this requirement. (This may coincide with the scheduling of the practice assessment.)		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task In the event that a practice does not have a physician with the knowledge of PCMH/APCM, the PPS will develop a plan for these practices that includes the review of the PCMH 2014 Level 3 standards and requirements.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Draft a physician champion contact list and/or formally announce the list of physician champions throughout the PPS. These physician champions will have the knowledge of PCMH/APCM implementation and represent their respective participating primary care practices within the PPS. (This responsibility may be shared or transferred among multiple physicians within a practice.)		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone #3 Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as	DY2 Q4	Project	N/A	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
connectivity to care managers at other primary care practices.										
Task Care coordinators are identified for each primary care site.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Care coordinator identified, site-specific role established as well as inter-location coordination responsibilities.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinical Interoperability System in place for all participating providers and document usage by the identified care coordinators.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task As part of a PPS-wide collaborative planning process, the PPS will begin to coordinate activities with all participating practices that will include the identification of care coordinators at each of the participating primary care practices within the PPS. (This may also coincide with the practice assessment as we examine the workflows within each practice.)		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Begin to outline a plan to address the issue of when a practice does not have the staff or resources internally to meet this requirement. As part of this plan, the PPS will explore opportunities for collaboration with other PPS participating organizations to provide onsite care coordination services for a practice. (There are PPS participants that are also members of the AHI Health Home. These organizations may be able to provide care management and/or coordination services onsite at primary care practices.)		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Draft an initial PPS Care Coordinator contact list that includes care coordinators assigned to each participating practice in the PPS. (This responsibility may be shared or transferred among multiple care coordinators within a practice.)		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Validate that the responsibilities of these care coordinators include care connectivity, internally, as well as connectivity to care managers at other primary care practices. (These care coordination activities will be provided on an on-going basis through the end of the Target Completion Date, and perhaps beyond for sustainability purposes.)		Project		In Progress	10/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Ensure all PPS safety net providers are actively sharing EHR	DY3 Q4	Project	N/A	Completed	04/01/2015	03/31/2018	04/01/2015	06/30/2016	06/30/2016	DY2 Q1

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Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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 by the end of Demonstration Year (DY) 3.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	Completed	04/01/2015	03/31/2018	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task PPS uses alerts and secure messaging functionality.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify EHR vendor systems being used by participating safety net providers within the PPS.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Confirm that each of the EHR vendor systems being used by participating safety net providers within the PPS includes DIRECT Exchange (secure messaging), alerts and patient record look up. (Overlap with PCMH and MU requirements and plan addressed in Milestones #5 and #7 below.)		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task For those EHR vendor systems that do not meet these requirements, develop a plan to address this issue with the participating provider.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop an implementation plan that includes setting up the sharing of health information via HIE and amongst clinical partners participating within the PPS.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Validate that all participating PPS safety net providers are actively sharing health information via HIE and amongst clinical partners participating within the PPS.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	DY3 Q4	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		Completed	04/01/2015	03/31/2018	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.		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

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Identify all of the EHR systems being used by participating safety net providers within the PPS.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop an implementation plan that ensures that all EHR systems being used by safety net providers within the PPS meet MU and PCMH Level 3 standards by the end of Demonstration Year 3. (Overlaps with PCMH and MU steps that are outlined in more detail in Milestone #7 below.)		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Validate that all EHR systems being used by safety net providers within the PPS meet MU and PCMH Level 3 standards by the end of Demonstration Year 3.		Project		Completed	01/01/2016	03/31/2018	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	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		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Identify participating safety net providers that are actively using EHRs and other IT platforms.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Examine the population health management (PHM) functionality being used by any of our PPS partners. Some of the PPS partners may be performing their own population health management (PHM) with the data within their own EHRs.		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Gather and document DSRIP and PPS population health management requirements. These should also include input from participating safety net providers.		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Perform a PHM vendor scan to identify available functionality of population health management tools/solutions that could contribute toward satisfying this PPS requirement.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Outline the plan and/or mechanism by which the PPS will utilize the data from the EHRs to perform population health management for all participating safety net providers. (Inclusive		Project		In Progress	07/01/2015	06/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
of functionality being developed by the state via the MAPP and Salient platforms.)										
Task Align the above mentioned steps within the PPS's population health management road map that is being developed. Refer to the Population Health Management work stream section.		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Begin to follow this PHM roadmap as part of the over-arching implementation plan of the PPS to achieve this project requirement.		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Validate that the PPS is performing population health management by actively using EHRs and/or other IT platform, including use of targeted patient registries, for all participating safety net providers...		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #7 Ensure that all staff are trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management.	DY3 Q4	Project	N/A	In Progress	09/01/2015	12/31/2017	09/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task Practice has adopted preventive and chronic care protocols aligned with national guidelines.		Project		In Progress	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task Project staff are trained on policies and procedures specific to evidence-based preventive and chronic disease management.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task Begin to coordinate efforts with each practice to identify training needs of all staff that are specific to PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management. (This task will begin and coincide with the practice assessments.)		Project		Completed	10/01/2015	12/31/2017	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Develop a plan and proposed timeline in which training may be offered. Practices may register their staff to receive training. (This training may be done regionally and/or conducted onsite at a practice.)		Project		Completed	10/01/2015	12/31/2017	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Identify resources and Subject Matter Experts (SMEs) to develop the training curriculum, prepare the materials and conduct the required training.		Project		In Progress	09/01/2015	12/31/2017	09/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task		Project		Completed	01/01/2016	12/31/2017	01/01/2016	06/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Review and compile existing training materials on PCMH, evidence-based preventive and chronic disease management from the Adirondack Medical Home program. Leverage lessons learned from this program.										
Task Deliver Training and Education to practice staff to address needs/gaps.		Project		In Progress	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task Develop method to evaluate the quality of the Training and Education provided to practice staff. Continue to identify needs/gaps, and share best practices with PCP's. These activities will be provided on an on-going basis through the end of the Targeted Completion Date.		Project		In Progress	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Milestone #8 Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner.	DY2 Q4	Project	N/A	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Preventive care screenings implemented among participating PCPs, including behavioral health screenings (PHQ-2 or 9, SBIRT).		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Protocols and processes for referral to appropriate services are in place.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task As part of the practice assessment, the PPS will evaluate workflows and identify the practices that are not using these screening protocols.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Based on the practice and/or EHR readiness assessments, the PPS will begin to coordinate efforts with each practice to develop a plan to ensure that all practices have these screenings intact. Identify any required EHR upgrades that may be necessary for tracking & reporting purposes.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Validate that all participating practices have implemented these screenings included within their workflow and that a referral process is in place to assure referral to appropriate care in a timely manner.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #9 Implement open access scheduling in all primary care practices.	DY3 Q4	Project	N/A	In Progress	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task PCMH 1A Access During Office Hours scheduling to meet NCQA standards established across all PPS primary care sites.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	01/01/2016	12/31/2017	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task PCMH 1B After Hours Access scheduling to meet NCQA standards established across all PPS primary care sites.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	01/01/2016	12/31/2017	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task PPS monitors and decreases no-show rate by at least 15%.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task As part of the practice assessment, the PPS will evaluate each practice and their ability to implement open access scheduling.		Project		Completed	01/01/2016	12/31/2017	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Based on the practice and/or EHR readiness assessments, the PPS will begin to coordinate efforts with each practice to develop a plan to ensure that all practices will meet this project requirement.		Project		Completed	01/01/2016	12/31/2017	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Validate that all participating practices have implemented open access scheduling.		Project		In Progress	01/01/2016	12/31/2017	01/01/2016	09/30/2017	09/30/2017	DY3 Q2

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Ensure that all participating PCPs in the PPS meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	ctrue	Other	23_DY2Q1_PROJ2aii_MDL2aii3_PRES1_OTH_PCMH_2011_Inventory_3758.pdf	PCMH 2011 Inventory	07/15/2016 01:43 PM
	ctrue	Baseline or Performance Documentation	23_DY2Q1_PROJ2aii_MDL2aii3_PRES1_BASE_2.a.ii_Baseline_Assessment_Report_3757.pdf	2.a.ii Baseline Assessment Report	07/15/2016 01:42 PM
Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the project.	ctrue	Other	23_DY2Q1_PROJ2aii_MDL2aii3_PRES2_OTH_Project_Champion_Description_3761.pdf	Project Champion Description	07/15/2016 01:48 PM
	ctrue	Templates	23_DY2Q1_PROJ2aii_MDL2aii3_PRES2_TEMPL_Phys_Champ_Commitment_Ltr_Template_3760.pdf	Physician Champion Commitment Letter Template	07/15/2016 01:48 PM
	ctrue	Other	23_DY2Q1_PROJ2aii_MDL2aii3_PRES2_OTH_2.a.ii_Directory_of_Physician_Champions_20160609_3759.pdf	2.a.ii Directory of Physician Champions	07/15/2016 01:45 PM
Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices.	dlarose	Other	23_DY2Q1_PROJ2aii_MDL2aii3_PRES3_OTH_List_of_Engaged_Primary_Care_Providers_4076.xlsx	List of Engaged Primary Care Providers	07/22/2016 03:27 PM
	ctrue	Other	23_DY2Q1_PROJ2aii_MDL2aii3_PRES3_OTH_2.a.ii_Directory_of_Care_Coordinators_3762.pdf	Directory of Care Coordinators	07/15/2016 01:50 PM

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DSRIP Implementation Plan Project

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Ensure all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	ctrue	Other	23_DY2Q1_PROJ2aii_MDL2aii3_PRES4_OTH_2aii_PCPs_not_on_DOH_List_4006.xlsx	Physician's not yet on the DOH list	07/22/2016 09:28 AM
	ctrue	Other	23_DY2Q1_PROJ2aii_MDL2aii3_PRES4_OTH_RHIO_Participant_Lists_Part2of2_3777.pdf	RHIO Participant Lists - Part 2 of 2	07/15/2016 02:38 PM
	ctrue	Other	23_DY2Q1_PROJ2aii_MDL2aii3_PRES4_OTH_RHIO_Participant_Lists_Part1of2_3774.pdf	RHIO Participant Lists - Part 1 of 2	07/15/2016 02:34 PM
	ctrue	Other	23_DY2Q1_PROJ2aii_MDL2aii3_PRES4_OTH_Hixny_Implementation_Guide-_Updated_6-3-2015_(002)_3770.pdf	Hixny Implementation Guide	07/15/2016 02:29 PM
	ctrue	Other	23_DY2Q1_PROJ2aii_MDL2aii3_PRES4_OTH_HealtheConnections_User_Manual_3769.pdf	HealtheConnections Training Manual	07/15/2016 02:28 PM
	ctrue	Other	23_DY2Q1_PROJ2aii_MDL2aii3_PRES4_OTH_HealtheConnections_DIRECT_3768.pdf	HealtheConnections Direct Mail Training Manual	07/15/2016 02:27 PM
	ctrue	Other	23_DY2Q1_PROJ2aii_MDL2aii3_PRES4_OTH_Event_Notifications_Info_Sheet_BC_3767.pdf	Event Notifications Information Sheet	07/15/2016 02:26 PM
Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	ctrue	Other	23_DY2Q1_PROJ2aii_MDL2aii3_PRES5_OTH_Primary_Care_CEHRTs_3779.pdf	Primary Care CEHRTs	07/15/2016 02:41 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Ensure that all participating PCPs in the PPS meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	Narrative regarding task 3 Gain commitments from each participating practice, including a signed contract and/or MOU, and the identification of a Physician Champion. Terms of Participation & Physician Champion Commitment Letters signed; Master Services Agreements distributed; anticipating A2 Schedules for MSA's to be finalized by the end of DY2 Q2.
Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the project.	Please note that we have selected the PCP's within the hyperlink involved in task 1. Additional providers involved who are not on the list include: David McCall, MD and Stephen Tarnoff, MD.
Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices.	We currently have 332 physicians engaged in the project. Please reference the supporting document uploaded labeled - List of engaged Primary Care Practices. We are unable to add additional providers in the pop-up window from the hyperlink for task 1 of this milestone. This is a task that was completed in DY1Q4 and the pop-up window in now grayed out.
Ensure all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of	Please note that we have selected the PCP's within the hyperlink. Additional PCP's that are involved that are not yet in our PPS network in MAPP/PIT are included in the uploaded document for reference.

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

DSRIP Implementation Plan Project

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Demonstration Year (DY) 3.	
Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	PHM Roadmap drafted; pending review/approval by Clinical Quality Committee & Steering Committee. This applies to 3 tasks under this milestone 6 involving PPS PHM requirements where the completion date was moved out.
Ensure that all staff are trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management.	
Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner.	
Implement open access scheduling in all primary care practices.	

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

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☑ **IPQR Module 2.a.ii.4 - PPS Defined Milestones**

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment Narrative			04/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Mid-Point Assessment	ctrue	Other	23_DY2Q1_PROJ2aii_MDL2aii4_PPS1473_OTH_2aii_ midpoint_assess_narrative_20160712_4015.docx	2aii Mid-Point Assessment Narrative	07/22/2016 09:58 AM

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	

Adirondack Health Institute, Inc. (PPS ID:23)

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

Instructions :

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project 2.a.iv – **Create a medical village using existing hospital infrastructure**

✅ **IPQR Module 2.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.

1. Four hospitals planned MVs; 1 did not receive Capital. The remaining 3 will likely meet the DY4Q2 date for Project Implementation Speed and Scale. Due to 1 partner not receiving CRFP awards, the patient engagement speed and scale commitment may suffer to reach the total amount of targeted actively engaged patients of 4,472 in DY4Q4. First Actively Engaged Reporting is due September 2017.
 . Mitigation- The organization who did not receive capital funding has the opportunity to apply to the AHI PPS Innovation Fund RFP, or choose to sign-on with AHI and receive funds through the disbursements on the Project Schedule A2.
2. Secure contracting agreements (Master Participation Agreement and Schedule A2s) with Medical Village Partners.
 . Mitigation - PPS Finance Committee has determined a methodology for Engagement Funds II Distribution to PPS Partners. AHI PPS will determine a Contracting timeline to prioritize Master Participation Agreements, and Project Specific Schedule A2s.
3. Recruiting, hiring, and training staff in new service at medical village.
 . Mitigation: Engage workforce committees to assist with staffing needs. Medical Village Teams are to develop a strategic plan which entails documenting a recruitment, retention and training needs for the medical village project.

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

☑ **IPQR Module 2.a.iv.2 - Patient Engagement Speed**

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY4,Q4	4,472

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	0	0	0	0
	Quarterly Update	0	0	0	0
	Percent(%) of Commitment				
IA Approved	Quarterly Update	0	0	0	0
	Percent(%) of Commitment				

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.

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

☑ **IPQR Module 2.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)	Prescribed Due Date	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 Convert outdated or unneeded hospital capacity into an outpatient services center, stand-alone emergency department/urgent care center or other healthcare-related purpose.	DY4 Q2	Project	N/A	In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task A strategic plan is in place which includes, at a minimum: - Definition of services to be provided in medical village and justification based on CNA - Plan for transition of inpatient capacity - Description of process to engage community stakeholders - Description of any required capital improvements and physical location of the medical village - Plan for marketing and promotion of the medical village and consumer education regarding access to medical village services		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project must reflect community involvement in the development and the specific activities that will be undertaken during the project term.		Project		In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Establish Medical Village Project Team, including leaders of each Medical Village project and assign project management support from PMO; ensure PPS leadership is involved in Team meetings when needed (e.g., CFO, CIO, etc.)		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Medical Village partners receive notice of CRFP awards. If awards are not sufficient, MV Project Leads explore all possible avenues for mitigation (including changes to scope/scale, other funding sources). Leads evaluate the feasibility of continuation, and make presentations to the PPS Governing bodies if needed.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task MV plan for each Medical Village is finalized, PMO provides Medical Village Project Leads with resources needed to complete		Project		In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
plan.										
Task Medical Village plans are coordinated with Workforce, and needs for recruitment/re-training are incorporated into Workforce development activities as needed.		Project		In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Educate the PPSs hospital partners on the Medical Village opportunity, identify potential Medical Village projects, and elicit "medical village concept" papers from each; ensure all MV hospitals apply for Capital via the CRFP process.		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Milestone #2 Provide a detailed timeline documenting the specifics of bed reduction and rationale. Specified bed reduction proposed in the project must include active or "staffed" beds.	DY2 Q4	Project	N/A	In Progress	07/01/2016	12/31/2016	06/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task PPS has bed reduction timeline and implementation plan in place with achievable targeted reduction in "staffed" beds.		Project		In Progress	07/01/2016	12/31/2016	06/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Medical Village Project Leads (with PMO support as needed), obtain approvals from their hospital administration/governance for the plan and timeline.		Project		In Progress	07/01/2016	12/31/2016	06/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Applications are made for CON for Bed Reduction.		Project		In Progress	07/01/2016	12/31/2016	06/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Establish process for tracking bed reduction and securing documentation from each Medical Village lead.		Project		In Progress	07/01/2016	12/31/2016	06/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #3 Ensure that all participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Ensure that primary care providers involved in Medical Village projects are also part of Project 2aii Project Team.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task PMO provides Project 2aiv Manager & leaders with status/progress reports for Project 2aii.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #4 Ensure that all safety net providers participating in Medical	DY4 Q2	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Villages 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.		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's HIE and 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
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Hospital	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's HIE and 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 Identify EHR vendor systems being used by participating safety net providers within the PPS.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Confirm that each of the EHR vendor systems being used within the PPS includes DIRECT Exchange (secure messaging), alerts and patient record look up. (Overlap with PCMH and MU requirements and plan addressed in question below.)		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task For those EHR vendor systems that do not meet these requirements, develop a plan to address this issue with the participating provider.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop an implementation plan that includes setting up the sharing of health information via HIE and amongst clinical partners participating within the PPS.		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Validate that all participating PPS safety net providers are actively sharing health information via HIE and amongst clinical partners participating within the PPS.		Project		Not Started	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Train staff on alerts and secure messaging.		Project		Not Started	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Confirm that the EHR vendor systems and/or RHIO being used within the PPS includes direct exchange (secure messaging),		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
alerts and patient record look up, as needed. (Overlap with PCMH and MU requirements and plan addressed in question below.)										
Task REVISED Task; Confirm that the RHIO/SHIN-NY utilized by the providers in the PPS or the EHR vendor systems being used within the PPS includes DIRECT Exchange (secure messaging), alerts and patient record look up.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	In Progress	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	07/01/2016	09/30/2016	06/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Translate actively engaged definition into operational terms-- incorporate any changes provided by DOH in anticipated revision of the actively engaged definition.		Project		In Progress	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Identify target population		Project		In Progress	07/01/2016	09/30/2016	06/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner EHRs, PHM platform(s), others.		Project		In Progress	07/01/2016	09/30/2016	06/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2aii team and IT & Data Sharing Committee as needed.		Project		In Progress	07/01/2016	09/30/2016	06/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Create flowchart and other resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation.		Project		In Progress	07/01/2016	09/30/2016	06/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Provide training as needed to ensure all staff implement the tracking procedures consistently.		Project		In Progress	07/01/2016	12/31/2016	06/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed.		Project		In Progress	07/01/2016	12/31/2016	06/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #6	DY4 Q2	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2										
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 Identify all of the EHR systems being used by participating safety net providers within the PPS.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop an implementation plan that ensures that all EHR systems being used by safety net providers within the PPS meet MU and PCMH Level 3 standards by the end of Demonstration Year 3. (Overlaps with PCMH and MU steps that are outlined in more detail in Question 7 below).		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Validate that all EHR systems being used by safety net providers within the PPS meet MU and PCMH Level 3 standards by the end of Demonstration Year 3.		Project		Not Started	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #7 Ensure that services which migrate to a different setting or location (clinic, hospitals, etc.) are supported by the comprehensive community needs assessment.	DY2 Q4	Project	N/A	Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Strategy developed for migration of any services to different setting or location (clinic, hospitals, etc.).		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Provide the Medical Village Project Team with CHNA to inform development of their plans (prepared under Requirement #1).		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Review the plan (developed under Requirement #1), and ensure there is a clear justification, tied to CHNA, for the establishment of the selected services in the Medical Village. Document as to why these services can mitigate per evidence by CAN.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Ensure that services which migrate to a different setting or location (clinic, hospitals, etc.) are	ctrue	Other	23_DY2Q1_PROJ2aiv_MDL2aiv3_PRES7_OTH_Migration_Plan_Template_MLH_FINAL_3986.pdf	Migration Plan Template - MLH	07/21/2016 03:54 PM

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Adirondack Health Institute, Inc. (PPS ID:23)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
supported by the comprehensive community needs assessment.	ctrue	Other	23_DY2Q1_PROJ2aiv_MDL2aiv3_PRES7_OTH_Migration_Plan_Template_GFH_FINAL_3985.pdf	Migration Plan Template - Glens Falls Hospital	07/21/2016 03:53 PM
	ctrue	Other	23_DY2Q1_PROJ2aiv_MDL2aiv3_PRES7_OTH_CVPH_Medical_Village_Migration_Plan_FINAL_3983.pdf	CVPH Medical Village Migration Plan	07/21/2016 03:52 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Convert outdated or unneeded hospital capacity into an outpatient services center, stand-alone emergency department/urgent care center or other healthcare-related purpose.	
Provide a detailed timeline documenting the specifics of bed reduction and rationale. Specified bed reduction proposed in the project must include active or "staffed" beds.	
Ensure that all participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	
Ensure that all safety net providers participating in Medical Villages 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.	
Use EHRs and other technical platforms to track all patients engaged in the project.	
Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2	
Ensure that services which migrate to a different setting or location (clinic, hospitals, etc.) are supported by the comprehensive community needs assessment.	

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☑ **IPQR Module 2.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
Milestone The AHI PPS, and the PPS Partners / Providers obtain regulatory waivers, if necessary to implement the plan.	In Progress	The AHI PPS, and the PPS Partners / Providers obtain regulatory waivers, if necessary to implement the plan.	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	Completed	AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	In Progress	If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project Team identifies any additional regulatory barriers to project implementation.	In Progress	Project Team identifies any additional regulatory barriers to project implementation.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements / timeline for such submissions.	In Progress	AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements / timeline for such submissions.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Partners / Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in	In Progress	PPS Partners / Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in resolving any barriers to successful submission of their applications.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
resolving any barriers to successful submission of their applications.								
Task PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	In Progress	PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment Narrative			04/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Mid-Point Assessment	ctrue	Other	23_DY2Q1_PROJ2aiv_MDL2aiv4_PPS1476_OTH_2aiv _midpoint_assess_narrative_20160711_4040.docx	2aiv Mid-Point Assessment Narrative	07/22/2016 12:39 PM

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
The AHI PPS, and the PPS Partners / Providers obtain regulatory waivers, if necessary to implement the plan.	
Mid-Point Assessment	

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Run Date : 09/30/2016

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

Instructions :

Adirondack Health Institute, Inc. (PPS ID:23)

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.

Risk: Coordinating and managing the various initiatives, programs, and resources that are available to patients.
Potential impact to the timeline: If patients and providers are overwhelmed and ill equipped to quickly identify the correct resources needed this could delay servicing additional patients and slow down the implementation.
Mitigation strategy: Create a resource guide and train staff on content. Staff can then educate/inform patients of available options; this will allow for expedited decision making.

Risk: Data acquired can be difficult to utilize due to disparate reporting requirements.
Potential impact to the timeline: Dissimilar data can make quality reporting and utilization for universal improvements difficult and thus slow down the improvement process.
Mitigation strategy: Use of common PHM platforms and standardized EHRs will make collecting, reporting, and utilizing data more efficient.

Risk: Inability to share/acquire health information in real time.
Potential impact to the timeline: Lack of immediate communication leads to prolonged wait for medical intervention and illness progression.
Mitigation strategy: Mobile technologies will be utilized to facilitate timely and accurate documentation and information sharing.

Risk: Provider shortages.
Potential impact to the timeline: Already overwhelmed providers may resist implementing change due to time and workload restraints.
Mitigation strategy: Implement strategies to address workforce and workflow in regard to provider/patient ratios.

Risk: The lack of a common identification/stratification methodology across the region.
Potential impact to the timeline: Lack of common methodology means having to train staff on multiple models and this is inefficient and reduces productive work time.
Mitigation strategy: Having a regional group meet to address common methodologies will address this risk.

Risk: Partners have not entered into contractual agreements with the AHI PPS.
Potential impact to the timeline: Contracts not being in place generates a lack of incentive for partner participation and also impacts timing for milestone completion (i.e., Milestone 8 – Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management.)
Mitigation strategy: Determine a contracting timeline to prioritize Master Participation Agreements and project specific Schedule A2's. This will allow for expedited partner engagement and flow of funds.

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

☑ 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 "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY4,Q4	7,158

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	0	1,042	1,824	2,606
	Quarterly Update	0	0	0	0
	Percent(%) of Commitment		0.00%	0.00%	0.00%
IA Approved	Quarterly Update	0	0	0	0
	Percent(%) of Commitment		0.00%	0.00%	0.00%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

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

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✅ **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)	Prescribed Due Date	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.	DY3 Q4	Project	N/A	In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
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	06/30/2016	09/30/2016	06/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Assess current discharge process to identify areas for improvement to be addressed by Rapid Response Teams.		Project		Completed	01/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Assess current workforce and identify available, appropriate staff and the need for recruitment.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Create protocol and procedure guidelines to address best practices regarding patient discharge to include proactive planning, facilitation, confirmation of service, and follow-up post discharge.		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Recruit, train and reassign staff to Rapid Response Team to address and facilitate best practices regarding patient discharge.		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Assess current workforce.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Identify available, appropriate staff and the need for recruitment.		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Gather current discharge processes from hospitals participating in this project.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 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	DY2 Q4	Project	N/A	In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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		Provider	Home Care Facilities	In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Evidence-based guidelines for chronic-condition management implemented.		Project		Not Started	04/01/2016	06/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task In conjunction with Workforce Committee(s) and/or Teams, assess home care staff training needs.		Project		Not Started	04/01/2016	06/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop training plan to meet needs identified in task #3 (previous task). Plan to include goals & objectives, content/curriculum, method (in-person, web-based, etc), schedule, and plan for on-going training needs.		Project		In Progress	07/01/2016	09/30/2016	06/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Establish a process for tracking training conducted, included evaluations, number trained, organizational affiliation, etc.		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Deliver training sessions.		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task In coordination with the PPS Clinical Quality Committee, gather existing clinical guidelines and policies/procedures for chronic condition management. Include guidelines currently in use with PPS partners, and research best practices.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Project Team reviews info obtained in task #7 (previous task), and develops PPS-wide eligibility and services guidelines, makes recommendation to Clinical Quality Committee for adoption.		Project		In Progress	06/30/2016	09/30/2016	06/30/2016	09/30/2016	09/30/2016	DY2 Q2
Task Clinical Quality Committee adopts eligibility and services guidelines.		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Identify process and quality measures to track in conjunction with the guidelines / protocols that are adopted.		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop timeline for adoption across the region, including time commitments from participating organizations to roll out protocols and timeline for integrating measurements into quality/IT		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
systems.										
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.	DY2 Q4	Project	N/A	In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Care pathways and clinical tool(s) created to monitor chronically-ill patients.		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
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	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task In the process of developing and implementing clinical guidelines and protocols for chronic condition management (see tasks under Milestone #2), PPS/Project Team includes care pathways and clinical tools for monitoring chronically ill patients with the goal of early identification of potential instability and intervention.		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #4 Educate all staff on care pathways and INTERACT-like principles.	DY2 Q4	Project	N/A	In Progress	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Training program for all home care staff established, which encompasses care pathways and INTERACT-like principles.		Provider	Home Care Facilities	In Progress	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Conduct a current state assessment to identify which system, process, or tools home health agencies are currently using that align with INTERACT-like principles.		Project		Completed			04/01/2016	06/28/2016	06/30/2016	DY2 Q1
Task Training sessions conducted specific to INTERACT tools and principles.		Project		In Progress			06/30/2016	09/30/2016	09/30/2016	DY2 Q2
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.	DY2 Q4	Project	N/A	Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Advance Care Planning tools incorporated into program (as evidenced by policies and procedures).		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Coordinate the development of Advance Care Planning tools with		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

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Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Project 3.g.i team – Palliative Care in PCMH. Work together to identify and/or develop the appropriate advance care planning tools.										
Task In coordination with the PPS Clinical Quality Committee, gather existing clinical guidelines and policies/procedures for advance care planning. Include guidelines currently in use with PPS partners, and research best practices.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Project Team reviews information obtained in task #2 (above), and develops PPS-wide advance care planning guidelines / protocols, makes recommendation to Clinical Quality Committee for adoption.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Clinical Quality Committee adopts eligibility and services guidelines.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Identify process and quality measures to track in conjunction with the guidelines / protocols that are adopted.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop timeline for adoption across the region, including time commitments from participating organizations to roll out protocols and timeline for integrating measurements into quality/IT systems.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone #6 Create coaching program to facilitate and support implementation.	DY2 Q4	Project	N/A	In Progress	07/01/2016	03/31/2017	06/01/2016	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	07/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Collect, assess, and assign relevant materials to be used in training staff on facilitating and supporting the implementation of the INTERACT principles.		Project		In Progress	07/01/2016	09/30/2016	06/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Establish coaching and supervision process, frequency and staff to be involved, as well as a process to record occurrences of training sessions.		Project		Not Started	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Educate patient and family/caretakers, to facilitate participation in planning of care.	DY2 Q4	Project	N/A	In Progress	01/01/2016	06/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Patients and families educated and involved in planning of care using INTERACT-like principles.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Working in conjunction with Patient and Community Engagement teams/resources, establish patient/family education methodology.		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Identify best practices, obtain resources/materials to utilize to educate and involve patient/family in care planning and implementing the principles of the INTERACT model.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Establish a method to track utilization of the materials, and to evaluate the methodology. Project Team to utilize this information to continually refine the methodology and/or materials.		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Disseminate information, and provide any needed training, by including this content in the trainings described under Milestones 1, 3, 4, and 5.		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #8 Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management.	DY3 Q4	Project	N/A	In Progress	01/01/2016	06/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task All relevant services (physical, behavioral, pharmacological) integrated into care and medication management model.		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task While developing clinical guidelines, care pathways, and protocols (see tasks under Milestones #2 and #3), include comprehensive assessment of patient needs and care plan that incorporates all relevant services (physical, behavioral, pharmacological) in the model.		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Leverage existing care management supports (e.g. PCMH embedded care management, Health Home care management) to enhance coordination of care.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone #9 Utilize telehealth/telemedicine to enhance hospital-home care collaborations.	DY3 Q4	Project	N/A	In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Telehealth/telemedicine program established to provide care transition services, prevent avoidable hospital use, and increase		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

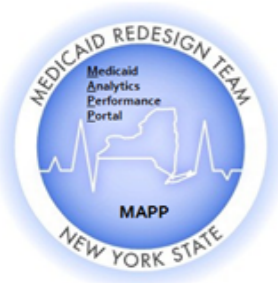## Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
specialty expertise of PCPs and staff.										
Task Assess and document current state regarding use and scope of telehealth, telemedicine, to support Hospital to Home Care. Include evaluation of effectiveness and availability of infrastructure.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Determine what specific telehealth/telemedicine services are necessary to support Hospital to Home project success (e.g., home monitoring equipment? Remote access to a care manager? Specialist consults to PCPs?)		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Research options to meet needs determined in task #3 (above); determine cost and timeline, and gain commitment from Project Team and Committees.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Acquire needed resources to implement the selected telehealth strategies: contract with telehealth/telemedicine providers and/or vendors.		Project		Not Started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Assess current staff, recruit additional staff, if necessary, and establish roles for implementation. Train staff accordingly to implement and maintain the telehealth/telemedicine programs.		Project		Not Started	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Establish method for evaluating telehealth program.		Project		Not Started	09/30/2016	12/31/2016	09/30/2016	12/31/2016	12/31/2016	DY2 Q3
Task Gain commitment from Project Team and Committees regarding cost and timeline determined in task #4.		Project		In Progress			06/30/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #10 Utilize interoperable EHR to enhance communication and avoid medication errors and/or duplicative services.	DY3 Q4	Project	N/A	In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Clinical Interoperability System in place for all participating providers. Usage documented by the identified care coordinators.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Coordinate with Project 2.a.i and 2.a.ii to ensure requirement is met. Implementation Plan for interoperable EHRs is tracked under Project 2.a.i.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #11 Measure outcomes (including quality assessment/root cause	DY3 Q4	Project	N/A	In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics in Attachment J.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Service and quality outcome measures are reported to all stakeholders.		Project		In Progress	07/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #12 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	In Progress	10/01/2015	06/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Translate actively engaged definition into operational terms – incorporate any changes provided by DOH in anticipated revision of the actively engaged definition.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner EHRs, PHM platform(s), others.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2.a.ii team and IT & Data Sharing Committee as needed.		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Create flowchart and other resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation.		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Provide training as needed to ensure all staff implement the		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
tracking procedures consistently.										
Task Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed.		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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.	ctrue	Other	23_DY2Q1_PROJ2bviii_MDL2bviii3_PRES5_OTH_Palliative_Care_Service_and_Eligibility_Guidelines_3969.pdf	Palliative Care Service and Eligibility Guidelines	07/21/2016 11:58 AM
	ctrue	Other	23_DY2Q1_PROJ2bviii_MDL2bviii3_PRES5_OTH_End_of_Life_Planning_(DNR&MOLST)_Policy_and_Procedure_3968.pdf	End of Life Planning Policy and Procedure	07/21/2016 11:57 AM
	ctrue	Policies/Procedures	23_DY2Q1_PROJ2bviii_MDL2bviii3_PRES5_P&P_Palliative_Care_Policy_and_Procedure_3967.pdf	Palliative Care Policy and Procedure	07/21/2016 11:57 AM
	ctrue	Other	23_DY2Q1_PROJ2bviii_MDL2bviii3_PRES5_OTH_Advance_Directives_Policy_and_Procedure_3966.pdf	Advance Directives Policy and Procedure	07/21/2016 11:56 AM
	ctrue	Other	23_DY2Q1_PROJ2bviii_MDL2bviii3_PRES5_OTH_Advance_Care_Planning_-_Overview_3965.pdf	Advance Care Planning-Overview	07/21/2016 11:55 AM

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.	As of 6/30/16, advance care planning policies and procedures were developed in conjunction with the PPS Project Champion and Project 3.g.i. team. Many partners already have advance care planning policies and procedures in place, so these guidelines will be used as a means to inform partners and to identify what the potential gaps are that need to be addressed. These PPS-wide guidelines provide an overview of 1.) Advance Directives (to ensure patient receives education as well as to document

NYS Confidentiality – **High**

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	whether or not the patient already has an advance directive in place); 2.) Palliative Care (patients will articulate their values/beliefs/goals of care with a Case Manager - or - member of the Care Team, and focus on improving their quality of life through the maximization of pain/symptom management); and 3.) End-of-Life planning (to implement, as appropriate, legal forms that outline patients' decisions to have care provided, withdrawn or withheld.)
Create coaching program to facilitate and support implementation.	
Educate patient and family/caretakers, to facilitate participation in planning of care.	This milestone is still in progress and will be pushed back to 9/30/16 - partners involved in this project are required by applicable laws/regulations/ and standards to inform and provide patient education, so that they can have an active role in the planning of their care. The development of a PPS-wide methodology for best practices regarding patient education will be done in conjunction with the Patient and Community Engagement team(s), and then subsequent training, will be done in DY2, Q2.
Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management.	This milestone is in progress and will be pushed back until 9/30/16 - the hospitals that are involved in this project provide oversight for 48 primary care sites that participate in the Adirondack Medical Home Initiative (AMHI). Because of this, primary care in the PPS already plays an active role due to PCMH recognition. Also, AHI is a designated New York State Health Home that serves all ages. In DY2, Q2, consideration will be given on how to best leverage health home embedded case management, as well as to identify additional behavioral health and pharmaceutical services that can be integrated into this project's implementation plan to better strengthen the care coordination and medication management model.
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.	This milestone is in progress and will be pushed back until 9/30/16 - For this project, the first reporting period is September 30. The PPS has identified the target patient population, and has operationalized DOH's actively engaged definition. In DY2, Q2, PPS partners will identify training needs, as well as needed modifications to their EHR systems. A mechanism will be put in place to monitor the quality of results obtained and to ensure there is consistent tracking and reporting for subsequent reporting periods.

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☑ **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
Milestone The AHI PPS, and the PPS Partners / Providers obtain regulatory waivers, if necessary to implement the plan.	In Progress	The AHI PPS, and the PPS Partners / Providers obtain regulatory waivers, if necessary to implement the plan.	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	Completed	AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	In Progress	If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project Team identifies any additional regulatory barriers to project implementation.	In Progress	Project Team identifies any additional regulatory barriers to project implementation.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements / timeline for such submissions.	In Progress	AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements / timeline for such submissions.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Partners / Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in	In Progress	PPS Partners / Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in resolving any barriers to successful submission of their applications	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

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
resolving any barriers to successful submission of their applications								
Task PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	In Progress	PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment Narrative			04/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Mid-Point Assessment	ctrue	Other	23_DY2Q1_PROJ2bviii_MDL2bviii4_PPS1477_OTH_2 bviii_DOH_Project_Narrative_Template-final_4045.docx	2bviii Mid-Point Assessment Narrative	07/22/2016 12:48 PM

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
The AHI PPS, and the PPS Partners / Providers obtain regulatory waivers, if necessary to implement the plan.	
Mid-Point Assessment	

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Run Date : 09/30/2016

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Adirondack Health Institute, Inc. (PPS ID:23)

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

Instructions :

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

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

Instructions :

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

Risk: Resource constraints limiting partner participation may adversely impact meeting speed and scale targets. Mitigation: The PPS will contract with CBOs and providers with established relationships with the target population to act as the face of this initiative. A standard performance-based contract will be used to compensate partners for implementation costs if patient activation metrics are met. Prior to finalizing contracting, partners' project related activities are supported by distribution of engagement funds and assistance from AHI Community Engagement (CE) staff. Community Engagement (CE) Facilitators are working with partners on embedding project activities into their current workflow.
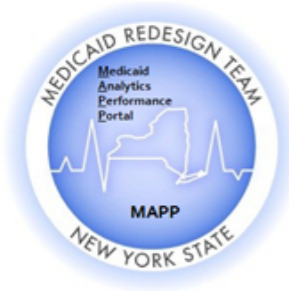
Risk: AHI PPS region is large geographically with many low populated areas; "hot spots" may have small numbers of people. Mitigation: Data is being used to target efforts. AHI PPS will leverage its engagement of partners across diverse sectors and their relationships with other organizations that need to be recruited into the network. A hybrid model of contracting with partners and utilizing AHI CE Facilitators to implement project activities will optimize connection to the target population. Community based partners have ongoing relationships/contact with project beneficiaries, making implementation most effective when they drive it. If this isn't possible due to resource constraints, CE Facilitators can administer the PAM® survey at partner sites. CE Facilitators also administer the PAM® survey at community events and non-partner sites that have been anecdotally identified as hot spots.

Risk: Variable success of untested initiatives to connect with the target population may negatively impact meeting speed and scale targets. Mitigation: Developing evaluation strategies to quickly understand if outreach methods are working, need to be adjusted, or if new strategies need to be implemented. The AHI PPS has researched evidence-based strategies and will coach partners on best practices.

Risk: Projected number of targeted individuals may not be reached and activated, reducing the overall PPS payment. Mitigation: A pilot group of partner organizations from varied service sectors and geographic locations was established, who spearheaded implementation of the PAM® survey and other 2.d.i project activities as a means to learn and vet best practices for optimizing patient engagement. Feedback is sought from pilot group members and other stakeholders, such as the Community and Beneficiary Engagement (CBE) Committee, to get strategies and ideas for reaching as many eligible individuals as possible. CE staff have also partnered with AHI DSRIP Workforce team to train providers and CBO staff as PAM®/CFA® trainers and Bridges Out of Poverty® trainers, to maximize the PPS' capacity to implement activation/engagement strategies across a vast region.

Risk: Implementing an effective system to capture data; collecting and accurately reporting data is crucial to achieving optimal PPS payment. Mitigation: AHI CE staff and staff from 2.d.i partner organizations were trained to use the Flourish® web platform for reporting. Protocols will be developed for use of new HIT systems as they are implemented, and the PPS will ensure all users are adequately trained.

Risk: It may be expensive and time consuming to implement EHRs, Population Health Management tools, targeted patient registries, and other IT platforms to track actively engaged. Numerous EHR systems/the complexity of implementing a regional system could delay project completion. Mitigation: CE staff, the CBE Committee, and the IT Committee will determine a strategy for enabling important data points to be accessed by the right users at the right time, although lack of control over EHR vendors' ability to add needed functionality may extend the timeline.

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

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY4,Q4	66,226

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	8,000	28,000	32,800	40,000
	Quarterly Update	1,284	0	0	0
	Percent(%) of Commitment	16.05%	0.00%	0.00%	0.00%
IA Approved	Quarterly Update	0	0	0	0
	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%

⚠ Warning: PPS Reported - Please note that your patients engaged to date (1,284) does not meet your committed amount (8,000) for 'DY2,Q1'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
adycross	PAM Documentation	23_DY2Q1_PROJ2di_MDL2di2_PES_PAM_DY2Q1_2di_Actively_Engaged_Patients_FINAL_4492.xlsx	2di: Actively Engaged Patients	07/29/2016 11:29 AM

Narrative Text :

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

Please note that the password for the encrypted supporting documentation will be sent in an encrypted email to Logan Tierney and Megan Rurak.

The AHI PPS did not reach its DY2Q1 Actively Engaged target of having administered the PAM survey to 8,000 eligible individuals. Without finalized project schedules in place, allowing for assurance of compensation and clarification of expectations, partners from all sectors have been reluctant to commit resources to project implementation. Of the six organizations in the AHI PPS PAM Pilot group established in late December 2015, only two are still actively surveying. Those who stopped implementation efforts were clear that it was due to not having clarity around reimbursement. 3 additional partners have started surveying, but there are approximately 30 other organizations which have indicated they intend

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to begin participation once project schedules are fully executed. AHI Community Engagement staff have been conducting extensive outreach and partner engagement efforts to both involve more partners in the project and to support expansion of project activities within already participating organizations.

While partners and potential partners are receptive to the project's goals, it has been challenging to motivate participation without certainty of funding. Those who are currently administering the PAM survey are not incentivized to increase the volume of individuals screened because of lack of clarity around eventual reimbursement. This concern is exacerbated in areas where the AHI PPS overlaps with a neighboring PPS that is actively compensating their partners for project activity.   Two rounds of engagement funds were distributed to PPS partners based on participation to date in PPS activities, but because these funds were not tied directly to number of surveys administered, they did not have a significant impact on actively engaged numbers.

As the PPS has adapted its approach to the project as a result of contracting delays by shifting focus to survey collection methods other than directly through partner organizations, such as by having AHI staff administering PAM surveys on site at urgent care centers and EDs, or data mining from partner organizations to gather contact information to allow AHI staff to perform outreach to project eligible individuals, additional obstacles have arisen. Some partners are not comfortable with the proposed activities, and others have suggested additional processes, such as amending current BAAs, need to occur first. AHI's 2 Community Engagement Facilitators are regularly administering the PAM survey at community events and locations. This is not the ideal model for implementation, as it does not allow for the survey to be administered to the target population by people with whom they have built trusting relationships, such as they would have with CBO staff. It is also an inefficient model, given the size and rural nature of PPS service area. PPS engagement of the 2.d.i target population will only be optimized once partner organizations have fully operationalized project activities internally.

We have over 130 staff trained across the PPS in PAM and CFA (Coaching for Activation), who are eager to begin implementation activities when project schedules are finalized. It is anticipated that the project schedule for 2.d.i will be released to partners in late summer. We are confident actively engaged numbers will increase accordingly.   As more partners embed PAM into their daily activities, we will be able to reallocate our Community Engagement Facilitators' time, shifting them from direct survey administration, to further supporting partners in project implementation through training and on-site guidance.

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	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.	DY2 Q4	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	12/01/2015	06/30/2016	12/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task With input from PPS members and affiliates, generate list of CBOs w/ high levels of interaction w/ target populations.		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Conduct informational webinars targeting CBO representatives to identify organizations potentially interested in collaboration.		Project		Completed	06/01/2015	07/15/2015	06/01/2015	07/15/2015	09/30/2015	DY1 Q2
Task Determine CBOs desired participation level		Project		Completed	09/01/2015	12/21/2015	09/01/2015	12/21/2015	12/31/2015	DY1 Q3
Task Draft and negotiate partnership agreements		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Meet with CBO leadership/designees to develop a strategy and timeline for conducting outreach efforts		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Begin facilitating outreach efforts through identified methods and channels.		Project		In Progress	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Sign Partnership Agreements		Project		In Progress	03/31/2016	06/30/2016	03/31/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #2 Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.	DY2 Q4	Project	N/A	Completed	06/01/2015	07/30/2015	06/01/2015	07/30/2015	09/30/2015	DY1 Q2
Task Patient Activation Measure(R) (PAM(R)) training team established.		Project		Completed	06/15/2015	07/30/2015	06/15/2015	07/30/2015	09/30/2015	DY1 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Contact leadership of identified CBOs; invite them to introductory webinar		Project		Completed	06/15/2015	07/05/2015	06/15/2015	07/05/2015	09/30/2015	DY1 Q2
Task Conduct webinar to provide potential partner organizations with overview of 2.d.i, PAM, and expectations of participating organizations and individuals.		Project		Completed	07/01/2015	07/15/2015	07/01/2015	07/15/2015	09/30/2015	DY1 Q2
Task Collectively with AMC and AFBHC PPS, hold PAM Train the Trainer sessions facilitated by Insignia Health representatives.		Project		Completed	07/15/2015	07/30/2015	07/15/2015	07/30/2015	09/30/2015	DY1 Q2
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.	DY2 Q4	Project	N/A	In Progress	08/15/2015	03/31/2017	08/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Analysis to identify "hot spot" areas completed and CBOs performing outreach engaged.		Project		In Progress	12/01/2015	06/30/2016	12/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Determine available data sources and develop criteria for hot spots		Project		Completed	08/15/2015	12/22/2015	08/15/2015	12/22/2015	12/31/2015	DY1 Q3
Task Work with pilot group of trainees to develop plan to increase activation in hot spots including identifying additional organizations and providers to engage		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Repeat analysis at set intervals		Project		Not Started	07/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Conduct initial analysis		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #4 Survey the targeted population about healthcare needs in the PPS' region.	DY2 Q4	Project	N/A	In Progress	01/13/2016	03/31/2017	01/13/2016	03/31/2017	03/31/2017	DY2 Q4
Task Community engagement forums and other information-gathering mechanisms established and performed.		Project		In Progress	01/13/2016	03/31/2017	01/13/2016	03/31/2017	03/31/2017	DY2 Q4
Task Work with pilot group of PAM trainees to identify most effective method of soliciting feedback about healthcare needs in the PPS region - survey, focus group, and/or community forum/community engagement forums.		Project		In Progress	01/13/2016	06/30/2016	01/13/2016	09/30/2016	09/30/2016	DY2 Q2
Task		Project		Not Started	04/30/2016	05/30/2016	10/01/2016	10/31/2016	12/31/2016	DY2 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Work with North Country PHIP Evaluation Manger to create implementation plan for method of feedback concerning healthcare needs										
Task Initiate implementation plan		Project		Not Started	06/01/2016	07/31/2016	11/01/2016	12/01/2016	12/31/2016	DY2 Q3
Task Complete initial round of feedback		Project		Not Started	08/01/2016	09/30/2016	12/31/2016	01/31/2017	03/31/2017	DY2 Q4
Task Work with pilot group of PAM trainees to determine how to best disseminate findings		Project		Not Started	09/30/2016	10/31/2016	02/01/2017	03/01/2017	03/31/2017	DY2 Q4
Task Repeat method of feedback to continuously determine healthcare needs in the PPS region		Project		Not Started	10/31/2016	03/31/2017	03/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.	DY2 Q4	Project	N/A	In Progress	12/01/2015	03/31/2017	12/01/2015	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	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Provide training and education opportunities		Project		In Progress	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Survey providers located in "hot spots" to determine needed level of support and education in areas of patient activation and engagement - shared decision-making, measurements of health literacy, and/or cultural competency.		Project		In Progress	01/13/2016	05/16/2016	01/13/2016	09/30/2016	09/30/2016	DY2 Q2
Task Work with providers to identify key staff members within their organizations to act as master trainers and function as part of a PPS wide training team		Project		In Progress	03/01/2016	04/15/2016	03/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop training outline and training materials to address identified topics.		Project		Not Started	05/01/2016	06/30/2016	08/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Collaborate with providers to schedule and facilitate training sessions/ dissemination of educational materials within their organizations.		Project		Not Started	05/01/2016	06/30/2016	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Develop online learning collaborative to facilitate continuing education and dissemination of information across the PPS.		Project		Not Started	06/01/2016	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	DY2 Q4	Project	N/A	Not Started	05/01/2016	03/31/2017	08/01/2016	03/31/2017	03/31/2017	DY2 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.		Project		Not Started	05/01/2016	09/30/2016	08/01/2016	10/31/2016	12/31/2016	DY2 Q3
Task AHI and MCOs implement outreach plan		Project		Not Started	08/15/2016	03/31/2017	11/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Work with MCOs to determine what information on enrollees will be shared and the format		Project		Not Started	05/01/2016	06/30/2016	08/01/2016	10/31/2016	12/31/2016	DY2 Q3
Task AHI and MCOs create proactive outreach plan		Project		Not Started	07/01/2016	08/15/2016	08/01/2016	10/31/2016	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 cohort at the beginning of each performance period.	DY2 Q4	Project	N/A	Not Started	04/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task For each PAM(R) activation level, baseline and set intervals toward improvement determined at the beginning of each performance period (defined by the state).		Project		Not Started	06/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Work with DOH and other PPS to reset baselines at the beginning of each performance period		Project		Not Started	06/30/2016	03/31/2017	02/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task		Project		Not Started	04/30/2016	06/30/2016	09/30/2016	11/30/2016	12/31/2016	DY2 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Determine methodology for baseline of each beneficiary cohort likely with DOH/KPMG Project 11 Work Group										
Task Implement methodology		Project		Not Started	06/30/2016	03/31/2017	12/01/2016	01/31/2017	03/31/2017	DY2 Q4
Milestone #8 Include beneficiaries in development team to promote preventive care.	DY2 Q4	Project	N/A	In Progress	08/15/2015	03/31/2017	08/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Beneficiaries are utilized as a resource in program development and awareness efforts of preventive care services.		Project		In Progress	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Utilize input to develop strategy to promote preventive care		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Outreach to beneficiaries to recruit them to development team		Project		Completed	10/15/2015	12/01/2015	10/15/2015	12/01/2015	12/31/2015	DY1 Q3
Task With input from team, determine frequency and duration of meetings and begin convening group.		Project		Completed	10/15/2015	12/01/2015	10/15/2015	12/01/2015	12/31/2015	DY1 Q3
Task Develop strategy for identifying benficiaries		Project		Completed	08/15/2015	09/30/2015	08/15/2015	09/30/2015	09/30/2015	DY1 Q2
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	DY2 Q4	Project	N/A	In Progress	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
PAM(R) survey. • PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes. • Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis.										
Task Performance measurement reports established, including but not limited to: - Number of patients screened, by engagement level - Number of clinicians trained in PAM(R) survey implementation - Number of patient: PCP bridges established - Number of patients identified, linked by MCOs to which they are associated - Member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis - Member engagement lists to DOH (for NU & LU populations) on a monthly basis - Annual report assessing individual member and the overall cohort's level of engagement		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 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		Project		Not Started	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task 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.		Project		In Progress	01/13/2016	03/31/2017	01/13/2016	03/31/2017	03/31/2017	DY2 Q4
Task 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® survey and designate a PAM® score		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 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.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Provide member engagement lists to relevant insurance		Project		Not Started	06/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis										
Milestone #10 Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	DY2 Q4	Project	N/A	In Progress	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Volume of non-emergent visits for UI, NU, and LU populations increased.		Project		In Progress	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Conduct data assessment of non-emergent care provided in PPS service area to achieve baseline.		Project		Completed	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Repeat assessment of non-emergent care data at set intervals (i.e. annually)		Project		In Progress	01/13/2016	03/31/2017	01/13/2016	03/31/2017	03/31/2017	DY2 Q4
Task Partner with providers in areas with low utilization of preventative/non-emergent care to develop and implement a patient awareness campaign focusing on the benefits of accessing preventative care/avoidance of emergent care. Collaborate with existing patient engagement/patient advocacy groups and programs when applicable.		Project		In Progress	01/13/2016	03/31/2017	01/13/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #11 Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.	DY2 Q4	Project	N/A	In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Community navigators identified and contracted.		Provider	PAM(R) Providers	Not Started	06/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Community navigators trained in connectivity to healthcare coverage and community healthcare resources, (including primary and preventive services), as well as patient education.		Provider	PAM(R) Providers	Not Started	06/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Continuously look at hot spot data to determine additional potential partnerships		Project		Not Started	06/01/2016	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Using hot spot data, identify potential community based organizations serving target population in identified locations		Project		In Progress	03/31/2016	05/31/2016	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Work with identified CBOs to determine willingness to partner		Project		In Progress	03/31/2016	05/31/2016	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #12	DY2 Q4	Project	N/A	Completed	08/01/2015	03/31/2017	08/01/2015	06/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.		Project		Completed	08/01/2015	10/30/2015	08/01/2015	10/30/2015	12/31/2015	DY1 Q3
Task Ensure all staff members interfacing with PAM participants are aware of the process for lodging a complaint or seeking customer support and understand their obligation to provide all survey recipients with the associated policy & procedures		Project		Completed	11/01/2015	03/31/2017	11/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Collaborate with AHI's Enrollment Assistance Services and Enrollment (EASE) (navigators for the NY State of Health) and Health Home programs to develop a complaint process/customer service channel for beneficiaries, building on infrastructure already established within their programs.		Project		Completed	08/01/2015	10/30/2015	08/01/2015	10/30/2015	12/31/2015	DY1 Q3
Task Determine strategy to ensure non-EASE and Health Home participants have access to complaint process/customer service assistance.		Project		Completed	11/01/2015	11/30/2015	11/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Disseminate complaint procedure and customer service access information to participants through written materials distributed by EASE and Health Home staff, PAM Navigators, and representatives from provider offices/CBOs, as well as via mail and/or e-mail when necessary.		Project		Completed	11/01/2015	03/31/2017	11/01/2015	06/30/2016	06/30/2016	DY2 Q1
Milestone #13 Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).	DY2 Q4	Project	N/A	In Progress	07/15/2015	03/31/2017	07/15/2015	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	07/15/2015	03/31/2017	07/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Cross-train navigators in "Bridges out of Poverty" methodology and practices to promote more effective communication and relationships with beneficiaries exhibiting behaviors associated with generational poverty		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Ensure all navigators have been trained in using PAM and exhibit comfort and competency when administering the tool.		Project		In Progress	07/15/2015	03/31/2017	07/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task		Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Facilitate ongoing training sessions with navigators to enhance patient activation and engagement skills										
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.	DY2 Q4	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	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	In Progress	02/29/2016	03/31/2017	02/29/2016	03/31/2017	03/31/2017	DY2 Q4
Task Review data on hand-off practice to ensure effectiveness		Project		Not Started	10/01/2016	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Research best practices in successful hand-offs/referrals		Project		Completed	07/15/2015	09/30/2015	07/15/2015	09/30/2015	09/30/2015	DY1 Q2
Task Implement initial hand-off practice		Project		Not Started	06/30/2016	09/30/2016	10/01/2016	01/01/2017	03/31/2017	DY2 Q4
Milestone #15 Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	DY2 Q4	Project	N/A	Not Started	06/01/2016	03/31/2017	10/01/2016	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	06/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Utilize EASE staff, and staff in similar enrollment programs within CBOs, along with educational materials to inform and educate navigators.		Project		Not Started	06/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #16 Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	DY2 Q4	Project	N/A	Not Started	06/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Timely access for navigator when connecting members to services.		Project		Not Started	06/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Partner with primary care providers to establish and encourage working relationships between navigators and primary care practice staff, and to develop procedures to ensure ease of communication and access for navigators attempting to secure preventative services for community members.		Project		Not Started	06/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #17	DY2 Q4	Project	N/A	In Progress	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.		Project		Not Started	06/30/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Research and review EHR, HIT, and Population Health Management platform options to determine which platform (s) would be most effective for tracking patients.		Project		In Progress	08/01/2015	06/30/2016	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Implement tracking system		Project		Not Started	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	ctrue	Other	23_DY2Q1_PROJ2di_MDL2di3_PRES12_OTH_Customer_Service_Reporting_Poster.10.20.15_3974.pdf	Customer Service Reporting Poster	07/21/2016 02:10 PM
	ctrue	Other	23_DY2Q1_PROJ2di_MDL2di3_PRES12_OTH_Complaint_Reporting_and_Customer_Service_Request_11-15_3973.pdf	Complaint Reporting and Customer Service Request	07/21/2016 02:09 PM

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.	
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,	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
such as shared decision-making, measurements of health literacy, and cultural competency.	
Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10). • This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member. • Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104.	
Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.	
Include beneficiaries in development team to promote preventive care.	
Measure PAM(R) components, including: • Screen patient status (UI, NU and LU) and collect contact 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.	

Delivery System Reform Incentive Payment Project

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
• 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.	This milestone is complete. In collaboration with EASE and Health Home management, a complaint reporting/customer service policy and procedure was developed for use in any consumer facing AHI or AHI PPS program. The policy and procedure addresses protocols for programs run directly by AHI, as well as those which are implemented through partner organizations. The policy an procedure was finalized, added to AHI's Policies and Procedures, and disseminated to all current 2.d.i partner organizations. Organizations whose staff will be administering the PAM survey were made aware of their obligation to ensure staff are also trained in the Complaint Reporting/Customer Service Request Policy and Procedure. This training will be tracked on an AHI Training Attestation Form. A Complaint Reporting/Customer Service web form was created and is accessible via the AHI website, and a flyer was created and distributed to all 2.d.i partner organizations, which directs community members as to what steps to take if they need to make a complaint or request customer service. 2.d.i partner organizations were instructed to ensure the flyer is visible to individuals taking the PAM(R) survey. We will continue to disseminate the Complaint Reporting/Customer Service policy and procedure throughout the course of DSRIP, and will evaluate if changes or updates need to be made. As new individuals are trained in PAM and Community Navigators are mobilized, they will be trained on the policy and procedure.
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.	
Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.	

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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone There are no PPS defined milestones	Completed	na	06/01/2015	06/30/2015	06/01/2015	06/30/2015	06/30/2015	DY1 Q1
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment Narrative			04/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Mid-Point Assessment	ctrue	Other	23_DY2Q1_PROJ2di_MDL2di4_PPS1478_OTH_2di_midpoint_assess_narrative_20160705_2_d_i_JC_7.15_4046.docx	2di Mid-Point Assessment Narrative	07/22/2016 12:56 PM

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
There are no PPS defined milestones	
Mid-Point Assessment	

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

Instructions :

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

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

Instructions :

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

1) Acquisition, implementation, & training on new/upgraded EHRs.
2) Recruitment, training, & retention of qualified staff.
3) Developing & implementing new policy & procedures.
4) Integration of PC & BH when a patient has existing non-integrated providers.
5) Having time to perform screenings at PC visit.
6) Meeting NCQA 2014 Level 3 certification.
7) Medication Management
8) SBIRT
9) Access to specialty BH services.
10) Changing models of care causing increased patient case load for psychiatrists.

Timeline Impact:
1) Getting all providers/practices on-board with EHRs can be time consuming.
2) Being in a provider shortage area staffing could delay implementations at sites if providers cannot find enough qualified staff.
3) Time to write P&P along with time to train staff on new P&P could delay the start of the project.
4) The potential delay: a patient either changing providers to achieve integration or having the patient in with care coordinator to ensure non-integrated care is still being properly coordinated.
5) If providers feel there is not enough time under the current reimbursement model then the lack of provider compliance to perform the screening could delay commitment goals.
6) The time it takes to get a practice certified at this standard could delay implementing other parts of this project.
7) Delay if right tech solution not in place.
8) Confusion over SBIRT & the OASAS requirements for training on this could delay its use.
9) The access to timely appointment for those who are Severely Mentally Ill (SMI) could mean overflow of that population being treated in an inappropriate setting, thus using resources that were meant to add capacity & service persons that need BH services for less chronic issues. The overflow could delay the timeline by not getting enough new patients access to care.
10) If psychiatrists choose to leave an organization this would impact the timeline because there would be a decrease in the amount of patients an organization could see.

Mitigation:
1) Assist with funding of EHRs & assist those with interoperability needs for multiple EHRs. Assist providers in making realistic time commitments based on current EHR status/needs level.
2) Looking at family medicine residency programs to gain new physicians. Looking at salary support for LMSW's, allowing support for the 3 years to get clinical supervision; the goal is to get LMSW's set to be LCSW's & thus billable providers.

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3) Leverage providers who have some experience with integrated care & encourage sharing of P&P between organizations.

4) Using Health Home care coordinators will assist with those patients who choose to have non-integrated services. The preference would be to utilize embedded care coordinators. For patients who choose to move into integrated care the PPS & partners will need to continue to assess capacity for service delivery.

5) Work with partners to have screenings embedded in EHRs so providers will have quick & easy access to the tools; training other staff, such as nurses/medical assistants, to execute the screening will increase the use of the tools & allow time for the provider to follow up on positive screens.

6) Work with project 2aii to ensure that practices have the resources needed to execute & achieve this requirement.

7) Work with providers & HIXNY to find most effect solution.

8) Many partners are looking at the PHQ-2 or PHQ-9 to avoid the confusion. Hold SBIRT trainings.

9) The specialty BH providers are examining their current caseloads as well as scheduling structure & capacity to figure out how to reduce waitlists & increase speedier access to care for those who are SMI.

10) Organizations that currently have low caseloads for psychiatrists will need to have buy in from the psychiatrists to move toward a different model of care. Getting this buy in as well as making the transition gradual will mitigate this risk

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

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY4,Q4	35,972

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	0	6,619	8,274	16,547
	Quarterly Update	0	0	0	0
	Percent(%) of Commitment		0.00%	0.00%	0.00%
IA Approved	Quarterly Update	0	0	0	0
	Percent(%) of Commitment		0.00%	0.00%	0.00%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

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

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☑ **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.

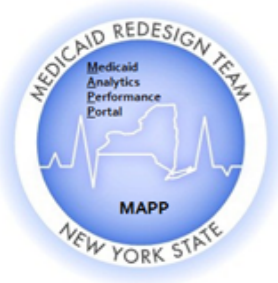| Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	DY3 Q4	Model 1	Project	N/A	In Progress	04/01/2016	03/31/2018	04/01/2016	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	04/01/2016	03/31/2018	04/01/2016	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	04/01/2016	07/01/2017	04/01/2016	07/01/2017	09/30/2017	DY3 Q2
Task Coordinate with Project Team 2.a.ii during this project to be apprised of provider progress toward certification.			Project		In Progress	04/01/2016	12/30/2017	04/01/2016	12/30/2017	12/31/2017	DY3 Q3
Task Coordinate the availability and schedules of behavioral health services and providers to ensure adequate coverage within PCMH practices for the expected volume of patients and hours of service required.			Project		In Progress	04/01/2016	07/01/2017	04/01/2016	07/01/2017	09/30/2017	DY3 Q2
Task Coordinate the availability and schedules of behavioral health services and providers to ensure adequate coverage within PCMH practices for the expected volume of patients and hours of service required.			Project		In Progress	04/01/2016	07/01/2017	04/01/2016	07/01/2017	09/30/2017	DY3 Q2
Task Coordinate the availability and schedules of behavioral health services and providers to ensure adequate coverage within PCMH practices for the expected volume of patients and hours of service required.			Project		In Progress	04/01/2016	07/01/2017	04/01/2016	07/01/2017	09/30/2017	DY3 Q2
Task Identify practice location that will execute integrated services.			Project		In Progress	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	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 Assess practice locations readiness for integration.			Project		In Progress	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Identify billing strategies for integrated services.			Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Work with MCOs to move toward values based payments model.			Project		In Progress	04/01/2016	06/29/2017	04/01/2016	06/29/2017	06/30/2017	DY3 Q1
Task Ongoing monitoring of the integration of services process.			Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	DY2 Q4	Model 1	Project	N/A	In Progress	04/01/2016	10/01/2016	04/01/2016	10/01/2016	12/31/2016	DY2 Q3
Task Regularly scheduled formal meetings are held to develop collaborative care practices.			Project		In Progress	04/01/2016	10/01/2016	04/01/2016	10/01/2016	12/31/2016	DY2 Q3
Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.			Project		In Progress	04/01/2016	06/29/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Identify and assemble staff members to work on evidence-based care protocol processes.			Project		In Progress	04/01/2016	10/01/2016	04/01/2016	10/01/2016	12/31/2016	DY2 Q3
Task Staff are trained on evidence-based care protocols, including medication management and care engagement processes.			Project		In Progress	04/01/2016	06/29/2016	04/01/2016	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.	DY4 Q2	Model 1	Project	N/A	In Progress	01/01/2016	06/29/2017	01/01/2016	06/29/2017	06/30/2017	DY3 Q1
Task Policies and procedures are in place to facilitate and document completion of screenings.			Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Screenings are documented in Electronic Health Record.			Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task			Project		In Progress	04/01/2016	06/29/2017	04/01/2016	09/30/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	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
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.			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	01/01/2016	12/30/2016	04/01/2016	12/30/2016	12/31/2016	DY2 Q3
Task Practice locations will identify which screening tool(s) they will implement.			Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Write policies and procedures for implementing screening tool(s) and EHR documentation.			Project		In Progress	04/01/2016	06/29/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Train staff on policies and procedures for executing and documenting screening tool(s).			Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Write policies and procedures for "warm transfer" process.			Project		In Progress	01/01/2017	03/31/2017	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Train staff on "warm transfer" process.			Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Ongoing monitoring of screening and "warm transfer" process.			Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 1	Project	N/A	In Progress	01/01/2016	12/30/2016	01/01/2016	12/30/2016	12/31/2016	DY2 Q3
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		In Progress	04/01/2016	12/30/2016	04/01/2016	12/30/2016	12/31/2016	DY2 Q3
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Translate actively engaged definition into operational terms – incorporate any changes provided by DOH in anticipated revision of the actively engaged definition.			Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	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 Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner EHRs, PHM platform(s), others.			Project		In Progress	04/01/2016	12/30/2016	04/01/2016	12/30/2016	12/31/2016	DY2 Q3
Task Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2.a.ii team and IT & Data Sharing Committee as needed.			Project		In Progress	04/01/2016	12/30/2016	04/01/2016	12/30/2016	12/31/2016	DY2 Q3
Task Create resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation.			Project		In Progress	04/01/2016	09/29/2016	04/01/2016	09/29/2016	09/30/2016	DY2 Q2
Task Provide training as needed to ensure all staff implement the tracking procedures consistently.			Project		In Progress	04/01/2016	09/29/2016	04/01/2016	09/29/2016	09/30/2016	DY2 Q2
Task Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed.			Project		In Progress	04/01/2016	09/29/2016	04/01/2016	09/29/2016	09/30/2016	DY2 Q2
Milestone #5 Co-locate primary care services at behavioral health sites.	DY4 Q2	Model 2	Project	N/A	In Progress	01/01/2016	03/31/2018	04/01/2016	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	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Primary care services are co-located within behavioral Health practices and are available.			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2016	07/01/2017	04/01/2016	07/01/2017	09/30/2017	DY3 Q2
Task Primary care services are co-located within behavioral Health practices and are available.			Provider	Mental Health	In Progress	04/01/2016	07/01/2017	04/01/2016	07/01/2017	09/30/2017	DY3 Q2
Task Coordinate with Project Team 2.a.ii during this project to be apprised of provider progress toward certification.			Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task			Project		In Progress	04/01/2016	07/01/2017	04/01/2016	07/01/2017	09/30/2017	DY3 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	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
Coordinate the availability and schedules of primary care providers to ensure adequate coverage within the behavioral health site for the expected volume of patients and hours of service required.											
Task Identify practice location that will execute integrated services.			Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Assess practice locations readiness for integration.			Project		In Progress	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Identify billing strategies for integrated services.			Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Work with MCOs to move toward values based payments model.			Project		In Progress	04/01/2017	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Ongoing monitoring of the integration of services process.			Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	DY2 Q4	Model 2	Project	N/A	In Progress	04/01/2016	10/01/2016	04/01/2016	10/01/2016	12/31/2016	DY2 Q3
Task Regularly scheduled formal meetings are held to develop collaborative care practices.			Project		In Progress	04/01/2016	10/01/2016	04/01/2016	10/01/2016	12/31/2016	DY2 Q3
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.			Project		In Progress	04/01/2016	06/29/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Identify and assemble staff members to work on evidence-based care protocol processes.			Project		In Progress	04/01/2016	10/01/2016	04/01/2016	10/01/2016	12/31/2016	DY2 Q3
Task Staff are trained on evidence-based care protocols, including medication management and care engagement processes.			Project		In Progress	04/01/2016	06/29/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
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.	DY4 Q2	Model 2	Project	N/A	In Progress	04/01/2016	06/29/2017	04/01/2016	06/29/2017	06/30/2017	DY3 Q1

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	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	04/01/2016	06/29/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Screenings are documented in Electronic Health Record.			Project		In Progress	04/01/2016	06/29/2017	04/01/2016	06/29/2017	06/30/2017	DY3 Q1
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	04/01/2016	06/29/2017	04/01/2016	06/29/2017	06/30/2017	DY3 Q1
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	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Practice locations will identify which screening tool(s) they will implement.			Project		In Progress	04/01/2016	07/01/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Write policies and procedures for implementing screening tool(s) and EHR documentation.			Project		In Progress	04/01/2016	06/29/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Train staff on policies and procedures for executing and documenting screening tool(s).			Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Write policies and procedures for "warm transfer" process.			Project		In Progress	04/01/2016	06/29/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Train staff on "warm transfer" process.			Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Ongoing monitoring of screening and "warm transfer" process.			Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 2	Project	N/A	In Progress	01/01/2016	12/30/2016	01/01/2016	12/30/2016	12/31/2016	DY2 Q3
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		In Progress	04/01/2016	12/30/2016	04/01/2016	12/30/2016	12/31/2016	DY2 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		In Progress	04/01/2016	12/30/2016	04/01/2016	12/30/2016	12/31/2016	DY2 Q3
Task Translate actively engaged definition into operational terms – incorporate any changes provided by DOH in anticipated revision of the actively engaged definition.			Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner EHRs, PHM platform(s), others.			Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2.a.ii team and IT & Data Sharing Committee as needed.			Project		In Progress	04/01/2016	12/30/2016	04/01/2016	12/30/2016	12/31/2016	DY2 Q3
Task Create resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation.			Project		In Progress	04/01/2016	09/29/2016	04/01/2016	09/29/2016	09/30/2016	DY2 Q2
Task Provide training as needed to ensure all staff implement the tracking procedures consistently.			Project		In Progress	04/01/2016	09/29/2016	04/01/2016	09/29/2016	09/30/2016	DY2 Q2
Task Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed.			Project		In Progress	04/01/2016	09/29/2016	04/01/2016	09/29/2016	09/30/2016	DY2 Q2
Milestone #9 Implement IMPACT Model at Primary Care Sites.	DY4 Q2	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, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	DY2 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	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 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.	DY2 Q4	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.	DY2 Q4	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.	DY4 Q2	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
Milestone #14 Provide "stepped care" as required by the IMPACT Model.	DY4 Q2	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			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	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
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.	DY2 Q4	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

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	
Develop collaborative evidence-based standards of care including medication management and care engagement process.	
Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	
Use EHRs or other technical platforms to track all patients engaged in this project.	
Co-locate primary care services at behavioral health sites.	
Develop collaborative evidence-based standards of care including medication management and care engagement process.	
Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT)	

NYS Confidentiality – **High**

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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.	

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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan.	In Progress	The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan.	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	Completed	AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	In Progress	If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project Team identifies any additional regulatory barriers to project implementation.	In Progress	Project Team identifies any additional regulatory barriers to project implementation.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements/timeline for such submissions.	In Progress	AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements/timeline for such submissions.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Partners/Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in	In Progress	PPS Partners/Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in resolving any barriers to successful submission of their applications.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
resolving any barriers to successful submission of their applications.								
Task PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	In Progress	PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment Narrative			04/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Mid-Point Assessment	ctrue	Other	23_DY2Q1_PROJ3ai_MDL3ai4_PPS1479_OTH_3ai_midpoint_assess_narrative_20160712_4047.docx	3ai Mid-Point Assessment Narrative	07/22/2016 01:04 PM

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan.	
Mid-Point Assessment	

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

Instructions :

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

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

Instructions :

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

Risk 1-BH organizations having access to EHR systems with secure messaging. This could potentially impact the completion of Milestones and submitting Actively Engaged data to the PPS.

Mitigation 1-For agencies applying for HCBS services, providers must be able to:

Input data into EHRs, Access data from EHRs, Share health information among providers, sustain financial viability, and reduce health care costs via reduction in ED/Inpatient services so they can align with DSRIP, PPS, HH, RHIO and SHIN-NY

Risk 2-Transportation access for patients in Crisis. If a Mobile Crisis Unit is not available a person in Crisis may not have transportation to the appropriate services which may lead to an Ambulance ride to the ED and a decrease in Actively Engaged numbers if Crisis Services are under-utilized.

Mitigation 2-Utilizing telehealth when possible in remote areas. Making sure patients are connected to a Care Manager which can refer to Medicaid transportation

Risk 3- Being aware of new community and law enforcement Crisis Services so patients won't be referred to the ED. This could impact the number of Actively engaged patients until more Crisis Outreach education is received

Mitigation 3 -CIT training for law enforcement and the community-CIT International primary purpose is to facilitate understanding, development and implementation of Crisis Intervention Team CIT training programs throughout the U.S. in order to promote and support collaborative efforts to create and sustain more effective interactions among law enforcement, mental health care providers, individuals with mental illness, their families and communities and to reduce the stigma of mental illness.

A central triage will also help refer these patients to the correct services

Risk 4-Staffing shortages for Crisis Programs-LMSWs and Psychiatric staff are difficult to find prior to adding new services to organizations. This could delay implementation of some of the milestones Mitigation 4-Workforce Manager and groups will help with recruitment and retention of staff.

Risk 5-Tracking and reporting Actively Engaged-HARPs will be starting to enroll participants in July and HCBS will take effect in October. Some of the main partners in this project are not billing Medicaid for their current crisis services. AHI will be working with organizations to capture current services and how to track engaged patients with an attestation form. CRFP monies were delayed for GFH's Crisis Care Center, CAI's combined Crisis Stabilization and Ambulatory Detox and program and CVFC's Ambulatory Detox Program. BHSN and MHA of Essex didn't receive CRFP. Plan B will be developed which may take time to find locations and if renovations are needed. All of the reasons above will affect AHI reaching Actively Engaged milestones

Mitigation 5- Working to get attestation forms for partners until HARPs and HCBS services are in place. They will need these forms for reporting. For the purposes of tracking and reporting Actively Engaged, PPS' are required to capture and report the CIN, consistent with the guidance for all projects. However, if the nature of the engagement is anonymous, the PPS would only need to track and report the number of anonymous engagements completed by network partners.

Risk 6- Contracting agreements among providers in the IDS

Mitigation 6- PPS Finance Committee determined a methodology for Engagement Funds II Distribution to Partners. AHI will determine a Contracting timeline to prioritize Master Participation Agreements, and Schedule A2s

Risk 7- Operational Challenges: AHI Leadership and DSRIP staffing resources for Clinical Governance and Quality Committee for oversight and

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surveillance of compliance with protocols and quality of care.

Mitigation 7-AHI will leverage the shared governance model to allocate resources to achieve the vision and goals of the PPS in a balanced manner

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

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY4,Q4	7,845

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	0	2,100	2,626	5,253
	Quarterly Update	0	0	0	0
	Percent(%) of Commitment		0.00%	0.00%	0.00%
IA Approved	Quarterly Update	0	0	0	0
	Percent(%) of Commitment		0.00%	0.00%	0.00%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

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

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	DY3 Q4	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 established a crisis intervention program that includes outreach, mobile crisis, and intensive crisis services.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify and list organization(s) that will perform crisis outreach.		Project		Completed	09/30/2015	06/30/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2. Identify and list organization(s) that will execute mobile crisis services.		Project		Completed	09/30/2015	06/30/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1
Task 3. Identify and list organization(s) that will provide intensive crisis services.		Project		Completed	09/30/2015	06/30/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4. Hold kick off meetings where project teams meet and review plans for implementation of a crisis intervention program.		Project		Completed	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task 5. Ensure staff is licensed or designated by OMH/OASAS to provide specific crisis services described in the NYS Medicaid state plan.		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 6. Establish a marketing and promotion plan to market new crisis intervention program to the community, social service providers and health centers.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #2 Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	DY3 Q4	Project	N/A	In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has implemented diversion management protocol with PPS Hospitals (specifically Emergency Departments).		Project		In Progress	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Identify and list Health Homes, ER's and Hospitals in PPS.		Project		Completed	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Establish agreements with these providers in PPS.		Project		In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop diversion management protocols with referral mechanisms.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	DY3 Q4	Project	N/A	In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has engaged MCO in negotiating coverage of services under this project and/or MCO provides coverage for services in project.		Project		In Progress	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Identify all MCOs in the PPS.		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Schedule meetings with MCOs.		Project		In Progress	03/31/2016	09/30/2016	03/31/2016	09/30/2016	09/30/2016	DY2 Q2
Task Engage in payment negotiation with MCOs to get community crisis stabilization services covered.		Project		In Progress	06/01/2016	12/31/2016	06/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Execute MOUs with MCOs.		Project		In Progress	09/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities.	DY2 Q4	Project	N/A	In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop consensus on treatment protocols.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated treatment care protocols are in place.		Project		In Progress	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop various written treatment protocols, must include coordinated care.		Project		In Progress	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop and outline a training program to train staff on various treatment protocols.		Project		In Progress	03/01/2016	12/31/2016	03/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	DY2 Q4	Project	N/A	In Progress	09/30/2015	03/31/2017	09/30/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS includes at least one hospital with specialty psychiatric		Project		Completed	09/30/2015	06/30/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
services and crisis-oriented psychiatric services in provider network										
Task PPS evaluates access to psychiatric services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.		Provider	Safety Net Hospital	In Progress	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Establish a written agreement with the hospital.		Project		In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Identify and list areas that need improvement to psychiatric service.		Project		In Progress	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Implement improvement steps.		Project		In Progress	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS includes hospitals with observation unit or off campus crisis residence locations for crisis monitoring.		Project		In Progress	09/30/2015	09/30/2016	09/30/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.		Provider	Safety Net Hospital	In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.		Provider	Safety Net Clinic	In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.		Provider	Safety Net Mental Health	In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Establish an agreement with the hospitals who will be expanding access to observation units.		Project		In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Identify improvement areas and steps needed to improve,		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
consider creation of respite centers in certain geographic regions.										
Task Implement improvement steps identified.		Project		In Progress	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS includes mobile crisis teams to help meet crisis stabilization needs of the community.		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Coordinated evidence-based care protocols for mobile crisis teams are in place.		Project		In Progress	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Identify organization(s) and team members that will run mobile crisis.		Project		Completed	09/30/2015	06/30/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1
Task Identify and develop evidence-based protocols which meet HCBS standards. Other protocols should include transition of care including personal contact by crisis team member, deployment of the mobile crisis team results in a team debrief of the circumstances that lead to the deployment and how crisis was handled.		Project		In Progress	09/30/2015	12/31/2016	09/30/2015	12/31/2016	12/31/2016	DY2 Q3
Task Establish agreements for psychiatric and Addiction Medicine consultation services to the crisis ream that include specific response times consistent with NYS and local regulatory body guidance.		Project		In Progress	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop implementation plan for deployment of crisis mobilization unit.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Identify and implement evidence based tools to assess risk and stabilize crises.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop or utilize written training materials and guidelines, evidence-based, for mobile crisis team(s).		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop and outline a training program to train mobile crisis teams on evidence based protocols and implementation plan.		Project		In Progress	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #8	DY3 Q4	Project	N/A	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Hospital	In Progress	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Mental Health	In Progress	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Alerts and secure messaging functionality are used to facilitate crisis intervention services.		Project		In Progress	01/01/2017	03/31/2017	04/16/2016	03/31/2017	03/31/2017	DY2 Q4
Task Identify EHR vendor systems being used by participating safety net providers within the PPS.		Project		In Progress	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Confirm that each of the EHR vendor systems being used within the PPS includes DIRECT Exchange (secure messaging), alerts and patient record look up.		Project		In Progress	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task For those EHR vendor systems that do not meet these requirements, develop a plan to address this issue with the participating provider.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop an implementation plan that includes setting up the sharing of health information via HIE and amongst clinical partners participating within the PPS.		Project		In Progress	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Validate that all participating PPS safety net providers are		Project		In Progress	01/01/2017	03/31/2017	04/11/2016	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
actively sharing health information via HIE and amongst clinical partners participating within the PPS.										
Task Train staff on alerts and secure messaging.		Project		Not Started	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	DY3 Q4	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 implemented central triage service among psychiatrists and behavioral health providers.		Project		In Progress	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task List participating psychiatrists, mental health, behavioral health and substance abuse providers who will be part of the central triage service and develop agreements with them.		Project		In Progress	09/30/2015	09/30/2016	09/30/2015	09/30/2016	09/30/2016	DY2 Q2
Task Identify organization(s) that will house a central crisis triage.		Project		In Progress	09/30/2015	09/30/2016	09/30/2015	09/30/2016	09/30/2016	DY2 Q2
Task Develop policies and procedures for triage services that include access to hotlines, decision making tools that lead to clinically appropriate interventions and the ability to deploy staff rapidly.		Project		In Progress	09/30/2015	12/31/2016	09/30/2015	12/31/2016	12/31/2016	DY2 Q3
Task Develop a mechanism to report on the performance of the triage services.		Project		In Progress	09/30/2015	03/31/2017	09/30/2015	03/31/2017	03/31/2017	DY2 Q4
Task Train staff on triage protocols, must provide written training materials.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop an education and outreach campaign regarding the triage protocol and the value of triage and diversion for emergency responders, community shelters, schools, nursing homes, behavioral health, primary care providers and advocacy groups.		Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	DY2 Q4	Project	N/A	In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has created an active quality subcommittee that reports to PPS quality committee that is representative of medical and behavioral health staff and is specifically focused on integration of primary care and behavioral health services within practice		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
sites and other behavioral health project initiatives. Note: Only one quality sub-committee is required for medical and behavioral health integration projects in Domain 3a.										
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	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 Behavioral Health Metrics.		Project		In Progress	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS quality subcommittee conducts and/or reviews self-audits to ensure compliance with processes and procedures developed for this project.		Project		Not Started	06/01/2016	03/31/2017	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Service and quality outcome measures are reported to all stakeholders including PPS quality committee.		Project		Not Started	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Quality sub-committee will develop implementation plans.		Project		In Progress	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Quality sub-committee will evaluate results of quality improvement initiatives.		Project		In Progress	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Project	N/A	In Progress	07/01/2016	03/31/2017	05/13/2016	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	07/01/2016	09/30/2016	05/13/2016	09/30/2016	09/30/2016	DY2 Q2
Task Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner platform(s), others.		Project		Not Started	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2aii team and IT & Data Sharing Committee as needed.		Project		Not Started	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Create resources, illustrating all steps in tracking process,		Project		Not Started	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
including persons responsible for each piece of data gathering and documentation.										
Task Provide training as needed to ensure all staff implement the tracking procedures consistently.		Project		Not Started	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed.		Project		Not Started	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	
Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	
Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	
Develop written treatment protocols with consensus from participating providers and facilities.	
Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	
Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	
Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	
Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	
Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	
Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	
Use EHRs or other technical platforms to track all patients engaged in this project.	

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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan.	In Progress	The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan.	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	Completed	AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	In Progress	If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project Team identifies any additional regulatory barriers to project implementation.	In Progress	Project Team identifies any additional regulatory barriers to project implementation.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements/timeline for such submissions.	In Progress	AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements/timeline for such submissions.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Partners/Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in	In Progress	PPS Partners/Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in resolving any barriers to successful submission of their applications.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
resolving any barriers to successful submission of their applications.								
Task PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	In Progress	PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment Narrative			04/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Mid-Point Assessment	ctrue	Other	23_DY2Q1_PROJ3aii_MDL3aii4_PPS1480_OTH_3aii_ midpoint_assess_narrative_20160712_4048.docx	3aii Mid-Point Assessment Narrative	07/22/2016 01:09 PM

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan.	
Mid-Point Assessment	

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

Instructions :

DSRIP Implementation Plan Project

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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.

Risk 1-Ambulatory Detox are new services for CVFC and Citizen Advocates so this may impact Actively Engaged Reporting for September 30th with needing 140 participants. CVFC is looking at early 2017 before up and running and Citizen Advocates, Inc. has a timeline of October 2016.
Mitigation 1-Both projects received capital funding to move forward but renovations have to happen as well as getting certification for Withdrawal Management services from OASAS. This may take some time and will affect Actively engaged. CVFC will be looking at an 820 certification and CAI an 816 certification.

Risk 2-In Plattsburgh finding a board certified addiction medicine Dr. This has potential to slow down the start of the Detox Services in Plattsburgh. Lack of appropriate medical staffing for the detox services.
Mitigation 2-Working with the Workforce Manager and OASAS to recruit a board certified addiction medicine Dr. and other licensed staff such as RNs and LPNs.
Recovery Coaches will be used when appropriate and the training can be brought to the PPS to increase the recovery coach pool.
Work with CVFC and CAI and the workforce manager to develop more Credentialed Alcoholism and Substance Abuse Counselors (CASAC) in the region.

Risk 3-Access to transportation for patients needing medically supervised detox services. If a patient does not have transportation to the appropriate services this could lead to a decrease in Actively Engaged numbers if Detox services are underutilized. The Plattsburgh site will be 12 miles from town.
Mitigation 3-Making sure patients are connected to a Care Manager which can refer to Medicaid transportation and ensure patient has appropriate resources.

Risk 4-Contracting agreements (Master Participation Agreement and Schedule A2s) among providers in the IDS
Mitigation 4-PPS Finance Committee has determined a methodology for Engagement Funds II Distribution to PPS Partners. AHI PPS will determine a Contracting timeline to prioritize Master Participation Agreements, and Project Specific Schedule A2s.

Risk 5-Operational Challenges: AHI PPS Leadership and DSRIP staffing resources for Clinical Governance and Quality Committee for oversight and surveillance of compliance with protocols and quality of care.
Mitigation 5-AHI will leverage the shared governance model to allocate resources in a manner that best achieves the vision and goals of the PPS in a balanced manner

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DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

☑ **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 "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY4,Q4	939

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	0	133	185	333
	Quarterly Update	0	0	0	0
	Percent(%) of Commitment		0.00%	0.00%	0.00%
IA Approved	Quarterly Update	0	0	0	0
	Percent(%) of Commitment		0.00%	0.00%	0.00%

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.

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

✅ **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)	Prescribed Due Date	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.	DY4 Q2	Project	N/A	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed community-based addiction treatment programs that include outpatient SUD sites, PCP integrated teams, and stabilization services.		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop community-based addiction treatment, ambulatory detox.		Project		In Progress	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Establish community based addiction treatment project teams, including leaders of integrated primary care providers and other key partners (Hospitals, ER, mental health, health centers, social services, etc.)		Project		In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Obtain the licensure or waivers necessary in order to perform ambulatory detoxification services.		Project		In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Obtain necessary space with appropriate medical equipment and ways to safely maintain medications.		Project		In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Obtain written approval from OASAS for any space use alterations.		Project		In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Hold kick off meetings with the project teams to dicuss and review plans.		Project		Completed	10/01/2015	12/03/2015	10/01/2015	12/03/2015	12/31/2015	DY1 Q3
Task Plan for marketing and promotion of community based addiction treatment program services.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Establish integrated stabilization services, including social services.		Project		In Progress	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #2 Establish referral relationships between community treatment programs and inpatient detoxification services with development of referral protocols.	DY4 Q2	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 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	09/30/2015	03/31/2017	09/30/2015	03/31/2017	03/31/2017	DY2 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	09/30/2015	03/31/2017	09/30/2015	03/31/2017	03/31/2017	DY2 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	Substance Abuse	In Progress	09/30/2015	03/31/2017	09/30/2015	03/31/2017	03/31/2017	DY2 Q4
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	09/30/2015	06/30/2016	09/30/2015	09/30/2016	09/30/2016	DY2 Q2
Task Coordinated evidence-based care protocols are in place for community withdrawal management services. Protocols include referral procedures.		Project		In Progress	09/30/2015	03/31/2017	09/30/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify all SUD treatment programs and obtain written agreements.		Project		In Progress	09/30/2015	09/30/2016	09/30/2015	09/30/2016	09/30/2016	DY2 Q2
Task Identify all inpatient detox programs and obtain written agreements.		Project		In Progress	09/30/2015	09/30/2016	09/30/2015	09/30/2016	09/30/2016	DY2 Q2
Task Establish a SUD provider group that includes community-based and inpatient providers that will meet regularly.		Project		In Progress	09/30/2015	03/31/2017	09/30/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop collaborative care protocols between community-based and inpatient treatment providers which include referral procedures and care coordination with the continuum of recovery		Project		In Progress	09/30/2015	12/31/2016	09/30/2015	12/31/2016	12/31/2016	DY2 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
and treatment supports.										
Task Develop evidence-based practice guidelines for community withdrawal management services.		Project		In Progress	09/30/2015	03/31/2017	09/30/2015	03/31/2017	03/31/2017	DY2 Q4
Task Implementation of referral procedures between community treatment programs and impatient detoxification services.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 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.	DY2 Q4	Project	N/A	In Progress	03/31/2016	03/31/2017	03/31/2016	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	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Create job description for a medical director, must have training and privileges for use of buprenorphine/Naltrexone and other withdrawal agents.		Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Post job opening.		Project		In Progress	03/31/2016	09/30/2016	03/31/2016	09/30/2016	09/30/2016	DY2 Q2
Task Actively recruit for medical director.		Project		In Progress	03/31/2016	09/30/2016	03/31/2016	09/30/2016	09/30/2016	DY2 Q2
Task Hold interviews for medical director position.		Project		In Progress	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3
Task Offer position to qualified applicant.		Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Execute signed contract of employment.		Project		In Progress	03/31/2016	03/31/2017	03/31/2016	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.	DY4 Q2	Project	N/A	In Progress	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS has established relationships between inpatient detoxification services and community treatment programs that		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	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 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	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
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	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
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	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
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	Substance Abuse	In Progress	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Develop and maintain a complete list of SUD providers approved for outpatient medication management of opioid addiction, including community-based and inpatient.		Project		In Progress	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Identify which providers of SUD services are willing to work collaboratively with care managers as well as continued maintenance therapy.		Project		In Progress	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Obtain written agreements of collaborative service approach.		Project		In Progress	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Develop a referral procedure for these SUD providers.		Project		In Progress	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Milestone #5 Develop community-based withdrawal management (ambulatory detoxification) protocols based upon evidence based best practices and staff training.	DY2 Q4	Project	N/A	In Progress	10/01/2016	03/31/2017	04/01/2016	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	10/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Staff are trained on community-based withdrawal management protocols and care coordination procedures.		Project		Not Started	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop evidence-based care protocols for coordinated ambulatory detox from alcohol, opiates, and sedatives. Protocols should include acute care processes, referral processes with community partners		Project		In Progress	10/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Establish policies and procedures for how frequently updates to care protocols must be done.		Project		In Progress	10/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop implementation plan across the region.		Project		In Progress	10/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Train staff on ambulatory detox care protocols, must provide written training materials with a plan of continuing education.		Project		Not Started	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Develop care management services within the SUD treatment program.	DY4 Q2	Project	N/A	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place for care management services within SUD treatment program.		Project		In Progress	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Staff are trained to provide care management services within SUD treatment program.		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop formal referral and care coordination agreements with continuum of recovery and treatment supports, working with existing HHs in PPS.		Project		In Progress	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Develop evidence-based care protocols for care management within SUD treatment program.		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop implementation plan across the region.		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Train staff on care management services, must provide written training materials.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Care managers have the knowledge to identify community support resources for patients with the SUD treatment program.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Form agreements with the Medicaid Managed Care organizations	DY4 Q2	Project	N/A	In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.		Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify all MCOs in the PPS.		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Schedule meetings with MCOs.		Project		In Progress	03/01/2016	09/30/2016	03/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Engage in payment negotiation with MCOs to get ambulatory detox services covered.		Project		In Progress	06/01/2016	12/31/2016	06/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Execute MOUs with MCOs.		Project		In Progress	09/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Project	N/A	In Progress	07/01/2016	03/31/2017	06/01/2016	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	07/01/2016	09/30/2016	06/01/2016	06/20/2016	06/30/2016	DY2 Q1
Task Translate actively engaged definition into operational terms – incorporate any changes provided by DOH in anticipated revision of the actively engaged definition.		Project		Completed	07/01/2016	09/30/2016	06/01/2016	06/20/2016	06/30/2016	DY2 Q1
Task Identify targeted patient population.		Project		In Progress	07/01/2016	12/31/2016	06/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner EHRs, PHM platform(s), others.		Project		In Progress	07/01/2016	12/31/2016	06/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2.a.ii team and IT & Data Sharing Committee as needed.		Project		In Progress	07/01/2016	12/31/2016	06/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Create resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation.		Project		In Progress	07/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task		Project		Not Started	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Provide training as needed to ensure all staff implement the tracking procedures consistently.										
Task Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed.		Project		Not Started	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4

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.	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Use EHRs or other technical platforms to track all patients engaged in this project.	

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☑ **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
Milestone The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan.	In Progress	The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan.	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	Completed	AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	In Progress	If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project Team identifies any additional regulatory barriers to project implementation.	In Progress	Project Team identifies any additional regulatory barriers to project implementation.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements/timeline for such submissions.	In Progress	AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements/timeline for such submissions.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Partners/Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in	In Progress	PPS Partners/Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in resolving any barriers to successful submission of their applications.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
resolving any barriers to successful submission of their applications.								
Task PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	In Progress	PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment Narrative			04/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Mid-Point Assessment	ctrue	Other	23_DY2Q1_PROJ3aiv_MDL3aiv4_PPS1481_OTH_3aiv _midpoint_assess_narrative_20160712_4049.docx	3aiv Mid-Point Assessment Narrative	07/22/2016 01:17 PM

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan.	
Mid-Point Assessment	

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Run Date : 09/30/2016

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

Instructions :

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project 3.g.i – **Integration of palliative care into the PCMH Model**

☑ **IPQR Module 3.g.i.1 - Major Risks to Implementation and Mitigation Strategies**

Instructions :

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

Risk 1: Lack of qualified/credentialed professionals with palliative care knowledge and expertise.
Potential impact to the timeline: Lack of providers means an inability to execute new and additional services in the palliative care arena.
Mitigation strategy: Lack of providers means an inability to execute new and additional services in the palliative care arena.
Risk 2: Historically palliative care services have not been utilized, are utilized infrequently, or not utilized as early on in a patient's case to increase the positive effects.
Potential impact to the timeline: Lack of knowledge around palliative care in general could slow down referrals and delay the timeline.
Mitigation strategy: Increase provider, patient, and community knowledge base around palliative care services.
Risk 3: Cost effectiveness of palliative care.
Potential impact to the timeline: Ensuring MCO's will pay for services may take negotiation of reimbursements and slow down getting patients into care.
Mitigation strategy: Work with evaluators to develop a statistical model for demonstrating outcomes of palliative care projects and prove cost effectiveness of care.
Risk 4: Smaller practices lack patient volume and resources to hire dedicated staff to support palliative care.
Potential impact to the timeline: Under-resourced providers will be reluctant to provide palliative care as it will put additional strain on the practice, thus reducing the number of patients able to benefit from this service.
Mitigation strategy: Potentially having central palliative care staff that can support multiple small practices would reduce the cost and burden.
Risk 5: Partners have not entered into contractual agreements with the AHI PPS.
Potential impact to the timeline: Contracts not being in place generates a lack of incentive for partner participation and may also impact timing for completion of milestones.
Mitigation strategy: Determine a contracting timeline to prioritize Master Participation Agreements and project specific Schedule A2's. This will allow for expedited partner engagement and flow of funds.
Risk 6: Meeting the revised actively engaged (AE) targets set forth by DOH (per the Patient Engagement Discount Report, March 2016) by way of the Palliative Care Outcome Scale (POS) tool.
Potential impact to the timeline: Aggressive timeline for implementation of the POS and lack of education on how to use the tool will be a short-term risk for the first reporting period (July 1 – September 30.)
Mitigation Strategy: Provide training for members of the PCP team on the POS assessment tool in order to meet AE targets beginning the second reporting period.

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

☑ **IPQR Module 3.g.i.2 - Patient Engagement Speed**

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY4,Q4	4,052

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	0	972	1,672	2,429
	Quarterly Update	0	0	0	0
	Percent(%) of Commitment		0.00%	0.00%	0.00%
IA Approved	Quarterly Update	0	0	0	0
	Percent(%) of Commitment		0.00%	0.00%	0.00%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
No Records Found				

Narrative Text :

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

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DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

☑ **IPQR Module 3.g.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)	Prescribed Due Date	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 appropriate participating PCPs that have, or will have, achieved NCQA PCMH and/or APCM certification.	DY4 Q2	Project	N/A	Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task PPS has identified primary care providers integrating palliative care services into their practice model. Primary care practices using PCMH and/or APCM have been included. The PPS has received agreement from those PCPs not PCMH and/or APCM certified to become certified to at least Level 1 of the 2014 NCQA PCMH and/or APCM by Demonstration Year 3.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify Palliative Care Project Champion (clinical leader)		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Ensure all primary care providers taking part in Project 3.g.i are also actively participating in Project 2.a.ii; Coordinate with Project 2.a.ii team to monitor progress.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Obtain signed agreements from primary care providers/practices demonstrating commitment to achieve at least Level 1 of the 2014 NCQA PCMH and/or APCM by Demonstration Year 3.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Milestone #2 Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the practice.	DY2 Q4	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task The PPS has developed partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the PCP practice.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Identify existing community and provider resources and define scope of services / support that they can provide.		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Identify gaps in community & provider resources necessary to		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
bring palliative services into the practice; acquire or develop additional resources as needed.										
Milestone #3 Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.	DY2 Q4	Project	N/A	Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
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. PPS has trained staff addressing role-appropriate competence in palliative care skills.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task In coordination with the PPS Clinical Quality Committee, gather existing clinical guidelines and policies/procedures for palliative care eligibility and services. Include guidelines currently in use with PPS partners, and research best practices. Include a protocol to screen patients for appropriate implementation of the DOH 5003 MOLST form.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Project Team reviews info obtained in step 1, and develops PPS-wide eligibility and services guidelines, makes recommendation to Clinical Quality Committee for adoption.		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Clinical Quality Committee adopts eligibility and services guidelines.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Identify process and quality measures to track in conjunction with the guidelines / protocols that are adopted.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop timeline for adoption across the region, including time commitments from participating organizations to roll out protocols and timeline for integrating measurements into quality/IT systems.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone #4 Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.	DY2 Q4	Project	N/A	In Progress	03/31/2016	03/31/2017	03/31/2016	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	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
In conjunction with Workforce Committee, assess workforce current knowledge of palliative care practices to identify specific training needs.										
Task Develop the tools / resources needed to support dissemination of guidelines & protocols, including summaries, flowcharts, memos, slides, and other communication tools. Acquire or develop any additional content for the training needs identified in task #2.		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop Palliative Care training plan, in conjunction with workforce committee. Plan must include materials to be utilized, dates of training occurrences and the number of employees who will be trained.		Project		In Progress	03/31/2016	06/30/2016	03/31/2016	09/30/2016	09/30/2016	DY2 Q2
Task Establish method to track palliative care training, dissemination of palliative care guidelines and protocols, and to monitor adherence to such protocols.		Project		Not Started	04/01/2016	06/30/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Provide training, maintain documentation, determine plan for on-going training needs.		Project		Not Started	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Engage with Medicaid Managed Care to address coverage of services.	DY4 Q2	Project	N/A	In Progress	01/01/2016	09/30/2017	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task PPS has established agreements with MCOs that address the coverage of palliative care supports and services.		Project		Not Started	09/30/2016	09/30/2017	09/30/2016	09/30/2017	09/30/2017	DY3 Q2
Task Identify all MCOs in the PPS.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Schedule meetings with MCOs.		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Negotiate with MCOs to get palliative care supports and services covered.		Project		In Progress	06/30/2016	09/30/2016	06/30/2016	09/30/2016	09/30/2016	DY2 Q2
Task Finalize agreements with MCOs for coverage of palliative care supports and services.		Project		Not Started	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Use EHRs or other IT platforms to track all patients engaged in this project.	DY2 Q4	Project	N/A	In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task PPS identifies targeted patients and is able to track actively		Project		Completed	04/01/2016	09/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

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Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	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 Translate actively engaged definition into operational terms – incorporate any changes provided by DOH in anticipated revision of the actively engaged definition.		Project		Completed	03/31/2016	09/30/2016	03/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner EHRs, PHM platform(s), others.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2.a.ii team and IT & Data Sharing Committee as needed.		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Create flowchart and other resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation.		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Provide training as needed to ensure all staff implement the tracking procedures consistently.		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed.		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.	ctrue	Other	23_DY2Q1_PROJ3gi_MDL3gi3_PRES3_OTH_Pallative _Care_Workflow_3972.pdf	Palliative Care Workflow	07/21/2016 01:08 PM
	ctrue	Other	23_DY2Q1_PROJ3gi_MDL3gi3_PRES3_OTH_Pallative _Care_Eligibility_Guidelines_3971.pdf	Palliative Care Eligibility Guidelines	07/21/2016 01:07 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Integrate Palliative Care into appropriate participating PCPs that have, or will have, achieved NCQA PCMH and/or APCM certification.	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the practice.	
Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.	As of 6/30/16, the primary care practices that have committed to integrating palliative care into their practice settings worked in conjunction with the PPS Project Champion (a board-certified palliative care physician) to develop clinical guidelines for eligibility and services. These guidelines provide a framework for who would benefit from palliative care (beginning with all adult patients receiving education regarding the importance of advance care planning) to then more specific clinical conditions that would prompt the shift to focusing on improving quality of life (i.e., adults with multiple chronic illness/high symptom burden or that have a limited life expectancy and would qualify for hospice services.) Once a patient has been identified as being eligible for palliative care, they will work with a member of the PCP team to articulate Advance Care Plans, complete the baseline Palliative Care Outcome Scale (POS) assessment, and then referred for palliative services. Patients will receive these services as an outpatient, or the patient's home, based on PCP referral. Services will be provided by pain specialists, counselors and other symptom-specific practitioners. As appropriate, the palliative care services team communicates patient progress back to the PCP team.
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.	

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☑ **IPQR Module 3.g.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
Milestone The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan.	In Progress	The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan.	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	Completed	AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	In Progress	If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project Team identifies any additional regulatory barriers to project implementation.	In Progress	Project Team identifies any additional regulatory barriers to project implementation.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements/timeline for such submissions.	In Progress	AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements/timeline for such submissions.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Partners/Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in	In Progress	PPS Partners/Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in resolving any barriers to successful submission of their applications.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
resolving any barriers to successful submission of their applications.								
Task PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	In Progress	PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment Narrative			04/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Mid-Point Assessment	ctrue	Other	23_DY2Q1_PROJ3gi_MDL3gi4_PPS1482_OTH_3gi_DOH_Project_Narrative_Template_RH_4050.docx	3gi Mid-Point Assessment Narrative	07/22/2016 01:22 PM

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan.	
Mid-Point Assessment	

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Run Date : 09/30/2016

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

Instructions :

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Adirondack Health Institute, Inc. (PPS ID:23)

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 ability to strengthen the mental health and substance abuse system will require collaborative efforts with traditional and non-traditional providers to promote mental, emotional, and behavioral wellbeing. The AHI PPS faces a number of challenges with building an effective infrastructure. The challenges include:
• The AHI PPS covers a wide geography of nine counties and 11,000 square miles. A wide service area makes it difficult to provide trainings, especially if people have to travel multiple hours to attend a training session, which could reduce the number of individuals getting trained.
• Stereotypes, stigmas, and labels created by society and often the subject and/or story line of television drama often create feelings of embarrassment, unfair judgement, and whether real or perceived, unfair treatment. The result of a person with this type of response is the less active engagement in the care system.
• The time involved to develop and employ an appropriate method for handling data could prevent the PPS from meeting project deliverables according to plan.
• The time involved in developing training curriculum could have an impact on the speed at which trainers begin reach into the community.
• Attracting busy professionals already stretched by multiple priorities could prevent the PPS from implementing and executing the goals of the project.
AHI will mitigate the above challenges by:
• Strategically placing trainers throughout the PPS so more training can be offered in the areas the people needing to be trained live and work.
• Providing a safe training environment and practice use examples for how using informed approaches can improve a provider's work with patients this risk should be reduced.
• Accessing a data analyst and an evaluation manager to assist in creating the most effective model and process for collecting and distributing data.
• Using existing trainings and consultation with subject matter experts for curriculum design should provide a more streamlined approach and assist in getting trainers prepped and into the community sooner. Staggering the offerings of trainings will also allow for one curriculum to be delivered while another is being developed.
• Using DSRIP funding to incentivize or offset cost to the agency sending staff to training.

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☑ **IPQR Module 4.a.iii.2 - PPS Defined Milestones**

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Participate in MEB health promotion and MEB disorder prevention partnerships.	In Progress	Partnerships	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Identify partners/organizations/agencies to be involved in a PPS wide (regional) MEB coalition.	Completed	This task is complete.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Form a PPS wide (regional) MEB coalition.	Completed	This group has formed and has met.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Write a mission statement for the PPS wide (regional)MEB coalition.	Completed	Write	11/30/2015	12/29/2015	11/30/2015	12/29/2015	12/31/2015	DY1 Q3
Task Hold quarterly PPS wide (regional) MEB coalition meetings.	Completed	Meet	04/01/2015	03/28/2016	04/01/2015	03/28/2016	03/31/2016	DY1 Q4
Task Form PPS sub region work groups that include key representatives from governmental agencies, healthcare, CBOs, and schools.	In Progress	Sub region form	07/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task PPS sub region work groups to identify which training programs need to be executed based on the Community Needs Assessment data.	In Progress	ID trainings	07/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone Obtain evidence-based MEB promotion and prevention resources.	In Progress	Resources	04/01/2015	03/31/2019	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Identify all MEB trainings that need to be offered.	In Progress	ID trainings	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Research evidence-based models.	In Progress	Research	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Purchase new evidence-based training materials as needed.	In Progress	Purchase	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task	Not Started	Use current	07/01/2016	03/31/2019	07/01/2016	12/31/2016	12/31/2016	DY2 Q3

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Utilize current evidence-based models as appropriate.								
Milestone Have an MEB integration plan.	In Progress	Plan	07/01/2016	03/31/2017	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task The PPS wide MEB coalition will draft an integration plan that includes incorporating SEDL, trauma informed care, poverty constructs, and cross training for providers.	Not Started	Write	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task PPS sub region work groups will review the draft integration plan and provide feedback to include additions, revisions, or deletions to draft.	In Progress	Review	07/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task The PPS wide MEB coalition will review feedback from the sub region work groups and make changes to the integration plan draft if needed.	In Progress	Edit from feedback	10/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task If needed a revised version of the integration plan will be reviewed by the sub region work groups for approval.	In Progress	Review for approval	10/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Once approval is given by the sub region work groups the PPS wide MEB coalition will finalize and distribute the MEB integration plan to the sub region project teams for use.	In Progress	Distribute	10/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone Provide MEB health promotion and disorder prevention trainings.	In Progress	Deliver	04/01/2015	03/31/2019	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Identify locations/organizations/groups who need to be trained.	In Progress	Identify need	07/01/2016	12/31/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Write job description for staff members to be hired.	Completed	Jobs	04/01/2015	12/29/2015	04/01/2015	12/29/2015	12/31/2015	DY1 Q3
Task Hire staff in local regions who can execute trainings.	In Progress	Hire	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task MEB coalition will to oversee the coordination and delivery of offered trainings/curriculums to a broad	In Progress	Oversight	04/01/2016	03/31/2019	04/01/2016	12/31/2016	12/31/2016	DY2 Q3

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
audience (school age to professional, if appropriate) based on sub regions needs.								
Task Integrate evidence-based "kernels of knowledge" into training of health professionals so they acknowledge and reinforce desirable behaviors.	Not Started	Kernels	07/01/2016	03/31/2019	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone Share data and information on MEB health promotion and MEB disorder prevention and treatment.	In Progress	Data	04/01/2016	03/31/2019	04/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task Measure local data on MEB well-being and MEB disorder prevention.	In Progress	Measure	04/01/2016	03/31/2019	04/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task Make available local and state data on MEB well-being and MEB disorder prevention.	Not Started	Share	04/01/2017	03/31/2019	04/01/2017	03/31/2019	03/31/2019	DY4 Q4
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment Narrative			04/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Mid-Point Assessment	ctrue	Other	23_DY2Q1_PROJ4aiii_MDL4aiii2_PPS1475_OTH_4aiii _midpoint_assess_narrative_20160713_4038.docx	4aiii Mid-Point Assessment Narrative	07/22/2016 11:46 AM

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Participate in MEB health promotion and MEB disorder prevention partnerships.	
Obtain evidence-based MEB promotion and prevention resources.	
Have an MEB integration plan.	
Provide MEB health promotion and disorder prevention trainings.	
Share data and information on MEB health promotion and MEB disorder prevention and treatment.	
Mid-Point Assessment	

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IPQR Module 4.a.iii.3 - IA Monitoring

Instructions :

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Project 4.b.ii – **Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer**

✅ **IPQR Module 4.b.ii.1 - Major Risks to Implementation and Mitigation Strategies**

Instructions :

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

Training primary care physicians on the guidelines that are developed and adopted. Physicians' time is at a premium and challenges to find time to attend trainings.
Training of mid-level staff on spirometry and an action plan for COPD.
Mitigation 1
Gaining organizational support by medical leadership to deliver trainings to physicians on adopting and implementing the guidelines
Working with workforce manager and regional teams to train staff and find a trainer.
Risk 2
Management of COPD patients in rural areas with telehealth to keep readmission rates lower. Getting patients set up with telehealth (monitoring of COPD symptoms) in rural areas can be costly and exhausting of smaller home care agencies who do not have the infrastructure.
Mitigation 2
Using telehealth program and larger home agencies to purchase appropriate equipment and/or to sub-contract appropriate telehealth/monitoring services
Risk 3
Getting physicians, home care agencies and skilled nursing facilities to be engaged in the project. Regionally, COPD rates exceed state rates and it will be important to get providers to support this project with a plan for sustainability.
 Mitigation 3
Recruiting a physician champion who is utilizing the GOLD standards and has success proven success with lowered COPD readmission rates will be important for this project.
Working with providers in the PCMH project
Risk 4
Contracting agreements (Master Participation Agreement and Schedule A2s) among providers in the IDS.
Mitigation 4
PPS Finance Committee has determined a methodology for Engagement Funds II Distribution to PPS Partners. AHI PPS will determine a
Contracting timeline to prioritize Master Participation Agreements, and Project Specific Schedule A2s.

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☑ **IPQR Module 4.b.ii.2 - PPS Defined Milestones**

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone 1. Print media campaign is finalized to build public awareness about COPD prevention and programs	In Progress	finalize print media campaign	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Coordinate with partners about messaging A. Ads to target persons with, or at risk for COPD, as well as their family members, providers and caregivers. B. Ads to promote COPD resources.	In Progress	Coordinate with partners to target at risk populations and promote resources	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Contract with an advertising firm to create ads	Not Started	create ads	04/01/2016	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task 3. Place ads in local media outlets throughout PPS region.	Not Started	place ads	06/01/2016	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task 4. Re-evaluate media campaign to decide if different messaging or target population needs to be reached	Not Started	re-evaluate media campaign	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone 2. Care teams are fully staffed/trained and have the necessary patient education tools/materials in place	In Progress	care teams fully staffed/trained	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Develop a training program for care managers that includes evidence based guidelines, management of COPD and preventative measures.	In Progress	develop training program	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Develop a guide for COPD resources that includes referrals to educational programs, NYS Smokers Quitline information, as well as the local tobacco cessation programs, and pulmonary	In Progress	develop resource guide for COPD	07/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
fitness programs.								
Task 3. Care managers are hired where needed in Primary Care settings to address COPD patients and needs in the community, utilizing Health Home Care Managers when appropriate.	In Progress	care managers available at PCP sites	07/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone 3. Home monitoring equipment is acquired and fully deployed	In Progress	acquire and deploy home monitoring equipment	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Purchase appropriate home monitoring equipment for COPD patients.	In Progress	purchase appropriate equipment	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Train care managers and providers on home monitoring equipment.	In Progress	train care managers and providers	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Patient education on monitoring equipment and signed usage agreements in place.	In Progress	train patients and get agreements for use	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Tracking system for home monitoring equipment	Not Started	equipment tracking system	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone 4. Adoption of Primary care evidence-based diagnosis and treatment guidelines for COPD	In Progress	diagnosis and treatment guidelines	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Develop a COPD best practice provider group through the Medical Home Initiatives in PPS.	Completed	develop a best practice provider group	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Hold meetings to discuss COPD evidence-based guidelines	Completed	meetings to discuss evidence based guidelines	10/28/2015	03/31/2016	10/28/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Adoption of regional guidelines to include early diagnosis and use of prevention for COPD	In Progress	adopt regional guidelines	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 4. Implementation of evidence-based diagnosis and treatment guidelines in primary care settings.	In Progress	Implement diagnosis and treatment guidelines	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone 5. Embedded clinical decision supports for evidence-based care are in place in EHR's/or population health management tools as applicable, all practices	In Progress	clinical decision supports in place	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 1. Care managers are equipped with tablets or other mobile technologies to access EHR's when covering patients in rural regions.	In Progress	care managers equipped with mobile devices	10/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Adoption of EHR's to provide functionality and clinical decision support tools as well as provide patient reminders for preventative follow-up care.	In Progress	EHR's for functionality	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Coordinate with HIT Workgroup and project 2.a.ii to ensure EHR's meet RHIO's HIE and SHIN-NY requirements.	In Progress	coordinate with HIT and 2.a.ii	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Train staff on EHRs	In Progress	train staff on EHR's	01/01/2017	03/31/2017	05/13/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone 6. Adoption by skilled nursing facilities of evidence-based diagnosis and treatment guidelines for COPD	In Progress	skilled nursing facilities adopt guidelines	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. develop a COPD coalition with staff at skilled nursing facilities	Completed	COPD coalition with skilled nursing facilities	10/28/2015	12/31/2015	10/28/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Hold meetings to discuss COPD evidence-based guidelines for COPD.	Completed	hold meetings to discuss COPD evidence-based guidelines	12/14/2015	03/31/2016	12/14/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Adoption of regional evidence-based guidelines for COPD	In Progress	regional guidelines adopted	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 4. Implementation of evidence-based diagnosis and treatment guidelines into skilled nursing facilities.	In Progress	implement guidelines into skilled nursing facilities	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone 7. Supportive resources are established or enhanced	In Progress	establish or enhance supportive resources	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Develop a COPD hotline.	Not Started	COPD hotline	04/01/2016	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task 2. Develop peer-run/lead supports for groups with COPD	Not Started	peer-run support groups	04/01/2016	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task	In Progress	develop educational program	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
3. Educational program is developed for patients and families with COPD								
Task 4. Hire an educator to lead primary and secondary prevention activities across the region.	Not Started	hire educator to lead prevention activities	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone 8. All primary sites are equipped with adequate spirometry testing	In Progress	adequate spirometry testing	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. List of primary sites and evaluation of spirometry equipment as needed	Completed	evaluate spirometry equipment	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Purchase spirometry equipment for sites	In Progress	purchase equipment	07/01/2016	09/30/2016	05/13/2016	09/30/2016	09/30/2016	DY2 Q2
Task 3. Form an agreement these sites will use spirometry equipment	In Progress	agreement formulated for equipment use	07/01/2016	09/30/2016	05/13/2016	09/30/2016	09/30/2016	DY2 Q2
Task 4. Develop a policy and procedure on spirometry testing	In Progress	develop policy and procedure on spirometry testing	10/01/2016	12/31/2016	05/13/2016	12/31/2016	12/31/2016	DY2 Q3
Task 5. Train appropriate staff on equipment policy and procedure.	In Progress	train staff on equipment policy and procedure	07/01/2016	03/31/2017	05/13/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone 9. Opportunity to bring additional COPD services to more patients of the Adirondack Region	In Progress	additional services	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify tele-health program opportunities for selected COPD patients.	In Progress	tele-health for COPD	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Deployment of mobile primary care units to address transportation and geographic barriers. A. Certificate of Need will be obtained B. Mobile Units will be staffed C. Mobile units will be trained	Not Started	train mobile units, obtain certificate of need	10/01/2016	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone 10. Current pulmonary fitness programs expanded or developed in PPS	In Progress	assess, develop and expand current pulmonary fitness programs.	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify, list and evaluate current pulmonary fitness programs in PPS	In Progress	identify, list and evaluate current pulmonary fitness programs	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task	In Progress	identify lacking pulmonary fitness programs	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
2. Identify areas in PPS lacking pulmonary fitness programs.								
Task 3. Develop pulmonary fitness programs where the need has been identified	In Progress	develop programs where needed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Referral mechanism for patients with COPD to pulmonary fitness programs	Not Started	referral mechanism for COPD patients	07/01/2016	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment Narrative			04/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Mid-Point Assessment	ctrue	Other	23_DY2Q1_PROJ4bii_MDL4bii2_PPS1483_OTH_4bii_ midpoint_assess_narrative_20160712_4052.docx	4bii Mid-Point Assessment Narrative	07/22/2016 01:28 PM

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
1. Print media campaign is finalized to build public awareness about COPD prevention and programs	
2. Care teams are fully staffed/trained and have the necessary patient education tools/materials in place	
3. Home monitoring equipment is acquired and fully deployed	
4. Adoption of Primary care evidence-based diagnosis and treatment guidelines for COPD	
5. Embedded clinical decision supports for evidence-based care are in place in EHR's or population health management tools as applicable, all practices	
6. Adoption by skilled nursing facilities of evidence-based diagnosis and treatment guidelines for COPD	
7. Supportive resources are established or enhanced	
8. All primary sites are equipped with adequate spirometry testing	

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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
9. Opportunity to bring additional COPD services to more patients of the Adirondack Region	
10. Current pulmonary fitness programs expanded or developed in PPS	
Mid-Point Assessment	

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Run Date : 09/30/2016

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IPQR Module 4.b.ii.3 - IA Monitoring

Instructions :

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Adirondack Health Institute, Inc. (PPS ID:23)

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 'Adirondack Health Institute, Inc. ', that all information provided on this Quarterly report is true and accurate to the best of my knowledge, and that, following initial submission in the current quarterly reporting period as defined by NY DOH, changes made to this report were pursuant only to documented instructions or documented approval of changes from DOH or DSRIP Independent Assessor.**

Primary Lead PPS Provider:	ADIRONDACK HEALTH INSTITUTE INC
Secondary Lead PPS Provider:	
Lead Representative:	Margaret Vosburgh
Submission Date:	09/19/2016 09:34 AM

Comments:

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Adirondack Health Institute, Inc. (PPS ID:23)

Status Log				
Quarterly Report (DY,Q)	**Status**	**Lead Representative Name**	**User ID**	**Date Timestamp**
DY2, Q1	Adjudicated	Margaret Vosburgh	emcgill	09/30/2016 03:35 PM

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Comments Log			
Status	**Comments**	**User ID**	**Date Timestamp**
Adjudicated	The IA has adjudicated the DY2Q1 Quarterly Report.	emcgill	09/30/2016 03:35 PM
Adjudicated	The IA has adjudicated the DY2Q1 Quarterly Report.	emcgill	09/30/2016 03:34 PM
Returned	The IA had returned the DY2, Q1 Quarterly Report for Remediation.	sacolema	09/02/2016 03:53 PM

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Section	Module Name	Status
Section 01	IPQR Module 1.1 - PPS Budget - Waiver Revenue (Baseline) - READ ONLY	☑ Completed
	IPQR Module 1.2 - PPS Budget - Waiver Revenue (Quarterly)	☑ Completed
	IPQR Module 1.3 - PPS Flow of Funds - Waiver Revenue (Baseline) - READ ONLY	☑ Completed
	IPQR Module 1.4 - PPS Flow of Funds - Waiver Revenue (Quarterly)	☑ Completed
	IPQR Module 1.5 - Prescribed Milestones	☑ Completed
	IPQR Module 1.6 - PPS Defined Milestones	☑ Completed
	IPQR Module 1.7 - PPS Budget - Non-Waiver Revenue (Baseline)	☑ Completed
	IPQR Module 1.8 - PPS Budget - Non-Waiver Revenue (Quarterly)	☑ Completed
	IPQR Module 1.9 - PPS Flow of Funds - Non-Waiver Revenue (Baseline)	☑ Completed
	IPQR Module 1.10 - PPS Flow of Funds - Non-Waiver Revenue (Quarterly)	☑ Completed
	IPQR Module 1.11 - 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

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Section	Module Name	Status
	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
	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

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Section	Module Name	Status
	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
	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	
	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
Section 08	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	
	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
Section 09	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	
	IPQR Module 10.1 - Overall approach to implementation	☑ Completed
Section 10	IPQR Module 10.2 - Major dependencies between work streams and coordination of projects	☑ Completed
	IPQR Module 10.3 - Project Roles and Responsibilities	☑ Completed

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Section	Module Name	Status
	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
	IPQR Module 10.8 - IA Monitoring	
Section 11	IPQR Module 11.1 - Workforce Strategy Spending (Baseline)	☑ 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 - Workforce Strategy Spending (Quarterly)	☑ Completed
	IPQR Module 11.12 - IA Monitoring	

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Project ID	Module Name	Status
2.a.i	IPQR Module 2.a.i.1 - Major Risks to Implementation and Mitigation Strategies	☑ Completed
	IPQR Module 2.a.i.2 - Prescribed Milestones	☑ Completed
	IPQR Module 2.a.i.3 - PPS Defined Milestones	☑ Completed
	IPQR Module 2.a.i.4 - IA Monitoring	
2.a.ii	IPQR Module 2.a.ii.1 - Major Risks to Implementation and Mitigation Strategies	☑ Completed
	IPQR Module 2.a.ii.2 - Patient Engagement Speed	☑ Completed
	IPQR Module 2.a.ii.3 - Prescribed Milestones	☑ Completed
	IPQR Module 2.a.ii.4 - PPS Defined Milestones	☑ Completed
	IPQR Module 2.a.ii.5 - IA Monitoring	
2.a.iv	IPQR Module 2.a.iv.1 - Major Risks to Implementation and Mitigation Strategies	☑ Completed
	IPQR Module 2.a.iv.2 - Patient Engagement Speed	☑ Completed
	IPQR Module 2.a.iv.3 - Prescribed Milestones	☑ Completed
	IPQR Module 2.a.iv.4 - PPS Defined Milestones	☑ Completed
	IPQR Module 2.a.iv.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
	IPQR Module 3.a.i.3 - Prescribed Milestones	☑ Completed

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Project ID	Module Name	Status
	IPQR Module 3.a.i.4 - PPS Defined Milestones	☑ Completed
	IPQR Module 3.a.i.5 - IA Monitoring	
3.a.ii	IPQR Module 3.a.ii.1 - Major Risks to Implementation and Mitigation Strategies	☑ Completed
	IPQR Module 3.a.ii.2 - Patient Engagement Speed	☑ Completed
	IPQR Module 3.a.ii.3 - Prescribed Milestones	☑ Completed
	IPQR Module 3.a.ii.4 - PPS Defined Milestones	☑ Completed
	IPQR Module 3.a.ii.5 - IA Monitoring	
3.a.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.g.i	IPQR Module 3.g.i.1 - Major Risks to Implementation and Mitigation Strategies	☑ Completed
	IPQR Module 3.g.i.2 - Patient Engagement Speed	☑ Completed
	IPQR Module 3.g.i.3 - Prescribed Milestones	☑ Completed
	IPQR Module 3.g.i.4 - PPS Defined Milestones	☑ Completed
	IPQR Module 3.g.i.5 - IA Monitoring	
4.a.iii	IPQR Module 4.a.iii.1 - Major Risks to Implementation and Mitigation Strategies	☑ Completed
	IPQR Module 4.a.iii.2 - PPS Defined Milestones	☑ Completed
	IPQR Module 4.a.iii.3 - IA Monitoring	
4.b.ii	IPQR Module 4.b.ii.1 - Major Risks to Implementation and Mitigation Strategies	☑ Completed
	IPQR Module 4.b.ii.2 - PPS Defined Milestones	☑ Completed
	IPQR Module 4.b.ii.3 - IA Monitoring	

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Section	Module Name / Milestone #	Review Status	
Section 01	Module 1.1 - PPS Budget - Waiver Revenue (Baseline) - READ ONLY	Pass & Ongoing	📝
	Module 1.2 - PPS Budget - Waiver Revenue (Quarterly)	Pass & Ongoing	
	Module 1.3 - PPS Flow of Funds - Waiver Revenue (Baseline) - READ ONLY	Pass & Ongoing	📝
	Module 1.4 - PPS Flow of Funds - Waiver Revenue (Quarterly)	Pass & Ongoing	📝 📄
	Module 1.5 - Prescribed Milestones		
	Milestone #1 Complete funds flow budget and distribution plan and communicate with network	Pass & Complete	📝 📄
	Module 1.7 - PPS Budget - Non-Waiver Revenue (Baseline)	Pass & Ongoing	
	Module 1.8 - PPS Budget - Non-Waiver Revenue (Quarterly)	Pass & Ongoing	
	Module 1.9 - PPS Flow of Funds - Non-Waiver Revenue (Baseline)	Pass & Ongoing	
	Module 1.10 - PPS Flow of Funds - Non-Waiver Revenue (Quarterly)	Pass & Ongoing	📝
Section 02	Module 2.1 - Prescribed Milestones		
	Milestone #1 Finalize governance structure and sub-committee structure	Pass & Complete	📄
	Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project	Pass & Complete	
	Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable	Pass & Complete	
	Milestone #4 Establish governance structure reporting and monitoring processes	Pass & Complete	
	Milestone #5 Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	Pass & 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 & Complete	
	Milestone #9 Inclusion of CBOs in PPS Implementation.	Pass & Complete	
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	Pass & Complete	

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Section	Module Name / Milestone #	Review Status	
	key issues.		
	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	
	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 & Complete	💬 📄
Section 05	Module 5.1 - Prescribed Milestones		
	Milestone #1 Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	Pass & Ongoing	💬
	Milestone #2 Develop an IT Change Management Strategy.	Pass & Ongoing	💬
	Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	Pass & Ongoing	💬
	Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	Pass & Ongoing	💬
	Milestone #5 Develop a data security and confidentiality plan.	Pass & Complete	💬 📄
Section 06	Module 6.1 - Prescribed Milestones		
	Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	Pass & Ongoing	💬
	Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	Pass & Ongoing	💬
Section 07	Module 7.1 - Prescribed Milestones		
	Milestone #1 Develop Practitioners communication and engagement plan.	Pass & 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 & Complete	📄
Section 08	Module 8.1 - Prescribed Milestones		

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Section	Module Name / Milestone #	Review Status	
	Milestone #1 Develop population health management roadmap.	Pass & Ongoing	🗨
	Milestone #2 Finalize PPS-wide bed reduction plan.	Pass & Ongoing	
Section 09	Module 9.1 - Prescribed Milestones		
	Milestone #1 Perform a clinical integration 'needs assessment'.	Pass & Ongoing	
	Milestone #2 Develop a Clinical Integration strategy.	Pass & Ongoing	🗨
Section 11	Module 11.1 - Workforce Strategy Spending (Baseline)	Pass & Complete	
	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 & Complete	🗨 📄
	Milestone #5 Develop training strategy.	Pass & Ongoing	📄
	Module 11.10 - Staff Impact	Pass & Ongoing	📄
	Module 11.11 - Workforce Strategy Spending (Quarterly)	Pass & Ongoing	

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Project ID	Module Name / Milestone #	Review Status	
2.a.i	Module 2.a.i.2 - Prescribed Milestones		
	Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	Pass & Ongoing	💬
	Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	Pass & Ongoing	💬
	Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	Pass & Ongoing	
	Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	Pass & Ongoing	
	Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Pass & Ongoing	
	Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	Pass & Ongoing	
	Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	Pass & Ongoing	
	Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	Pass & Ongoing	
	Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	Pass & Ongoing	
	Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	Pass & Ongoing	
	Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	Pass & Ongoing	
2.a.ii	Module 2.a.ii.2 - Patient Engagement Speed	Pass (with Exception) & Ongoing	💬 📄 IA
	Module 2.a.ii.3 - Prescribed Milestones		
	Milestone #1 Ensure that all participating PCPs in the PPS meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	Pass & Ongoing	💬 📄
	Milestone #2 Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the project.	Pass & Complete	💬 📄
	Milestone #3 Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices.	Pass & Ongoing	💬 📄

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Project ID	Module Name / Milestone #	Review Status	
	Milestone #4 Ensure all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	Pass & Ongoing	💬 📄
	Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Pass & Ongoing	📄
	Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	Pass & Ongoing	💬
	Milestone #7 Ensure that all staff are trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management.	Pass & Ongoing	💬
	Milestone #8 Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner.	Pass & Ongoing	
	Milestone #9 Implement open access scheduling in all primary care practices.	Pass & Ongoing	
2.a.iv	Module 2.a.iv.2 - Patient Engagement Speed	Pass (with Exception) & Ongoing	IA
	Module 2.a.iv.3 - Prescribed Milestones		
	Milestone #1 Convert outdated or unneeded hospital capacity into an outpatient services center, stand-alone emergency department/urgent care center or other healthcare-related purpose.	Pass & Ongoing	
	Milestone #2 Provide a detailed timeline documenting the specifics of bed reduction and rationale. Specified bed reduction proposed in the project must include active or "staffed" beds.	Pass & Ongoing	
	Milestone #3 Ensure that all participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	Pass & Ongoing	
	Milestone #4 Ensure that all safety net providers participating in Medical Villages 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 #5 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Ongoing	
	Milestone #6 Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2	Pass & Ongoing	
	Milestone #7 Ensure that services which migrate to a different setting or location (clinic, hospitals, etc.) are supported by the comprehensive community needs assessment.	Pass & Complete	📄
2.b.viii	Module 2.b.viii.2 - Patient Engagement Speed	Pass (with Exception) & Ongoing	IA
	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	

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Project ID	Module Name / Milestone #	Review Status	
	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 & Complete	🗨 📄
	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 (with Exception) & Ongoing	🗨 📄 1A
	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 & Complete	
	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	

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	Milestone #7 Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.	Pass & Ongoing	
	Milestone #8 Include beneficiaries in development team to promote preventive care.	Pass & Ongoing	
	Milestone #9 Measure PAM(R) components, including: • Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot 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 & Complete	💬 📄
	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 (with Exception) & Ongoing	IA

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Project ID	Module Name / Milestone #	Review Status	
	Module 3.a.i.3 - Prescribed Milestones		
	Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	Pass & Ongoing	
	Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Pass & Ongoing	
	Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	Pass & Ongoing	
	Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
	Milestone #5 Co-locate primary care services at behavioral health sites.	Pass & Ongoing	
	Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Pass & Ongoing	
	Milestone #7 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	Pass & Ongoing	
	Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
	Milestone #9 Implement IMPACT Model at Primary Care Sites.	Pass & Ongoing	
	Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	Pass & Ongoing	
	Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	Pass & Ongoing	
	Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	Pass & Ongoing	
	Milestone #13 Measure outcomes as required in the IMPACT Model.	Pass & Ongoing	
	Milestone #14 Provide "stepped care" as required by the IMPACT Model.	Pass & Ongoing	
	Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
3.a.ii	Module 3.a.ii.2 - Patient Engagement Speed	Pass (with Exception) & Ongoing	IA
	Module 3.a.ii.3 - Prescribed Milestones		
	Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	Pass & Ongoing	
	Milestone #2 Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	Pass & Ongoing	
	Milestone #3 Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	Pass & Ongoing	
	Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities.	Pass & Ongoing	

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Project ID	Module Name / Milestone #	Review Status	
	Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	Pass & Ongoing	
	Milestone #6 Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	Pass & Ongoing	
	Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	Pass & Ongoing	
	Milestone #8 Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	Pass & Ongoing	
	Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	Pass & Ongoing	
	Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	Pass & Ongoing	
	Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
3.a.iv	Module 3.a.iv.2 - Patient Engagement Speed	Pass (with Exception) & Ongoing	IA
	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	
	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.g.i	Module 3.g.i.2 - Patient Engagement Speed	Pass (with Exception) & Ongoing	IA
	Module 3.g.i.3 - Prescribed Milestones		
	Milestone #1 Integrate Palliative Care into appropriate participating PCPs that have, or will have, achieved NCQA PCMH and/or APCM certification.	Pass & Complete	

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DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project ID	Module Name / Milestone #	Review Status		
	Milestone #2 Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the practice.	Pass & Ongoing		
	Milestone #3 Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.	Pass & Complete	💬	📄
	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		

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DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Providers Participating in Projects

	Selected Projects										
	Project 2.a.i	Project 2.a.ii	Project 2.a.iv	Project 2.b.viii	Project 2.d.i	Project 3.a.i	Project 3.a.ii	Project 3.a.iv	Project 3.g.i	Project 4.a.iii	Project 4.b.ii
Provider Speed Commitments	DY3 Q4	DY3 Q4	DY4 Q2	DY3 Q4	DY2 Q4	DY4 Q2	DY3 Q4	DY4 Q2	DY4 Q2		

Provider Category		Project 2.a.i		Project 2.a.ii		Project 2.a.iv		Project 2.b.viii		Project 2.d.i		Project 3.a.i		Project 3.a.ii		Project 3.a.iv		Project 3.g.i		Project 4.a.iii		Project 4.b.ii	
		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed	
Practitioner - Primary Care Provider (PCP)	Total	268	240	268	240	268	0	268	0	268	0	268	123	268	0	0	0	268	123	0	0	0	0
	Safety Net	21	13	21	13	21	0	21	0	21	13	21	3	21	0	0	0	21	3	0	0	0	0
Practitioner - Non-Primary Care Provider (PCP)	Total	688	595	1	0	0	0	0	0	0	0	688	69	0	0	0	0	688	69	0	0	0	0
	Safety Net	44	43	0	0	0	2	0	14	0	43	44	19	0	0	0	0	44	19	0	0	0	0
Hospital	Total	10	9	7	0	5	0	6	0	4	0	6	0	4	0	10	1	6	0	1	0	6	0
	Safety Net	9	9	6	0	4	3	5	8	3	9	5	0	3	3	9	1	5	0	0	0	5	0
Clinic	Total	27	23	27	23	27	0	27	0	27	0	27	11	27	0	27	3	27	7	1	0	3	0
	Safety Net	22	21	22	21	22	0	22	0	22	21	22	11	22	4	22	3	22	5	0	0	2	0
Case Management / Health Home	Total	32	14	0	0	0	0	3	0	3	0	5	0	6	0	32	1	3	0	3	0	3	0
	Safety Net	10	10	0	0	0	0	1	0	1	0	3	0	4	4	10	1	1	0	2	0	1	0
Mental Health	Total	137	119	1	0	0	0	0	0	2	0	137	19	4	0	137	12	0	0	3	0	0	0
	Safety Net	30	23	1	0	0	2	0	3	2	0	30	7	4	6	30	3	0	0	3	0	0	0
Substance Abuse	Total	16	14	0	0	2	0	0	0	3	0	16	4	3	0	16	3	0	0	3	0	0	0
	Safety Net	16	14	0	0	2	2	0	1	3	0	16	4	3	3	16	3	0	0	3	0	0	0
Nursing Home	Total	23	21	0	0	0	0	0	0	1	0	0	0	0	0	0	0	2	0	0	0	4	0
	Safety Net	23	17	0	0	0	0	0	10	1	0	0	0	0	0	0	0	2	0	0	0	4	0
Pharmacy	Total	6	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Safety Net	5	1	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Hospice	Total	5	2	0	0	0	0	1	0	0	0	0	0	0	0	0	0	5	2	0	0	0	0

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Provider Category		Project 2.a.i		Project 2.a.ii		Project 2.a.iv		Project 2.b.viii		Project 2.d.i		Project 3.a.i		Project 3.a.ii		Project 3.a.iv		Project 3.g.i		Project 4.a.iii		Project 4.b.ii	
		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed	
	Safety Net	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Community Based Organizations	Total	14	23	0	0	1	0	4	0	6	0	1	5	3	0	2	1	3	5	4	0	3	0
	Safety Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
All Other	Total	633	324	4	0	1	0	7	0	0	0	632	17	0	0	633	4	632	9	0	0	6	0
	Safety Net	106	62	0	0	0	5	3	14	0	62	106	17	0	6	106	4	106	9	0	0	4	0
Uncategorized	Total	2	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	1	0	1	0
	Safety Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Additional Providers	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Safety Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
dlarose	Other	23_DY2Q1_PPP_OTH_DY2Q1_Supplemental_PIT_for_Remediation20160912_5844.xlsx	DY2Q1 Revised Supplemental PIT for Remediation	09/15/2016 12:15 PM
dlarose	Other	23_DY2Q1_PPP_OTH_DY2Q1_PIT_Remediation_Responses_20160912_5843.docx	DY2Q1 PIT Remediation Narrative	09/15/2016 12:14 PM

Narrative Text :