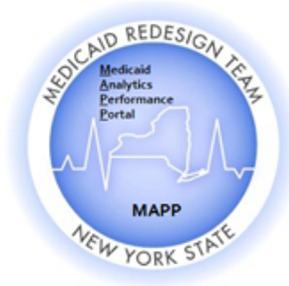


**New York State Department Of Health  
 Delivery System Reform Incentive Payment Project  
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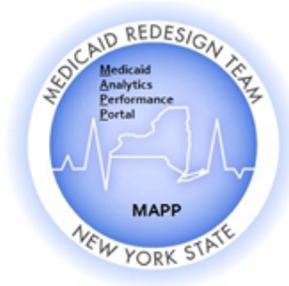
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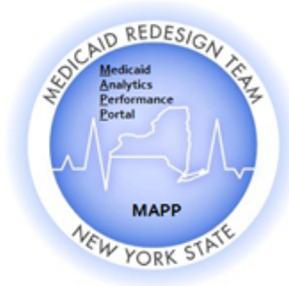
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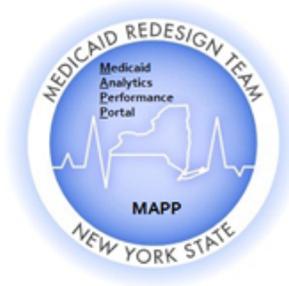
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**Quarterly Report - Implementation Plan for Refuah Community Health Collaborative**

Year and Quarter: DY2, Q3

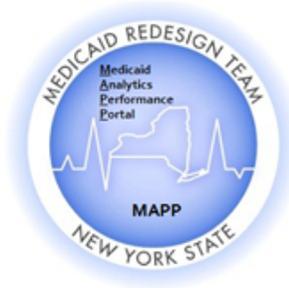
Quarterly Report Status:  Adjudicated

**Status By Section**

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

**Status By Project**

Project ID	Project Title	Status
<a href="#">2.a.i</a>	Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management	 Completed
<a href="#">2.a.ii</a>	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
<a href="#">2.c.i</a>	Development of community-based health navigation services	 Completed
<a href="#">3.a.i</a>	Integration of primary care and behavioral health services	 Completed
<a href="#">3.a.ii</a>	Behavioral health community crisis stabilization services	 Completed
<a href="#">3.a.iii</a>	Implementation of evidence-based medication adherence programs (MAP) in community based sites for behavioral health medication compliance	 Completed
<a href="#">4.b.i</a>	Promote tobacco use cessation, especially among low SES populations and those with poor mental health.	 Completed



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**Refuah Community Health Collaborative (PPS ID:20)**

**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 (\$)
<b>Waiver Revenue</b>	3,402,288	3,625,721	5,863,246	5,191,882	3,402,288	21,485,426
<b>Cost of Project Implementation &amp; Administration</b>	<b>2,724,866</b>	<b>3,615,721</b>	<b>3,855,707</b>	<b>2,918,053</b>	<b>2,103,193</b>	<b>15,217,540</b>
Cost of Project Implementation	1,224,673	2,077,179	2,086,109	1,058,083	311,837	6,757,881
Cost of Administration	1,500,193	1,538,542	1,769,598	1,859,970	1,791,356	8,459,659
<b>Revenue Loss</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Internal PPS Provider Bonus Payments</b>	<b>191,500</b>	<b>0</b>	<b>971,217</b>	<b>1,329,064</b>	<b>598,481</b>	<b>3,090,262</b>
<b>Cost of non-covered services</b>	<b>10,000</b>	<b>10,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>20,000</b>
<b>Other</b>	<b>475,922</b>	<b>0</b>	<b>1,036,322</b>	<b>944,765</b>	<b>700,614</b>	<b>3,157,623</b>
Contingency Fund	475,922	0	1,036,322	944,765	700,614	3,157,623
<b>Total Expenditures</b>	<b>3,402,288</b>	<b>3,625,721</b>	<b>5,863,246</b>	<b>5,191,882</b>	<b>3,402,288</b>	<b>21,485,425</b>
<b>Undistributed Revenue</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>

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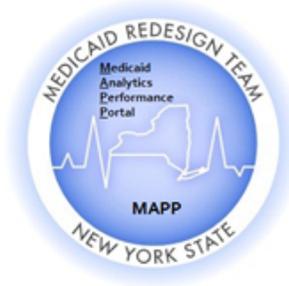
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**Narrative Text :**

March 16, 2016 - RCHC previously classified its Contingency Fund as a subcategory under the "Revenue Loss" category. RCHC has now moved the Contingency Fund to the "Other" category. This more accurately captures RCHC's intention to have the Contingency Fund available for a variety of unanticipated needs, which may potentially include revenue loss.

Since the submission of its initial DSRIP application, RCHC has put substantial effort into refining its initial budget projections. Based upon this analysis, which included evaluation of revised, preliminary budgets for the PMO, as well as detailed DSRIP project budgets, RCHC has revised its DSRIP Budget as follows: (1) "Revenue Loss" was reduced from 15% to 4% based upon analysis and discussions with Good Samaritan Hospital, the PPS' primary hospital partner, that indicate that Good Samaritan does not anticipate any bed reductions or loss revenue due to prior restructuring efforts and population growth in its service area; (2) "Cost of Implementation" decreased from 25% to 17% as PMO/infrastructure



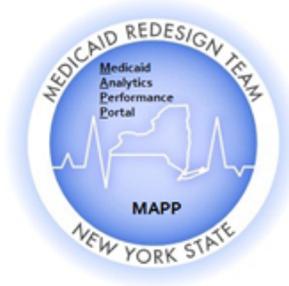
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costs were reclassified to "Other" and some costs were moved to "Cost of Services Not Covered." Concurrently, "Costs of Services Not Covered" increased from 10% to 17% based on more detailed budgeting at the DSRIP project level to reflect a more appropriate measure of required new hires (e.g. care managers, patient navigators) for RCHC's attributed members as well as a more-focused effort of integrating the Community Based Organizations into our PPS; (3) Given heightened concerns over the complexity of the DSRIP projects, uncertainties surrounding collaboration with other PPSs, the outstanding status of CRFP funding, and unforeseeable circumstances with respect to health reform in New York as a general matter, the "Contingency Pool" was increased from 5% to 11%; (4) to offset the first 3 adjustments, the "Other" category (specifically, the "Innovation Pool") was reduced from 5% to 2% and the PPS Partner Bonuses pool was decreased from 40% to 30% (this latter reduction is partially offset by additional payments budgeted to partners in the "Cost of Services Not Covered" pool). The above narrative explanation is based upon a budget which reflects both the RCHC Net Project Valuation and the Safety Net Equity Funds (see attached). As the MAPP tool only provided for a budget based upon the Net Project Valuation of approximately \$21 million dollars, please see the attached budget which reflects the total valuation of approximately \$41 million dollars.

**Module Review Status**

Review Status	IA Formal Comments
Pass & Ongoing	



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**✓ 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
3,625,721	21,485,426	3,061,301	19,261,646

Budget Items	DY2 Q3 Quarterly Amount - Update	Cumulative Spending to Date (DY1 - DY5)	Remaining Balance in Current DY	Percent Remaining in Current DY	Cumulative Remaining Balance	Percent Remaining of Cumulative Balance
<b>Cost of Project Implementation &amp; Administration</b>	<b>153,059</b>	<b>1,661,937</b>	<b>3,079,498</b>	<b>85.17%</b>	<b>13,555,603</b>	<b>89.08%</b>
Cost of Project Implementation	78,244					
Cost of Administration	74,815					
<b>Revenue Loss</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>0</b>	
<b>Internal PPS Provider Bonus Payments</b>	<b>0</b>	<b>170,000</b>	<b>0</b>		<b>2,920,262</b>	<b>94.50%</b>
<b>Cost of non-covered services</b>	<b>28,197</b>	<b>38,197</b>	<b>-18,197</b>	<b>-181.97%</b>	<b>-18,197</b>	<b>-90.98%</b>
<b>Other</b>	<b>0</b>	<b>353,646</b>	<b>0</b>		<b>2,803,977</b>	<b>88.80%</b>
Contingency Fund	0					
<b>Total Expenditures</b>	<b>181,256</b>	<b>2,223,780</b>				

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**Narrative Text :**

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



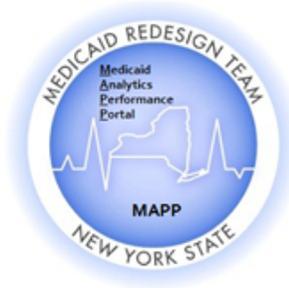
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**Module Review Status**

<b>Review Status</b>	<b>IA Formal Comments</b>
Pass & Ongoing	



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**✓ 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 (\$)
<b>Waiver Revenue</b>	3,402,288	3,625,721	5,863,246	5,191,882	3,402,288	21,485,426
Practitioner - Primary Care Provider (PCP)	0	0	0	0	0	0
Practitioner - Non-Primary Care Provider (PCP)	0	0	0	0	0	0
Hospital	15,000	0	0	0	0	15,000
Clinic	41,500	0	1,333,554	1,614,658	785,084	3,774,796
Case Management / Health Home	13,500	0	0	0	0	13,500
Mental Health	32,000	0	0	0	0	32,000
Substance Abuse	10,500	0	0	0	0	10,500
Nursing Home	11,500	0	0	0	0	11,500
Pharmacy	1,500	0	0	0	0	1,500
Hospice	4,000	0	0	0	0	4,000
Community Based Organizations	22,500	0	0	0	0	22,500
All Other	67,500	10,000	0	0	0	77,500
Uncategorized						0
PPS PMO	3,124,816	3,673,693	4,529,692	3,577,224	2,617,204	17,522,629
<b>Total Funds Distributed</b>	<b>3,344,316</b>	<b>3,683,693</b>	<b>5,863,246</b>	<b>5,191,882</b>	<b>3,402,288</b>	<b>21,485,425</b>
<b>Undistributed Revenue</b>	<b>57,972</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>

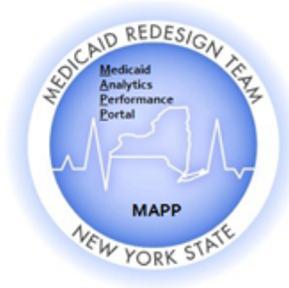
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**Narrative Text :**

Funds Flow Narrative  
 Since the submission of its initial DSRIP implementation plan, RCHC has put substantial effort into refining its Funds Flow projections. In refining its analysis, RCHC took additional factors into consideration, including a detailed evaluation of specific partner participation in projects and, further clarification on the provider definitions provided in the funds flow table. Based on this analysis RCHC revised its DSRIP funds flow table as follows:  
 (1) "Primary Care Physicians" and "Non-PCP Practitioners" categories were removed from the Funds Flow because RCHC determined that all such



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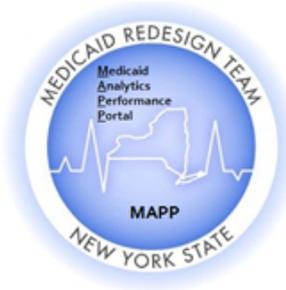
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practitioners in its partner network are working for "Clinics". (2) The "Clinics" category decreased due to fine tuning of the key partners in each project RCHC which resulted in the conclusion that additional funding should be allocated to the "Behavioral Health" and "All Other" (which includes OPWDD, Home Health and EMS) categories.

The above narrative explanation is based upon the Funds Flow which reflects both the RCHC Net Project Valuation and the Safety Net Equity Funds (see attached). As the MAPP tool only provided for the Funds Flow based upon the Net Project Valuation of approximately \$21 million dollars, please see the attached Funds Flow which reflects the total valuation of approximately \$41 million dollars.

**Module Review Status**

Review Status	IA Formal Comments
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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
3,625,721.00	21,485,426.00	3,061,302.08	19,325,173.08

Funds Flow Items	DY2 Q3 Quarterly Amount - Update	Percentage of Safety Net Funds - DY2 Q3 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.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i						
Practitioner - Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0				0	0	
Practitioner - Non-Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0				0	0	
Hospital	0	0.00%	0	0.00%	7,500	0	0	0	0	0	0	0				0	7,500	
Clinic	262.50	100.00%	3,262.50	100.00%	656,434.50	0	0	0	0	0	99.99	0				0	3,118,361.50	
Case Management / Health Home	0	0.00%	0	0.00%	19,500	0	0	0	0	0	0	0				0	0	
Mental Health	0	0.00%	0	0.00%	28,000	0	0	0	0	0	0	0				0	4,000	
Substance Abuse	2,812.50	100.00%	8,812.50	100.00%	17,812.50	0	0	0	0	0	99.99	0				0	0	
Nursing Home	0	0.00%	0	0.00%	11,500	0	0	0	0	0	0	0				0	0	
Pharmacy	0	0.00%	0	0.00%	1,500	0	0	0	0	0	0	0				0	0	
Hospice	0	0.00%	0	0.00%	4,000	0	0	0	0	0	0	0				0	0	
Community Based Organizations	0	0.00%	0	0.00%	26,250	0	0	0	0	0	0	0				0	0	
All Other	2,723.75	0.00%	3,000	52.41%	41,723.75	0	0	99.99	0	0	0	0				4,276.25	35,776.25	
Uncategorized	22,398.17	0.00%	0	0.00%	36,398.17	0	0	0	0	99.99	0	0				0	0	
Additional Providers	0	0.00%	0	0.00%	0													
PPS PMO	153,059	100.00%	523,472	100.00%	1,309,634											3,150,221	16,212,995	
<b>Total</b>	<b>181,255.92</b>	<b>86.14%</b>	<b>538,547</b>	<b>95.42%</b>	<b>2,160,252.92</b>													



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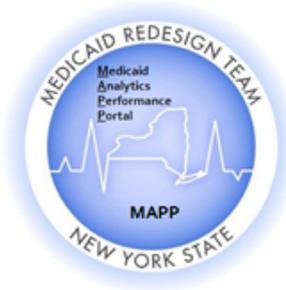
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**Narrative Text :**

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

**Module Review Status**

Review Status	IA Formal Comments
Pass & Ongoing	



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\* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider		
Provider Name	Provider Category	DY2Q3
<b>Practitioner - Primary Care Provider (PCP)</b>		<b>0</b>
	Practitioner - Primary Care Provider (PCP)	0
<b>Practitioner - Non-Primary Care Provider (PCP)</b>		<b>0</b>
	Practitioner - Non-Primary Care Provider (PCP)	0
<b>Hospital</b>		<b>0</b>
	Hospital	0
<b>Clinic</b>		<b>262.50</b>
Jawonio Inc	Clinic	262.50
<b>Case Management / Health Home</b>		<b>0</b>
	Case Management / Health Home	0
<b>Mental Health</b>		<b>0</b>
	Mental Health	0
<b>Substance Abuse</b>		<b>2,812.50</b>
St Christophers Inn Inc	Substance Abuse	937.50
Restorative Management Corp	Substance Abuse	1,875
<b>Nursing Home</b>		<b>0</b>
	Nursing Home	0
<b>Pharmacy</b>		<b>0</b>
	Pharmacy	0
<b>Hospice</b>		<b>0</b>
	Hospice	0
<b>Community Based Organizations</b>		<b>0</b>
	Community Based Organizations	0
<b>All Other</b>		<b>2,723.75</b>
Rockland Independent Liv Ctr	All Other	2,723.75
<b>Uncategorized</b>		<b>22,398.17</b>
Rockland Paramedic Services, Inc.	Uncategorized	22,398.17

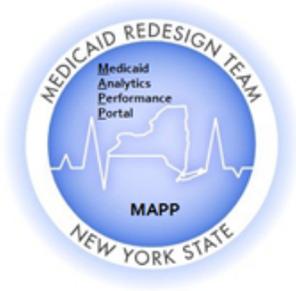


**New York State Department Of Health  
 Delivery System Reform Incentive Payment Project  
 DSRIP Implementation Plan Project**

**Refuah Community Health Collaborative (PPS ID:20)**

\* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider			
Provider Name	Provider Category	IA Provider Approval/Rejection Indicator	DY2Q3
Additional Providers			0
	Additional Providers		0



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

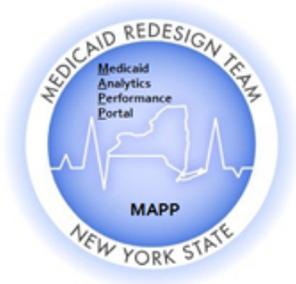
**Refuah Community Health Collaborative (PPS ID:20)**

**✅ 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
<b>Milestone #1</b> Complete funds flow budget and distribution plan and communicate with network	Completed	Funds Flow Budget and Distribution Plan, signed off by your Finance Committee, including details of your approach to funds flow on a whole-PPS and project-by-project basis; evidence of involvement of provider network in developing funds flow methodology.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
<b>Task</b> 1. Distribute Project Impact Matrix	Completed	Step 1. Distribute the Project Impact Matrix and projection Template (prepared as part of Financial Health Current State Assessment) to PPS 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	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> 2. Complete Preliminary PPS-level Budget	Completed	Step 2. Complete a preliminary PPS-level budget for the PMO Administration, Cost of Implementation, Revenue Loss, Cost of Services not Covered by Medicaid budget categories (Excludes Bonus, Contingency and High Performance categories)	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> 3. Budget Template	Completed	Step 3. During provider-specific budget processes, develop preliminary/final provider level budget template including completion of provider-specific Funds Flow plan and a variance analysis.	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> 4. Review Provider Projections	Completed	Step 4. Review the provider-level projections of DSRIP impacts and costs submitted by the PPS partners	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> 5. Funds Flow Approach	Completed	Step 5. Develop the Funds Flow approach and distribution plan for each of the Funds Flow budget categories including drivers and requirements by DSRIP Project	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> 6. Distribute Funds Flow Plan	Completed	Step 6. Distribute Funds Flow approach and distribution plan to Financial Governing Committee and Executive Governing Body for approval	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	



**New York State Department Of Health  
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**Refuah Community Health Collaborative (PPS ID:20)**

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>Task</b> 7. Prepare Funds Flow Budgets	Completed	Step 7. Prepare PPS, PPS partner and Project level Funds Flow budgets based upon final budget review sessions with PPS partners for review and approval by Financial Governing Committee and Executive Governing Body	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> 8. Training	Completed	Step 8. Communicate to PPS partners through a training session the approved Funds Flow plan, the administrative requirements related to the plan, and related schedules for reporting and distribution of funds	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> 9. Communicate Funds Flow Plan	Completed	Step 9. Communicate approved PPS partner-level Funds Flow plan to each partner including: (a) agreed upon Funds Flow plan, and (b) requirements to receive funds from the PPS Partner contracts	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> 10. Distribute Funds Flow Plan	Completed	Step 10. Distribute Funds Flow policy and procedure to PPS partners, including: (a) expected funds distribution schedule, and (b) schedule of DSRIP period close requirements	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	

**IA Instructions / Quarterly Update**

Milestone Name	IA Instructions	Quarterly Update Description
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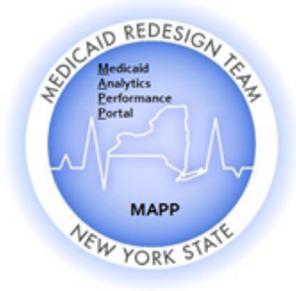
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**Prescribed Milestones Narrative Text**

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

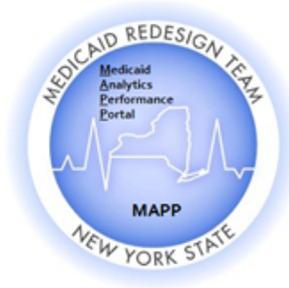


**New York State Department Of Health  
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**Refuah Community Health Collaborative (PPS ID:20)**

**Milestone Review Status**

<b>Milestone #</b>	<b>Review Status</b>	<b>IA Formal Comments</b>
<b>Milestone #1</b>	Pass & Complete	



**New York State Department Of Health  
 Delivery System Reform Incentive Payment Project  
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**Refuah Community Health Collaborative (PPS ID:20)**

**✔ 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
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**PPS Defined Milestones Current File Uploads**

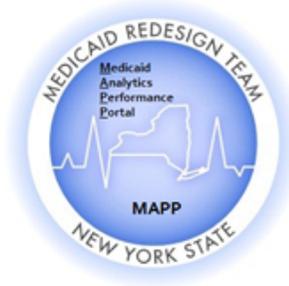
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**PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
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**New York State Department Of Health  
 Delivery System Reform Incentive Payment Project  
 DSRIP Implementation Plan Project**

**Refuah Community Health Collaborative (PPS ID:20)**

**✅ 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 (\$)
<b>Non-Waiver Revenue</b>	3,929,815	3,929,815	3,929,815	3,929,814	3,929,814	19,649,073
<b>Cost of Project Implementation &amp; Administration</b>	0	750,000	750,000	700,000	600,000	2,800,000
Administration	0	450,000	450,000	450,000	450,000	1,800,000
Implementation	0	300,000	300,000	250,000	150,000	1,000,000
<b>Revenue Loss</b>	0	0	0	0	0	0
<b>Internal PPS Provider Bonus Payments</b>	0	2,439,472	2,982,454	2,982,454	2,982,454	11,386,834
<b>Cost of non-covered services</b>	0	900,000	900,000	900,000	600,000	3,300,000
<b>Other</b>	0	250,000	500,000	500,000	500,000	1,750,000
Innovation Fund	0	250,000	500,000	500,000	500,000	1,750,000
<b>Total Expenditures</b>	0	4,339,472	5,132,454	5,082,454	4,682,454	19,236,834
<b>Undistributed Revenue</b>	3,929,815	0	0	0	0	412,239

**Current File Uploads**

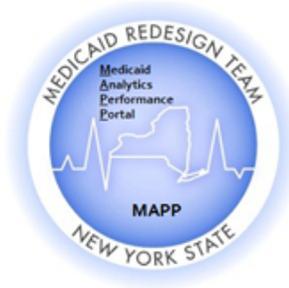
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**Narrative Text :**

**Module Review Status**

Review Status	IA Formal Comments
Pass & Ongoing	



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DSRIP Implementation Plan Project**

**Refuah Community Health Collaborative (PPS ID:20)**

**✔ 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
3,929,815	19,649,073	3,365,395.56	19,084,653.56

Budget Items	DY2 Q3 Quarterly Amount - Update	Cumulative Spending to Date (DY1 - DY5)	Remaining Balance in Current DY	Percent Remaining in Current DY	Cumulative Remaining Balance	Percent Remaining of Cumulative Balance
<b>Cost of Project Implementation &amp; Administration</b>	<b>153,059</b>	<b>536,222.44</b>	<b>213,777.56</b>	<b>28.50%</b>	<b>2,263,777.56</b>	<b>80.85%</b>
Administration	74,815					
Implementation	78,244					
<b>Revenue Loss</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>0</b>	
<b>Internal PPS Provider Bonus Payments</b>	<b>0</b>	<b>0</b>	<b>2,439,472</b>	<b>100.00%</b>	<b>11,386,834</b>	<b>100.00%</b>
<b>Cost of non-covered services</b>	<b>28,197</b>	<b>28,197</b>	<b>871,803</b>	<b>96.87%</b>	<b>3,271,803</b>	<b>99.15%</b>
<b>Other</b>	<b>0</b>	<b>0</b>	<b>250,000</b>	<b>100.00%</b>	<b>1,750,000</b>	<b>100.00%</b>
Innovation Fund	0					
<b>Total Expenditures</b>	<b>181,256</b>	<b>564,419.44</b>				

**Current File Uploads**

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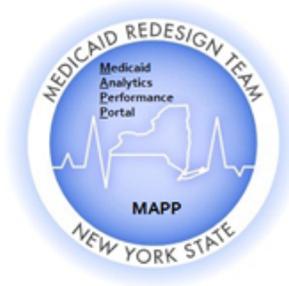
**New York State Department Of Health  
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**Refuah Community Health Collaborative (PPS ID:20)**

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**Module Review Status**

<b>Review Status</b>	<b>IA Formal Comments</b>
Pass & Ongoing	



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**Refuah Community Health Collaborative (PPS ID:20)**

**✔ 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 (\$)
<b>Non-Waiver Revenue</b>	3,929,815	3,929,815	3,929,815	3,929,814	3,929,814	19,649,073
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	44,684	56,474	56,474	47,474	205,106
Clinic	0	2,492,539.25	2,787,275.75	2,787,275.75	2,562,275.75	10,629,366.50
Case Management / Health Home	0	29,789	37,649	37,649	31,649	136,736
Mental Health	0	74,474	94,123	94,123	79,123	341,843
Substance Abuse	0	74,474	94,123	94,123	79,123	341,843
Nursing Home	0	37,237	47,061	47,061	39,561	170,920
Pharmacy	0	14,895	18,825	18,825	15,825	68,370
Hospice	0	0	0	0	0	0
Community Based Organizations	0	37,237	47,061	47,061	39,561	170,920
All Other	0	22,342	28,237	28,237	23,737	102,553
Uncategorized	0	37,237	47,061	47,061	39,561	170,920
PPS PMO	0	1,474,565	1,874,565	1,824,565	1,724,565	6,898,260
<b>Total Funds Distributed</b>	<b>0</b>	<b>4,339,473.25</b>	<b>5,132,454.75</b>	<b>5,082,454.75</b>	<b>4,682,454.75</b>	<b>19,236,837.50</b>
<b>Undistributed Non-Waiver Revenue</b>	<b>3,929,815</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>412,235.50</b>

**Current File Uploads**

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**Module Review Status**

Review Status	IA Formal Comments
Pass & Ongoing	



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**Refuah Community Health Collaborative (PPS ID:20)**

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

**Instructions :**

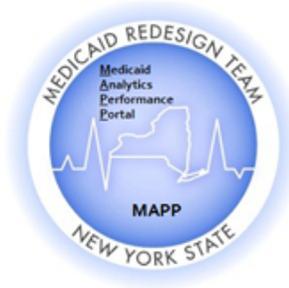
Please include updates on flow of funds for this quarterly reporting period by importing the PIT file and filling out the PPS PMO line manually. Reported actual fund distribution will be compared to baseline projections and deviations will be evaluated.

Any explanations regarding deviations from baseline projections must be included within the textbox, not as narrative within uploaded documentation.

**Benchmarks**

<b>Non-Waiver Revenue DY2</b>	<b>Total Non-Waiver Revenue</b>	<b>Undistributed Non-Waiver Revenue YTD</b>	<b>Undistributed Non-Waiver Revenue Total</b>
3,929,815.00	19,649,073.00	3,365,395.64	19,084,653.64

<b>Funds Flow Items</b>	<b>DY2 Q3 Quarterly Amount - Update</b>	<b>Percentage of Safety Net Funds - DY2 Q3 Quarterly Amount - Update</b>	<b>Safety Net Funds Flowed YTD</b>	<b>Safety Net Funds Percentage YTD</b>	<b>Total Amount Disbursed to Date (DY1-DY5)</b>	<b>DY Adjusted Difference</b>	<b>Cumulative Difference</b>
Practitioner - Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0
Practitioner - Non-Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0
Hospital	0	0.00%	0	0.00%	0	44,684	205,106
Clinic	262.50	100.00%	3,262.50	100.00%	3,262.50	2,489,276.75	10,626,104
Case Management / Health Home	0	0.00%	0	0.00%	0	29,789	136,736
Mental Health	0	0.00%	0	0.00%	0	74,474	341,843
Substance Abuse	2,812.50	100.00%	8,812.50	100.00%	8,812.50	65,661.50	333,030.50
Nursing Home	0	0.00%	0	0.00%	0	37,237	170,920
Pharmacy	0	0.00%	0	0.00%	0	14,895	68,370
Hospice	0	0.00%	0	0.00%	0	0	0
Community Based Organizations	0	0.00%	0	0.00%	750	36,487	170,170
All Other	2,723.75	0.00%	3,000	52.41%	5,723.75	16,618.25	96,829.25
Uncategorized	22,398.17	0.00%	0	0.00%	22,398.17	14,838.83	148,521.83
Additional Providers	0	0.00%	0	0.00%	0		



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Funds Flow Items	DY2 Q3 Quarterly Amount - Update	Percentage of Safety Net Funds - DY2 Q3 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
PPS PMO	153,059	100.00%	523,472.44	100.00%	523,472.44	951,092.56	6,374,787.56
<b>Total</b>	<b>181,255.92</b>	<b>86.14%</b>	<b>538,547.44</b>	<b>95.42%</b>	<b>564,419.36</b>		

**Current File Uploads**

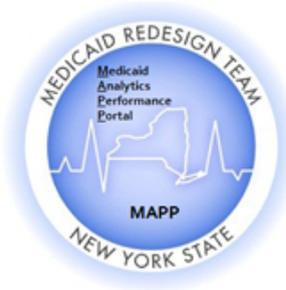
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**Narrative Text :**

**Module Review Status**

Review Status	IA Formal Comments
Pass & Ongoing	



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 DSRIP Implementation Plan Project**

**Refuah Community Health Collaborative (PPS ID:20)**

\* Safety Net Providers in Green

Non-Waiver Quarterly Update Amount By Provider		
Provider Name	Provider Category	DY2Q3
<b>Practitioner - Primary Care Provider (PCP)</b>		<b>0</b>
	Practitioner - Primary Care Provider (PCP)	0
<b>Practitioner - Non-Primary Care Provider (PCP)</b>		<b>0</b>
	Practitioner - Non-Primary Care Provider (PCP)	0
<b>Hospital</b>		<b>0</b>
	Hospital	0
<b>Clinic</b>		<b>262.50</b>
Jawonio Inc	Clinic	262.50
<b>Case Management / Health Home</b>		<b>0</b>
	Case Management / Health Home	0
<b>Mental Health</b>		<b>0</b>
	Mental Health	0
<b>Substance Abuse</b>		<b>2,812.50</b>
St Christophers Inn Inc	Substance Abuse	937.50
Restorative Management Corp	Substance Abuse	1,875
<b>Nursing Home</b>		<b>0</b>
	Nursing Home	0
<b>Pharmacy</b>		<b>0</b>
	Pharmacy	0
<b>Hospice</b>		<b>0</b>
	Hospice	0
<b>Community Based Organizations</b>		<b>0</b>
	Community Based Organizations	0
<b>All Other</b>		<b>2,723.75</b>
Rockland Independent Liv Ctr	All Other	2,723.75
<b>Uncategorized</b>		<b>22,398.17</b>
Rockland Paramedic Services, Inc.	Uncategorized	22,398.17



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\* Safety Net Providers in Green

Non-Waiver Quarterly Update Amount By Provider			
Provider Name	Provider Category	IA Provider Approval/Rejection Indicator	DY2Q3
Additional Providers			0
	Additional Providers		0



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**IPQR Module 1.11 - IA Monitoring**

**Instructions :**



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**Section 02 – Governance**

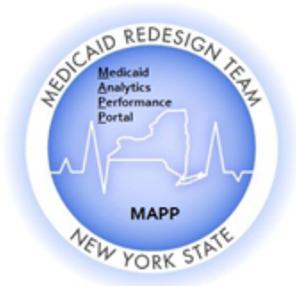
**✅ IPQR Module 2.1 - Prescribed Milestones**

**Instructions :**

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

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

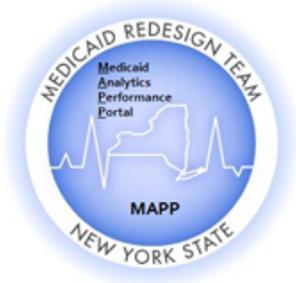
Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
<b>Milestone #1</b> Finalize governance structure and sub-committee structure	Completed	This milestone must be completed by 9/30/2015. Governance and committee structure, signed off by PPS Board.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
<b>Task</b> 1. Identify project leads	Completed	Identify project leads responsible for implementation milestone	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> 2. Finalize membership of executive governing body	Completed	Finalize membership of Executive Governing Body	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> 3. Finalize membership of other governance committees	Completed	Finalize membership of the Financial, Clinical and Data/IT Governance and Compliance Committees and all Workgroups, including chairs. Develop a monitoring and reporting structure on the status of the committee membership.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> 4. Hold first meeting of Executive Governing Body	Completed	Hold first meeting of Executive Governing Body	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> 5. Install members	Completed	Install members of Executive Governing Body, Committees and Workgroups	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> 6. Install Officers	Completed	Install Officers of Executive Governing Body and approve Job Descriptions	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> 7. Hold PAC meeting	Completed	Hold PAC meeting after approval of Implementation Plan	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Milestone #2</b> Establish a clinical governance structure, including clinical quality committees for each DSRIP project	Completed	This milestone must be completed by 12/31/2015. Clinical Quality Committee charter and committee structure chart	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES



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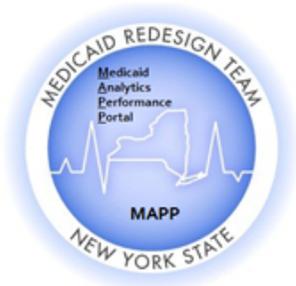
Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
<b>Task</b> 1. Adopt Clinical Governance Committee Charter	Completed	Adopt Clinical Governance Committee Charter by Clinical Governance Committee and Executive Governing Body; Charter will provide that this Committee will perform the oversight function for clinical/quality aspects of the domains/projects, as reported by to the Committee. Charter will recognize that RCHC is a "small" PPS and only requires that clinical governance be concentrated in a single committee. Project specific subcommittees and workgroups will be established as determined necessary.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> 2. Develop meeting schedule	Completed	Develop meeting schedule for Clinical Governance Committee	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> 3. Develop Policies and Procedures	Completed	Develop and adopt internal Clinical Governance Policies and Procedures	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> 4. Establish Workgroups	Completed	Establish appropriate workgroups and/or clinical quality subcommittees for specific projects or project categories. Work with other PPSs in the region to identify appropriate projects for regional workgroups and clinical quality committees. Recruit and finalize membership of any subcommittees or workgroups of the Clinical Governance Committee.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Milestone #3</b> Finalize bylaws and policies or Committee Guidelines where applicable	Completed	This milestone must be completed by 9/30/2015. Upload of bylaws and policies document or committee guidelines.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
<b>Task</b> 1. Finalize Charters	Completed	Finalize charters for Executive Governing Body and all Committees. Develop a process for monitoring and reporting any updates to the charters and relevant policies.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> 2. Develop policies	Completed	Develop policies and procedures for Executive Governing Body and Committee meetings	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> 3. Draft Template Master DSRIP Participation agreement	Completed	Draft Template Master DSRIP Participation Agreement and circulate to Executive Governing Body for review	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> 4. Adopt Master DSRIP Participation Agreement	Completed	Adoption of Master DSRIP Participation Agreement by Executive Governing Body and distribution to PAC and PPS Partners, including CBO's	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> 5. Develop dispute resolution process	Completed	Develop processes and methodology for action of Committees and Executive Governing Body vis a vis	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	



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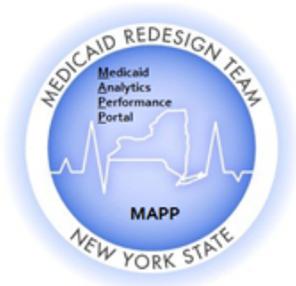
Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		underperforming or non-performing PPS Partners							
<b>Task</b> 6. Develop processes for underperforming PPS partners	Completed	Develop processes and methodology for action of Committees and Executive Governing Body vis a vis underperforming or non-performing PPS Partners	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Milestone #4</b> 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.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
<b>Task</b> 1. Develop two-way communication process	Completed	Develop two-way communication processes between Executive Governing Body and all Committees and Workgroups. Develop a process to track and report updates, including relevant dashboards or other tracking mechanisms.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> 2. Create processes to obtain feedback	Completed	Create processes to obtain feedback from PAC members regarding on-going communication processes between and among PAC members, other PPS partners, the Executive Governing Body and all Committees and Workgroups, CBOs, public sector agencies and external stakeholders	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> 3. Develop standard reports	Completed	Develop standard reports to be sent by Clinical Governance Committee to Executive Governing Body and to all other Committees and PAC.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Milestone #5</b> Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	Completed	Community engagement plan, including plans for two-way communication with stakeholders.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
<b>Task</b> 1. Identify project leads	Completed	Identify project leads responsible for development and execution of this milestone.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> 2. Develop a community engagement plan	Completed	Develop a community engagement plan that provides for processes to: (a) disseminate DSRIP and PPS related information to local public sector agencies such as the Rockland and Orange County Departments of Health and Mental Health and community organizations; (b) engage the community in an active role with respect to DSRIP implementation; and (c) facilitate meaningful input and feedback from external stakeholders. All local public sector agencies will be encouraged to attend and participate in PAC	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	



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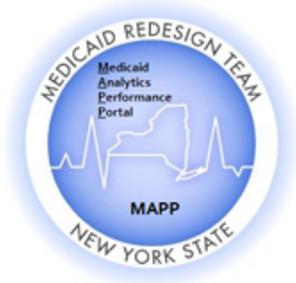
Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		meetings.							
<b>Task</b> 3. Perform evaluation of stakeholders	Completed	Perform an evaluation of area stakeholders to determine interested parties and appropriate participants. Delineate roles and responsibilities of applicable parties, including CBOs and community representatives.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> 4. Content to stakeholders	Completed	Create strategies to develop and disseminate relevant content to external stakeholders, as well as mechanisms to increase community engagement.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b> 5. Develop monitoring and reporting processes	Completed	Develop process to monitor and report upon the progress of the community engagement plan implementation, including on-going activities to promote community engagement, outreach, and education.	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1	
<b>Task</b> 6. Ensure IT is in place	Completed	Ensure that appropriate technology and infrastructure is in place to facilitate community engagement.	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1	
<b>Milestone #6</b> Finalize partnership agreements or contracts with CBOs	Completed	Signed CBO partnership agreements or contracts.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
<b>Task</b> 1. Analyze gaps in CBO representation	Completed	Through an analysis of potential gaps in CBO representation, determine which CBOs (non PPS Partners) will require a separate contract and develop terms of their engagement. Develop tracking and reporting mechanisms to monitor this analysis and progress with respect to contract negotiation and payment structures.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> 2. Develop and finalize contracts	Completed	Develop and finalize executed contracts with non-partner CBOs which identify duties and responsibilities of the parties.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> 3. Develop a CBO forum	Completed	Develop a forum where contracted CBOs (both PPS Partners and non-PPS Partners) can exchange ideas and expertise on CBOs impact on project goals and share their ideas with the applicable Committees and Work Groups	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Milestone #7</b> 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.)	Completed	Agency Coordination Plan.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
<b>Task</b>	Completed	Identify project leads responsible for development and	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	



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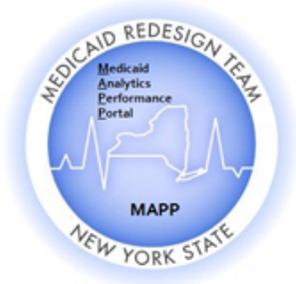
Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
1. Identify leads		execution of this milestone.							
<b>Task</b> 2. Develop an agency coordination plan	Completed	Develop an agency coordination plan that provides for meaningful collaboration with state and local public sector agencies, including departments of health, mental health agencies, housing authorities, social services, and other related governmental bodies. Such plan will include: a) mechanisms to engage with local Departments of Health and Mental Health; b) development of goals and objectives of collaboration; c) delineation of roles and responsibilities of the appropriate parties; and d) the development of applicable agreements.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
<b>Task</b> 3. Develop engagement strategies	Completed	Develop strategies for meaningful engagement and two-way communication with designated public sector agencies.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> 4. Facilitate collaboration	Completed	Facilitate on-going collaboration through the identification and implementation of appropriate technology and infrastructure.	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1	
<b>Milestone #8</b> 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).	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
<b>Task</b> 1. Develop workforce engagement plan	Completed	Develop a workforce communications and engagement plan that provides for processes on a local and regional basis to: (a) identify appropriate workforce-related stakeholders; (b) disseminate DSRIP and PPS workforce related information to identified audiences; (b) engage the community and workforce leaders in an active role with respect to DSRIP implementation; and (c) facilitate meaningful input and feedback from workforce leaders and other stakeholders. RCHC will interface with employee and union representatives on the development of this plan.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
<b>Task</b> 2. Continue Dialog with SEIU 1199	Completed	Continue dialogue and face-to-face meetings with SEIU 1199 representatives and their training team to foster union engagement with the PPS both directly, and as part of the PAC; 1199 representative will be a member of the Executive Governing Board.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> 3. Designate Workforce engagement lead	Completed	Designate workforce engagement lead responsible for implementation of this milestone.	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
<b>Task</b> 4. Identify key stakeholder representative	Completed	Identify representatives who will serve as the key stakeholder contact for the community organizations.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> 5. Create strategies for external stakeholder communication	Completed	Create strategies to develop and disseminate relevant content to external stakeholders.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
<b>Task</b> 6. Ensure IT is in place	Completed	Ensure that appropriate technology and infrastructure is in place to facilitate workforce communication and engagement.	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1	
<b>Task</b> 7. Coordinate with other PPSs	Completed	Coordinate efforts and resources with other area PPSs in order to ensure consistent and comprehensive regional workforce strategy.	05/01/2015	09/30/2016	05/01/2015	09/30/2016	09/30/2016	DY2 Q2	
<b>Milestone #9</b> Inclusion of CBOs in PPS Implementation.	In Progress	Explain your plans for contracting with CBOs and their continuing role as your PPS develops over time; detail how many CBOs you will be contracting with and by when; explain how they will be included in project delivery and in the development of your PPS network.	07/01/2016	03/31/2020	07/01/2016	03/31/2020	03/31/2020	DY5 Q4	NO
<b>Task</b> 1. Identify CBO participation opportunities	Completed	In collaboration with CBOs, identify projects that the PPS and the CBO mutually agree that the CBO can have a meaningful contribution	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> 2. Enter into participation agreement with CBOs	Completed	Enter into Master DSRIP participation agreement with partner CBOs, including individualized duties and responsibilities for each CBO partner.	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> 3. Assess opportunities for non-partner CBOs	Completed	Assess the opportunities within the PPS for other non-partner CBOs to contribute to specific DSRIP projects or overall PPS operations	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> 4. Reassess opportunities for CBOs	In Progress	Continually reassess existing and future opportunities to include CBO partners and outside CBOs in specific projects and overall PPS operations.	07/01/2016	03/31/2020	07/01/2016	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> 5. Identify CBOs	Completed	Identify CBOs within the PPS network	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> 6. Actively Engage CBOs	Completed	Actively engage CBOs by inviting them to PAC meetings, project discussion forums, and including a CBO representative on the Executive Governing Body and other committees and project workgroups.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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**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	acrhc	Communication Documentation	20_DY2Q3_GOV_MDL21_PRES1_COMM_DY2Q3_Changes_Governance_Committee_Template_9077.xlsx	RCHC Governance Committee Template Changes	01/27/2017 12:23 PM
	acrhc	Meeting Materials	20_DY2Q3_GOV_MDL21_PRES1_MM_EGB_Mee ting_Schedule_Template_-_0051a000001AC1m_7941.xlsx	Combined EGB/FGB meeting schedule template 12.19.16	01/11/2017 11:40 AM
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	acrhc	Meeting Materials	20_DY2Q3_GOV_MDL21_PRES2_MM_CGC_Mee ting_Schedule_Template_-12.16.16_7942.xlsx	CGC Meeting Schedule Template 12.16.16	01/11/2017 11:45 AM
Establish governance structure reporting and monitoring processes	acrhc	Communication Documentation	20_DY2Q3_GOV_MDL21_PRES4_COMM_RCHC_Governance_Monitoring_Report_-_DY2Q3_9075.docx	DY2Q3 RCHC Governance Monitoring Report	01/27/2017 12:11 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	
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	



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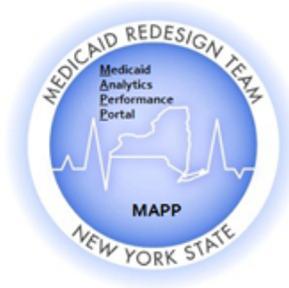
**Refuah Community Health Collaborative (PPS ID:20)**

**Prescribed Milestones Narrative Text**

Milestone Name	Narrative Text
Finalize partnership agreements or contracts with CBOs	
Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	
Finalize workforce communication and engagement plan	
Inclusion of CBOs in PPS Implementation.	

**Milestone Review Status**

Milestone #	Review Status	IA Formal Comments
<b>Milestone #1</b>	Pass & Complete	
<b>Milestone #2</b>	Pass & Complete	
<b>Milestone #3</b>	Pass & Complete	
<b>Milestone #4</b>	Pass & Complete	
<b>Milestone #5</b>	Pass & Complete	
<b>Milestone #6</b>	Pass & Complete	
<b>Milestone #7</b>	Pass & Complete	
<b>Milestone #8</b>	Pass & Complete	
<b>Milestone #9</b>	Pass & Ongoing	



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

**Instructions :**

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment Organizational Narrative	06/30/2016	07/31/2016	06/30/2016	07/31/2016	09/30/2016	DY2 Q2

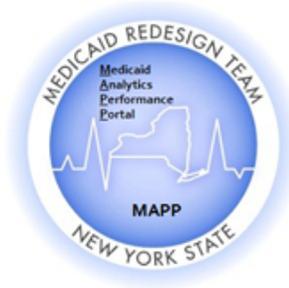
**PPS Defined Milestones Current File Uploads**

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

**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.

Risk: Prioritization

Risk Category: Resource

The primary challenge in implementing the governance structure revolves around the ability of the members of the Executive Governing Body and the Committees to prioritize and commit the time to complete the steps outlined above within the timetable. RCHC is a "small" PPS and therefore the same leadership personnel perform many functions on behalf of the PPS.

Potential Impact: Milestones or tasks could be completed behind schedule

Mitigation: RCHC will establish a strict timetable (with dates of completion) for each of the steps outlined above to finalize the governance structure. The representative members of the Executive Governing Body and all of the Committees and Workgroups will need to make their best efforts to accomplish all steps within the agreed-upon timeframe which may require effective use of conference phone meetings and other innovative solutions. EGB member participation and engagement will be carefully monitored in order to ensure that members are not being "stretched thin."

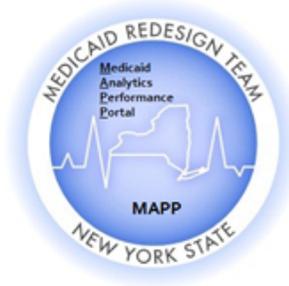
Risk: Participation

Risk Category: Resource

RCHC will need to secure the cooperation of key PPS Partners and CBOs to actively participate in the development of all protocols and work plans to achieve the milestones. In that regard, RCHC will be faced with a significant challenge as many PPS partners participate in the other regional PPSs. These risks may be especially poignant with respect to key PPS partners who participate in RCHC governance bodies and in other PPS governance structures.

Potential Impact: PPS partners may find it difficult to actively participate in RCHC while maintaining their time commitment to the other PPSs.

Mitigation: RCHC will need to continually reach out to its PPS partners to assess their needs to enable them to accomplish the project goals. RCHC will make information available to all PPS partners, CBOs and public sector agencies about all meetings of the Executive Governing Body, Committees and Workgroups on the RCHC website. Meeting notes will be posted on the website. Staff in the Project Management Office of RCHC will be responsible to follow up and confirm the participation of all members of the Executive Governing Body, Committees and Workgroups at their respective meetings, with particular efforts on ensuring that all governance members are actively engaged and participating in a meaningful manner and that any conflicts with respect to partners participating in more than one PPS are appropriately managed. RCHC will stress the need of full participation and cooperation and will make sure that the representative committee and work groups their responsibilities.



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Risk: Education

Risk Category: Resource

RCHC will need to develop training and educational sessions to bring Committee and Workgroup Members up to date on their roles and responsibilities and how their work contributes to the success of the project goals. Additionally, all PPS Partners must make themselves available for training and education of specific projects.

Potential Impact: Members are not sufficiently knowledgeable and engaged, which affects the overall functionality and effectiveness of the PPS.

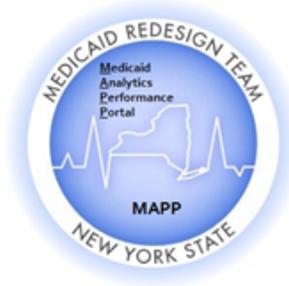
Mitigation: RCHC will create training and educational programs that are carefully tailored to inform members on their specific role and responsibilities, as well as the overall strategy and workings of the PPS. These training and education programs will be designed to be meaningful and targeted. RCHC will continually monitor the effectiveness of its training programs and make changes as needed.

#### ✅ 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.)

A number of interdependencies exist between RCHC's governance plan and other organizational workstreams. First, the development of the clinical governance structure must be integrated with overall project development plans. Next, governance is closely linked to IT systems and strategies, as IT infrastructure will facilitate governance reporting, monitoring and communication systems. RCHC, as a small PPS, has a limited number of PPS partners. Many of RCHC's partners do not maintain sophisticated IT infrastructures and therefore may find it difficult to coordinate and comply with governance communication and reporting processes. To the extent that governance milestones involve the development of communication strategies for the community, public sector agencies, and workforce stakeholders, the governance process will be interconnected with RCHC's practitioner engagement, cultural competency, and workforce strategies. Additionally, governance training functions will need to be streamlined with other training and communication initiatives in order to maximize partner time and engagement. The governance process is further connected with RCHC's practitioner engagement strategy to the extent that the identification of appropriate provider/peer-group representatives for governance bodies is a component of both workstreams.



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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.

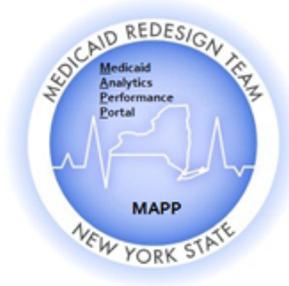
Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Chief Administrative and Medical Officer	Corinna Manini, MD	Participate in development of contracts and committees to ensure they are aligned with clinical strategies
Chief Strategy Officer	Alexandra Khorover, Esq.	Oversee PPS governance efforts. Formulates strategic initiatives for PPS and plays a key role in effectively communicating that strategy to both internal and external entities. Is responsible for guidance on legal and regulatory issues.
Chief Information Officer	Rachel Merk	Implement necessary IT systems as identified
Finance Officer	Shaindy Landerer, CPA	Manage budget for PPS in collaboration with Finance Committee
Reporting and Tracking	Michael Kaplan, FNP, Director of Informatics	Collect and maintain provider status database; Develop ongoing reporting and tracking processes as needed
Compliance Officer	Azizza Graziul, Esq	Oversee the development and implementation of the compliance plan including adherence to policies and procedures and auditing functions
DSRIP Coordinator	Anne Cuddy	Central point of contact for all external and internal communication; Responsible for managing and tracking meeting records; Submission of quarterly reports
Executive Governing Body	Chanie Sternberg, Chair, RHC, Joel Mittelman, V. Chair Ezras Cholim, Deb Marshall, Secretary, Bon Secours, Sanjiv Shah, MD, Fidelis, Ann Nolon, HRHC, Nolly Climes, Rehab, Support Svcs, Chris Fortune, OPWDD, Uri Koenig, LTC Pine Valley, Victor Ostreicher, Treasurer, Cynthia Wolff, 1199	Develop overarching vision and provide general oversight; Final approval of key strategies, plans and budgets
Clinical Governance Committee	Corinna Manini, MD, CAO & CMO RHC, Tamy Skaist, Ezras Cholim, Tom Bolzan, OC DMH, remaining members TBD	Provide reports on partner performance and participate in the development of corrective action plans as needed
Financial Governance Committee	George Weinberger, Chair, Joel Mittelman, Ezras Cholim, Victor Ostreicher, Treasurer, Uri Koenig LTC, Pine Valley, C. Fortune OPWDD, Peter Epp, Cohn Resnick, Shaindy Landerer	Advise and approve on workstream costs and budgets
Operations Committee	Chanie Sternberg, CEO, RHC, Victor Ostreicher, Treasurer, Joel Mittelman, Vice Chair, Ezras Cholim,	Oversight of the Project Management Office
Financial Consultant	Cohn Reznick	Support governance implementation
Governance Consultant, Legal & Compliance	Nixon Peabody	Support governance implementation



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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Workforce Project Team	Members TBD	Collaborate with respect to workforce communication plan
Compliance Committee	Azizza Graziul, Esq. (Compliance Officer), Alexandra Khorover, Esq., Rachel Merk (IT), confirmed. Additional partner representatives with compliance experience relevant to project implementation TBD.	Provide oversight of PPS compliance functions. Provide input and guidance to PMO and Compliance Officer on matters related to compliance prevention and response. Regularly review reports from compliance officer on compliance activities. Ensure that PPS is meeting OMIG and DOH requirements with respect to compliance and corporate integrity.



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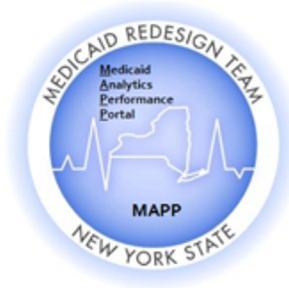
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**✔ Module 2.6 - IPQR Module 2.6 - Key Stakeholders**

**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
<b>Internal Stakeholders</b>		
PPS Partner Board of Directors	PPS Partners	Overall responsibility for their organizations' execution of their DSRIP responsibilities
PPS Partner CEOs/Management Team	PPS Partner CEOs/Management Team	Responsible for their organizations' execution of their DSRIP responsibilities
PPS Partner CFOs/Finance Team	PPS Partners	Primary finance contact for the PPS partner. Responsible for conducting DSRIP related finance tasks
PPS Partner Legal/Compliance	PPS Partners	Responsible for participating in contracting decisions and overall partner compliance
Rockland & Orange County Department of Health	Local Government Units	Participate in governance committees
Rockland & Orange County Department of Mental Health	Local Government Units	Participate in governance committees
Rockland & Orange County Department of Social Services	Local Government Units	Participate in governance committees
SEIU 1199	Labor/Union	Participate in implementation of workforce communication strategy, training and governance processes
PPS Partner CBOs	PPS Partners	Participate in governance initiatives.
<b>External Stakeholders</b>		
Medicaid enrollees and their families	Patients/ Clients	Provide feedback to PPS and partners; Participate in PAC meetings
NYS Department of Health	Government	Guide PPS strategy and operations; Monitor PPS performance; Assist with regulatory relief and addressing barriers to DSRIP program success
Government Agencies / Regulators	Government	Ensure PPS maintains compliance with current regulations
Non- Partner CBO	Contracted and non-contracted CBOs	Participate in governance initiatives; provide support with respect to community engagement
Addiction and Mental Health Community Organizations	Contracted and non-contracted community organizations	Participate in Committees and/or workgroups; provide support with respect to community engagement.



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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 development of shared IT infrastructure across RCHC and its PPS partners and their participation in the QEs will support development and implementation of RCHC's governance strategy to the extent that it will facilitate meaningful and innovative participation by members of governing body committees and workgroups, and provide systems for governance monitoring and reporting. Further, IT infrastructure will facilitate the communication and training aspects of the governance strategy. A robust IT infrastructure, including services provided by Healthlink NY, will contribute to the success of the PPS as a whole, and specifically will provide the necessary mechanisms for the governance body to perform its oversight functions of all PPS projects and activities. As stated above, the current IT infrastructure of PPS partners will present a challenge to RCHC as many of the PPS partners in this small PPS do not currently maintain a sophisticated IT infrastructure and are concurrently partners in the other regional PPSs.

**✔ IPQR Module 2.8 - Progress Reporting**

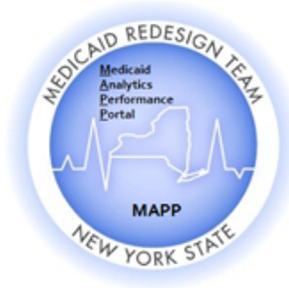
**Instructions :**

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

The success of RCHC's governance program will be measured against the timely achievement of the governance milestones, including achieving a fully functional governance structure, implementing applicable communication, monitoring and reporting processes, and meaningful participation by appropriate parties in the governance functions. The PMO will be responsible for monitoring progress against governance milestones. The PMO will be responsible for the preparation of status reports for the quarterly reporting process for DOH. Through ongoing reporting, if negative trends are identified or results are not in line with expectations, the Executive Governing Body will be responsible for instituting corrective action. In addition, RCHC will continually monitor the involvement of PPS partners in the governance process. RCHC will attempt to determine whether the participation of PPS partners in other regional PPSs negatively impacts the success of this workstream. This is a crucial measurement as RCHC is a small PPS with a limited number of PPS partners whose commitment is needed to achieve the governance milestones.

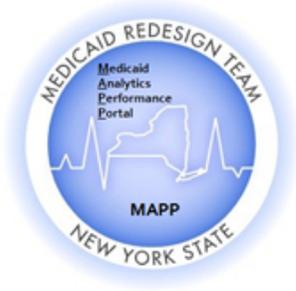
**IPQR Module 2.9 - IA Monitoring**

**Instructions :**



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**Section 03 – Financial Stability**

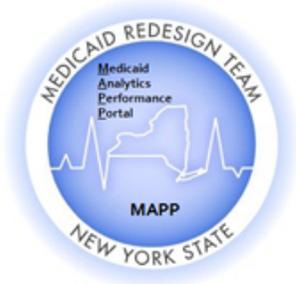
**✅ IPQR Module 3.1 - Prescribed Milestones**

**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.

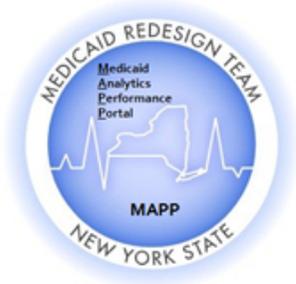
Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
<b>Milestone #1</b> Finalize PPS finance structure, including reporting structure	Completed	This milestone must be completed by 12/31/2015. PPS finance structure chart / document, signed off by PPS Board.	05/01/2015	12/31/2015	05/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
<b>Task</b> Membership & Governance Structure	Completed	Step 1. Define the membership and governance structure of the Finance and Compliance Committees	05/01/2015	12/31/2015	05/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> Charters	Completed	Step 2. Develop committee charters outlining roles and responsibilities of the Finance and Compliance Committees, including committee meeting schedule	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> Approvals	Completed	Step 3. Obtain approval of executive governing body of the Finance and Compliance committees' governance structure and charters	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> Finance Officer	Completed	Step 4. Hire a Finance Officer to oversee the finance function of the PPS	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> Organizational Structure	Completed	Step 5. Develop finance organizational chart defining roles and responsibilities of the PPS Lead (Refuah Health Center)	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> Financial Reporting	Completed	Step 6. Work with the PMO, Financial Governance Committee and Executive Governing Body to define their financial reporting requirements and the requisite internal control procedures	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> Reporting Format	Completed	Step 7. Define the required financial report formats for all end users	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> Policies and Procedures	Completed	Step 8. Develop policies and procedures for the finance function including the safeguarding of assets and accuracy of reporting	05/01/2015	12/31/2015	05/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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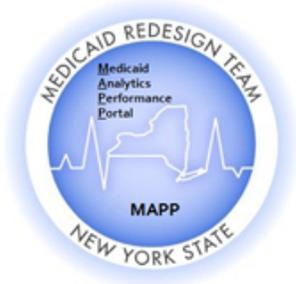
Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Approvals	Completed	Step 9. Obtain approval of Financial Governance Committee and Executive Governing Body of the finance function policies and procedures and reporting formats	08/01/2015	12/31/2015	08/01/2015	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 Develop Financial Metrics	Completed	Step 1a. Develop the key financial metrics to be utilized in evaluating the financial health of RCHC's partners using the metrics utilized by NYS in evaluating the financial stability of the PPS-Lead entities as a baseline	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Evaluating Partners	Completed	Step 1b. Establish the frequency intervals for evaluating partners on a regular basis (e.g. annually) and financially fragile partners on a more frequent basis (e.g. quarterly)	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Framework	Completed	Step 1c. For financial fragile partners, develop a framework for the development of intervention strategies and opportunities for financial assistance from the Sustainability Fund	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Performance Improvement Plans	Completed	Step 1d. Develop Performance Improvement Plans template and monitoring program	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Requirements	Completed	Step 1e. Develop requirements for partners to cooperate with Financial Sustainability Plan and provide documents for inclusion in their contracts	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Approvals	Completed	Step 1f. Obtain approval of Financial Sustainability Plan and Financial Sustainability Plan terms for inclusion in contracts from Financial Governing Committee and executive governing body	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task	Completed	Step 2: Define role and responsibility of PMO for oversight of	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2	



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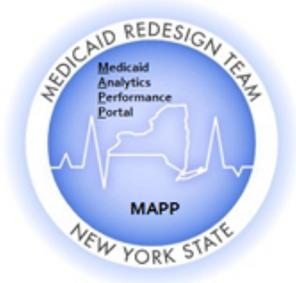
Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Roles and Responsibilities		the Financial Sustainability Plan and Performance Improvement Plans; develop policy and procedure document							
<b>Task</b> Financial Assessment	Completed	Step 3: Conduct Current State Financial Assessment of PPS partners	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b> Project Impact Matrix	Completed	Step 3a. Develop a Project Impact Matrix of each DSRIP Project and identify their impact on provider cost, patient volumes and revenue, and other by provider type	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> Project Impact Template	Completed	Step 3b. Develop a Project Impact Template for each DSRIP Project to estimate the financial impact of each DSRIP Project for each provider type	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> Thresholds/Benchmarks	Completed	Step 3c. Develop thresholds/benchmarks for financial/operating metrics and DSRIP Project impacts by provider type that trigger concerns about financial stability	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> Approval	Completed	Step 3d. Obtain approval of the Project Impact Matrix, Project Impact Template, financial stability triggers and their impact on Funds Flow from the Financial Governing Committee and executive governing body	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> Revise/Update	Completed	Step 3e. Revise/Update the initial financial assessment conducted in November 2014 and complete the Project Impact Template for each PPS partner	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> Communicate Results	Completed	Step 3f. Communicate the results of the revised financial assessment with PPS partners and update, as appropriate	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> Prepare Summary	Completed	Step 3g. Prepare summary report of the current financial health of the PPS partners for review by the Financial Governing Committee	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b> Updated Financial Assessment	Completed	Step 3h. Based on the updated financial assessment including the Project Impact assessment, develop a "financially fragile" watch list for PPS partners that (1) are not meeting thresholds/benchmarks of financial/operating metrics, (2) are under current restructuring efforts, (3) will be negatively impacted by DSRIP Projects, and (4) may be otherwise challenged by other health reform efforts	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b> Approvals	Completed	Step 3i. Obtain approval of the "financially fragile" watch list from the Financial Governing Committee and the Executive Governing Body	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	



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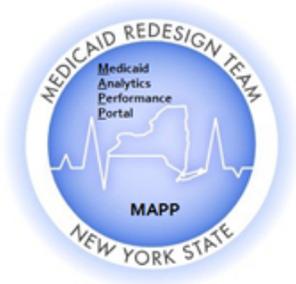
Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Financial Sustainability	Completed	Step1. Develop a PPS Financial Sustainability Plan which will include: metrics and monitoring processes for partners as well as financially fragile providers, development of Performance Improvement Plans for financially fragile providers, and other requirements.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
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).	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Review Existing Compliance Plan	Completed	Step 1. Review existing Compliance Plan of Refuah Health Center, the Lead Entity, to determine compliance with Social Services Law 363-d and make any necessary changes	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Review PPS Partner Compliance Plans	Completed	Step 2. Confirm that PPS Partners Compliance Plans, subject to Social Services Law 363-d, are in compliance with 363-d	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Compliance Plan	Completed	Step 3. Draft Addendum to Lead Entity's Compliance Plan to encompass RCHC and its responsibilities under DSRIP	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Distribute Addendum	Completed	Step 4. Distribute Addendum to RCHC Executive Governing Body and Board of Directors of Lead Entity for discussion and approval	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Approval	Completed	Step 5. Distribute approved Compliance Plan to PPS partners and engage in training and education of PPS partners	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #4 Develop a Value Based Payments Needs Assessment ("VNA")	In Progress	Administer VBP activity survey to network	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES
Task VBP Workgroup	Completed	Step 1. Develop a multi-disciplinary Value-Based Payment (VBP) Workgroup including members from representative provider types of RCHC and charter which reports to the Financial Governance Committee. Evaluate the need for, and if approved, move forward with the engagement of a VBP consultant.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Approval	Completed	Step 2. Obtain approval of the VBP Workgroup membership and charter from the Financial Governance Committee	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task VBP Educational Materials	Completed	Step 3. Develop VBP educational materials to be used to educate PPS partners including levels of VBP, risk-sharing and contracting options; educational materials are initially intended to include a handbook on VBP basics as well as	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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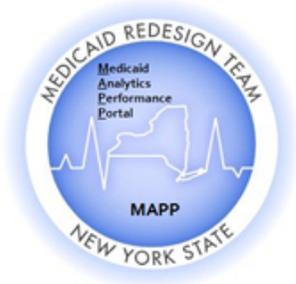
Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		PowerPoint slides for webcasts							
<b>Task</b> Educational Sessions	On Hold	Step 4. Conduct educational session(s) through webcasts for PPS partners, in conjunction with the IDS Workgroup, to broaden their knowledge of VBP and to enable RCHC to develop VBP models in a coordinated manner	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> VBP Readiness Survey	On Hold	Step 5. Develop a VBP Readiness Survey to be sent to PPS partners to establish a current state baseline of participation in VBP models to include, at a minimum, (1) current VBP arrangements, (2) current capacity to function in a VBP environment, (3) profile of current Medicaid managed care contracts including types, volume and annual revenue, (4) annual cost of services aligned with the "bundles of services" outlined in the VBP Roadmap, and (5) status of HIT linkages required for VBP	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> Submit VBP Readiness Survey	On Hold	Step 6. Submit the VBP Readiness Survey to the PPS partners and conduct a webcast on the proper completion of the Survey	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> Compile Results	On Hold	Step 7. Compile the results of the VBP Readiness Surveys and analyze results to evaluate the readiness of each partner for participation in VBP, identifying those ready in the short-term versus those in the longer-term	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> Meetings	On Hold	Step 8. Conduct meetings with the major MCOs in the region served by RCHC including, without limitation, Fidelis Care and the VBP Workgroup to discuss potential contracting options, potential VBP revenue sources and the requirements necessary to negotiate VBP models with the MCOs	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> VBP Workgroup	On Hold	Step 9. VBP Workgroup to compile the findings from the VBP Readiness Survey and discussions with the MCOs and develop a VBP Baseline Assessment to include an overview of the PPS partner readiness for VBP	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> Prepare VBP Payment	On Hold	Step 10. In conjunction with the development of the VBP Baseline Assessment, prepare a VBP Payment Plan to include an overview of MCO contracting options and compensation models, and an overarching strategy/framework for contracting with MCOs	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b>	On Hold	Step 11. Obtain approval of the VBP Baseline Assessment	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
Approval		and VBP Payment Plan from the Finance Committee and Executive Governing Board							
Task Communication	On Hold	Step 12. Communicate the VBP Baseline Assessment and VBP Payment Plan to the PPS partners	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Milestone #5 Develop an implementation plan geared towards addressing the needs identified within your VNA	In Progress	Submit VBP support implementation plan	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4	YES
Task Bundles/Populations	On Hold	Step 1. Analyze health care bundles/populations and total cost of care/utilization data provided by DOH and Medicaid MCOs to identify VBP opportunities that are most easily attainable and prioritize services moving to VBP	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task VBP Baseline	On Hold	Step 2. Based on the VBP Baseline Assessment and with the assistance of the IDS Workgroup, identify Accelerators and Challenges within RCHC to the implementation of a VBP model - Accelerators (current VBP arrangements and necessary IT infrastructure to monitor VBP); Challenges (complex contracting, limited infrastructure, lack of experience in VBP, low performing providers)	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Align PPS	On Hold	Step 3. Align PPS partners/PCMHs to potential VBP Accelerators and Challenges to identify partners who are best aligned to expeditiously engage in VBP arrangements	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Identify PPS Partners	On Hold	Step 4. Identify PPS partners/PCMHs with the greatest potential to operate in a VBP model. Partners/PCMHs will be classified in three categories (Advanced, Moderate, Low) based on (1) findings from the VBP Baseline Assessment, (2) alignment with VBP Accelerators/Challenges, and (3) ability to implement VBP for the more easily attainable bundles of care	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Conduct Meetings	On Hold	Step 5. Conduct meetings with "Advanced" PPS partners/PCMHs and MCOs to discuss the process and requirements for entering into VBP arrangements	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Timeline	On Hold	Step 6. Develop a realistic and achievable timeline for "Advanced" PPS partners/PCMHs to become early adopters of VBP arrangements	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task VBP Arrangements	Completed	Step 7. Document "lessons learned" by the "Advanced" PPS partners/PCMHs engaged in VBP arrangements	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
<b>Task</b> Develop Phase 2 & 3	Completed	Step 8. Develop Phases 2 and 3 for "Moderate" and "Low" PPS partners/PCMHs to adopt VBP arrangements utilizing the "lessons learned" from the "Advanced" providers; commence planning for "Advanced" providers to move into Level 2 VBP, where appropriate	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
<b>Task</b> Engage Stakeholders	Completed	Step 9. Engage key stakeholders from the MCOs and RCHC to discuss options for shared savings and funds flow; items to discuss include (1) effectively analyzing provider/PPS performance, (2) shared-savings distribution models, and (3) infrastructure requirements for performance monitoring and reporting	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
<b>Task</b> VBP Work Group	Completed	Step 10. VBP Work Group to develop the VBP Adoption Plan for approval by the Financial Governing Committee and executive governing body	09/01/2016	12/31/2016	09/01/2016	12/31/2016	12/31/2016	DY2 Q3	
<b>Task</b> Communicate	Completed	Step 11. Communicate the VBP Adoption Plan to the PPS partners	11/01/2016	12/31/2016	11/01/2016	12/31/2016	12/31/2016	DY2 Q3	
<b>Milestone #6</b> Develop partner engagement schedule for partners for VBP education and training	In Progress	Initial Milestone Completion: Submit VBP education/training schedule Ongoing Reporting: Submit documentation to support implementation of scheduled trainings, including training materials and attendance sheets through quarterly reports	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES
<b>Milestone #7</b> ≥50% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 8%* (blended for 15% target for fully capitated plans (MLTC and SNPS) and 5% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	On Hold		04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES
<b>Milestone #8</b> ≥80% of total MCO payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 20%* (blended for 35% target for fully capitated plans (MLTC and SNPS) and 15% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or	On Hold		04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES



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

**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
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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 a Value Based Payments Needs Assessment ("VNA")	
Develop an implementation plan geared towards addressing the needs identified within your VNA	
Develop partner engagement schedule for partners for VBP education and training	
≥50% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 8%* (blended for 15% target for fully capitated plans (MLTC and SNPS) and 5% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	
≥80% of total MCO payments (in terms of total dollars) captured	



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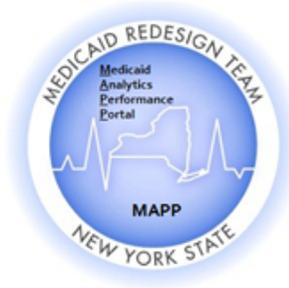
**Refuah Community Health Collaborative (PPS ID:20)**

**Prescribed Milestones Narrative Text**

Milestone Name	Narrative Text
in at least Level 1 VBPs, and $\geq 20\%$ * (blended for 35% target for fully capitated plans (MLTC and SNPS) and 15% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	

**Milestone Review Status**

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



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

**Instructions :**

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

**PPS Defined Milestones Current File Uploads**

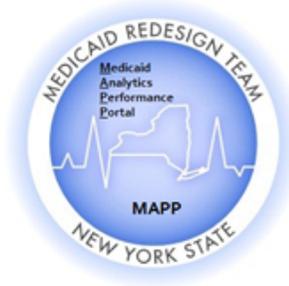
Milestone Name	User ID	File Type	File Name	Description	Upload Date
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**PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
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## New York State Department Of Health Delivery System Reform Incentive Payment Project DSRIP Implementation Plan Project

### Refuah Community Health Collaborative (PPS ID:20)

#### ✅ 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.

Risk: Implementation of a properly functioning Financial Sustainability Plan  
Risk Category: Scope

Impact: The success of RCHC in properly assessing the financial health and challenges of its PPS partners will be the sharing of financial and operational data that are not customarily shared outside of the organization. Access to such information is critical RCHC's ability to identify and assist "financially fragile" organizations.

Mitigation: Confidential surveys will initially be utilized to assess at a macro level the financial health of a PPS partner. RCHC will also publicize its Funds Flow strategy to prioritize the distribution of the Sustainability Fund to support those organizations in need of such resources. Additionally, the development of a shared IT infrastructure throughout the network providing real-time access to certain financial and performance data will allow RCHC to identify negative financial trends in an expedited fashion. Once a PPS partner is identified as "financially fragile", confidential meetings will be held to assist with the development of Performance Improvement Plans.

Risk: Inability to access performance data and its detrimental impact on the financial reporting infrastructure  
Risk Category: Resource

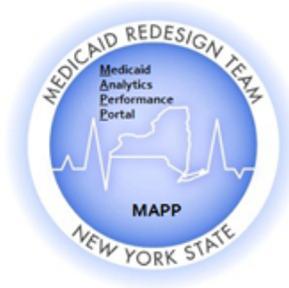
Impact: The ability to timely-access financial/operating metrics that are necessary to evaluate performance and access to the DSRIP Incentive Payments is critical to the success of RCHC; such a reporting structure does not currently exist

Mitigation: PPS partners will be educated on the reporting requirements necessary to access DSRIP Incentive Payments and is included in partner contracts. RCHC's website will also be updated on a regular basis with the requisite reporting requirements with reminders sent out.

Risk: Obtaining "buy-in" of RCHC's DSRIP project Budget and Funds Flow methodology  
Risk Category: Scope

Impact: Success under DSRIP will be the development of a budget and funds flow model that the PPS partners believe appropriately rewards them for their efforts and related results. This is not an easy task amongst providers whom have not historically collaborated.

Mitigation: RCHC hopes to gain "buy-in" through continual and meaningful communication with its PPS partners over the next 2 quarters as the Budget and Funds Flow are finalized. We will also establish a funds flow model that is transparent to all PPS partners and ensure that all plan requirements, processes and payment schedules are clearly communicated on a regular basis.



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Risk: Effective Collaboration with Other PPS' in the Region  
Risk Category: Scope

Impact: RCHC is collaborating with 2 other PPS' in the region. This collaboration is imperative for the success of DSRIP and to ensure financial resources are efficiently utilized to achieve its goals for the region. Many of the shared projects and partners with the other PPS' will result in the PPS' sharing the cost of DSRIP project implementation and bonus payments to providers, and thus, a strong collaborative effort must be forged between the PPS'.

Mitigation: To achieve this goal, the 3 PPS' have formed a PPS Collaboration Committee to assist in this effort and ensure that each PPS appropriately bears the cost of projects and distribution of payments to its partners.

Risk: Transition to VBP  
Risk Category: Scope

Impact: Transitioning from fee-for-service to VBP models can be a difficult task for many providers, especially those new to Medicaid managed care and fee-for-service reimbursement.

Mitigation: To facilitate moving partners to VBP models, RCHC will provide education and technical assistance. In addition, those who are assessed to be more ready for transition to VBP will be early adopters and the "lessons learned" from these early adopters will be shared with others to assist with transition to VBP.

#### IPQR Module 3.4 - Major Dependencies on Organizational Workstreams

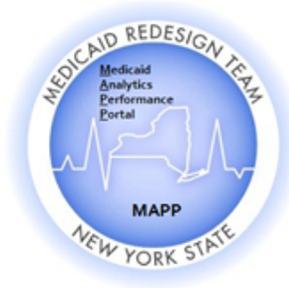
##### Instructions :

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

During RCHC's preliminary assessment of the interdependency of the Financial Sustainability finance functions with other workstreams, the following interdependencies were identified: Governance: A fully functioning governance structure with the roles and responsibilities of the Finance and Compliance Committees is essential for the success of the PPS.

In order for RCHC to meet its Achievement Value requirements with respect to the Workforce Strategy Spend, RCHC will need to receive the Safety Net Equity funds in a timely manner. The failure of these funds to flow to the PPS in a timely manner will adversely affect RHC's ability to meet its Workforce Strategy Spend commitments.

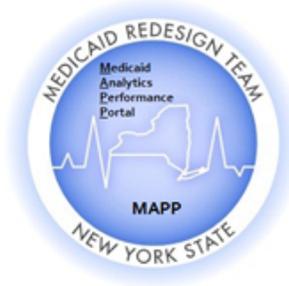
In addition, the expectations of RCHC's partners that impact the finance function must be clearly articulated and negotiated as part of the negotiation of the contracts with the PPS partners. These responsibilities will include access to financial and operational performance data necessary to evaluate the financial health of partners will be required as well as their responsibilities to timely report financial and performance metrics required to monitor performance, by project, and access DSRIP Incentive Payments. DSRIP Projects: RCHC's finance function must have a clear understanding of the participation level of PPS partners in projects and which other PPS' have selected a project and/or partner for



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implementation. This will allow RCHC's Financial Governing Committee to effectively articulate an efficient and appropriate Budget and Funds Flow. In addition, the PPS and its partners must clearly understand the cost of implementation and other financial impacts to inform the Funds Flow and Financial Sustainability Plan. Lastly, as VBP models are explored with MCOs, formal collaborative efforts with the IDS Workgroup must be effectuated. Workforce: The finance function will work closely with the workforce workstream to ensure that the appropriate workforce strategy and costs are included in the Budget and Funds Flow. Additionally, the finance function will ensure that the appropriate data related to workforce strategy and its impact are being gathered and reported to meet the DSRIP requirements. Performance Reporting: Quarterly reporting is essential for RCHC to access DSRIP Incentive Payments. As such, the finance function must be closely aligned with the performance payment and IT workstreams to ensure that the appropriate PPS-level and partner-level financial and operational performance metrics are compiled and adequately reported to DOH. IT and Data: The ability to create a shared reporting infrastructure to allow RCHC to monitor the financial health of PPS partners on a timely basis is critical to the success of our partner network financial health assessments as well as the reporting of financial and operating metrics necessary to evaluate partner- and project-specific performance which is necessary to administer payments to providers of the DSRIP incentive funds.



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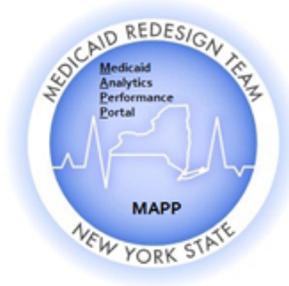
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**✓ IPQR Module 3.5 - Roles and Responsibilities**

**Instructions :**

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

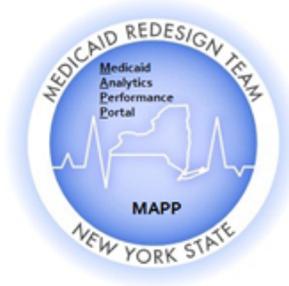
<b>Role</b>	<b>Name of person / organization (if known at this stage)</b>	<b>Key deliverables / responsibilities</b>
Chief Administrative and Medical Officer	Corinna Manini M.D.	Participate in development of financial strategies and funds flow plans to ensure they are aligned with clinical strategies
Chief Strategy Officer	Alexandra Khorover, Esq.	Create contracts with minimum performance requirements to ensure partner compliance and include requirements for PPS membership; Provides guidance on legal and regulatory issues.
Chief Information Officer	Rachel Merk	Implement necessary IT systems as identified
Finance Officer	Shaindy Landerer, CPA	Build financial tools to execute Funds Flow Plan and the related banking, accounts payable and general ledger functions. Allocate DSRIP funds received from DOH to the appropriate partners in accordance with the Funds Flow plan and partner contracts. Manage PPS budget.
Reporting and Tracking	Michael Kaplan, FNP, Director of Informatics	Collect and maintain provider status database; Develop ongoing reporting and tracking processes as needed
Compliance Officer	Azizza Graziul, Esq	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 governing body.
DSRIP Coordinator	Anne Cuddy	Central point of contact for all external and internal communication; Responsible for managing and tracking meeting records; Submission of quarterly reports
General Human Resources Staff	Refuah Health Center, allocation of human resources staff	Oversee compensation and benefits, particularly as it applies to VBP; Participate in staff on-boarding, communication and training as needed
Executive Governing Body	Chanie Sternberg, Chair, Joel Mittleman, Vice Chair, Deb Marshall, Secretary, Victor Ostreicher, Treasurer, Sanjiv Shah, MD, Fidelis, Ann Nolon, HRHC, Nolly Climes, Rehab Support Svcs., Chris Fortune, OPWDD, Uri Koenig, Pine Valley, Cynthia Wolff, 1199	Develop overarching vision and provide general oversight; Final approval of key strategies, plans and budgets
Clinical Governance Committee	Corinna Manini, MD, CAO & CMO, RCHC, Tamy Skaist, Ezras Cholim, Tom Bolzan, Orange County DMH, remaining members	Provide reports on partner performance and participate in the development of corrective action plans as needed



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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
	TBD	
Operations Committee	Chanie Sternberg, CEO, RCHC, Victor Ostreicher, Treasurer,, Joel Mittelman, Vice Chair	Oversight of the Project Management Office
General Accounting Staff	Refuah Health Center, allocation of accounting staff	Responsible for the day-to-day performance of the general ledger postings for receipts of DSRIP incentive payments and disbursements. This will include the day-to-day performance of accounts payable and payroll processes.
Auditor	External firm TBD	An external audit firm will perform the audit of RCHC, as a distinct program within Refuah Health Center, with its financial activities audited and disclosed separately in supplemental schedules included in the audit. The audit will be conducted according to an audit plan approved by the Financial Governing Committee and executive governing body, and presented to Refuah Health Center's Financial Governing Committee and Board of Directors for approval. Separate internal control audit to be performed of the DSRIP program, separate and apart from the financial statement audit.
Financial Consultant	Cohn Reznick	Advise on the performance of VBP Baseline Assessment and related roadmap, develop Financial Sustainability Plan, advise on Funds Flow Plan.
VBP Workgroup	Members TBD	Compile the findings from the VBP Readiness Survey to identify opportunities for Value Based Payment; Conduct meetings with the major MCOs in Rockland and Orange counties to discuss potential contracting options, potential VBP revenue sources and the requirements necessary to negotiate VBP models with the MCOs.
RCHC Lead Entity	Refuah Health Center	Financial responsibility for the PPS
Compliance Committee	Azizza Graziul, Esq. (Compliance Officer), Alexandra Khorover, Esq., Rachel Merk (IT), confirmed. Additional partner representatives with compliance experience relevant to project	Provide oversight of PPS compliance functions. Provide input and guidance to PMO and Compliance Officer on matters related to compliance prevention and response. Regularly review reports from compliance officer on compliance activities. Ensure that PPS is meeting OMIG and DOH requirements with respect to compliance and corporate integrity.
Financial Governance Committee	George Weinberger, Chair Joel Mittelman, Ezras Cholim Victor Ostreicher, Treasurer Uri Koenig LTC, Pine Valley C. Fortune OPWDD, AHRC of Orange	Develop financial strategy including oversight of the VBP workgroup and provide financial recommendations to FGC. Approval of budgets and funds flow.



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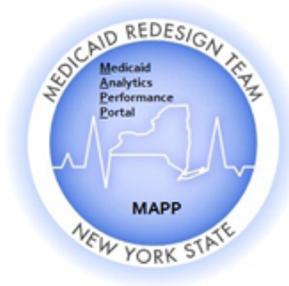
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**✓ IPQR Module 3.6 - Key Stakeholders**

**Instructions :**

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

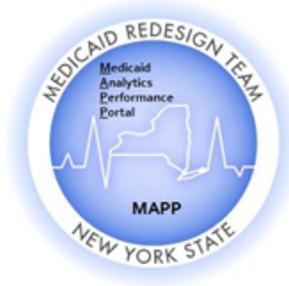
Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
<b>Internal Stakeholders</b>		
PPS Partner Board of Directors	PPS Partners	Overall responsibility for their organizations' execution of their DSRIP responsibilities
PPS Partner CEOs/Management Team	PPS Partners	Responsible for their organizations' execution of their DSRIP responsibilities
PPS Partner CFOs/Finance Team	PPS Partners	Primary finance contact for the PPS partner. Responsible for conducting DSRIP related finance tasks
PPS Partner CIOs/IT Team	PPS Partners	Implement necessary IT systems as identified
PPS Partner CMO/Clinical Leadership	PPS Partners	Responsible for participating in contracting decisions and overall partner compliance
PPS Partner CMO/Clinical Leadership	PPS Partners	Responsible for leading clinical staff and participating in VBP transition
PPS Partner Legal/Compliance	PPS Partners	Responsible for participating in contracting decisions and overall partner compliance
PPS Partner HR Departments	PPS Partners	Support data collection of compensation and benefit information; current state workforce information and potential hiring needs
PPS Partner Providers (Primary Care)	PPS Partners	Participate in VBP transition
PPS Partner Providers (Non-Primary Care)	PPS Partners	Participate in VBP transition
PPS Partner Providers (Behavioral Health and Addiction)	PPS Partners	Participate in VBP transition
PPS Partner Frontline Workers	PPS Partners	Participate in VBP transition
PPS Partner CBOs	PPS Partners	Participate in VBP transition
PPS Partner Inpatient Facilities (Acute and BH)	PPS Partners	Participate in VBP transition
Hudson River Healthcare, Inc dba CommunityHealth Care Collaborative (CCC)	Health Home	Participate and advise on VBP transition and strategy
Rockland & Orange County Department of Health	Local Government Units	Inform PPS of synergistic initiatives and funding sources; Participate in community engagement surrounding VBP
Rockland & Orange County Department of Mental Health	Local Government Units	Inform PPS of synergistic initiatives and funding sources; Participate in community engagement surrounding VBP



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Rockland & Orange County Department of Social Services	Local Government Units	Inform PPS of synergistic initiatives and funding sources; Participate in community engagement surrounding VBP
<b>External Stakeholders</b>		
Montefiore Hudson Valley Collaborative PPS	Other Area PPS	Collaborate on strategies regarding funds flow to shared partners; Consider opportunities for economies of scale
Center for Regional Healthcare Innovation (Westchester-led PPS)	Other Area PPS	Collaborate on strategies regarding funds flow to shared partners; Consider opportunities for economies of scale
Medicaid Managed Care Organizations and other payers including, without limitation, Fidelis Care.	Payor	Actively participate in the development of RCHC's Value Based Payment strategy and roadmap
Special Needs Plans (e.g. HARP)	Payor	Responsible for contracting on a VBP basis for subpopulations
Medicaid enrollees and their families	Patients/ Clients	Assist in identification of barriers and disparities; Provide feedback to PPS and partners; Participate in PAC meetings and needs assessments as necessary
NYS Department of Health	Government	Guide PPS strategy and operations; Monitor PPS performance; Assist with regulatory relief and addressing barriers to DSRIP program success
Government Agencies / Regulators	Government	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.
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.
Salient/Medicaid Data Warehouse	Statewide report developer	Provide state Medicaid data to facilitate PPS strategies
Hudson Region DSRIP Lead Committee	Regional cross-PPS committee	Overall coordination and alignment of strategies across the Hudson Valley
Hudson Region DSRIP Steering Committee	Regional cross-PPS committee	Overall coordination and alignment of strategies across the Hudson Valley
Hudson Region DSRIP Workforce Group	Regional cross-PPS committee	Overall coordination and alignment of strategies across the Hudson Valley



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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 across RCHC's network of providers will support the RCHC's PMO and the work on the financial sustainability of the network by providing the PPS 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. The goal is to establish a shared financial reporting platform across the network, which will be utilized to provide access and visibility to updates on key financial sustainability metrics at the provider and PPS level. The PMO also intends to link the performance reporting mechanisms that will be utilized across RCHC to provide the 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 RCHC's Business Office includes: (1) 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. (2) Care Coordination technology and systems that supports broad network integration of services and health management capabilities.

**✓ IPQR Module 3.8 - Progress Reporting**

**Instructions :**

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

RCHC will align the financial management and sustainability progress reporting with the reporting and oversight structures in place for the DSRIP projects, through the RCHC Project Management Office (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. The PMO will monitor and manage the financial health of PPS partners over the course of the DSRIP program by obtaining quarterly financial reports. Additionally, the PMO will be responsible for consolidating all of the specific financial elements of DSRIP reporting into specific financial dashboards for the RCHC Financial Governing Committee and executive governing body 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 PPS partners. Through ongoing reporting, if a partner trends negatively or if the financial impacts are not in line with expectations, the PMO will work with the PPS partner in question to understand the financial impact and develop plans for corrective action.

RCHC will provide regular reporting to the Financial Governing Committee, Executive Governing Body and network partners as applicable regarding the financial health of the RCHC and updates regarding any financially fragile List and the plans for distressed providers currently in place.

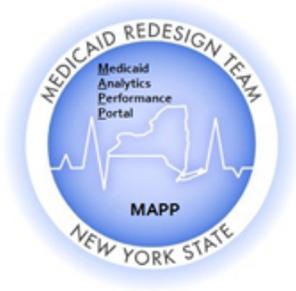


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**IPQR Module 3.9 - IA Monitoring**

**Instructions :**



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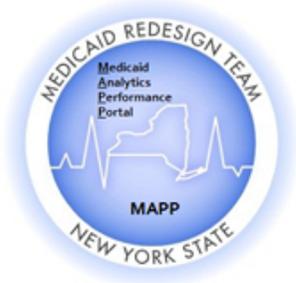
**Section 04 – Cultural Competency & Health Literacy**

**✅ 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
<b>Milestone #1</b> Finalize cultural competency / health literacy strategy.	Completed	This milestone must be completed by 12/31/2015. Cultural competency / health literacy strategy signed off by PPS Board. The strategy should: -- Identify priority groups experiencing health disparities (based on your CNA and other analyses); -- Identify key factors to improve access to quality primary, behavioral health, and preventive health care -- Define plans for two-way communication with the population and community groups through specific community forums -- Identify assessments and tools to assist patients with self-management of conditions (considering cultural, linguistic and literacy factors); and -- Identify community-based interventions to reduce health disparities and improve outcomes.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
<b>Task</b> 1. Establish a Cultural Competency & Health Literacy Workgroup	Completed	Establish/finalize a Cultural Competency & Health Literacy Workgroup that is comprised of organization leaders, key stakeholders and workforce representatives. This team will develop the vision, strategy and plan. The Workgroup will: (a) create the vision for a PPS-wide cultural competency and health literacy program; (b) develop a cultural competency and health literacy strategy which focuses on identified priority groups ; (c) designate parties responsible for each milestone and associated task; (d) ensure completion of milestones and associated tasks; and (e) see the cultural competency/health	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		literacy vision through.							
<b>Task</b> 2. Identify Project Leads	Completed	Identify project leads that are responsible for the development and execution of activities associated with each milestone.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
<b>Task</b> 3. Identify Priority Groups	Completed	Review the CNA which gathered information on the needs and opinions of community stakeholders and Medicaid beneficiaries via surveys; focus groups, key informant interviews; and public comment, as well as other appropriate sources, in order to identify the priority groups for RCHC's service area.	04/01/2015	10/01/2015	04/01/2015	10/01/2015	12/31/2015	DY1 Q3	
<b>Task</b> 4. Develop a cultural competency and health literacy strategy	Completed	Develop a cultural competency and health literacy strategy which takes a holistic approach to reducing cultural barriers to care and increasing the health literacy and understanding of RCHC's service area. The strategy will include, without limitation, a focus on the social determinants of healthcare.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> 5. Review evidence-based research regarding disparities in care	Completed	Study evidence-based research regarding disparities and barriers to care that exist as a result of socio-cultural practices, norms, and expectations and deficits in health literacy in order to develop an understanding of ways to improve access to quality primary, behavioral health, and preventative care. Develop strategies to reduce barriers consistent with findings.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> 6. Research cultural competency and health literacy tools	Completed	Research and evaluate current cultural competency and health literacy tools and resources to establish the appropriate strategy for RCHC's patient population. Factors to be taken into account when determining the appropriate resources will include the cultural, linguistic and economic status of the identified priority groups; the format of the resources; prior evidence-based outcomes in connection with the resources; and extent to which the resources align with RCHC's overall infrastructure and strategies.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> 7. Develop methods for evaluating implemented strategies	Completed	Develop methods for evaluating effectiveness of implemented cultural competency and health literacy strategies and materials, including surveys of Medicaid beneficiaries & their families, patients, community members and providers, reviews of access patterns, review of training programs, staffing patterns, review of relevant quality indicators, and the	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
		review of other relevant outcome and process measures that reflect the needs of the identified priority groups.							
<b>Task</b> 8. Review results of evaluation process	Completed	Review results of evaluation process to improve and refocus cultural competency and health literacy resources and strategies on an on-going basis.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> 9. Identify "community brokers"	Completed	Identify organizations and individuals who will serve as "community brokers" and assist in patient outreach and engagement, such as CBOs and other individuals or organizations experienced in working with the identified priority groups.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> 10. Develop a communication strategy to engage with stakeholders	Completed	Develop a communication strategy to engage with providers, patients and community organizations. This strategy will address communication from the PPS to relevant stakeholders and establish methods of receiving and reviewing feedback from providers, patients and community organizations. Identify the most efficient/effective forums for communication of relevant information to PPS partners and other stakeholders.	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> 11. Conduct analysis of tools to assist in patient self-management	Completed	Conduct an analysis to identify tools and assessments to assist patient self-management. This analysis will consider multiple factors, including without limitation, relevant cultural, socio-economic, linguistic and literacy factors.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> 12. Coordinate with other area PPSs	Completed	Coordinate and align cultural competency/health literacy strategy with other area PPSs in order to ensure a cohesive regional approach.	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> 13. Develop measures to monitor effectiveness of cultural competency and health literacy plan.	Completed	Develop measures to monitor effectiveness of cultural competency and health literacy plan.	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Milestone #2</b> Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	Completed	This milestone must be completed by 6/30/2016. Cultural competency training strategy, signed off by PPS Board. The strategy should include: -- Training plans for clinicians, focused on available evidence-based research addressing health disparities for particular groups identified in your cultural competency strategy -- Training plans for other segments of your workforce (and others as appropriate) regarding specific population needs	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	YES



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		and effective patient engagement approaches							
<b>Task</b> 1. Identify Project Leads	Completed	Identify project leads responsible for this milestone.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
<b>Task</b> 2. Conduct Training Needs Assessment	Completed	Conduct training needs assessment based upon identified barriers for priority groups. Determine new skills/requirements needed for clinicians and for other key stakeholders, as a group and at an individual provider level.	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b> 3. Identify training topics and programs	Completed	Identify the appropriate training topics and programs that will be used, with a focus on training providers and key stakeholders based upon identified gaps in current practices as they relate to priority groups.	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1	
<b>Task</b> 4. Determine training methods	Completed	Determine the training methods (e.g., online or in person; in one session or over a period of time; etc.).	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b> 5. Create training schedule	Completed	Create a training schedule that identifies: (a) dates and times (timeframe); (b) locations (websites and log-in distribution, physical locations, etc.); (c) instructors; (d) required follow-up.	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1	
<b>Task</b> 6. Ensure appropriate technology is in place	Completed	Ensure that the appropriate technology or infrastructure is in place to orchestrate training sessions.	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4	

**IA Instructions / Quarterly Update**

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

**Prescribed Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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**Prescribed Milestones Narrative Text**

Milestone Name	Narrative Text
Finalize cultural competency / health literacy strategy.	



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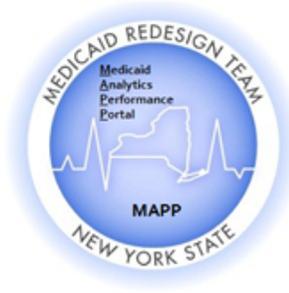
**Refuah Community Health Collaborative (PPS ID:20)**

**Prescribed Milestones Narrative Text**

Milestone Name	Narrative Text
Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	

**Milestone Review Status**

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



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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
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**PPS Defined Milestones Current File Uploads**

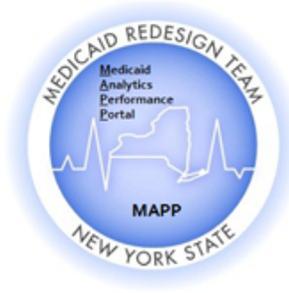
Milestone Name	User ID	File Type	File Name	Description	Upload Date
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**PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
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**✓ IPQR Module 4.3 - Major Risks to Implementation & Risk Mitigation Strategies**

**Instructions :**

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

Risk: Priority Groups  
Risk Category: Resource  
Proper Identification of Priority Groups - Failure to fully identify and engage with priority groups constitutes a potential risk.

Potential Impact: An inability to completely identify and meaningfully engage with all of the priority groups relevant to RCHC's service area will affect the success of the overall Cultural Competency & Health Literacy strategy.

Mitigation: This risk can be mitigated by thorough analysis of the existing barriers and disparities and working closely with key community groups. In particular, RCHC will utilize the experiences of its FQHC partners, as well as CBOs and other appropriate sources to appropriately identify and engage all of the relevant priority groups.

Risk: Insufficient Resources  
Risk Category: Resource  
Network partners in general, and practitioners in particular, may have limited time and resources to devote to participation in training sessions and other engagement initiatives. This challenge may be especially poignant where partners are participants in more than one PPS.

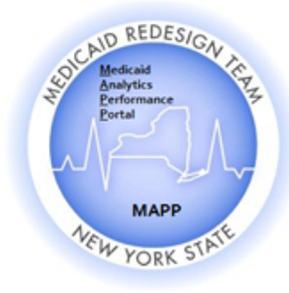
Potential Impact: Networks partners might not make this training a priority due to their limited resources

Mitigation: RCHC will attempt to mitigate this risk by working with partners to tailor engagement and training activities to their schedules and needs, and wherever possible, to coordinate RCHC activities with the other area PPSs in order to avoid redundancies.

Risk: Self-Assessment Flaws  
Risk Category: Scope  
To the extent that certain aspects of the training program will rely upon practitioner self-assessment, there is a risk that such self-assessments will not accurately reflect the actual current status of PPS practitioners with respect to cultural competency and health literacy practices.

Potential Impact: Training programs could be poorly optimized based on inaccurate baseline data

Mitigation: RCHC will attempt to mitigate this risk through the use of objective assessment tools and strategies, and regular audits of training activities and results.



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Risk: Historical Challenges

Risk Category: Scope

Past challenges in the local community with identifying and breaking down cultural and health literacy barriers to care could present a risk to the success of the cultural competency/health literacy plan unless past challenges are identified and addressed.

Potential Impact: Low efficacy and ineffective engagement of programs if the stakeholders feel that this is already something they have done and has not been successful, or if historical mistakes are repeated.

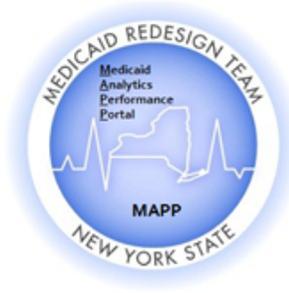
Mitigation: RCHC believes this risk can be mitigated through collaboration with local CBOs and other stakeholders with prior cultural competency experiences in order to avoid past mistakes and develop a functional strategy which facilitates renewed engagement.

✅ 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.)

A number of inter-dependencies exist between RCHC's Cultural Competency/Health Literacy strategy and other organizational workstreams. First, there is a relationship between the training components of RCHC's workforce transformation plans, practitioner engagement plans and Cultural Competency/Health Literacy strategy. The training strategies for cultural competency and health literacy will be developed in a way that is streamlined with other training and communication initiatives in order to maximize partner time and engagement. Further, cultural competency/health literacy is also closely tied to workforce strategy, to the extent that a successful cultural competency/health literacy plan is reliant, in part, upon hiring individuals, e.g. community navigators, with experience in working with identified priority groups. Cultural competency/health literacy plans will also need to be closely coordinated with clinical integration and population health plans. Additionally, the success of RCHC's cultural competency/health literacy strategy is interdependent upon the identification and implementation of IT systems and solutions that facilitate training and engagement of the key stakeholders. Finally, the financial sustainability plan will help RCHC partner's improve their capabilities for the training, workflow shifts, and IT solutions necessary to improve the cultural competency and health literacy practices of the PPS as a whole.



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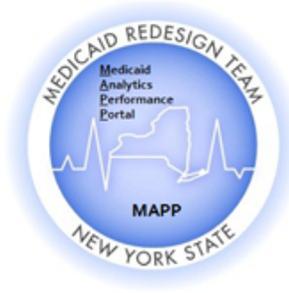
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**✓ IPQR Module 4.5 - Roles and Responsibilities**

**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
Chief Administrative and Medical Officer	Corinna Manini M.D.	Oversee implementation of this workstream
Chief Strategy Officer	Alexandra Khorover, Esq.	Develop training strategy
Chief Information Officer	Rachel Merk	Implement necessary IT systems as identified
Finance Officer	Shaindy Landerer, CPA	Manage budget for PPS in collaboration with Finance Committee
Reporting and Tracking	Michael Kaplan, FNP, Director of Informatics	Collect and maintain provider status database; Develop ongoing reporting and tracking processes as needed
DSRIP Coordinator	Anne Cuddy	Central point of contact for all external and internal communication; Responsible for managing and tracking meeting records; Submission of quarterly reports
General Human Resources Staff	Refuah Health Center, allocation of human resources staff	Oversee compensation and benefits; Participate in staff on-boarding, communication and training as needed
Executive Governing Body	Chanie Sternberg, Chair, RHC, Joel Mittelman, Vice Chair Ezras Cholim, Deb Marshall, Secretary, Bon Secours, Sanjiv Shah, MD, Fidelis, Ann Nolon, HRHC, Nolly Climes, Rehab, Support Svcs, Chris Fortune, OPWDD, Uri Koenig, LTC Pine Valley, V. Ostriecher, Treasurer, Cynthia. Wolff, 1199	Develop overarching vision and provide general oversight; Final approval of key strategies, plans and budgets
Clinical Governance Committee	Corinna Manini, MD, CAO & CMO RCHC, Tamy Skaist, Ezras Cholim, Tom Bolzan, OC DMH remaining members TBD	Assure that clinical protocols and workflows meet cultural competency and health literacy standards
Financial Governing Committee	G.eorge Weinberger, Chair, Joel Mittelman, Vice Chair, Victor Ostreicher, Treasurer, Uri Koeniq, Pine Valley, Chris Fortune, OPWDD, P. Epp, Cohn Resnick, Shaindy Landerer, Finance Officer	Advise and approve on workstream costs and budgets
Operations Committee	Chanie Sternberg, CEO, RCHC, Victor Ostreicher, Treasurer, Joel Mittelman, Vice Chair, Ezras Cholim	Oversight of the Project Management Office
Training Vendor	TBD considering 1199	Coordinate training schedule and sessions, maintain accurate records of all attendees, provide centralized training platform/solution for use by PPS
Workforce Consultant	TBD	Include cultural competency and health literacy in workforce deliverables
Cultural Competency & Health Literacy Workgroup	Joel Mittelman Ezras Choilim (FQHC), Caren Fairweather, MISN Orange County (CBO), Katherine Brieger HRHC (Health Home),	Develop the vision, strategy and plan

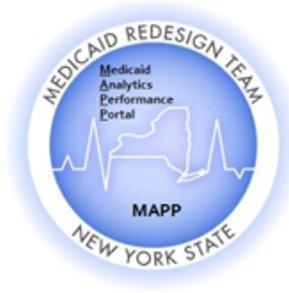


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<b>Role</b>	<b>Name of person / organization (if known at this stage)</b>	<b>Key deliverables / responsibilities</b>
	Tasha Scott (MPH candidate), representative TBD (1199 labor union). Additional representatives may be added in the upcoming quarters.	
Training Vendor	TBD considering 1199	Coordinate training schedule and sessions, maintain accurate records of all attendees, provide centralized training platform/solution for use by PPS
Workforce Consultant	TBD	Include cultural competency and health literacy in workforce deliverables
Cultural Competency & Health Literacy Workgroup	Joel Mittelman Ezras Choilim (FQHC), Caren Fairweather, MISN Orange County (CBO), Katherine Brieger HRHC (Health Home), Tasha Scott (MPH candidate), representative TBD (1199 labor union). Additional representatives may be added in the upcoming quarters.	Develop the vision, strategy and plan. Provide input on identification of priority groups; provide front-line insight into cultural competency/health literacy challenges; guide development of appropriate tools and methods to reduce barriers to care; assist in the identification of resources.
Compliance Committee	Azizza Graziul, Esq. (Compliance Officer), Alexandra Khorover, Esq., Rachel Merk (IT), confirmed. Additional partner representatives with compliance experience relevant to project implementation TBD.	Provide oversight of PPS compliance functions. Provide input and guidance to PMO and Compliance Officer on matters related to compliance prevention and response. Regularly review reports from compliance officer on compliance activities. Ensure that PPS is meeting OMIG and DOH requirements with respect to compliance and corporate integrity.



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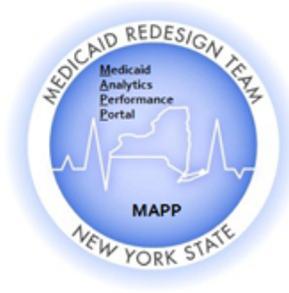
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**✓ IPQR Module 4.6 - Key Stakeholders**

**Instructions :**

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

<b>Key stakeholders</b>	<b>Role in relation to this organizational workstream</b>	<b>Key deliverables / responsibilities</b>
<b>Internal Stakeholders</b>		
PPS Partner Board of Directors	PPS Partners	Overall responsibility for their organizations' execution of their DSRIP responsibilities
PPS Partner CEOs/Management Team	PPS Partner CEOs/Management Team	Responsible for their organizations' execution of their DSRIP responsibilities
PPS Partner CFOs/Finance Team	PPS Partners	Primary finance contact for the PPS partner. Responsible for conducting DSRIP related finance tasks
PPS Partner CMO/Clinical Leadership	PPS Partners	Responsible for leading clinical staff and implementing clinical DSRIP initiatives in a culturally competent manner
PPS Partner HR Departments	PPS Partners	Include cultural competency recommendations in hiring and on-boarding processes
PPS Partner Providers (Primary Care)	PPS Partners	Will play a key role in engaging with patients and supporting the PPS in the implementation of its cultural competency/health literacy strategy. Undergo additional training as identified
PPS Partner Providers (Non-Primary Care)	PPS Partners	Will play a key role in engaging with patients and supporting the PPS in the implementation of its cultural competency/health literacy strategy. Undergo additional training as identified
PPS Partner Providers (Behavioral Health and Addiction)	PPS Partners	Will play a key role in engaging with patients and supporting the PPS in the implementation of its cultural competency/health literacy strategy. Undergo additional training as identified
PPS Partner Frontline Workers	PPS Partners	Will play a key role in engaging with patients and supporting the PPS in the implementation of its cultural competency/health literacy strategy. Undergo additional training as identified
PPS Partner CBOs	PPS Partners	Provide input on health disparities, cultural competency, health literacy, and engage with the community to execute DSRIP requirements; Undergo additional training as identified
PPS Partner Inpatient Facilities (Acute and BH)	PPS Partners	Will play a key role in engaging with patients and supporting the PPS in the implementation of its cultural competency/health literacy strategy. Undergo additional training as identified
Hudson River Healthcare, Inc dba CommunityHealth Care Collaborative (CCC)	Health Home	Will play a key role in engaging with patients and supporting the PPS in the implementation of its cultural competency/health literacy

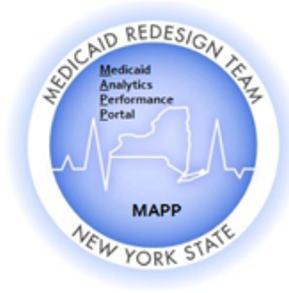


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<b>Key stakeholders</b>	<b>Role in relation to this organizational workstream</b>	<b>Key deliverables / responsibilities</b>
		strategy. Undergo additional training as identified
Rockland & Orange County Department of Health	Local Government Units	Inform PPS of historical and existing initiatives as well as future priorities; Participate in community engagement initiatives and communication processes; provide feedback and support
Rockland & Orange County Department of Mental Health	Local Government Units	Inform PPS of historical and existing initiatives as well as future priorities; Participate in community engagement initiatives and communication processes; provide feedback and support
Rockland & Orange County Department of Social Services	Local Government Units	Inform PPS of historical and existing initiatives as well as future priorities; Participate in community engagement initiatives and communication processes; provide feedback and support
<b>External Stakeholders</b>		
Montefiore Hudson Valley Collaborative PPS	Other Area PPS	Collaboration and sharing of best-practices
Center for Regional Healthcare Innovation (Westchester-led PPS)	Other Area PPS	Collaboration and sharing of best-practices
Non Partner CBOs	Contracted and non-contracted CBOs	Assist in identification of barriers; serve as community brokers.
Medicaid enrollees and their families	Patients/ Clients	Assist in identification of barriers and disparities; Provide feedback to PPS and partners; Participate in PAC meetings and needs assessments as necessary
NYS Department of Health	Government	Guide PPS strategy and operations; Monitor PPS performance; Assist with regulatory relief and addressing barriers to DSRIP program success
Community Representatives	Community Representatives	Assist in identification of barriers; Provide input on health disparities; Serve as community brokers to engage with the community. Community representatives will include participants from CBOs representing various subject matters areas, such as primary care, mental health, drug dependency services, emergency services, long-term care, social services, and education. Community representatives will have a track record of connecting directly to community members. Representatives of the identified priority groups will also be included.
Addiction and Mental Health Community Organizations	Contracted and non-contracted community organizations	Assist in the identification of barriers; serve as community brokers to engage the community; collaboration and sharing of best practices.



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**✔ IPQR Module 4.7 - IT Expectations**

**Instructions :**

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

The development of shared IT infrastructure across RCHC will support development and implementation of RCHC's cultural competency & health literacy strategy and provide the network partners with capability for implementing cultural competency and health literacy solutions, and sharing and submitting reports and data pertaining to meeting cultural competency/health literacy milestones. In particular, RCHC will explore applications to assess and monitor the cultural make-up of the target population and cultural competency of staff and other relevant stakeholders. RCHC will also collaborate with its partners to integrate its systems with partner systems that currently monitor such data, e.g. community health centers. IT infrastructure will also support the training solutions and practitioner engagement that is necessary for successful achievement of the milestones for this aspect of the project.

**✔ IPQR Module 4.8 - Progress Reporting**

**Instructions :**

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

The success of RCHC's cultural competency/health literacy strategy will be measured against the timely development of a cultural competency/health literacy strategy, and implementation of a training plan approved by the Executive Governing Body. Provider feedback on strategies and training effectiveness will also be monitored. Cultural Competency and health literacy progress reporting will be aligned with overall PPS reporting structures and process, which will be coordinated by the Project Management Office. The PMO will be responsible for monitoring progress against milestones on an individual partner and PPS-wide basis. The PMO will be responsible for the preparation of status reports for the quarterly reporting process for DOH. Through ongoing reporting, if negative trends are identified or results are not in line with expectations, the PMO will work with the stakeholders in question to understand the origin of the problem and develop plans for corrective action. The Cultural Competency Project Team will provide regular reporting to the Clinical Governance Committee, Executive Governing Body and network partners as applicable regarding the progress of the RCHC Cultural Competency/Health Literacy Program.

**IPQR Module 4.9 - IA Monitoring**

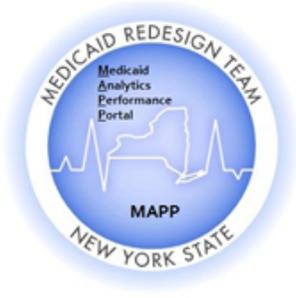
**Instructions :**



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**Section 05 – IT Systems and Processes**

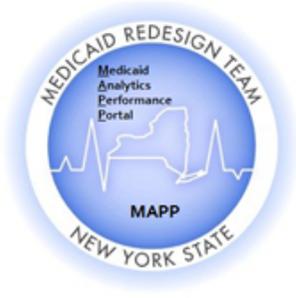
**✅ IPQR Module 5.1 - Prescribed Milestones**

**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
<b>Milestone #1</b> Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	Completed	Detailed IT current state assessment. Relevant QEs (RHIOs/HIEs) should be involved in performing this assessment.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
<b>Task</b> 1. Governance Committee	Completed	Establish IT/Data Governance Committee structure with governance team and members (IT and Data Committee will contain relevant individuals from different partner organization types e.g. hospital, FQHC, CBO, BH/MH, LTC, etc.) . Receive approval through governance process.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> 2. Strategy and Evaluation	Completed	Develop strategy with multi-PPS and QE for evaluation of partners and sharing of IT assessment data.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> 3. Select Vendor	Completed	Evaluate and select vendor to assist with assessment collection and compilation.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> 4. Evaluate IT State	Completed	Evaluate current IT state across PPS through various communication methods, including meeting, conference calls, surveys, email.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b> 5. Analysis of Results	Completed	Perform analysis of results of IT assessment to locate gaps and needs for each partner and on a PPS-wide basis.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b> 6. Analyze Results of Partner Collaboration	Completed	Analyze results of partners in collaboration with other regional PPSs and ensure alignment/collaboration on closing gaps (especially with shared partners).	10/15/2015	06/30/2016	10/15/2015	06/30/2016	06/30/2016	DY2 Q1	
<b>Task</b> 7. PPS Wide Strategies	Completed	Develop PPS wide strategies for closing identified gaps and needs. Estimate costs to partners/PPS and reconcile with budget.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	

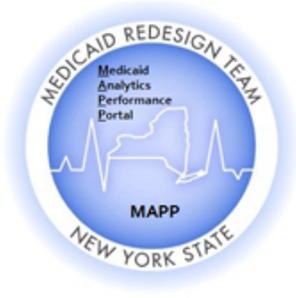


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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
<b>Task</b> 8. Reporting/Tracking	Completed	Create reporting /status tracking method partner progress towards "closing the gaps" identified.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
<b>Task</b> 9. Close the Gap	Completed	Review "close the gap" strategies and receive approval through governance process .	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
<b>Milestone #2</b> Develop an IT Change Management Strategy.	Completed	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	08/01/2015	09/30/2016	08/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
<b>Task</b> 1. Process Management	Completed	Develop approach to management of change process with IT and Data Governance Committee and in collaboration with other regional PPSs. (RefuahCHC IT and Data Governance Committee includes Refuah's CIO, and leadership from our local QE HealthLinkNY, Ezras Choilim, Hudson River Health, Bon Secours, Westchester Medical Center along with other members). Ensure that partner contracting includes language binding them to future IT change Management policies and procedures for PPS.	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> 2. Communication	Completed	Develop communication plan to manage communications of IT change management throughout PPS.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> 3. Roles and Responsibilities	Completed	Develop specific roles, responsibilities, oversight, workflows and processes for authorizing and implementing IT changes. Provider to IT and Data Governance Committee for review, suggestions, and further edits	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b> Impact and Risk Assessment	Completed	Perform impact/risk assessment for IT change process.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b> 4. Education and Training	Completed	Develop education and training plan in tandem with workforce training. Develop plan with input from current state assessment to be performed in first milestone.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b> 5. Costs	Completed	Estimate costs to partners/PPS and reconcile with budget.	10/15/2015	03/31/2016	10/15/2015	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b>	Completed	Create reporting method for PPS partners to approve and	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	

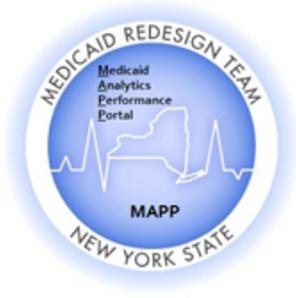


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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
6. Reporting Methods		attest to implementation of change management strategy.							
<b>Task</b> 7. Review Final Drafts	Completed	Review final drafts with IT and Data governance committee for review, suggestions, further edits and final approval. Send to Steering committee for final approval.	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b> 8. Rollout	Completed	Rollout IT Change Management Strategy.	12/01/2015	09/30/2016	12/01/2015	09/30/2016	09/30/2016	DY2 Q2	
<b>Milestone #3</b> Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	Completed	Roadmap document, including current state assessment and workplan to achieve effective clinical data sharing and interoperable systems where required. The roadmap should include: -- A governance framework with overarching rules of the road for interoperability and clinical data sharing; -- A training plan to support the successful implementation of new platforms and processes; and -- Technical standards and implementation guidance for sharing and using a common clinical data set -- Detailed plans for establishing data exchange agreements between all providers within the PPS, including care management records (completed subcontractor DEAs 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).	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
<b>Task</b> 1. Data Sharing	Completed	Develop a PPS "clinical data sharing and clinical interoperability requirements matrix" by partner type and project participation with project workgroups and IT and Data Governance Committee.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> 2. Approval	Completed	Receive approval from steering committee for finalized requirements matrix. Provide to governance work stream to include requirements in all contracts with PPS partners and other external partners	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> 3. Requirement Matrix	Completed	Review requirements matrix with other PPS to determine similarities and differences between strategies and determine shared "rules of the road" to reduce burden upon providers in multiple PPS' and to align strategies across the region.	10/15/2015	03/31/2016	10/15/2015	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b> 4. PPS- Wide Guidelines	Completed	Develop PPS-wide guidelines documents for clinical data sharing and technical standards based upon PPS	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	

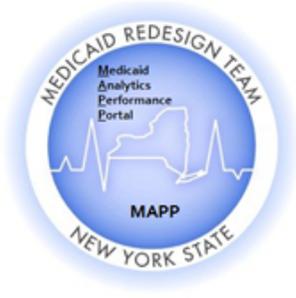


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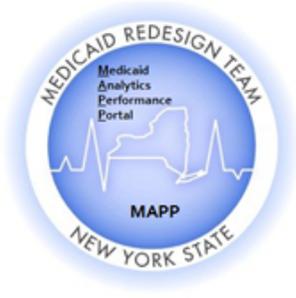
Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		requirements matrix from step 1 and 2. Receive approval from Steering Committee and distribute through multiple engagement channels to all partners.							
<b>Task</b> 5. Review Current State Assessment Data	Completed	Review current state assessment data from first milestone. Develop training plan based upon the for new workflows/procedures required to meet technical standards & data sharing requirements in collaboration with workforce and regional PPS. Receive Steering Committee approvals.	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
<b>Task</b> 6. Partner Compliance and Monitoring	Completed	Develop ongoing monitoring processes for status of partner's compliance with technical standards, clinical data sharing requirements and "close the gaps" projects. Metrics to monitor include # of DIRECT messages sent/received, # of patient consents collected for RHIO, # of CCDAs summaries exchanged between POC and RHIO, # of CBO partners with web portal access to RHIO, # of all PPS partners with automated bidirectional exchanges with RHIO. Identify areas of low vs. high adoption, usage and implementation of technical and clinical data sharing standards. Include in quarterly reviews of numerous committees and in PAC meetings to promote broader adoption, and also to determine new/alternate methods for achieving clinical integration and data sharing across PPS.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
<b>Milestone #4</b> Develop a specific plan for engaging attributed members in Qualifying Entities	Completed	PPS plan for engaging attributed members in Qualifying Entities, signed off by PPS Board. The plan should include your approach to outreach into culturally and linguistically isolated communities.	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
<b>Task</b> 1. IT/Data Governance	Completed	Task IT/Data governance committee with development of RefuahCHC strategy for attributed member engagement with QE.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> 2. Collaboration	Completed	Ensure collaboration with regional PPSs and QEs on strategy alignment. Discuss creating a regional PPS QE Engagement workgroup.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> 3. Identify System Needs	Completed	Identify system needs, interfaces and member engagement channels available from PPSs, QEs and CBOs. Perform with current state assessment in milestone 1.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b> 4. Patient Engagement	Completed	Develop patient engagement plan for RCHC based on regional strategies and in collaboration with cultural	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
		competency and workforce work streams to ensure proper training, cultural sensitivity and strategies are aligned.							
<b>Task</b> 5. Quality Monitoring	Completed	Determine quality monitoring process and engagement metrics with QE.	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
<b>Task</b> 6. Approvals	Completed	Receive necessary approvals from governing body and QE.	12/01/2015	09/30/2016	12/01/2015	09/30/2016	09/30/2016	DY2 Q2	
<b>Milestone #5</b> Develop a data security and confidentiality plan.	Completed	Data security and confidentiality plan, signed off by PPS Board, including: -- Analysis of information security risks and design of controls to mitigate risks -- Plans for ongoing security testing and controls to be rolled out throughout network.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
<b>Task</b> 1. IT/Data Governance	On Hold	Task IT/Data governance committee with development of RCHC data security and confidentiality plan.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> 2. Risk Assessment - Data Sharing	On Hold	Perform Risk Assessment of different data sharing requirements for PPS and mitigation strategies for each (this includes assessment of DIRECT messaging, bidirectional data exchange with RHIO, RHIO web portal usage, MAPP, population health management solution, other automated data exchanges and tools utilized in PPS ).	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> 3. Risk Assessment Individual Partner	Completed	Perform risk assessment at individual partner level during gap analysis (milestone 1) to identify risks and provide mitigation strategies.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b> 4. Data Security	Completed	Develop PPS -wide data security and confidentiality policies and procedures in conjunction with Refuah HIPAA Security officer and Refuah Compliance Officer. Collaborate with regional PPSs on alignment of policies and procedures. Policies will encompass collection, exchange, use, storage and disposal of PHI PPS-wide.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b> 5. Communication	Completed	Develop communication and training plan to ensure PPS-wide knowledge of all policies and procedures.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b> 6. Monitoring Audit Process	Completed	Develop monitoring/audit processes to track partner adherence to PPS data security and confidentiality plan.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b> 7. Approvals	Completed	Receive approval through the governance process for data security and confidentiality policies and procedures and their inclusion in the PPS IT & Data Governance document.	12/01/2015	06/30/2016	12/01/2015	06/30/2016	06/30/2016	DY2 Q1	



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**IA Instructions / Quarterly Update**

Milestone Name	IA Instructions	Quarterly Update Description
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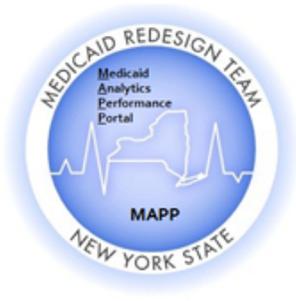
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**Prescribed Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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).	acrhc	Meeting Materials	20_DY2Q3_IT_MDL51_PRES1_MM_IT_Data_Mee ting_Schedule_Template_- _0051a000001AC1m_8880.xlsx	IT Data Governance Meeting Schedule Template Dy2Q3	01/26/2017 11:43 AM
Develop an IT Change Management Strategy.	acrhc	Meeting Materials	20_DY2Q3_IT_MDL51_PRES2_MM_IT_Data_Mee ting_Schedule_Template_- _0051a000001AC1m_8881.xlsx	RCHC IT Data Governance Meeting Schedule Template DY2Q3	01/26/2017 11:46 AM
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	acrhc	Meeting Materials	20_DY2Q3_IT_MDL51_PRES3_MM_IT_Data_Mee ting_Schedule_Template_- _0051a000001AC1m_8882.xlsx	RCHC IT Data Governance Meeting Schedule Template DY2Q3	01/26/2017 11:48 AM

**Prescribed Milestones Narrative Text**

Milestone Name	Narrative Text
Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	
Develop an IT Change Management Strategy.	
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	
Develop a specific plan for engaging attributed members in Qualifying Entities	
Develop a data security and confidentiality plan.	Refuah Health Center has contracted with Grey Castle for Risk Assessment and Policy Development assistance for addressing remediation comments in DY2 Q2 Quarterly Report.



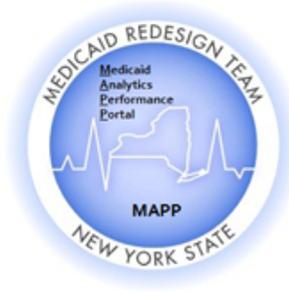
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**Milestone Review Status**

<b>Milestone #</b>	<b>Review Status</b>	<b>IA Formal Comments</b>
<b>Milestone #1</b>	Pass & Complete	
<b>Milestone #2</b>	Pass & Complete	
<b>Milestone #3</b>	Pass & Complete	
<b>Milestone #4</b>	Pass & Complete	
<b>Milestone #5</b>	Pass & Complete	



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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
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**PPS Defined Milestones Current File Uploads**

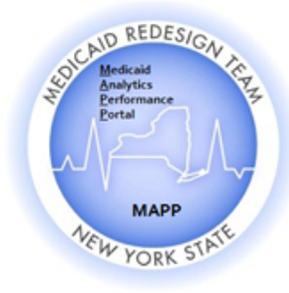
Milestone Name	User ID	File Type	File Name	Description	Upload Date
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**PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
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**✓ IPQR Module 5.3 - Major Risks to Implementation & Risk Mitigation Strategies**

**Instructions :**

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

Risk: Failure to meet deadlines/milestones due to shared providers being overburdened due to multiple PPS memberships  
Risk Category: Schedule

Potential Impact: RCHC shares many partners with the other regional PPSs. Each PPS will be creating its own IT strategies and plans, schedules and requirements for their networks, and we risk burdening our shared partners with differing requirements and duplicating efforts that should be aligned and coordinated across the region. Therefore our schedule for shared partners will heavily influenced by the speed of the regional PPS

Mitigation: In order to produce more aligned strategies, plans and schedules across the region, we are collaborating with the other area PPSs through the creation of a regional RHIO committee to create a shared priority list for RHIO integration. We also plan to collaborate with regional PPS on sharing current state assessment data to reduce duplication of surveying and assessment efforts among shared partners. RCHC has also put dates for shared or collaborative tasks and milestones as far out as as reasonable in anticipation that cross PPS collaboration will require more time to accommodate.

Risk: Surveying results in low response rates and data inaccuracies  
Risk Category: Scope

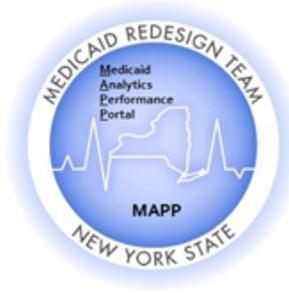
Potential Impact: During previous planning activities, RCHC has discovered that surveying of partners often resulted in large rates of non-response and inaccurate results. Therefore relying solely upon surveys for future gap assessments may not be sufficient to accurately capture necessary data.

Mitigation: To mitigate this risk, we intend to utilize surveying for simple metrics only, while using other analyzing methods, e.g. phone conversations/ in person meetings, in order to collect more detailed/complex information, especially for partners who are essential to our project requirements. We also plan to include survey response as a requirement in partner contracts in order to incentivize providers to complete the requests.

Risk: Overburdening our smaller providers with requirements that are costly or require advanced IT knowledge  
Risk Category: Resource

Potential Impact: We know many of our smaller partners lack the knowledge or funding to create the needed IT Infrastructure to support many of the technical requirements and policies for DSRIP. In developing PPS IT requirements, policies and procedures for data sharing and security, we must ensure overly burdens that all our partners are able to meet the requirements.

Mitigation: To mitigate this risk, RCHC will need to determine partner's need for additional IT assistance, and properly budget for these additional tools/software/consulting services. RCHC also plans to create broad policies and procedures and integration requirements that can be met by all



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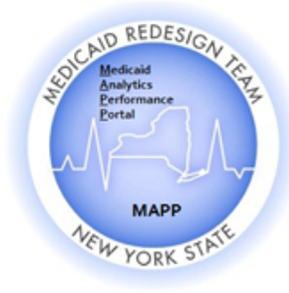
of our partners. In addition, we will look to adopt PPS wide tools that are hosted and/or web based to reduce the IT "lift" required by our partners.

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

**Instructions :**

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

The IT Systems and Processes is dependent upon all other major workstreams as IT encompasses all the backend systems that will allow Clinical Integration, Performance Reporting, Population Health Management, and Finance to operate. It is also dependent upon workforce due to the training requirements for new systems, processes and policies to be implemented across the PPS. Governance is also an interdependency as many of the IT strategies and policies created will require acceptance and adherence from our partners, and contracts must be written to ensure this compliance.



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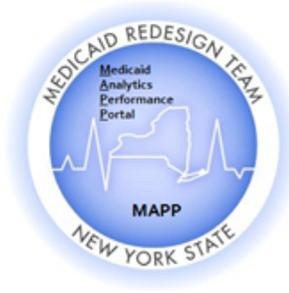
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**✓ IPQR Module 5.5 - Roles and Responsibilities**

**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 Administrative and Medical Officer	Corinna Manini M.D.	Assist with development of interoperability requirements aligned with clinical strategies
Chief Strategy Officer	Alexandra Khorover, Esq.	Create contracts with minimum performance requirements to ensure partner compliance and include technical and data sharing requirements for PPS membership; Provides guidance on legal and regulatory issues.
Chief Information Officer	Rachel Merk	Oversee and lead all deliverables including gap assessment, IT governance, change management, IT and data architecture, data security and confidentiality plan, data exchange plans, risk management, roadmap, communication strategies, and training plan
Finance Officer	Shaindy Landerer, CPA	Manage budget for PPS IT infrastructure and partners' IT infrastructure in collaboration with Finance Committee
Reporting and Tracking	Michael Kaplan, FNP, Director of Informatics	Collect and maintain provider status database; Develop ongoing reporting and tracking processes as needed
Compliance Officer	Azizza Graziul, Esq	Oversee the development and implementation of the compliance plan including adherence to policies and procedures and auditing functions
DSRIP Coordinator	Anne Cuddy	Central point of contact for all external and internal communication; Responsible for managing and tracking meeting records; Submission of quarterly reports
General Human Resources Staff	Refuah Health Center, allocation of human resources staff	Oversee compensation and benefits; Participate in staff on-boarding, communication and training as needed
Executive Governing Body	Chanie Sternberg, Chair, Joel Mittelman, Vice Chair, Victor Ostreicher, Treasurer, Deb Marshall, Secretary, Sanjiv Shah, MD, Fidelis, Ann Nolon, HRHC, Nolly Climes, Rehab Support Svcs., Chris Fortune, OPWDD, Uri Koenig, Pine Valley, Cynthia Wolff, 1199	Develop overarching vision and provide general oversight; Final approval of key strategies, plans and budgets
Clinical Governing Body	Corinna Manini, MD, CAO & CMO, RCHC, Tamy Skaist, Ezras Cholim, Tom Bolzan , OC DMH, remaining members TBD	Assist with development of interoperability requirements aligned with clinical strategies
IT & Data Governance Committee	Rachel Merk, CIO, RCHC, Dan Ocasio, Ezras Cholim, Deb Viola, Westchester Medical Ctr., Maureen Price, Bon Secours, Christine	Provide guidance on development of IT governance, change management, IT and data architecture, data security and

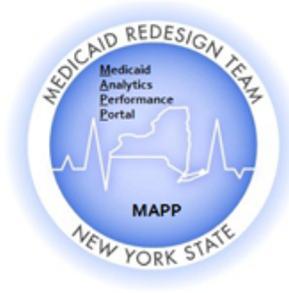


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<b>Role</b>	<b>Name of person / organization (if known at this stage)</b>	<b>Key deliverables / responsibilities</b>
	Galianis, HealthLinkNY/RHIO, Rockland County Dept. of Mental Health, Hudson River Health	confidentiality plan, data exchange plans, and risk management.
Financial Governance Committee	George Weinberger, Chair, J. Mittelman, Victor Ostreicher, Treasurer, Uri Koenig, Pine Valley, C. Fortune, OPWDD, Peter Epp Cohn Resnick, Shaindy Landerer, Finance Officer	Advise and approve on workstream costs and budgets
Operations Committee	Chanie Sternberg, CEO, RCHC, Victor Ostreicher, Treasurer, J.oelMittelman, Vice Chair,	Oversight of the Project Management Office
HIT Consultant	TBD	Assist with performing and developing all deliverables including gap assessment, IT governance, change management, IT and data architecture, data security and confidentiality plan, data exchange plans, risk management, roadmap, communication strategies, and training plans
Training Vendor	TBD considering 1199	Coordinate training schedule and sessions, maintain accurate records of all attendees, provide centralized training platform/solution for use by PPS
Workforce Consultant	TBD	Assess IT staffing resources and IT knowledge of staff across PPS to determine additional staffing / retraining.
IDS & Clinical Integration Workgroup	Members TBD	Provide input for gap assessment questions, technical and data sharing requirements. Identify and recommend workflow changes.
Compliance Committee	Azizza Graziul, Esq. (Compliance Officer), Alexandra Khorover, Esq., Rachel Merk (IT), confirmed. Additional partner representatives with compliance experience relevant to project implementation TBD.	Provide oversight of PPS compliance functions. Provide input and guidance to PMO and Compliance Officer on matters related to compliance prevention and response. Regularly review reports from compliance officer on compliance activities. Ensure that PPS is meeting OMIG and DOH requirements with respect to compliance and corporate integrity.



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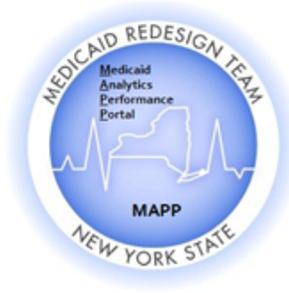
**Refuah Community Health Collaborative (PPS ID:20)**

**✓ 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
<b>Internal Stakeholders</b>		
PPS Partner Board of Directors	PPS Partners	Overall responsibility for their organizations' execution of their DSRIP responsibilities
PPS Partner CEOs/Management Team	PPS Partner CEOs/Management Team	Responsible for their organizations' execution of their DSRIP responsibilities
PPS Partner CFOs/Finance Team	PPS Partners	Primary finance contact for the PPS partner. Responsible for conducting DSRIP related finance tasks
PPS Partner CIOs/IT Team	PPS Partners	Responsible for ensuring systems are able to meet DSRIP IT requirements, including integrations, data security and reporting.
PPS Partner CMO/Clinical Leadership	PPS Partners	Responsible for leading clinical staff and implementing clinical DSRIP initiatives
PPS Partner Legal/Compliance	PPS Partners	Responsible for participating in contracting decisions and overall partner compliance
PPS Partner HR Departments	PPS Partners	Support data collection of compensation and benefit information; current state workforce information and potential hiring needs
PPS Partner Providers (Primary Care)	PPS Partners	Utilize IT systems as prescribed to ensure data quality; participate in training as identified
PPS Partner Providers (Non-Primary Care)	PPS Partners	Utilize IT systems as prescribed to ensure data quality; participate in training as identified
PPS Partner Providers (Behavioral Health and Addiction)	PPS Partners	Utilize IT systems as prescribed to ensure data quality; participate in training as identified
PPS Partner Frontline Workers	PPS Partners	Utilize IT systems as prescribed to ensure data quality; participate in training as identified
PPS Partner CBOs	PPS Partners	Utilize IT systems as prescribed to ensure data quality; participate in training as identified
PPS Partner Inpatient Facilities (Acute and BH)	PPS Partners	Utilize IT systems as prescribed to ensure data quality; participate in training as identified
Hudson River Healthcare, Inc dba CommunityHealth Care Collaborative (CCC)	Health Home	Provide input and utilize IT systems as prescribed to ensure data quality; participate in training as identified
Rockland & Orange County Department of Health	Local Government Units	Inform PPS of historical and existing initiatives as well as future priorities surrounding data security and consent

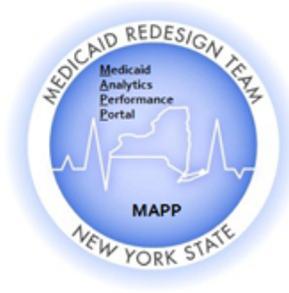


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<b>Key stakeholders</b>	<b>Role in relation to this organizational workstream</b>	<b>Key deliverables / responsibilities</b>
Rockland & Orange County Department of Mental Health	Local Government Units	Inform PPS of historical and existing initiatives as well as future priorities surrounding data security and consent
<b>External Stakeholders</b>		
Montefiore Hudson Valley Collaborative PPS	Other Area PPS	Overall coordination and alignment of strategies across the Hudson Valley
Center for Regional Healthcare Innovation (Westchester-led PPS)	Other Area PPS	Overall coordination and alignment of strategies across the Hudson Valley
HealthLinkNY	Local RHIO/QE/HIE	Assessment of partner capabilities. Strategy development for attribution engagement with QE. Provide centralized HIE for all Clinical Integration & Data Sharing strategies
EMR/EHR vendors	Software solutions	Meet the prescribed DSRIP technical requirements to ensure data quality and integration
Non Partner CBOs	Contracted and non-contracted CBOs	Utilize IT systems as prescribed to ensure data quality as contracted
Medicaid enrollees and their families	Patients/ Clients	Engage with RHIO/QE and patient portals or other IT systems as identified; Provide feedback
NYS Department of Health	Government	Guide PPS strategy and operations; Monitor PPS performance; Assist with regulatory relief and addressing barriers to DSRIP program success
Government Agencies / Regulators	Government	Ensure PPS maintains compliance with current regulations
Salient/Medicaid Data Warehouse	Statewide report developer	Provide state Medicaid data to facilitate PPS strategies
Hudson Region DSRIP Lead Committee	Regional cross-PPS committee	Overall coordination and alignment of strategies across the Hudson Valley
Hudson Region DSRIP Steering Committee	Regional cross-PPS committee	Overall coordination and alignment of strategies across the Hudson Valley
Hudson Region DSRIP HIE Workgroup	Regional cross-PPS committee	Overall coordination and alignment of strategies across the Hudson Valley



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**✔ IPQR Module 5.7 - Progress Reporting**

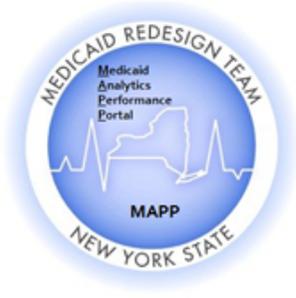
**Instructions :**

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

We will measure progress based on a number of items: First, we will track the IT strategic plan including training, IT change management, and IT budget. We will also measure specific items within each milestone, including MU/PCMH level achieved by partners, implementation of specified technical requirements (QE integration, DIRECT messaging, alerts), implementation of new tools and workflows to close identified gaps identified at partner and PPS level, and documentation of patient engagement systems, processes, policies and if possible, changes in enrolled/consent with local QEs.

**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
<b>Milestone #1</b> Establish reporting structure for PPS-wide performance reporting and communication.	Completed	Performance reporting and communications strategy, signed off by PPS Board. This should include: -- The identification of individuals responsible for clinical and financial outcomes of specific patient pathways; -- Your plans for the creation and use of clinical quality & performance dashboards -- Your approach to Rapid Cycle Evaluation	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
<b>Task</b> 1. Performance Reporting Requirements	Completed	1. Determine performance reporting requirements from all workstreams, including clinical, workforce, and financial workstreams. Include DOH baseline requirements as well as PPS specific performance metrics. Utilize partner groups, professional groups, and leaders in performance reporting to provide guidance in assessment, and promote their use in the PPS.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> 2. Identify Data Sources	Completed	2. Identify data sources available within the PPS and from DOH to supply required performance reporting metrics.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> 3. Collecting Information	Completed	3. Collect information about current systems/solutions available, including systems used by PPS partners, health homes, state resources (MAPP, Salient), QE resources and other vendors.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> 4. Collaboration	Completed	4. Collaborate with other regional PPS' align strategy on shared performance reporting and workstreams.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b> 5. Workflow Analysis	Completed	5. Perform workflow analysis to determine new policies, procedures, processes, resources, roles and training that will be required for both reporting up to the PPS Lead and down	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	





























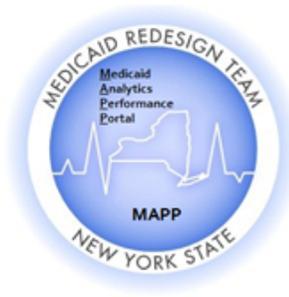












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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		platform/solution for use by PPS
Financial Consultant	Cohn Reznick	Advise on potential engagement incentives
IDS & Clinical Integration Workgroup	Members TBD	Assist in eliciting barriers to practitioners achieving integration























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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Training Vendor	TBD considering 1199	Coordinate training schedule and sessions, maintain accurate records of all attendees, provide centralized training platform/solution for use by PPS
RCHC Quality Committee	Members TBD	Develop evidence-based policies, procedures, care standards and metrics.
IDS & Clinical Integration Workgroup	Members TBD	Identify the necessary workflows and infrastructure necessary to achieve reporting requirements
Workforce Project Team	Members TBD	Coordinate bed reduction milestone with overall workforce strategy

































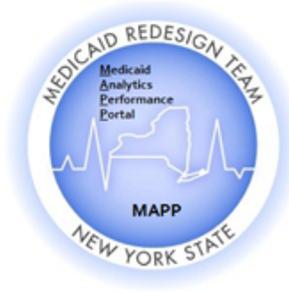


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in a holistic manner that is conducive to the identification of interdependencies and development of processes to coordinate workflows, reduce redundancies and maximize resources. On a macro level, the achievement of project specific goals is reliant upon the timely implementation of Domain 1 organizational structures. On a day-to-day basis the clinical project leads/teams will coordinate closely with organizational project leads/teams in order to ensure that all work streams are aligned and moving forward in a manner that facilitates positive outcomes. For example, clinical leads will work closely with workforce team members in order to ensure that the overall workforce strategy is reflective of the needs and goals of the projects. On a micro level, clinical project leads are engaged in an ongoing process to identify potential overlap between projects and to coordinate work streams in order to leverage resources in a rational and efficient manner. Examples of cross-project collaboration include, without limitation, coordinating PCMH certification processes in connection with Projects 2.a.i. and 2.a.ii., identification of IT systems with multi-functional capabilities in order to reduce burdens to partners and support PPS-wide integration, and implementation of training programs designed to avoid overlap and redundancy. To the extent possible, protocols will be developed in a manner that captures aspects of multiple projects so as to result in the most effective and efficient work streams.























































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**Module Review Status**

Review Status	IA Formal Comments
Pass & Ongoing	

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**IPQR Module 11.12 - IA Monitoring:**

Instructions :

















































































































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**Milestone Review Status**

Milestone #	Review Status	IA Formal Comments
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Ongoing	
Milestone #12	Pass & Ongoing	
Milestone #13	Pass & Ongoing	
Milestone #14	Pass & Ongoing	
Milestone #15	Pass & Ongoing	





























































































































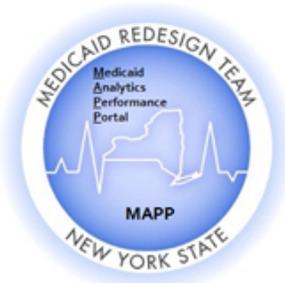
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\* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i				
Pass Lisa K Phd	Practitioner - Non-Primary Care Provider (PCP)											
Horng Jack W Md	Practitioner - Non-Primary Care Provider (PCP)											
Dayan Alan R Md	Practitioner - Non-Primary Care Provider (PCP)											
Bu Davis Thomas Md	Practitioner - Non-Primary Care Provider (PCP)						▼					
Bender Evan David Md	Practitioner - Non-Primary Care Provider (PCP)					▼						
Sadler Pablo	Practitioner - Non-Primary Care Provider (PCP)	▼				▼	▼					
Goldberg Deborah Baron Md	Practitioner - Non-Primary Care Provider (PCP)						▼					
Khan Tauseel Dds	Practitioner - Non-Primary Care Provider (PCP)	▼		▼	▼	▼	▼					
Garcia Laura Ann	Practitioner - Non-Primary Care Provider (PCP)											
Bezdicek Petr Md	Practitioner - Non-Primary Care Provider (PCP)											
Shinder Neil Md	Practitioner - Non-Primary Care Provider (PCP)											
Stefanelli Mariette	Practitioner - Non-Primary Care Provider (PCP)	▼				▼	▼					
Fischer Linda	Practitioner - Non-Primary Care Provider (PCP)	▼				▼	▼					
Stein Kathie L	Practitioner - Non-Primary Care Provider (PCP)	▼				▼	▼					
Berg Sandra	Practitioner - Non-Primary Care Provider (PCP)	▼				▼	▼					
Cotto Sylvia	Practitioner - Non-Primary Care Provider (PCP)					▼						
Koplowitz Sarah	Practitioner - Non-Primary Care Provider (PCP)						▼					
Dease William D	Practitioner - Non-Primary Care Provider (PCP)											
Gilbride Pia Marie	Practitioner - Non-Primary Care Provider (PCP)											
Kalus Oren	Practitioner - Non-Primary Care Provider (PCP)											
Panzarino Peter J Md	Practitioner - Non-Primary Care Provider (PCP)											
Weisberg Michael K Dds	Practitioner - Non-Primary Care Provider (PCP)					▼	▼					
Patel Prakash Nanubhai Md	Practitioner - Non-Primary Care Provider (PCP)											
Pena Pujals Carmen F Dds	Practitioner - Non-Primary Care Provider (PCP)											
Raggio Roland J Dmd	Practitioner - Non-Primary Care Provider (PCP)											
Farkas Rafael Dds	Practitioner - Non-Primary Care Provider (PCP)	▼		▼	▼	▼	▼					
Mann Marilyn	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼					
Win Phone Myint Md	Practitioner - Non-Primary Care Provider (PCP)											
Alianakian Rosine	Practitioner - Non-Primary Care Provider (PCP)											
Goldberg Ilene M	Practitioner - Non-Primary Care Provider (PCP)											
Eydelman Viktoria	Practitioner - Non-Primary Care Provider (PCP)											



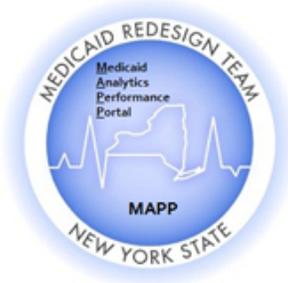
## New York State Department Of Health Delivery System Reform Incentive Payment Project

### DSRIP Implementation Plan Project

### Refuah Community Health Collaborative (PPS ID:20)

\* Safety Net Providers in Green

Participating in Projects										
Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i		
Lachman Solomon P	Practitioner - Non-Primary Care Provider (PCP)						☑			
Deleon Deogenes G Md	Practitioner - Non-Primary Care Provider (PCP)									
Ngo Tammy Phuong	Practitioner - Non-Primary Care Provider (PCP)									
Han Myoung	Practitioner - Non-Primary Care Provider (PCP)									
Carter Tanya	Practitioner - Non-Primary Care Provider (PCP)									
Steiner Audra	Practitioner - Non-Primary Care Provider (PCP)									
Yang Andrea	Practitioner - Non-Primary Care Provider (PCP)									
Krumholtz Ira	Practitioner - Non-Primary Care Provider (PCP)									
Vinick Daniel E Md	Practitioner - Non-Primary Care Provider (PCP)	☑		☑		☑	☑			
Rutner Daniella	Practitioner - Non-Primary Care Provider (PCP)									
Katz Micah	Practitioner - Non-Primary Care Provider (PCP)	☑	☑			☑	☑			
Aschkenasy Robin	Practitioner - Non-Primary Care Provider (PCP)	☑	☑			☑	☑			
Bautista Cynthia	Practitioner - Non-Primary Care Provider (PCP)						☑			
Spiegel Mitchell	Practitioner - Non-Primary Care Provider (PCP)									
Leen Jeffrey S Md	Practitioner - Non-Primary Care Provider (PCP)									
Waite Leslie	Practitioner - Non-Primary Care Provider (PCP)	☑				☑	☑			
Chae Susan Y	Practitioner - Non-Primary Care Provider (PCP)	☑				☑	☑			
Cuevas Asima	Practitioner - Non-Primary Care Provider (PCP)									
Kandera John	Practitioner - Non-Primary Care Provider (PCP)	☑				☑				
Friedman Ronit	Practitioner - Non-Primary Care Provider (PCP)	☑		☑	☑	☑	☑			
Osinsky Ronen Yosef Dmd	Practitioner - Non-Primary Care Provider (PCP)	☑		☑	☑	☑	☑			
Price Richard L	Practitioner - Non-Primary Care Provider (PCP)					☑				
Klein Frieda	Practitioner - Non-Primary Care Provider (PCP)	☑				☑	☑			
Sharma Parvesh Kumar Md	Practitioner - Non-Primary Care Provider (PCP)									
Sullum Joshua Todd	Practitioner - Non-Primary Care Provider (PCP)									
Koch Krzysztof Dds	Practitioner - Non-Primary Care Provider (PCP)	☑		☑	☑	☑	☑			
Rao Suresh Madhava Dds	Practitioner - Non-Primary Care Provider (PCP)	☑		☑	☑	☑	☑			
Taylor Gregory Warwick Md	Practitioner - Non-Primary Care Provider (PCP)									
Aron Tzvi Gottesman Od	Practitioner - Non-Primary Care Provider (PCP)	☑		☑	☑	☑	☑			
Mason Linda	Practitioner - Non-Primary Care Provider (PCP)					☑				
Jacob Brian Peter Md	Practitioner - Non-Primary Care Provider (PCP)	☑		☑		☑	☑			

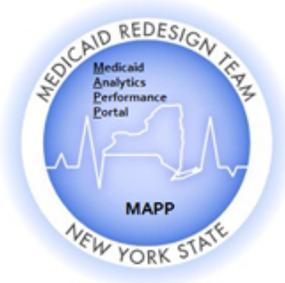


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Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i			
Chang Benjamin Md	Practitioner - Non-Primary Care Provider (PCP)										
Russ Hana	Practitioner - Non-Primary Care Provider (PCP)										
Alvir Robert	Practitioner - Non-Primary Care Provider (PCP)										
Laster Avi S	Practitioner - Non-Primary Care Provider (PCP)										
Koulova Lidia Borissova	Practitioner - Non-Primary Care Provider (PCP)										
Mori Judith	Practitioner - Non-Primary Care Provider (PCP)	▼									
Kim David	Practitioner - Non-Primary Care Provider (PCP)	▼									
Jurman Marlene	Practitioner - Non-Primary Care Provider (PCP)										
Hassoun Abeer Abbas Md	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼				
Castro Jonathan M	Practitioner - Non-Primary Care Provider (PCP)	▼									
Korsakoff Kristopher Md	Practitioner - Non-Primary Care Provider (PCP)										
Murphy Francis X	Practitioner - Non-Primary Care Provider (PCP)	▼				▼	▼				
Carrano Inocencia Md	Practitioner - Non-Primary Care Provider (PCP)										
Occhiogrosso Deborah M Np	Practitioner - Non-Primary Care Provider (PCP)										
Bochnovich Elaine	Practitioner - Non-Primary Care Provider (PCP)	▼									
Chiger Jackie Lynn	Practitioner - Non-Primary Care Provider (PCP)	▼									
Vinces Giacomo Vladimir Md	Practitioner - Non-Primary Care Provider (PCP)										
Jeong Jay	Practitioner - Non-Primary Care Provider (PCP)	▼				▼	▼				
Casale Pasquale Md	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼				
Traube Renee	Practitioner - Non-Primary Care Provider (PCP)	▼		▼	▼	▼	▼				
Posada Gerardo A Md	Practitioner - Non-Primary Care Provider (PCP)					▼					
Etienne Mill Md	Practitioner - Non-Primary Care Provider (PCP)										
Callaghan Steven	Practitioner - Non-Primary Care Provider (PCP)	▼									
Feistmann Jonathan Md	Practitioner - Non-Primary Care Provider (PCP)						▼				
Schlafrig Yitzchok	Practitioner - Non-Primary Care Provider (PCP)	▼				▼	▼				
Goumas William Marcus Md	Practitioner - Non-Primary Care Provider (PCP)										
Gaudio Joann	Practitioner - Non-Primary Care Provider (PCP)										
Grossberger Esti C Np	Practitioner - Non-Primary Care Provider (PCP)										
Patel Ashok A Md	Practitioner - Non-Primary Care Provider (PCP)					▼					
Ponciano Caroline Calitis	Practitioner - Non-Primary Care Provider (PCP)										
Suresh Lekha Dds	Practitioner - Non-Primary Care Provider (PCP)	▼		▼	▼	▼	▼				



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Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i				
Kakkanatt Anand Md	Practitioner - Non-Primary Care Provider (PCP)											
Morales Denise	Practitioner - Non-Primary Care Provider (PCP)	▼	▼									
Hlubik Vivian	Practitioner - Non-Primary Care Provider (PCP)	▼				▼	▼					
Coopersmith Bruce	Practitioner - Non-Primary Care Provider (PCP)					▼						
Machado Carmen	Practitioner - Non-Primary Care Provider (PCP)					▼						
Vandenheuvel Angela	Practitioner - Non-Primary Care Provider (PCP)					▼						
Llerena Cristina	Practitioner - Non-Primary Care Provider (PCP)											
Hertford Douglas E. Md	Practitioner - Non-Primary Care Provider (PCP)											
Goldberg Ythan Md	Practitioner - Non-Primary Care Provider (PCP)											
Rosenblum Sean David Dpm	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼					
Marciano Gila	Practitioner - Non-Primary Care Provider (PCP)	▼		▼	▼	▼	▼					
Libman Dmitry	Practitioner - Non-Primary Care Provider (PCP)											
Rutman Hadassa	Practitioner - Non-Primary Care Provider (PCP)											
Chevalier Naomi	Practitioner - Non-Primary Care Provider (PCP)	▼		▼	▼	▼	▼					
Onua Edith	Practitioner - Non-Primary Care Provider (PCP)											
Galli Viviana	Practitioner - Non-Primary Care Provider (PCP)					▼						
Crist Rebecca Lynn Cnm	Practitioner - Non-Primary Care Provider (PCP)						▼					
Allen Joel	Practitioner - Non-Primary Care Provider (PCP)	▼		▼	▼	▼	▼					
Tran Antho	Practitioner - Non-Primary Care Provider (PCP)											
Torres-Orta Minerva	Practitioner - Non-Primary Care Provider (PCP)					▼						
Parikh Parinda	Practitioner - Non-Primary Care Provider (PCP)						▼					
Williams Elijah	Practitioner - Non-Primary Care Provider (PCP)					▼						
Depaola Thomas	Practitioner - Non-Primary Care Provider (PCP)	▼	▼									
Han Liying	Practitioner - Non-Primary Care Provider (PCP)											
Heim Amy	Practitioner - Non-Primary Care Provider (PCP)					▼						
Perales Joseph	Practitioner - Non-Primary Care Provider (PCP)					▼						
Chirumamilla Amala	Practitioner - Non-Primary Care Provider (PCP)											
Sobler Ian D Dds	Practitioner - Non-Primary Care Provider (PCP)											
Kaplan Evan	Practitioner - Non-Primary Care Provider (PCP)											
Rosenberg Samuel	Practitioner - Non-Primary Care Provider (PCP)	▼		▼	▼	▼	▼					
Frimerman Dan L	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼					



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\* Safety Net Providers in Green

Participating in Projects											
Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i			
Simpson Jessica	Practitioner - Non-Primary Care Provider (PCP)						▼				
Sannesy Umakantha	Practitioner - Non-Primary Care Provider (PCP)										
Neiditz Nancy	Practitioner - Non-Primary Care Provider (PCP)	▼				▼	▼				
Kwak Kee Un Dds	Practitioner - Non-Primary Care Provider (PCP)										
Gatti Claudio	Practitioner - Non-Primary Care Provider (PCP)	▼									
Curry Colleen	Practitioner - Non-Primary Care Provider (PCP)										
Trentalancia Salvatore	Practitioner - Non-Primary Care Provider (PCP)						▼				
Joshi Padma	Practitioner - Non-Primary Care Provider (PCP)										
Scheffer Miles	Practitioner - Non-Primary Care Provider (PCP)										
Lazar Jonathan	Practitioner - Non-Primary Care Provider (PCP)										
Zulch George D	Practitioner - Non-Primary Care Provider (PCP)	▼		▼	▼	▼	▼				
Reiz Mayer	Practitioner - Non-Primary Care Provider (PCP)	▼				▼	▼				
Frohlich Jonathan	Practitioner - Non-Primary Care Provider (PCP)					▼					
Goldin Rena	Practitioner - Non-Primary Care Provider (PCP)					▼					
Brunette Erin	Practitioner - Non-Primary Care Provider (PCP)										
Bennett Philip	Practitioner - Non-Primary Care Provider (PCP)					▼					
Nagel Dalia	Practitioner - Non-Primary Care Provider (PCP)										
Stern Avichai	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼				
Fisher Lynn	Practitioner - Non-Primary Care Provider (PCP)						▼				
Stanberry Andre	Practitioner - Non-Primary Care Provider (PCP)										
Pande Manjiri	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼				
Zbar Anne	Practitioner - Non-Primary Care Provider (PCP)										
Baynon Diane	Practitioner - Non-Primary Care Provider (PCP)						▼				
Stoller Robert C	Practitioner - Non-Primary Care Provider (PCP)										
Ostrowitz Matthew Bennett	Practitioner - Non-Primary Care Provider (PCP)										
Tarr Diane E Md	Practitioner - Non-Primary Care Provider (PCP)										
Hurwitz Seth Eric	Practitioner - Non-Primary Care Provider (PCP)										
Karpisz Janet M	Practitioner - Non-Primary Care Provider (PCP)				▼	▼	▼				
O'Connor Julie Anne	Practitioner - Non-Primary Care Provider (PCP)	▼									
Trimble Lacey	Practitioner - Non-Primary Care Provider (PCP)					▼					
Muller Aaron	Practitioner - Non-Primary Care Provider (PCP)	▼				▼	▼				

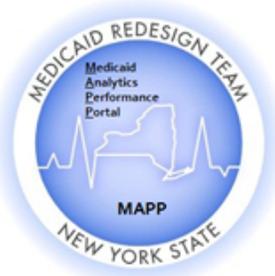


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Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i			
Gruffi Richard Michael	Practitioner - Non-Primary Care Provider (PCP)	▼									
Israel Elise	Practitioner - Non-Primary Care Provider (PCP)						▼				
Uday Kristine	Practitioner - Non-Primary Care Provider (PCP)										
Nancy Mcgeorge Pa	Practitioner - Non-Primary Care Provider (PCP)										
Hook Bathsheba	Practitioner - Non-Primary Care Provider (PCP)										
Marinoff Rebecca	Practitioner - Non-Primary Care Provider (PCP)										
Vyas Hemal	Practitioner - Non-Primary Care Provider (PCP)	▼				▼	▼				
Michalowicz Marc	Practitioner - Non-Primary Care Provider (PCP)	▼		▼	▼	▼	▼				
Vega Irma	Practitioner - Non-Primary Care Provider (PCP)					▼					
Thomson Martha	Practitioner - Non-Primary Care Provider (PCP)					▼					
Strohli Avraham	Practitioner - Non-Primary Care Provider (PCP)	▼				▼	▼				
Roth Leah	Practitioner - Non-Primary Care Provider (PCP)					▼					
Weinstock Lisa Sundeen	Practitioner - Non-Primary Care Provider (PCP)						▼				
Sun Albert	Practitioner - Non-Primary Care Provider (PCP)	▼		▼	▼	▼	▼				
Ladaga Raelene	Practitioner - Non-Primary Care Provider (PCP)					▼					
Weibman Sharon	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼				
Lubell David B	Practitioner - Non-Primary Care Provider (PCP)	▼		▼	▼	▼	▼				
Najovits Andrew Joseph	Practitioner - Non-Primary Care Provider (PCP)										
Zhang Cheng	Practitioner - Non-Primary Care Provider (PCP)	▼		▼	▼	▼	▼				
Caruso Victoria	Practitioner - Non-Primary Care Provider (PCP)					▼					
Peter M Kaye Md	Practitioner - Non-Primary Care Provider (PCP)										
Zucker Hadassah	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼				
Nolan Ann	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼				
Schulman Erica	Practitioner - Non-Primary Care Provider (PCP)										
Petrovic Ivana	Practitioner - Non-Primary Care Provider (PCP)										
Poll Karen	Practitioner - Non-Primary Care Provider (PCP)										
Mc Dermott Annemarie	Practitioner - Non-Primary Care Provider (PCP)										
Bauer Kristy	Practitioner - Non-Primary Care Provider (PCP)										
Berg Jonathan	Practitioner - Non-Primary Care Provider (PCP)										
Epstein-Klein Cindy Beth	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼				
Lehmann Robert Aaron	Practitioner - Non-Primary Care Provider (PCP)										



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Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i		
Petrosyan Tamara	Practitioner - Non-Primary Care Provider (PCP)						▼			
Kolodny Yitzchok	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼			
Adam Tilson	Practitioner - Non-Primary Care Provider (PCP)	▼				▼	▼			
Heller Sandra Rosenfeld	Practitioner - Non-Primary Care Provider (PCP)	▼				▼	▼			
Dennis Lyle	Practitioner - Non-Primary Care Provider (PCP)									
Rivera Sandy	Practitioner - Non-Primary Care Provider (PCP)	▼								
Spence Sherryl	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼			
Rostami Farhad	Practitioner - Non-Primary Care Provider (PCP)						▼			
Kaweblum Moises	Practitioner - Non-Primary Care Provider (PCP)						▼			
Davies Judy E	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼			
Murphy Karen	Practitioner - Non-Primary Care Provider (PCP)					▼				
Goldstein Norman	Practitioner - Non-Primary Care Provider (PCP)									
Stead Lesley Ann	Practitioner - Non-Primary Care Provider (PCP)									
Paul Leena	Practitioner - Non-Primary Care Provider (PCP)						▼			
Muldoon Michele D	Practitioner - Non-Primary Care Provider (PCP)		▼							
Feldman Julie R	Practitioner - Non-Primary Care Provider (PCP)					▼				
Richdale Kathryn	Practitioner - Non-Primary Care Provider (PCP)									
Bruno Jaclyn	Practitioner - Non-Primary Care Provider (PCP)									
Nagarwala Faisal Md	Practitioner - Non-Primary Care Provider (PCP)	▼	▼	▼	▼	▼	▼			
Shiffman Holly Aleta	Practitioner - Non-Primary Care Provider (PCP)									
Kohn Livia Pa	Practitioner - Non-Primary Care Provider (PCP)									
Brody Aaron	Practitioner - Non-Primary Care Provider (PCP)									
Shah Neil	Practitioner - Non-Primary Care Provider (PCP)	▼		▼	▼	▼	▼			
Mathew Rekha Rebecca	Practitioner - Non-Primary Care Provider (PCP)	▼								
Kristen Lima	Practitioner - Non-Primary Care Provider (PCP)									
Hite Jennifer Ann	Practitioner - Non-Primary Care Provider (PCP)					▼				
Teitelbaum Yisroel	Practitioner - Non-Primary Care Provider (PCP)						▼			
Lusman Sarah Shrager	Practitioner - Non-Primary Care Provider (PCP)									
Augustine Sajan Pt	Practitioner - Non-Primary Care Provider (PCP)									
Bhatti Saeed I	Practitioner - Non-Primary Care Provider (PCP)	▼								
Sachakov Christine	Practitioner - Non-Primary Care Provider (PCP)									



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Wong Thomas	Practitioner - Non-Primary Care Provider (PCP)										
Mathew Jaine	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼				
Osei Raphael Kwaku	Practitioner - Non-Primary Care Provider (PCP)	▼									
Steven C Alvarado	Practitioner - Non-Primary Care Provider (PCP)										
Gitty Weisz	Practitioner - Non-Primary Care Provider (PCP)	▼				▼	▼				
Schneider Loren J	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼				
Damascus Alexi Maria	Practitioner - Non-Primary Care Provider (PCP)										
Horowitz Miriam	Practitioner - Non-Primary Care Provider (PCP)	▼		▼	▼	▼	▼				
Birkenfeld Jody	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼				
Walsh Erin Kelly	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼				
Edward Rudolph	Practitioner - Non-Primary Care Provider (PCP)	▼		▼	▼	▼	▼				
Grant Olga T	Practitioner - Non-Primary Care Provider (PCP)										
Iacono Danielle	Practitioner - Non-Primary Care Provider (PCP)										
Rubchinski Elena	Practitioner - Non-Primary Care Provider (PCP)						▼				
Arjona Lisneida	Practitioner - Non-Primary Care Provider (PCP)										
Barker Beth A	Practitioner - Non-Primary Care Provider (PCP)										
Mayefsky Lauren	Practitioner - Non-Primary Care Provider (PCP)					▼					
Davidson Brooke Lindsley	Practitioner - Non-Primary Care Provider (PCP)	▼		▼	▼	▼	▼				
Adair Kristin	Practitioner - Non-Primary Care Provider (PCP)	▼		▼	▼	▼	▼				
Sidhu Harpriya	Practitioner - Non-Primary Care Provider (PCP)	▼		▼	▼	▼	▼				
Oh Jae	Practitioner - Non-Primary Care Provider (PCP)										
Hyman Mark	Practitioner - Non-Primary Care Provider (PCP)	▼									
Nunez Jasmine R	Practitioner - Non-Primary Care Provider (PCP)										
Oakes Jessica L	Practitioner - Non-Primary Care Provider (PCP)					▼	▼				
Ostroff Anne	Practitioner - Non-Primary Care Provider (PCP)	▼				▼	▼				
Acosta Elysia	Practitioner - Non-Primary Care Provider (PCP)										
Cherian Sharon	Practitioner - Non-Primary Care Provider (PCP)					▼					
Fleisher Denise	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼				
Pielago Rizza Mae	Practitioner - Non-Primary Care Provider (PCP)										
Miller Maria	Practitioner - Non-Primary Care Provider (PCP)					▼					
Nadler Steven	Practitioner - Non-Primary Care Provider (PCP)					▼	▼				



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Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i		
Selevan Alissa R	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓			
Manco Barbara A	Practitioner - Non-Primary Care Provider (PCP)					✓				
Rizk Rasha	Practitioner - Non-Primary Care Provider (PCP)									
Nguyen Tracy Thuy	Practitioner - Non-Primary Care Provider (PCP)									
Walzer Jacalyn	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓			
Jean Adler Ms Ccc Slp	Practitioner - Non-Primary Care Provider (PCP)					✓				
Deborah Lenore Bolzan	Practitioner - Non-Primary Care Provider (PCP)									
Srisaila Suma	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓			
Libura Lidia Maria	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓			
Duchnowski Eva	Practitioner - Non-Primary Care Provider (PCP)									
Latpate Prashant Pandurang	Practitioner - Non-Primary Care Provider (PCP)									
Zierler Bernice	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓			
Ayala Ramses Federico	Practitioner - Non-Primary Care Provider (PCP)									
Breitbart Jennifer	Practitioner - Non-Primary Care Provider (PCP)						✓			
Webers Kristy M	Practitioner - Non-Primary Care Provider (PCP)									
Adler Alison	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓			
Mergi Danny	Practitioner - Non-Primary Care Provider (PCP)						✓			
Brooks Steven Elliot	Practitioner - Non-Primary Care Provider (PCP)									
Bialek Maria	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓			
Staller Lauren	Practitioner - Non-Primary Care Provider (PCP)					✓				
Granat Ruth	Practitioner - Non-Primary Care Provider (PCP)									
255 Lafayette Ave	Practitioner - Non-Primary Care Provider (PCP)									
Heatrice Ackeilia K	Practitioner - Non-Primary Care Provider (PCP)	✓								
Pfiefer Raquelle B	Practitioner - Non-Primary Care Provider (PCP)									
Bailey Colleen Michele	Practitioner - Non-Primary Care Provider (PCP)									
Praver Paul-Sholom M	Practitioner - Non-Primary Care Provider (PCP)									
Drennen Elizabeth Maria	Practitioner - Non-Primary Care Provider (PCP)									
Hill Rowena Resnick	Practitioner - Non-Primary Care Provider (PCP)									
Paige Tracy T	Practitioner - Non-Primary Care Provider (PCP)									
Murphy Patricia A	Practitioner - Non-Primary Care Provider (PCP)									
Simon Joanna F	Practitioner - Non-Primary Care Provider (PCP)									



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Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i				
Merriman Leslie Berke	Practitioner - Non-Primary Care Provider (PCP)											
Lefberg Courtney A	Practitioner - Non-Primary Care Provider (PCP)											
Towers Geovanna L	Practitioner - Non-Primary Care Provider (PCP)											
Dixon Margaret C	Practitioner - Non-Primary Care Provider (PCP)											
Park Sharon J	Practitioner - Non-Primary Care Provider (PCP)											
Cano Vincent	Practitioner - Non-Primary Care Provider (PCP)											
Chen Christine W	Practitioner - Non-Primary Care Provider (PCP)											
Letafat Kimia C	Practitioner - Non-Primary Care Provider (PCP)											
Gould Jennifer Ann	Practitioner - Non-Primary Care Provider (PCP)											
Hue Jennifer E	Practitioner - Non-Primary Care Provider (PCP)											
Khoo Patricia P	Practitioner - Non-Primary Care Provider (PCP)					▼						
Jordan Mirlande	Practitioner - Non-Primary Care Provider (PCP)					▼						
Mahmud Syed Abid	Practitioner - Non-Primary Care Provider (PCP)						▼					
Mullin Jane Finan	Practitioner - Non-Primary Care Provider (PCP)	▼				▼	▼					
Guiney Robin Gerry	Practitioner - Non-Primary Care Provider (PCP)					▼						
Myer Jane	Practitioner - Non-Primary Care Provider (PCP)					▼						
Seiden-Plaut Gail	Practitioner - Non-Primary Care Provider (PCP)											
Rowe Jennifer Lenore	Practitioner - Non-Primary Care Provider (PCP)					▼						
Metelitsin Marina Nikolaevna	Practitioner - Non-Primary Care Provider (PCP)					▼						
Botros Lamia Kamel	Practitioner - Non-Primary Care Provider (PCP)					▼						
Canestraro Julia	Practitioner - Non-Primary Care Provider (PCP)											
Mass Hagit	Practitioner - Non-Primary Care Provider (PCP)											
Greenberg Ann Core	Practitioner - Non-Primary Care Provider (PCP)											
Rodriguez Michael	Practitioner - Non-Primary Care Provider (PCP)						▼					
Brutus Audrey	Practitioner - Non-Primary Care Provider (PCP)											
Maybloom Miriam	Practitioner - Non-Primary Care Provider (PCP)											
Krimsky Cheryl	Practitioner - Non-Primary Care Provider (PCP)											
Booker Melissa Anne	Practitioner - Non-Primary Care Provider (PCP)					▼						
Pettit Christine	Practitioner - Non-Primary Care Provider (PCP)					▼						
Ragasa Molinaro Lydda	Practitioner - Non-Primary Care Provider (PCP)					▼						
Armstrong Bettina	Practitioner - Non-Primary Care Provider (PCP)											



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Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i			
Hudson Sheila W	Practitioner - Non-Primary Care Provider (PCP)										
Kubie Lisa	Practitioner - Non-Primary Care Provider (PCP)					▼					
Tarangelo Anne Marie Clare	Practitioner - Non-Primary Care Provider (PCP)										
O'Sullivan Sheila Ann	Practitioner - Non-Primary Care Provider (PCP)										
Lazerwitz Michelle P	Practitioner - Non-Primary Care Provider (PCP)					▼					
Feiner Jonathan Michael	Practitioner - Non-Primary Care Provider (PCP)						▼				
Cho Young	Practitioner - Non-Primary Care Provider (PCP)						▼				
Slomiany Jenny F	Practitioner - Non-Primary Care Provider (PCP)										
Donnis Gregory E	Practitioner - Non-Primary Care Provider (PCP)										
Neuhaus Devorah	Practitioner - Non-Primary Care Provider (PCP)										
Mckenzie Hugh	Practitioner - Non-Primary Care Provider (PCP)	▼				▼					
Kirsch Andrew Thomas	Practitioner - Non-Primary Care Provider (PCP)					▼					
Anderson Eileen M	Practitioner - Non-Primary Care Provider (PCP)										
Lee David J	Practitioner - Non-Primary Care Provider (PCP)	▼				▼	▼				
Reyes-Pastorell Evang	Practitioner - Non-Primary Care Provider (PCP)		▼								
Kim Soo	Practitioner - Non-Primary Care Provider (PCP)										
Fields Pelesia A	Practitioner - Non-Primary Care Provider (PCP)										
Fuerch Marcelline Lea	Practitioner - Non-Primary Care Provider (PCP)										
Ankola Prashant	Practitioner - Non-Primary Care Provider (PCP)										
Nordstrom Salina	Practitioner - Non-Primary Care Provider (PCP)	▼				▼	▼				
O'Connor Anne Maureen	Practitioner - Non-Primary Care Provider (PCP)										
Isaacson Jennifer	Practitioner - Non-Primary Care Provider (PCP)										
Schiopu Mihaela	Practitioner - Non-Primary Care Provider (PCP)	▼									
Holland Diane	Practitioner - Non-Primary Care Provider (PCP)										
Bobroff Miriam	Practitioner - Non-Primary Care Provider (PCP)	▼				▼					
Zinns Rachel	Practitioner - Non-Primary Care Provider (PCP)					▼					
Sanchez Yadira Mabel	Practitioner - Non-Primary Care Provider (PCP)						▼				
Haddad Bassel S	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼				
Abraham Florine	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼				
Yazdan Ari	Practitioner - Non-Primary Care Provider (PCP)										
Westreich Sarah Chaya	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼				



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Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i			
Fox Lisa	Practitioner - Non-Primary Care Provider (PCP)										
Lappan Elisabeth G	Practitioner - Non-Primary Care Provider (PCP)										
Weisz Shoshana	Practitioner - Non-Primary Care Provider (PCP)	▼	▼			▼	▼				
Pilz Yasmine Lian	Practitioner - Non-Primary Care Provider (PCP)										
Lim Jennifer Hui	Practitioner - Non-Primary Care Provider (PCP)										
Mallios Jenelle L	Practitioner - Non-Primary Care Provider (PCP)										
Oshero Gregori	Practitioner - Non-Primary Care Provider (PCP)										
Sukhija Serena Balu	Practitioner - Non-Primary Care Provider (PCP)										
Fetkin Sheree A	Practitioner - Non-Primary Care Provider (PCP)										
Freese Ali Miatelle	Practitioner - Non-Primary Care Provider (PCP)										
Vaughn Matthew Timothy	Practitioner - Non-Primary Care Provider (PCP)										
Blum Corinne E	Practitioner - Non-Primary Care Provider (PCP)										
Dye Colleen	Practitioner - Non-Primary Care Provider (PCP)										
Poirier Kimberley Paula	Practitioner - Non-Primary Care Provider (PCP)										
Sangani Nicole Paresh	Practitioner - Non-Primary Care Provider (PCP)										
Westcott Jacqueline C	Practitioner - Non-Primary Care Provider (PCP)										
Gialvsakis John Peter	Practitioner - Non-Primary Care Provider (PCP)										
Davidson Debra	Practitioner - Non-Primary Care Provider (PCP)										
Miller Rachel Josephine	Practitioner - Non-Primary Care Provider (PCP)		▼								
Jaiswal Atish	Practitioner - Non-Primary Care Provider (PCP)										
Chubak Joshua	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼				
Castillo Oscar	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼				
Geria Aanand	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼				
Goldstein Rayna	Practitioner - Non-Primary Care Provider (PCP)						▼				
Geller Lauren	Practitioner - Non-Primary Care Provider (PCP)										
Saperstein Ruth	Practitioner - Non-Primary Care Provider (PCP)	▼		▼	▼	▼	▼				
Moore Ellen Haleo	Practitioner - Non-Primary Care Provider (PCP)	▼				▼	▼				
Rothstein Lauren A	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼				
Greenberg William M	Practitioner - Non-Primary Care Provider (PCP)	▼				▼					
Zacharia Rose Shaji Paul	Practitioner - Non-Primary Care Provider (PCP)										
Katz Ira Andrew Md	Practitioner - Non-Primary Care Provider (PCP)										



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Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i		
Bear Adam L	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼			
Shrivastava Sneha	Practitioner - Non-Primary Care Provider (PCP)	▼	▼							
Kinberg Sivan	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼			
Botti Erin	Practitioner - Non-Primary Care Provider (PCP)									
Eckstein Pesi	Practitioner - Non-Primary Care Provider (PCP)	▼	▼	▼	▼	▼	▼			
Silverman Chananyah	Practitioner - Non-Primary Care Provider (PCP)	▼		▼	▼	▼	▼			
Boveuzi Matthew David	Practitioner - Non-Primary Care Provider (PCP)									
Shoshana Barber	Practitioner - Non-Primary Care Provider (PCP)					▼				
Hoerter Susan L	Practitioner - Non-Primary Care Provider (PCP)					▼				
Ann Kalkhuis	Practitioner - Non-Primary Care Provider (PCP)									
Clement Claire	Practitioner - Non-Primary Care Provider (PCP)	▼								
Hernandez-Goley Eva	Practitioner - Non-Primary Care Provider (PCP)					▼				
Schmookler Akiva	Practitioner - Non-Primary Care Provider (PCP)	▼		▼	▼	▼	▼			
Cassese Mary	Practitioner - Non-Primary Care Provider (PCP)					▼				
Shapiro Stephen B Md	Practitioner - Non-Primary Care Provider (PCP)				▼	▼	▼			
Steinway Amy B	Practitioner - Non-Primary Care Provider (PCP)									
Vosoughi Navid	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼			
Strawn Lauren M	Practitioner - Non-Primary Care Provider (PCP)									
Silber, Shaindy	Practitioner - Non-Primary Care Provider (PCP)									
Marmorstein Andre	Practitioner - Non-Primary Care Provider (PCP)					▼				
Usa Hess	Practitioner - Non-Primary Care Provider (PCP)									
Hudes Adeena Lee	Practitioner - Non-Primary Care Provider (PCP)									
Mercado Helen	Practitioner - Non-Primary Care Provider (PCP)									
Seliquini, Marian	Practitioner - Non-Primary Care Provider (PCP)	▼								
Narasimhulu Deepa	Practitioner - Non-Primary Care Provider (PCP)									
Kalish Elora Mrs.	Practitioner - Non-Primary Care Provider (PCP)									
Gibberman Elyse	Practitioner - Non-Primary Care Provider (PCP)	▼				▼	▼			
Greenstein Mordicai	Practitioner - Non-Primary Care Provider (PCP)									
Sheerer Elsa C	Practitioner - Non-Primary Care Provider (PCP)									
Torkan Jonathan Shakram	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼			
Hamian Kimberly Susan	Practitioner - Non-Primary Care Provider (PCP)									



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Participating in Projects										
Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i		
Eisenberg Shlomo T	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼			
Brooks Janet Cnm	Practitioner - Non-Primary Care Provider (PCP)	▼								
Schaefer Susan	Practitioner - Non-Primary Care Provider (PCP)									
Mendlowitz, Miriam	Practitioner - Non-Primary Care Provider (PCP)									
Cooper Steven Md	Practitioner - Non-Primary Care Provider (PCP)									
Maureen Hyatt	Practitioner - Non-Primary Care Provider (PCP)	▼				▼	▼			
Serrano-Delgado Rosa	Practitioner - Non-Primary Care Provider (PCP)									
Michal Goldberg	Practitioner - Non-Primary Care Provider (PCP)					▼				
Jennifer Muller	Practitioner - Non-Primary Care Provider (PCP)					▼				
Dershowitz Meir Z	Practitioner - Non-Primary Care Provider (PCP)									
Oh Yoonkyung	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼			
Mary Steinberg	Practitioner - Non-Primary Care Provider (PCP)					▼				
Klein Jacob	Practitioner - Non-Primary Care Provider (PCP)					▼				
Donin Jason Marc	Practitioner - Non-Primary Care Provider (PCP)									
Gottesfeld, Miriam	Practitioner - Non-Primary Care Provider (PCP)									
Fitzharris, Heather	Practitioner - Non-Primary Care Provider (PCP)					▼				
Chaudry Samia Riaz	Practitioner - Non-Primary Care Provider (PCP)									
Tucker Christen Aniese	Practitioner - Non-Primary Care Provider (PCP)									
Lim Mi Mi	Practitioner - Non-Primary Care Provider (PCP)									
Khan Tabassum Y Md	Practitioner - Non-Primary Care Provider (PCP)					▼				
Bank Sema Gail	Practitioner - Non-Primary Care Provider (PCP)	▼				▼	▼			
Talati Ankur Dr.	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼			
Levkovich David Mr.	Practitioner - Non-Primary Care Provider (PCP)									
Quinn Kerry Eileen Dpm	Practitioner - Non-Primary Care Provider (PCP)	▼				▼	▼			
Edelstein, Gitty	Practitioner - Non-Primary Care Provider (PCP)									
Yeager Lauren Beth	Practitioner - Non-Primary Care Provider (PCP)									
Kellogg Hollis Mr.	Practitioner - Non-Primary Care Provider (PCP)									
David Marks	Practitioner - Non-Primary Care Provider (PCP)									
Segreti Mary T	Practitioner - Non-Primary Care Provider (PCP)									
Friedman Joyce	Practitioner - Non-Primary Care Provider (PCP)						▼			
Lala Catherine	Practitioner - Non-Primary Care Provider (PCP)					▼				



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Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i			
Morrison Caitlin Jean	Practitioner - Non-Primary Care Provider (PCP)										
Bordas Christine	Practitioner - Non-Primary Care Provider (PCP)		▼								
Montlouis Marie Ange-Mitchell	Practitioner - Non-Primary Care Provider (PCP)										
Naik Bijal V	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼				
Spivak, Rikki	Practitioner - Non-Primary Care Provider (PCP)										
Sahai Achal	Practitioner - Non-Primary Care Provider (PCP)										
Susan Knight	Practitioner - Non-Primary Care Provider (PCP)										
Dada Neha	Practitioner - Non-Primary Care Provider (PCP)	▼									
Cohen Uri	Practitioner - Non-Primary Care Provider (PCP)						▼				
Sanchez Julian William	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼				
Levitin Aviva	Practitioner - Non-Primary Care Provider (PCP)						▼				
Levi Yaakov E	Practitioner - Non-Primary Care Provider (PCP)										
Berkowitz Bennett J Md	Practitioner - Non-Primary Care Provider (PCP)	▼		▼	▼	▼	▼				
Sperling Shoshana	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼				
Sulemana Jonas Inwah	Practitioner - Non-Primary Care Provider (PCP)										
Medow Norman B Md	Practitioner - Non-Primary Care Provider (PCP)	▼		▼	▼	▼	▼				
Maru Avni Mahendra	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼				
Mandawe Mary Joecilyn De Leon	Practitioner - Non-Primary Care Provider (PCP)										
Frenkel, Malky	Practitioner - Non-Primary Care Provider (PCP)										
Leonty Marie	Practitioner - Non-Primary Care Provider (PCP)										
Schafer Robyn	Practitioner - Non-Primary Care Provider (PCP)										
Blumberg Dana Meredith	Practitioner - Non-Primary Care Provider (PCP)										
Schick Marla	Practitioner - Non-Primary Care Provider (PCP)	▼				▼	▼				
Prieto Luisa Fernanda	Practitioner - Non-Primary Care Provider (PCP)										
Farrell Kristen Elizabeth	Practitioner - Non-Primary Care Provider (PCP)										
Santiago Maureen Santos	Practitioner - Non-Primary Care Provider (PCP)										
Lunger Jacob	Practitioner - Non-Primary Care Provider (PCP)	▼				▼	▼				
Terlizzi Mary Jean K	Practitioner - Non-Primary Care Provider (PCP)										
Gupta Rahul M	Practitioner - Non-Primary Care Provider (PCP)										
Echevarria Martha	Practitioner - Non-Primary Care Provider (PCP)					▼					
Henehan, Maria	Practitioner - Non-Primary Care Provider (PCP)										



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Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i			
Win Thandar A	Practitioner - Non-Primary Care Provider (PCP)					▼					
Hammonds Roy Gene	Practitioner - Non-Primary Care Provider (PCP)										
Bhattarai Koirala Bibeka	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼				
Klein Solomon	Practitioner - Non-Primary Care Provider (PCP)										
McGovern Michael J Od	Practitioner - Non-Primary Care Provider (PCP)										
Gesztesz Bela Alexander Iii	Practitioner - Non-Primary Care Provider (PCP)										
Eva Nakdiman	Practitioner - Non-Primary Care Provider (PCP)					▼					
Patel Amit Manhar	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼				
Cavanaugh Sean J Rpa	Practitioner - Non-Primary Care Provider (PCP)										
Bass, Sharon	Practitioner - Non-Primary Care Provider (PCP)										
Hess Raphael	Practitioner - Non-Primary Care Provider (PCP)					▼					
Dimarino Melissa Ms.	Practitioner - Non-Primary Care Provider (PCP)						▼				
Theresa Gurrieri	Practitioner - Non-Primary Care Provider (PCP)										
Fang Jing	Practitioner - Non-Primary Care Provider (PCP)					▼					
<b>Bauer Mandy Roffe</b>	<b>Practitioner - Non-Primary Care Provider (PCP)</b>	▼		▼	▼	▼	▼				
Tavelinsky Daniel	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼				
Rakhmatullina Maryam	Practitioner - Non-Primary Care Provider (PCP)					▼					
Blair Joshua James	Practitioner - Non-Primary Care Provider (PCP)	▼	▼								
Stockel Ilene	Practitioner - Non-Primary Care Provider (PCP)										
Finkelstein Naomi Mrs.	Practitioner - Non-Primary Care Provider (PCP)										
Abel Ben Sheperds Nimmagadda	Practitioner - Non-Primary Care Provider (PCP)										
Wexler Eric Michael	Practitioner - Non-Primary Care Provider (PCP)										
Dowden Gina Marie	Practitioner - Non-Primary Care Provider (PCP)										
Danna Aitken	Practitioner - Non-Primary Care Provider (PCP)										
Angioletti Lee Mitchell Md	Practitioner - Non-Primary Care Provider (PCP)										
Dellagrecia Patricia A	Practitioner - Non-Primary Care Provider (PCP)	▼									
Sauer Maegan R	Practitioner - Non-Primary Care Provider (PCP)										
Kroopnick, Lisa	Practitioner - Non-Primary Care Provider (PCP)					▼					
Ben-Dov Ester	Practitioner - Non-Primary Care Provider (PCP)										
Mehta Jayesh Ramniklal Md	Practitioner - Non-Primary Care Provider (PCP)										
Levy Michael I Md	Practitioner - Non-Primary Care Provider (PCP)	▼				▼	▼				



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Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i				
Patel Payal	Practitioner - Non-Primary Care Provider (PCP)											
Moses-Westphal, Kristen	Practitioner - Non-Primary Care Provider (PCP)					▼						
Snyder Rachel	Practitioner - Non-Primary Care Provider (PCP)						▼					
Morgan Barbara	Practitioner - Non-Primary Care Provider (PCP)											
Jangda Hameeda	Practitioner - Non-Primary Care Provider (PCP)					▼						
Levine Sander Mark	Practitioner - Non-Primary Care Provider (PCP)											
Simon Justine R	Practitioner - Non-Primary Care Provider (PCP)											
Mia Wolinsky-Zazon	Practitioner - Non-Primary Care Provider (PCP)	▼				▼	▼					
Schuster Samuel	Practitioner - Non-Primary Care Provider (PCP)	▼				▼	▼					
Tsui Eva C	Practitioner - Non-Primary Care Provider (PCP)											
Margaret Amaturro	Practitioner - Non-Primary Care Provider (PCP)											
Pickett Elizabeth S	Practitioner - Non-Primary Care Provider (PCP)	▼		▼		▼	▼					
Laidlaw Ian R	Practitioner - Non-Primary Care Provider (PCP)											
Mysliwiec Pawel Eugeniusz	Practitioner - Non-Primary Care Provider (PCP)											
Juricek , Mira	Practitioner - Non-Primary Care Provider (PCP)					▼						
Ellenville Reg Hsp	Hospital											
Good Samaritan Hosp Med Ctr	Hospital							▼				
Westchester Med Ctr	Hospital	▼										
Summit Park Hospital Rockland	Hospital											
Good Samaritan Hsp Suffern	Hospital							▼				
Gilbride Pia Marie	Clinic											
Ellenville Reg Hsp	Clinic											
St Christophers Inn Inc	Clinic			▼	▼	▼	▼					
Ezras Choilim Hlth Ctr Inc	Clinic	▼	▼	▼	▼	▼	▼					
Refuah Health Center Inc	Clinic	▼	▼	▼	▼	▼	▼	▼				
Sullivan Cy Bd Of Supv Cy Phn	Clinic											
Greater Hudson Valley Fam Hlt, The	Clinic	▼	▼					▼				
Jawonio Inc	Clinic	▼		▼		▼	▼					
Rockland County Health Dept	Clinic	▼				▼						
Good Samaritan Hosp Med Ctr	Clinic							▼				
Westchester Med Ctr	Clinic	▼										



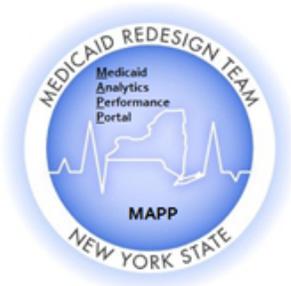
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Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i				
Summit Park Hospital Rockland	Clinic											
Good Samaritan Hsp Suffern	Clinic							▼				
University Optometric Ctr	Clinic											
Yedei Chesed Inc	Clinic											
Birkenfeld Jody	Clinic	▼		▼		▼						
Fleisher Denise	Clinic	▼		▼		▼						
Karen Mcmanon	Clinic											
Jean Adler Ms Ccc Slp	Clinic											
Mary Steinberg	Clinic											
Deborah Lenore Bolzan	Clinic											
Jawonio Mh	Case Management / Health Home	▼					▼					
Mental Hlth Assoc Rocklan Co	Case Management / Health Home							▼				
Mental Health Association In	Case Management / Health Home					▼						
Mental Hlth Assoc Mh	Case Management / Health Home											
Omrdd/Share Of New Square-Hv	Case Management / Health Home											
Omrdd/Independent Living Inc	Case Management / Health Home							▼				
Omrdd/Orange Chap Nysarc-Hv	Case Management / Health Home											
Omrdd/Jawonio Inc	Case Management / Health Home	▼					▼					
Omrdd/Crystal Run Village-Lv	Case Management / Health Home											
Rehabilitation Supp Svcs C	Case Management / Health Home							▼				
Cah Orange Cnty Doh Div Phn	Case Management / Health Home					▼		▼				
Sullivan Cy Bd Of Supv Cy Phn	Case Management / Health Home											
Sullivan Cnty Pub Hlth Ser	Case Management / Health Home											
Rockland Doh Nursing Div Co	Case Management / Health Home	▼										
Omrdd/Chem Developmental Disability	Case Management / Health Home											
Yedei Chesed Inc	Case Management / Health Home					▼						
Honor Ehg Inc	Case Management / Health Home							▼				
Chevalier Naomi	Mental Health	▼		▼	▼	▼	▼					
Galli Viviana	Mental Health											
Torres-Orta Minerva	Mental Health											
Parikh Parinda	Mental Health											



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Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i				
Heim Amy	Mental Health											
Vandenheuvel Angela	Mental Health											
Hoerter Susan L	Mental Health											
Hlubik Vivian	Mental Health	▼				▼	▼					
Morales Denise	Mental Health	▼	▼									
Patel Ashok A Md	Mental Health											
Posada Gerardo A Md	Mental Health											
Traube Renee	Mental Health	▼		▼	▼	▼	▼					
Mental Hlth Assoc Rocklan Co	Mental Health							▼				
Rockland Pc	Mental Health											
Mental Health Association In	Mental Health					▼						
Mason Linda	Mental Health											
Sharma Parvesh Kumar Md	Mental Health											
Price Richard L	Mental Health					▼						
Kandera John	Mental Health	▼										
Waite Leslie	Mental Health	▼					▼					
Bikur Cholim Inc	Mental Health					▼						
Lachman Solomon P	Mental Health											
Win Phone Myint Md	Mental Health											
Panzarino Peter J Md	Mental Health											
Cotto Sylvia	Mental Health					▼						
Bender Evan David Md	Mental Health											
Hizami Ronen Md	Mental Health											
Michaels Rachel	Mental Health	▼					▼					
Khan Tabassum Y Md	Mental Health											
Wolf Jonathan Md	Mental Health											
Lamm Joshua	Mental Health	▼		▼	▼	▼	▼					
Rowe Timothy Owen	Mental Health			▼	▼	▼	▼					
Aftab Naeem Md	Mental Health											
Rehabilitation Supp Svcs C	Mental Health							▼				
Loeb House Inc	Mental Health											

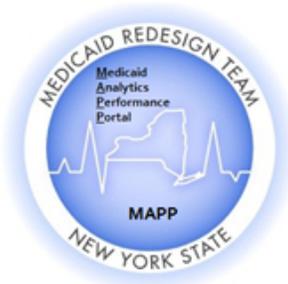


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Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i				
Rockland Hospital Guild Inc	Mental Health											
Cabasso Arnold Lawrence	Mental Health	▼					▼					
Altman Robert J	Mental Health											
Karroum Nabil Hanna Md	Mental Health	▼				▼	▼					
Rockland Childrens Pc	Mental Health											
Levy Michael I Md	Mental Health	▼					▼					
Tarle Marc E Md	Mental Health											
Orange Cnty Dept Mental Healt	Mental Health											
Westchester Med Ctr	Mental Health	▼			▼	▼						
Summit Park Hospital Rockland	Mental Health											
Good Samaritan Hsp Suffern	Mental Health					▼		▼				
Chellappa Paul Md	Mental Health											
Rosenberg Samuel	Mental Health	▼		▼	▼	▼	▼					
Curry Colleen	Mental Health											
Frohlich Jonathan	Mental Health					▼						
Baynon Diane	Mental Health						▼					
Lala Catherine	Mental Health											
Israel Elise	Mental Health											
Vega Irma	Mental Health											
Thomson Martha	Mental Health											
Strohli Avraham	Mental Health	▼					▼					
Weinstock Lisa Sundeen	Mental Health											
Rehabilitation Support Services Inc	Mental Health							▼				
Rivera Sandy	Mental Health	▼										
Jawonio Inc	Mental Health	▼					▼					
Shiffman Holly Aleta	Mental Health											
Teitelbaum Yisroel	Mental Health											
Bhatti Saeed I	Mental Health	▼										
Sachakov Christine	Mental Health											
Horowitz Miriam	Mental Health	▼		▼	▼	▼	▼					
Barker Beth A	Mental Health											

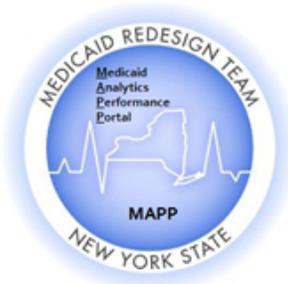


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Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i				
Acosta Elysia	Mental Health											
Rizk Rasha	Mental Health											
Synergy Of Monticello Inc	Mental Health											
Srisaila Suma	Mental Health	▼					▼					
Breitbart Jennifer	Mental Health											
Guiney Robin Gerry	Mental Health											
Feiner Jonathan Michael	Mental Health											
Serrano-Delgado Rosa	Mental Health											
Mckenzie Hugh	Mental Health	▼										
Bobroff Miriam	Mental Health	▼										
Sanchez Yadira Mabel	Mental Health											
Sadler Pablo	Mental Health	▼					▼					
Win Thandar A	Mental Health											
Weisz Shoshana	Mental Health	▼	▼				▼					
Saperstein Ruth	Mental Health	▼		▼	▼	▼	▼					
Vcs Inc	Mental Health											
Silverman Chananyah	Mental Health	▼		▼	▼	▼	▼					
Tucker Christen Aniese	Mental Health											
Mental Hlth Assoc Rocklan Co	Substance Abuse							▼				
Catholic Charities Community	Substance Abuse						▼	▼				
St Christophers Inn Inc	Substance Abuse				▼	▼	▼					
Child & Fam Guid Ctr Adict Sv	Substance Abuse											
Restorative Management Corp	Substance Abuse						▼	▼				
Richard C Ward A T C	Substance Abuse											
Russell E Blaisdell A T C	Substance Abuse							▼				
Regional Econ Comm Act Prog	Substance Abuse											
Lexington Ctr For Recovery	Substance Abuse	▼										
Greater Hudson Valley Fam Hlt, The	Substance Abuse	▼	▼					▼				
Westchester Med Ctr	Substance Abuse	▼				▼						
Summit Park Hospital Rockland	Substance Abuse											
Good Samaritan Hsp Suffern	Substance Abuse							▼				



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Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i				
Lexington Center For Recovery	Substance Abuse	☑										
Northern Manor Geri Ctr Adhc	Nursing Home											
Northern Metro Rhcf Non-Occ	Nursing Home											
Schervier Nursing Care Center	Nursing Home											
Summit Park Nursing Care Ctr	Nursing Home											
Achieve Rehab & Nursing Fac	Nursing Home											
Northern Riverview Hcc Inc	Nursing Home											
Pine Valley Center Reh & Nrs	Nursing Home											
Cvs Albany Llc	Pharmacy											
Rx Consultant Pharmacy Inc	Pharmacy											
Cvs Albany Llc	Pharmacy											
Cvs Albany Llc	Pharmacy											
Refuah Health Center Inc	Pharmacy	☑	☑	☑	☑	☑	☑	☑				
Cvs Albany Llc	Pharmacy											
Kiryas Joel Pharmacy Inc	Pharmacy											
Greenbaums Pharmacy Inc	Pharmacy											
Cvs Albany Llc	Pharmacy											
Cvs Albany Llc	Pharmacy											
Cvs Albany Llc	Pharmacy											
Good Samaritan Hosp Med Ctr	Pharmacy								☑			
Summit Park Hospital Rockland	Pharmacy											
Cvs Albany Llc	Pharmacy											
Northern Metro Rhcf Non-Occ	Hospice											
Hospice Of Orange/Sullivan Cn	Hospice											
Sullivan Cnty Pub Hlth Ser	Hospice											
Dominican Sister Family Healt	Hospice											
Achieve Rehab & Nursing Fac	Hospice											
Good Samaritan Hsp Suffern	Hospice								☑			
Pine Valley Center Reh & Nrs	Hospice											
Alcoholism & Drug Abuse Council Of Orange County	Community Based Organizations											
Bon Secours Medical Group	Community Based Organizations											

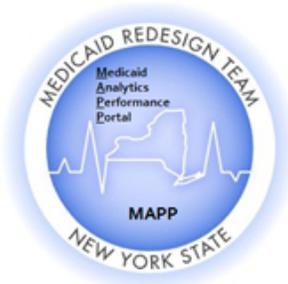


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Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i				
Byadgi Shalini	Community Based Organizations											
Catholic Charities Community Services Of Rockland	Community Based Organizations											
Chemlu Developmental Disabilities Center, Inc	Community Based Organizations											
Children'S Health & Research Foundation, Inc.	Community Based Organizations											
Community Awareness Network For A Drug-Free Life And Environment, (Candle)	Community Based Organizations											
Compeer, Inc.	Community Based Organizations											
Dbma/Maaluh Disabilities Services	Community Based Organizations											
Evers Martin	Community Based Organizations											
Jawonio	Community Based Organizations	▼				▼	▼					
Jawonio Inc- Consumer Directed Personal Assistance	Community Based Organizations	▼				▼	▼					
Jawonio Inc- Day Habilitation	Community Based Organizations	▼				▼	▼					
Jawonio Inc- Day Services	Community Based Organizations	▼				▼	▼					
Jawonio Inc- Employment/Preemployment Svcs	Community Based Organizations	▼				▼	▼					
Jawonio Inc- Pre Vocational & Voc Svcs	Community Based Organizations	▼				▼	▼					
Jewish Family Service Of Orange County	Community Based Organizations											
Maternal-Infant Services Network Of Orange, Sullivan And Ulster Counties, Inc.	Community Based Organizations											
Nami-Familya Of Rockland County Inc.	Community Based Organizations											
Open Arms Incorporated	Community Based Organizations											
Orange County Department Of Mental Health	Community Based Organizations											
Refuah Health Center	Community Based Organizations	▼	▼	▼	▼	▼	▼	▼				
Rockland Council On Alcoholism And Other Drug Dependence, Inc.	Community Based Organizations											
Rockland Immigration Coalition	Community Based Organizations											
Sakina Khan	Community Based Organizations											
Village Of Haverstraw'S Department Of Youth & Family Service	Community Based Organizations											
Lagerberg Ruth Elaine	All Other	▼	▼	▼	▼	▼	▼					
Rutman Hadassa	All Other											
Chevalier Naomi	All Other	▼		▼	▼	▼	▼					
Crist Rebecca Lynn Cnm	All Other											
Allen Joel	All Other	▼			▼		▼					



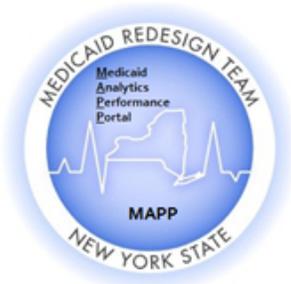
**New York State Department Of Health  
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**DSRIP Implementation Plan Project**

**Refuah Community Health Collaborative (PPS ID:20)**

\* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i				
Tran Anhtho	All Other											
Parikh Parinda	All Other											
Han Liying	All Other											
Chirumamilla Amala	All Other											
Louis Emmanise	All Other											
Cavanaugh Sean J Rpa	All Other											
Rosenblum Sean David Dpm	All Other	▼		▼	▼	▼						
Goldberg Ythan Md	All Other											
Hertford Douglas E. Md	All Other											
Llerena Cristina	All Other											
Bravo Teresa Beatriz Md	All Other	▼	▼									
Bosco Vincent J Rpa	All Other	▼										
Kakkanatt Anand Md	All Other											
Silber Avi Katnel Md	All Other	▼	▼									
Callanan Emily M Np	All Other											
Goumas William Marcus Md	All Other											
Elmore Dillard	All Other											
Feistmann Jonathan Md	All Other											
Gershen Ruth	All Other	▼	▼	▼	▼	▼	▼					
Ayodeji Adeola	All Other	▼	▼									
Katz Doron	All Other	▼	▼	▼	▼	▼	▼					
Chesner Rina	All Other	▼	▼	▼	▼	▼						
Silberberg Charles Do	All Other											
Katz Tamir	All Other	▼	▼	▼	▼	▼	▼					
Traube Renee	All Other	▼		▼	▼	▼	▼					
Lucas Tracy	All Other	▼	▼									
Avella Thomas Md	All Other											
Mental Hlth Assoc Rocklan Co	All Other							▼				
Casale Pasquale Md	All Other	▼		▼	▼	▼						
Catholic Charities Community	All Other							▼				
Chemlu Dev Disab Ctr Rsp	All Other											



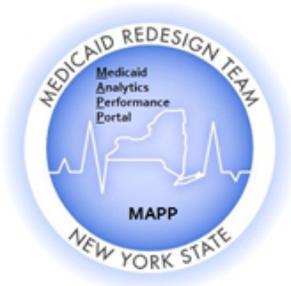
**New York State Department Of Health  
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Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i				
Byadgi Shalini Md	All Other											
Chemlu Dev Disab Ctr	All Other											
Gribetz Irwin X	All Other	▼		▼	▼	▼						
Jawonio Inc Day	All Other	▼					▼					
Occhiogrosso Deborah M Np	All Other											
Carrano Inocencia Md	All Other											
Murphy Francis X	All Other	▼					▼					
Millos Rosana Teresita Md	All Other											
Chinea Carmen	All Other	▼	▼									
Castro Jonathan M	All Other	▼										
Hassoun Abeer Abbas Md	All Other	▼		▼	▼	▼						
Jurman Marlene	All Other											
Pinto Eduardo Navarro	All Other											
Hodgens Donna A	All Other											
Kim David	All Other	▼										
Koulova Lidia Borissova	All Other											
Laster Avi S	All Other											
Crystal Run Village Inc Fsr 1	All Other											
Crystal Run Village Inc Rsp	All Other											
Chang Benjamin Md	All Other											
Jawonio Inc Rsp	All Other	▼					▼					
Share Of New Square Rsp	All Other											
Jacob Brian Peter Md	All Other	▼		▼	▼	▼						
Lombardi Filomena	All Other											
Aron Tzvi Gottesman Od	All Other	▼			▼		▼					
Taylor Gregory Warwick Md	All Other											
Klein Frieda	All Other	▼					▼					
Friedman Ronit	All Other	▼		▼	▼	▼						
Cuevas Asima	All Other											
Chae Susan Y	All Other	▼					▼					
Zachariah Mano	All Other											



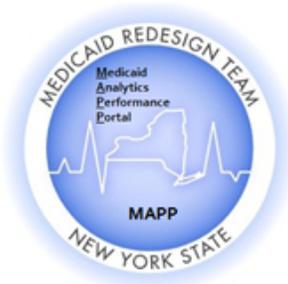
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Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i				
Shapiro Carin	All Other	▼					▼					
Morales Frank	All Other											
Bikur Cholim Inc	All Other											
Becker Steven Eric Md	All Other	▼	▼	▼	▼	▼	▼					
Crystal Run Village Inc Nd5	All Other											
Leen Jeffrey S Md	All Other											
Levi Yaakov E	All Other											
Aschkenasy Robin	All Other	▼	▼				▼					
Katz Micah	All Other	▼	▼				▼					
Rutner Daniella	All Other											
Vinick Daniel E Md	All Other	▼		▼	▼	▼						
Krumholtz Ira	All Other											
Yang Andrea	All Other											
Carter Tanya	All Other											
Han Myoung	All Other											
Varon Rose	All Other	▼	▼	▼	▼	▼	▼					
Gribetz Bruce	All Other											
Ngo Tammy Phuong	All Other											
Deleon Deogenes G Md	All Other											
Alianakian Rosine	All Other											
Mcsweeney Elizabeth R	All Other	▼	▼	▼	▼	▼	▼					
Kaplan Evan	All Other											
Patel Prakash Nanubhai Md	All Other											
Weeks Williams David	All Other				▼		▼					
Hechanova Arnel B Md	All Other	▼	▼	▼	▼	▼	▼					
Cotto Sylvia	All Other											
Johnson Wendy	All Other											
Nysarc Inc Orange Cnty Smp	All Other											
Jawonio Inc Spv	All Other	▼					▼					
Crystal Run Village Inc Spv	All Other											
Shinder Neil Md	All Other											



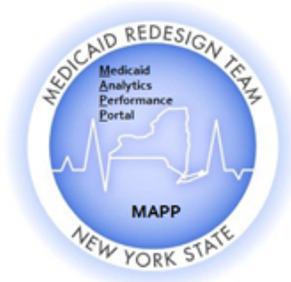
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Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i				
Bezdicek Petr Md	All Other											
Creech Charlotte L	All Other											
Shah Anita C Md	All Other											
Shah Parag J Md	All Other											
Katz Ira Andrew Md	All Other											
Jawonio Inc Smp	All Other	▼					▼					
J & P Watson	All Other											
Bu Davis Thomas Md	All Other											
Crystal Run Village Smp	All Other											
Jawonio Inc Altman Icf	All Other	▼					▼					
Dayan Alan R Md	All Other											
Foca Marc D Md	All Other	▼		▼	▼	▼						
Hornig Jack W Md	All Other											
Jawonio Inc Wesley Icf	All Other	▼					▼					
Beacon Medical Pc	All Other											
Vip Health Care Svcs	All Other											
Vricella Marilyn	All Other											
Larson Steven	All Other											
Krumholz David	All Other											
Kapoor Neera	All Other											
Dul Mitch	All Other											
Appel Julia	All Other											
Hafeez Mohammad Md	All Other											
Revoredo Fred Md	All Other	▼	▼				▼					
Swaby Stanley Stephen Do	All Other	▼										
Ellenville Reg Hsp	All Other											
Hizami Ronen Md	All Other											
Allison Karen Melanie Md	All Other											
Jawonio Inc Hcbs 5	All Other	▼					▼					
Pasha Ghousia Jabeen Md	All Other											
Luchs Scott Glenn Md	All Other											



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Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i				
Tighe John Francis Jr Md	All Other											
Michaels Rachel	All Other	▼					▼					
Okene Ovundah Edwin Md	All Other											
Greco Robert N Md	All Other											
Thau Andrea	All Other											
Sherman Jerome	All Other											
Schuettenberg Susan	All Other											
Richter Scott	All Other											
Canellos Harriette	All Other											
Adamczyk Diane	All Other											
Schwartz Elizabeth C Cnm	All Other	▼										
Zuckerman Deschino Diane Md	All Other											
Begley-Pritzker Kathleen	All Other											
Zaslofsky Judith	All Other											
McGovern Michael J Od	All Other											
Nelson Shirley W Do	All Other											
Brooks Janet Cnm	All Other	▼										
Haskes Lloyd Partman	All Other											
Leahy Mary Md	All Other											
Lamm Joshua	All Other	▼		▼	▼	▼	▼					
Ferrara Lisa A	All Other											
Rubin Iris Caridad	All Other	▼										
Stock Jeffrey A Md	All Other	▼		▼	▼	▼						
Northern Manor Geri Ctr Adhc	All Other											
Jawonio	All Other	▼					▼					
Dorfman Robert P Md	All Other	▼										
Wolintz Robyn Joy Md	All Other											
Lanzkowky Jonathan Md	All Other	▼		▼	▼	▼						
Shahid Muhammad Amir Md	All Other											
Cruz Madeline Dpm	All Other	▼										
Kile Kristopher Trenton	All Other											



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Participating in Projects											
Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i			
Shapiro Deborah Ann Md	All Other										
Green Herbert	All Other										
Sanchez Julian William	All Other	▼		▼	▼	▼					
White Lalura Rose Md	All Other										
Fishkind Perry Md	All Other	▼	▼	▼	▼	▼	▼				
Rockland Independent Liv Ctr	All Other			▼	▼						
Reichard Steven Gerard Md	All Other										
Nazario-Blas Rudolfo A Md	All Other						▼				
St Christophers Inn Inc	All Other				▼		▼				
Polistina Dean Carl Md	All Other										
Ezras Choilim Hlth Ctr Inc	All Other	▼	▼		▼		▼				
Sharfuddin Muhammad S Md	All Other										
Kaminetzky Jeffrey S Md	All Other	▼	▼		▼		▼				
Halevy-Avgush Rachel	All Other										
Diamant Esther Pamela Md	All Other	▼	▼	▼	▼	▼	▼				
Rosini Jane E Md	All Other										
Costley Sandra Y Md	All Other										
Root Lee P Md	All Other										
Kazanjan Hratch Karnik Md	All Other										
Shih Andrew Chih Md	All Other										
Gamzel Ny Inc	All Other										
Gluck-Shats Maya Md	All Other										
J & P Watson Inc	All Other										
Schlussel Richard Norman Md	All Other										
Wachs Eric A Dmd	All Other	▼		▼	▼	▼					
Nastase Liviu Md	All Other	▼									
Miller Dean A Md	All Other										
Child & Fam Guid Ctr Adict Sv	All Other										
Karsif Karen S Md	All Other										
Zaghi Ramin	All Other	▼		▼	▼	▼					
Weingarten-Kann Phyllis E Md	All Other										



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Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i				
Schaffer Alan E Md	All Other											
Angioletti Lee Mitchell Md	All Other											
Schwartz Arie Md	All Other	▼					▼					
Richard C Ward A T C	All Other											
Lowe Teresa Ann Od	All Other											
Korman Jerald Md	All Other											
Refuah Health Center Inc	All Other	▼	▼	▼	▼	▼	▼	▼				
Kramer Andrew Ronald Md	All Other	▼		▼	▼	▼						
Eviatar Joseph Alexander Md	All Other											
Koster Harry Robert M Md	All Other											
Americare Certified Ss Inc	All Other											
East Ramapo Central S D	All Other											
Stylianios Steven Md	All Other	▼		▼	▼	▼						
Shuster Edward G Md	All Other											
Angioletti Louis Scott Md	All Other											
Crystal Run Chestnut Ridge	All Other											
Alam Mehjabeen Md	All Other											
Crystal Run Seymour Dr Icf	All Other											
Crystal Run Bayard Lane Icf	All Other											
Lifeline Systems, Inc	All Other											
Cah Orange Cnty Doh Div Phn	All Other							▼				
Caro Edgar S Md	All Other											
Ayers Frederick P Md	All Other											
Berkowitz Jessica F Md	All Other											
Costley-Hoke Karen M Md	All Other											
Tash Robert Ryan Md	All Other											
Rosen Michael Md	All Other	▼	▼	▼	▼	▼	▼					
Sheares Beverley Jeanne Md	All Other	▼		▼	▼	▼						
Kozin Arthur M Md	All Other											
Zemel Anna Rynskaya Md	All Other											
Barenfeld Howard L Md	All Other	▼	▼				▼					



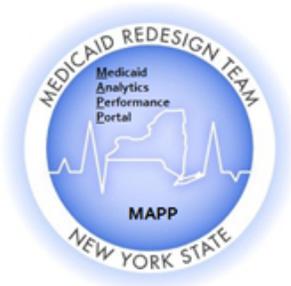
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Participating in Projects											
Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i			
Eichenfield Andrew Howard Md	All Other	▼		▼	▼	▼					
Antoine Michel Md	All Other	▼									
Shreedhar Rakesh Md	All Other										
Dominican Sisters Family Lthh	All Other										
Mencia Ramon Pedro Md	All Other	▼		▼	▼	▼					
Lazar Stephen Dale Md	All Other	▼									
Goldberg Joel Bennett Od	All Other	▼		▼	▼	▼	▼				
Northern Metro Rhcf Non-Occ	All Other										
Parness Ira A Md	All Other	▼		▼	▼	▼					
Berkowitz Bennett J Md	All Other	▼		▼	▼	▼					
Shah Vikram P Md	All Other										
Hospice Of Orange/Sullivan Cn	All Other										
Bernstein Scott Alan Md Pc	All Other										
Grazi Victor Md	All Other	▼		▼	▼	▼					
Levy Steven Robert	All Other										
Com Hlth Aide Services	All Other										
Portello Joan K	All Other										
Watson Catherin Pace	All Other										
Schwartz Jerrold F Md	All Other	▼	▼	▼	▼	▼	▼				
Bowman Ralph Edward	All Other										
Facelle Thomas L Md	All Other										
Tendler Yacov Md	All Other										
Bernard Peter Jay Md	All Other	▼		▼	▼	▼					
Birns Douglas R Md Md	All Other	▼		▼	▼	▼					
Sullivan Cnty Pub Hlth Ser Lthhcp	All Other										
Smith Philip S Md	All Other	▼									
Corsaro Maria	All Other										
Domosi Dennis Md	All Other										
Henson Elliot M Md	All Other										
Weingarten Marvin J Md	All Other										
Schechter Andrew Gary Md	All Other										



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Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i				
Morrison Scott I Od	All Other											
Madonna Richard James	All Other											
Harris Leon S Md	All Other											
Kwik Care Rockland Ltd	All Other											
Valdes Marie Elizabeth Md	All Other											
Hirsch Cary Md	All Other											
Cantor Richard S Md	All Other											
Curreri Robert L Md	All Other											
Sawhney Suman Kumar Md	All Other											
Pagnani Daniel J Md Jr	All Other											
Devincenzo Salvatore John Md	All Other											
Kwik-Care Westchester Ltd	All Other											
Mark Madis Md Lic	All Other											
Silverman Rubin S Md	All Other											
Rockland Childrens Pc	All Other											
Rao Geetha P Md	All Other											
Klein Mitchell L Md	All Other											
Lutwak Seymour H Md	All Other	▼					▼					
Lexington Ctr For Recovery	All Other	▼										
Vip Health Care Services	All Other											
Stamm Joseph Martin Od	All Other											
Wetherbee Roger Ellis Md	All Other											
Menitove Stephen M Md	All Other											
Summit Park Hosp Non Occ	All Other											
Fiore John Leonard Md	All Other											
Giovinazzo Vincent Jerome Md	All Other											
Kaplan Jeffrey Gene	All Other	▼					▼					
Bass Sherry J Od	All Other											
Weltin Johannes D Md	All Other	▼	▼	▼	▼	▼	▼					
Sadaghiani Hassan Md	All Other											
Orange Cnty Dept Mental Healt	All Other											



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Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i				
Osei Clement Md	All Other											
Shapiro Stephen B Md	All Other				▼		▼					
Bhardwaj Sushil Md	All Other											
Jawonio Inc Fisher Icf	All Other	▼					▼					
Sullivan Cy Bd Of Supv Cy Phn	All Other											
Greater Hudson Valley Fam Hlt, The	All Other	▼	▼					▼				
Kramer Theodore Md	All Other											
Zalaznick Steven M Od	All Other											
Shapiro Lawrence R Md	All Other											
Shanin Richard Dpm Pc	All Other	▼					▼					
Baskin Howard F Dpm	All Other	▼					▼					
Sullivan Cnty Pub Hlth Ser	All Other											
Yablon Steven B Md	All Other											
Jawonio Inc	All Other	▼					▼					
Appleman Warren Md	All Other											
Horn David Od	All Other	▼		▼	▼	▼						
Lieder Joseph N O D	All Other											
Rockland County Health Dept	All Other	▼										
Dominican Sister Family Healt	All Other											
Rockland Doh Nursing Div Co	All Other	▼										
Schervier Nursing Care Center	All Other											
Summit Park Nursing Care Ctr	All Other											
Good Samaritan Hosp Med Ctr	All Other							▼				
Westchester Med Ctr	All Other	▼										
Summit Park Hospital Rockland	All Other											
Good Samaritan Hsp Suffern	All Other							▼				
Klein Nicholas Md	All Other											
Cox George R Pc Md	All Other											
Muchnick Richard S Md	All Other											
University Optometric Ctr	All Other											
Sharma Devendra M Md	All Other											



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Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i				
Bobroff Lewis M Md	All Other											
Medow Norman B Md	All Other	▼		▼	▼	▼						
Boltin Harry N Md	All Other											
Steinfeld Leonard Md	All Other											
Behnam Mahmood	All Other	▼	▼	▼	▼	▼	▼					
Dzikowski Rena Y Np	All Other	▼		▼	▼	▼						
Frimerman Dan L	All Other	▼		▼	▼	▼						
Simpson Jessica	All Other											
Singh Chanchal	All Other	▼	▼									
St Louis Childebert	All Other											
Mandelbaum Rachel	All Other											
Pine Valley Center Reh & Nrs	All Other											
Chung Danna	All Other											
Nagel Dalia	All Other											
Fisher Lynn	All Other											
Stanberry Andre	All Other											
Ostrowitz Matthew Bennett	All Other											
Tarr Diane E Md	All Other											
Shtrambrand Dmitry Md	All Other											
Aaron Tzvi Hirsh Md	All Other	▼	▼	▼	▼	▼	▼					
Hurwitz Seth Eric	All Other											
Cherian Shoba Anne	All Other	▼	▼									
O'Connor Julie Anne	All Other	▼										
Vip Health Care Services Inc Nhtd	All Other											
Muschel Esther	All Other	▼	▼	▼	▼	▼	▼					
Vip Health Care Services Inc Tbi	All Other											
Nisha Lakhani Md	All Other											
Hook Bathsheba	All Other											
Marinoff Rebecca	All Other											
B Stern Physical Therapy Inc	All Other											
Polinger Adam	All Other	▼	▼				▼					



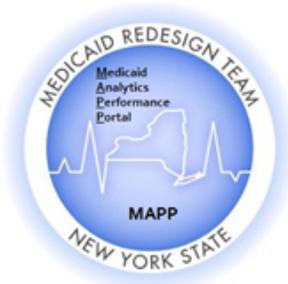
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Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i				
Weinstock Lisa Sundeen	All Other											
Kaplan Michael	All Other	▼	▼	▼	▼	▼	▼					
Reingold Stephen	All Other	▼		▼	▼	▼						
Weibman Sharon	All Other	▼		▼	▼	▼						
Bolan Claire	All Other											
Lubell David B	All Other	▼		▼	▼	▼						
Najovits Andrew Joseph	All Other											
Independent Home Care Inc	All Other											
Chen Jason Chih	All Other											
Nicholas Belasco	All Other											
Zhang Cheng	All Other	▼		▼	▼	▼						
Tracz Michael	All Other											
Peter M Kaye Md	All Other											
Independent Living Inc Smp	All Other							▼				
Mary Katherine Michalak	All Other	▼										
Schulman Erica	All Other											
Frommer Eliezer Aaron	All Other	▼	▼				▼					
Petrovic Ivana	All Other											
Mc Dermott Annemarie	All Other											
Bauer Kristy	All Other											
Berg Jonathan	All Other											
Vip Health Care Services Inc	All Other											
Lehmann Robert Aaron	All Other											
Underwood Patricia Lee Np	All Other											
Petrosyan Tamara	All Other											
Adam Tilson	All Other	▼					▼					
Heller Sandra Rosenfeld	All Other	▼					▼					
The Eliot At Erie Station	All Other											
Kaweblum Moises	All Other											
Provost Melissa	All Other	▼	▼	▼	▼	▼	▼					
Frengle-Burke Ingrid	All Other	▼										



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\* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i				
Goldstein Norman	All Other											
Stead Lesley Ann	All Other											
Hay Elena	All Other											
Paul Leena	All Other											
Elstein Yonatan	All Other											
Carr Hemlata	All Other	▼	▼									
Segal Gershon	All Other	▼										
Jacob Stanley	All Other											
Blumberg Dana Meredith	All Other											
Thalappillil Jenny	All Other											
Bruno Jaclyn	All Other											
Nagarwala Faisal Md	All Other	▼	▼	▼	▼	▼	▼					
Friedman Morris	All Other	▼	▼	▼	▼	▼	▼					
Chen Yong	All Other											
Lusman Sarah Shrager	All Other											
Bhatti Saeed I	All Other	▼										
Russo Rocco Md	All Other	▼	▼									
Wong Thomas	All Other											
Lambert-Derario Lori	All Other											
Osei Raphael Kwaku	All Other	▼										
Rayavarapu Manisha	All Other											
Kirpan Michael	All Other											
Gitty Weisz	All Other	▼					▼					
Schneider Loren J	All Other	▼		▼	▼	▼						
Yedei Chesed Inc	All Other											
Shah Anuj	All Other											
Tehrani Rachel	All Other	▼	▼	▼	▼	▼	▼					
Eng-Burger Mallory	All Other	▼	▼	▼	▼	▼	▼					
Walsh Erin Kelly	All Other	▼		▼	▼	▼						
Patel Payal	All Other											
Podziewski Judy Fnp-C	All Other											



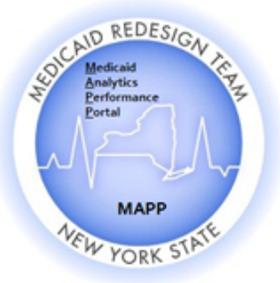
**New York State Department Of Health  
Delivery System Reform Incentive Payment Project**

**DSRIP Implementation Plan Project**

**Refuah Community Health Collaborative (PPS ID:20)**

\* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i				
Iacono Danielle	All Other											
Madison Karen	All Other											
Rubchinski Elena	All Other											
Davidson Brooke Lindsley	All Other	▼		▼	▼	▼						
Shanmugam Malathi	All Other											
Jaravaza Mukai Heather	All Other	▼	▼									
Thomas Koreen	All Other	▼	▼									
Oakes Jessica L	All Other											
Beruke Hanna	All Other											
Theodore Carol	All Other	▼	▼	▼	▼	▼	▼					
Zikorus Caithleen P	All Other	▼	▼	▼	▼	▼	▼					
Nguyen Tracy Thuy	All Other											
Berrak Su Gulsun	All Other	▼	▼	▼	▼	▼	▼					
Pickett Elizabeth S	All Other	▼		▼	▼	▼						
Duchnowski Eva	All Other											
Latpate Prashant Pandurang	All Other											
Zierler Bernice	All Other	▼		▼	▼	▼						
Ayala Ramses Federico	All Other											
Neuman Adi J	All Other											
Schuman Aviva Leah	All Other	▼	▼	▼	▼	▼	▼					
Rilc Inc Semp	All Other											
Gearing Bobby	All Other											
Ty Sin	All Other											
Mergi Danny	All Other											
Brooks Steven Elliot	All Other											
Lisenby Veronica	All Other											
255 Lafayette Ave	All Other											
Canestraro Julia	All Other											
Chen Christine W	All Other											
Gould Jennifer Ann	All Other											
Hue Jennifer E	All Other											



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\* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i				
Francis Monica	All Other	▼										
Wilson Dania A	All Other											
Serrano-Delgado Rosa	All Other											
Sanghvi Neha	All Other	▼	▼									
Ijomah Uloma	All Other											
Reyes-Pastorell Evang	All Other											
Kim Soo	All Other											
Ankola Prashant	All Other											
Stahl Ariella	All Other	▼	▼	▼	▼	▼	▼					
Krupka Malka	All Other	▼	▼	▼	▼	▼	▼					
Tam Karen	All Other	▼	▼	▼	▼	▼	▼					
Pilz Yasmine Lian	All Other											
Blum Corinne E	All Other											
Gialvsakis John Peter	All Other											
Dick Donna	All Other	▼	▼				▼					
Vanhoy Christine	All Other	▼										
Mitsumoto Jun	All Other	▼	▼									
Jaiswal Atish	All Other											
Castillo Oscar	All Other	▼		▼	▼	▼						
Nuer Miriam	All Other	▼	▼	▼	▼	▼	▼					
Singer Taryn	All Other	▼	▼	▼	▼	▼	▼					
Geller Lauren	All Other											
Schafer Robyn	All Other											
Shrivastava Sneha	All Other	▼	▼									
Chaudry Samia Riaz	All Other											
Kinberg Sivan	All Other	▼		▼	▼	▼						
Botti Erin	All Other											
Eckstein Pesi	All Other	▼	▼	▼	▼	▼	▼					
Friedman Joyce	All Other											
Khan Sakina	All Other											
Narasimhulu Deepa	All Other											



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\* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i				
Bank Sema Gail	All Other	▼					▼					
Sahai Achal	All Other											
Wexler Eric Michael	All Other											
Dominican Sisters Family Health Service, Inc.	Uncategorized											
Share Of New Square Inc. Community Habilitation	Uncategorized											
Share Of New Square Inc. Family Care	Uncategorized											
Centers Plan For Healthy Living Llc	Uncategorized											
Zhu Xiaoying Dr.	Uncategorized											
Joshi Mirali	Uncategorized											
Schwartz Madeline	Uncategorized											
Cristobal Malourdes	Uncategorized											
Ragunauth Raymon	Uncategorized											
Kerry Davis	Uncategorized					▼						
Ashley Storms	Uncategorized		▼									
Lifeline Systems Company DbA Philips Lifeline	Uncategorized											
Johnson, Edward	Uncategorized	▼										
Joseph, Eleanor	Uncategorized	▼										
Family Home Hlth Care Inc	Uncategorized											
Steven Beenstock	Uncategorized		▼									
Menfi, Debbie - Casac	Uncategorized	▼				▼						
Douglas Sanders	Uncategorized					▼						
Sheana Rankin	Uncategorized											
Donette Smith	Uncategorized					▼						
Susan Hahn	Uncategorized					▼						
Ross, Lois	Uncategorized	▼										
Masters Trishna	Uncategorized											
Wunder Scott	Uncategorized					▼						
Vip Health Care Services, Inc.	Uncategorized											
Anthony Thomas	Uncategorized	▼				▼	▼					
Jessica Torres	Uncategorized											
Pinches Jakobowitz	Uncategorized											



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\* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i				
Tarsnane Allison	Uncategorized											
Smallin, Christine	Uncategorized					▼						
Raba Siljkovic	Uncategorized											
Brianne Fegarsky Lmsw	Uncategorized	▼				▼						
Good Samaritan Hospital	Uncategorized							▼				
Melanie Minica-Vojtek	Uncategorized											
Lewis Zalman Dr.	Uncategorized	▼		▼		▼	▼					
Jennifer Conforto Lmhc	Uncategorized	▼				▼						
Spoon, Lilyan	Uncategorized											
Hudson River Healthcare, Inc.	Uncategorized	▼	▼					▼				
The Eliot At Erie Station Lhcsa	Uncategorized											
Janet Murphy	Uncategorized	▼				▼	▼					
Community Health Aide Services, Inc.	Uncategorized											
Monica Carr	Uncategorized	▼				▼	▼					
Julie Denny	Uncategorized					▼						
Andrew Lubeskie	Uncategorized											
Sylvester Carter	Uncategorized											
Roxanne Eagan	Uncategorized											
Bauman Ira Dr.	Uncategorized	▼		▼		▼	▼					
Spool, Roger	Uncategorized											
James Tracy Mrs.	Uncategorized											
Cheryl Donnelly	Uncategorized					▼						
Rockland Paramedic Services, Inc.	Uncategorized					▼						
Rotolo, Loretta	Uncategorized											
Parrillo Matthew Mr.	Uncategorized											
Korotkin, Bernard	Uncategorized	▼										
Terri Schoenfeld	Uncategorized	▼				▼	▼					
Linda Filipowicz	Uncategorized					▼						
Cudlitz, Robin	Uncategorized											
Laurel Sharp	Uncategorized					▼						
Shab Benz	Uncategorized											

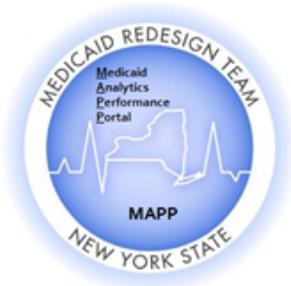


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 Delivery System Reform Incentive Payment Project  
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**Refuah Community Health Collaborative (PPS ID:20)**

\* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i				
Dennehy, Christopher	Uncategorized											
Vajifdar, Dilnaz Miss	Uncategorized						▼					
Evan Schwadron	Uncategorized					▼						
Mauro Patricia Miss	Uncategorized					▼						
Mazur-Kazan, Victoria	Uncategorized					▼						
Shenita Haynes	Uncategorized											
Rosenthal, Jonathon	Uncategorized	▼										
Independent Home Care	Uncategorized											
Charmant Marie	Uncategorized					▼						
Jason Mayer	Uncategorized					▼						
Better Days Adult Daycare	Uncategorized											
Juliet Steibeck Casac	Uncategorized	▼				▼						
Adrienne Denson	Uncategorized					▼						
Lynn Guilfoyle	Uncategorized					▼						
Zucker, Caren	Uncategorized											
Friendship Adc Llc	Uncategorized											
Isaac Schechter	Uncategorized					▼						
James Garchitorena	Uncategorized											
Theresa Rattazzi	Uncategorized											
Maria Charney	Uncategorized					▼						
Weilacher Tracy Ms.	Uncategorized					▼						
Fray, Jeanine	Uncategorized											
Haber Gabrielle	Uncategorized					▼						
Taft, Juile	Uncategorized	▼										
Mullin Megan	Uncategorized											
Puglia Linda	Uncategorized					▼						
Kathleen Moloney	Uncategorized					▼						
Chris Pulakos	Uncategorized					▼						
Cody Maura	Uncategorized					▼						
Mirelva, Colon	Uncategorized											
Feldman Batsheva	Uncategorized	▼		▼	▼	▼	▼					

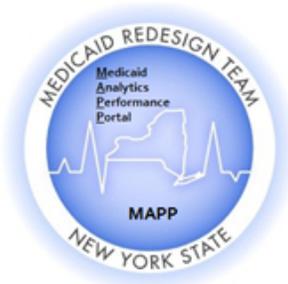


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Delivery System Reform Incentive Payment Project  
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**Refuah Community Health Collaborative (PPS ID:20)**

\* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i				
Peter Marino Sw	Uncategorized	▼				▼						
Van T Do, Dds	Uncategorized											
Vip Health Care Services, Inc.	Uncategorized											
Lynny Bargas	Uncategorized											
Gerald Imperial Rogers	Uncategorized											
Frantzis Irene	Uncategorized											
Johnson Collin	Uncategorized											
Joyce Deghetto	Uncategorized											
Yuen Cathy Wing Man	Uncategorized											
Ogozaly Kristin	Uncategorized					▼						
Habib Salwa	Uncategorized											
Villavicencio Priscilla	Uncategorized					▼						
Gail Alexander	Uncategorized					▼						
Bodner Yaakov	Uncategorized											
Marlene Bastien	Uncategorized					▼						
Hospitality House, Tc, Inc.	Uncategorized											
Mary Alice Edwards	Uncategorized											
Sandra Abitbol	Uncategorized					▼						
Zoya Shir	Uncategorized											
Tan Connie	Uncategorized											
Eleftherion, Caitlin	Uncategorized											
Rajan Baranwal	Uncategorized					▼						
Lagattuta, Lisa	Uncategorized											
All Pro Home And Health Care Services, Inc	Uncategorized											
Westline Prophete	Uncategorized					▼						
Ortiz-Fattizzi, Grace	Uncategorized											
Lee Swerdloff, Pharmacist	Uncategorized											
Cortney Hutting	Uncategorized											
Jawonio Inc Cdpa	Uncategorized	▼					▼					
Americare, Inc.	Uncategorized											
Refuah Health Center	Uncategorized	▼	▼	▼	▼	▼	▼	▼				

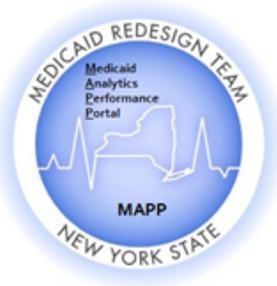


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 Delivery System Reform Incentive Payment Project  
 DSRIP Implementation Plan Project**

**Refuah Community Health Collaborative (PPS ID:20)**

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Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i				
Newman Alanna	Uncategorized											
Conrad Johnson	Uncategorized					▼						
Roe Matthew Dr.	Uncategorized											
Mahadeshwar Ashlesha	Uncategorized											
Vip Health Care Services, Inc.	Uncategorized											
Dale, Figueroa	Uncategorized											
Rockland Children'S Psychiatric Center	Uncategorized											
Rhoda Charles	Uncategorized					▼						
George Priyanka	Uncategorized											
Kristina Peckins Lmhc	Uncategorized	▼				▼						
Faigy Friedman	Uncategorized					▼						
Orange Ahrc - Jean Black School	Uncategorized											
Richard Brondsky	Uncategorized					▼						
Sullivan County Public Hlth Psshsp	Uncategorized											
Dyleski, Robin	Uncategorized						▼					
Anthony Zuccaro	Uncategorized					▼						
Stefanie Formato	Uncategorized											
Hergenhan Kristen	Uncategorized											
Robin Goldstein	Uncategorized					▼						
Hudson River Healthcare, Inc	Uncategorized	▼	▼					▼				
Deena Mogel	Uncategorized					▼						
Jeanette Calara	Uncategorized											
Lisewski, Deirdre	Uncategorized											
Broderick Nathalia	Uncategorized											
Good Samaritan Hospital	Uncategorized							▼				
Colleen Faust	Uncategorized					▼						
Amarawardana Tharanie Dr.	Uncategorized											
Salner Jenna	Uncategorized											
Rockland Mobile Care, Inc.	Uncategorized											
Anne Marie Finneran	Uncategorized											
Michal Lapa	Uncategorized											



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Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i				
Ramos Elaine Dr.	Uncategorized											
Chris Cirrone	Uncategorized					▼						
Dahlke Lane Ms.	Uncategorized					▼						
Janice Cornfield	Uncategorized					▼						
Joyce Lyons	Uncategorized					▼						
Niblo Donna	Uncategorized					▼						
Mammen Shoba	Uncategorized											
Vip Health Care Services, Inc.	Uncategorized											
Rockland County Health Dept	Uncategorized	▼										
Karen Decher	Uncategorized					▼						
Andrea Sherman	Uncategorized											
Andrew Fruhschein	Uncategorized		▼									
Annette Graffeo	Uncategorized					▼						
Bohl Samantha Dr.	Uncategorized											
Devanzo, Dianne	Uncategorized											
Kristen Tracey	Uncategorized											
Ciavorella, Kathleen	Uncategorized	▼										
Ellenberg Leah Dr.	Uncategorized											
Iwona Garben	Uncategorized											
Good Samaritan Hospital	Uncategorized							▼				
Silver Emily	Uncategorized	▼										
Independent Living Inc	Uncategorized							▼				
Wayne Leblanc	Uncategorized					▼						
Benolerao Tom	Uncategorized											
Kathleen Vanderploeg	Uncategorized		▼									
Robert Kolinsky Rph	Uncategorized											
Eloise Ward	Uncategorized											
Kim Tessin	Uncategorized					▼						
Samuel, Marie - Lpn	Uncategorized	▼				▼						
Gary Kogan Csw	Uncategorized	▼				▼						
Refuah Health Center	Uncategorized	▼	▼	▼	▼	▼	▼	▼				



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Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i				
Michael Schwartz, Dentist	Uncategorized											
Kim Kalechstein	Uncategorized					▼						

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