

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

Refuah Community Health Collaborative (PPS ID:20)

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Quarterly Report - Implementation Plan for Refuah Community Health Collaborative

Year and Quarter: DY1, Q4

Quarterly Report Status: Adjudicated

Status By Section

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

Status By Project

| Project ID | Project Title | Status |
|-------------------------|---|-----------|
| 2.a.i | Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management | Completed |
| 2.a.ii | Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP)) | Completed |
| 2.c.i | Development of community-based health navigation services | Completed |
| 3.a.i | Integration of primary care and behavioral health services | Completed |
| 3.a.ii | Behavioral health community crisis stabilization services | Completed |
| 3.a.iii | Implementation of evidence-based medication adherence programs (MAP) in community based sites for behavioral health medication compliance | Completed |
| 4.b.i | Promote tobacco use cessation, especially among low SES populations and those with poor mental health. | Completed |



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Section 01 – Budget

IPQR Module 1.1 - PPS Budget Report (Baseline) - READ ONLY

Instructions :

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

| Budget Items | DY1 (\$) | DY2 (\$) | DY3 (\$) | DY4 (\$) | DY5 (\$) | Total (\$) |
|--|------------------|------------------|------------------|------------------|------------------|-------------------|
| Waiver Revenue | 3,402,288 | 3,625,721 | 5,863,246 | 5,191,882 | 3,402,288 | 21,485,426 |
| Cost of Project Implementation & Administration | 2,724,866 | 3,615,721 | 3,855,707 | 2,918,053 | 2,103,193 | 15,217,540 |
| 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 |
| Revenue Loss | 0 | 0 | 0 | 0 | 0 | 0 |
| Internal PPS Provider Bonus Payments | 191,500 | 0 | 971,217 | 1,329,064 | 598,481 | 3,090,262 |
| Cost of non-covered services | 10,000 | 10,000 | 0 | 0 | 0 | 20,000 |
| Other | 475,922 | 0 | 1,036,322 | 944,765 | 700,614 | 3,157,623 |
| Contingency Fund | 475,922 | 0 | 1,036,322 | 944,765 | 700,614 | 3,157,623 |
| Total Expenditures | 3,402,288 | 3,625,721 | 5,863,246 | 5,191,882 | 3,402,288 | 21,485,425 |
| Undistributed Revenue | 0 | 0 | 0 | 0 | 0 | 1 |

Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|---------|-----------|-----------|------------------|-------------|
|---------|-----------|-----------|------------------|-------------|

No Records Found

Narrative Text :

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 & Complete | |



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IPQR Module 1.2 - PPS Budget Report (Quarterly)

Instructions :

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

Benchmarks

| Waiver Revenue DY1 | Total Waiver Revenue | Undistributed Revenue YTD | Undistributed Revenue Total |
|--------------------|----------------------|---------------------------|-----------------------------|
| 3,402,288 | 21,485,426 | 1,742,928 | 19,826,066 |

| Budget Items | DY1 Q4 Quarterly Amount - Update | Cumulative Spending to Date (DY1 - DY5) | Remaining Balance in Current DY | Percent Remaining in Current DY | Cumulative Remaining Balance | Percent Remaining of Cumulative Balance |
|--|----------------------------------|---|---------------------------------|---------------------------------|------------------------------|---|
| Cost of Project Implementation & Administration | 449,548 | 1,125,714 | 1,599,152 | 58.69% | 14,091,826 | 92.60% |
| Cost of Project Implementation | 276,897 | | | | | |
| Cost of Administration | 172,651 | | | | | |
| Revenue Loss | 0 | 0 | 0 | | 0 | |
| Internal PPS Provider Bonus Payments | 44,000 | 170,000 | 21,500 | 11.23% | 2,920,262 | 94.50% |
| Cost of non-covered services | 10,000 | 10,000 | 0 | 0.00% | 10,000 | 50.00% |
| Other | 0 | 353,646 | 122,276 | 25.69% | 2,803,977 | 88.80% |
| Contingency Fund | 0 | | | | | |
| Total Expenditures | 503,548 | 1,659,360 | | | | |

Current File Uploads

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

Narrative Text :

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



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Module Review Status

| Review Status | IA Formal Comments |
|----------------|--------------------|
| Pass & Ongoing | |



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IPQR Module 1.3 - PPS Flow of Funds (Baseline) - READ ONLY

Instructions :

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

| Funds Flow Items | DY1 (\$) | DY2 (\$) | DY3 (\$) | DY4 (\$) | DY5 (\$) | Total (\$) |
|--|------------------|------------------|------------------|------------------|------------------|-------------------|
| Waiver Revenue | 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 |
| PPS PMO | 3,124,816 | 3,673,693 | 4,529,692 | 3,577,224 | 2,617,204 | 17,522,629 |
| Uncategorized | | | | | | 0 |
| Total Funds Distributed | 3,344,316 | 3,683,693 | 5,863,246 | 5,191,882 | 3,402,288 | 21,485,425 |
| Undistributed Revenue | 57,972 | 0 | 0 | 0 | 0 | 1 |

Current File Uploads

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

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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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 |
|-----------------|--------------------|
| Pass & Complete | |



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IPQR Module 1.4 - PPS Flow of Funds (Ongoing) - DEFUNCT MODULE - READ ONLY

Instructions :

Defunct Module - Please refer to the 'DY1 Q4 Module 1.4 Ongoing Funds Flow PIT Report' on the Reports page under the PPS Reports tab to view your quarterly flow of funds reporting based on your PIT file.

Benchmarks

| Waiver Revenue DY1 | Total Waiver Revenue | Undistributed Revenue YTD | Undistributed Revenue Total |
|--------------------|----------------------|---------------------------|-----------------------------|
| 3,402,288 | 21,485,426 | 3,402,288 | 21,485,426 |

| Funds Flow Items | DY1 Q4 Quarterly Amount - Update | Total Amount Disbursed | Percent Spent By Project | DY Adjusted Difference | Cumulative Difference |
|--------------------------------|----------------------------------|------------------------|--------------------------|------------------------|-----------------------|
| | | | Projects Selected By PPS | | |
| Total Funds Distributed | 0 | 0 | | | |

Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|---------|-----------------------------|---|--|---------------------|
| acrhc | Communication Documentation | 20_MDL0118_1_4_20160610140944_Module_11.11_Worforce_Actual_Spend_for_DY1_Q4_REMEDIATION.pdf | RCHC Workforce Actual Spend for DY1 Q4 Remediation Submitted 6.14.16 | 06/10/2016 02:10 PM |
| acrhc | Contracts and Agreements | 20_MDL0118_1_4_20160610140834_Funds_Flow_Attestation_6.14.16.pdf | RCHC Funds Flow Attestation 6.14.16 | 06/10/2016 02:09 PM |

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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✔ IPQR Module 1.5 - Prescribed Milestones

Instructions :

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|--|-----------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|-----|
| Milestone #1 Complete funds flow budget and distribution plan and communicate with network | Completed | Funds Flow Budget and Distribution Plan, signed off by your Finance Committee, including details of your approach to funds flow on a whole-PPS and project-by-project basis; evidence of involvement of provider network in developing funds flow methodology. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | YES |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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 | |



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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 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 | |
| Task 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 | |
| Task 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 | |
| Task 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 |
|----------------|-----------------|------------------------------|
|----------------|-----------------|------------------------------|

No Records Found

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

Prescribed Milestones Narrative Text

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



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Milestone Review Status

| Milestone # | Review Status | IA Formal Comments |
|--------------|-----------------|--------------------|
| Milestone #1 | Pass & Complete | |



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IPQR Module 1.6 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------|----------------|
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No Records Found



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IPQR Module 1.7 - IA Monitoring

Instructions :



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Section 02 – Governance

✓ IPQR Module 2.1 - Prescribed Milestones

Instructions :

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

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|--|-----------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|-----|
| Milestone #1 Finalize governance structure and sub-committee structure | Completed | This milestone must be completed by 9/30/2015. Governance and committee structure, signed off by PPS Board. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | YES |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project | Completed | This milestone must be completed by 12/31/2015. Clinical Quality Committee charter and committee structure chart | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | YES |



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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 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 | |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable | Completed | This milestone must be completed by 9/30/2015. Upload of bylaws and policies document or committee guidelines. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | YES |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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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|--|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|-----|
| | | underperforming or non-performing PPS Partners | | | | | | | |
| Task 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 | |
| Milestone #4 Establish governance structure reporting and monitoring processes | Completed | This milestone must be completed by 12/31/2015. Governance and committee structure document, including description of two-way reporting processes and governance monitoring processes. | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | YES |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Milestone #5 Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement) | In Progress | Community engagement plan, including plans for two-way communication with stakeholders. | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | NO |
| Task 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 | |
| Task 2. Develop a community engagement plan | In Progress | 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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|---|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| | | meetings. | | | | | | | |
| Task 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 | |
| Task 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 | |
| Task 5. Develop monitoring and reporting processes | In Progress | 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 | |
| Task 6. Ensure IT is in place | In Progress | 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 | |
| Milestone #6 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 |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.) | In Progress | Agency Coordination Plan. | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | NO |
| Task | 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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|---|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| 1. Identify leads | | execution of this milestone. | | | | | | | |
| Task 2. Develop an agency coordination plan | In Progress | 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 | |
| Task 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 | |
| Task 4. Facilitate collaboration | In Progress | 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 | |
| Milestone #8 Finalize workforce communication and engagement plan | In Progress | Workforce communication & engagement plan, including plans for two-way communication with all levels of the workforce, signed off by PPS workforce governance body (e.g. workforce transformation committee). | 04/01/2015 | 09/30/2016 | 04/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | NO |
| Task 1. Develop workforce engagement plan | In Progress | 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 | |
| Task 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 | |
| Task 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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|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| Task 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 | |
| Task 5. Create strategies for external stakeholder communication | In Progress | 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 | |
| Task 6. Ensure IT is in place | In Progress | 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 | |
| Task 7. Coordinate with other PPSs | In Progress | 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 | |
| Milestone #9 Inclusion of CBOs in PPS Implementation. | In Progress | Explain your plans for contracting with CBOs and their continuing role as your PPS develops over time; detail how many CBOs you will be contracting with and by when; explain how they will be included in project delivery and in the development of your PPS network. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | NO |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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. | 06/01/2015 | 03/31/2020 | 06/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| Task 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 | |
| Task 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 | Meeting Materials | 20_MDL0203_1_4_20160421111629_EGB_FGC_DY1_Q4_Meeting_Schedule_Template_03.31.16.pdf | EGB FGC Meeting Schedule 03.31.16 | 04/21/2016 11:16 AM |
| | acrhc | Communication Documentation | 20_MDL0203_1_4_20160421111221_Financial_Governance_Committee_Template_03.31.16.pdf | Updated FGC Comm Template added C Sternberg | 04/21/2016 11:12 AM |
| | acrhc | Communication Documentation | 20_MDL0203_1_4_20160421111104_Updated_EGB_Committee_Template_03.31.16.pdf | Updated EGB Governance Comm Template added S Shah 03.31.16 | 04/21/2016 11:11 AM |
| Establish a clinical governance structure, including clinical quality committees for each DSRIP project | acrhc | Meeting Materials | 20_MDL0203_1_4_20160421113312_DY1_Q4_Meeting_Schedule_-_BH_Clinical_Governance_Committee_Combined_03.31.16.pdf | BH & Clinical Governance Comm Meeting Template 03.31.16 | 04/21/2016 11:33 AM |
| Establish governance structure reporting and monitoring processes | acrhc | Communication Documentation | 20_MDL0203_1_4_20160426165810_RCHC_Governance_Monitoring_Report_-_Mileston_4_DY1Q4.pdf | RCHC Governance Monitoring Report 3.31.16 | 04/26/2016 04:58 PM |

Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Finalize governance structure and sub-committee structure | t |
| Establish a clinical governance structure, including clinical quality committees for each DSRIP project | |
| Finalize bylaws and policies or Committee Guidelines where applicable | At its February 2016 meeting, the Executive Governing Body approved a change to the frequency of the meetings of the DATA/IT, Clinical Governance, and Compliance Committees. Such committees will now meet quarterly instead of monthly. The reasoning behind the change is that the majority of the "start-up" work of these committees has been completed, and quarterly meetings are more appropriate in light of the time constraints of the committee members. The committee chairs may call a meeting of their respective committees on a more frequent basis, as necessary. The Financial Governance Committee shall continue to meet on a monthly basis. |



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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|--|---|
| 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) | |
| Finalize partnership agreements or contracts with CBOs | Consistent with the exhibit submitted during the DY1, Q3 remediation period, RCHC received back contracts from all CBOs who will be active participants in its PPS. RCHC's CBO network is complete and no further CBO agreements are pending. |
| Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.) | |
| Finalize workforce communication and engagement plan | |
| Inclusion of CBOs in PPS Implementation. | |

Milestone Review Status

| Milestone # | Review Status | IA Formal Comments |
|---------------------|-----------------|--------------------|
| Milestone #1 | Pass & Complete | |
| Milestone #2 | Pass & Complete | |
| Milestone #3 | Pass & Complete | |
| Milestone #4 | Pass & Complete | |
| Milestone #5 | Pass & Ongoing | |
| Milestone #6 | Pass & Complete | |
| Milestone #7 | Pass & Ongoing | |
| Milestone #8 | Pass & Ongoing | |
| Milestone #9 | Pass & Ongoing | |



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IPQR Module 2.2 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------|----------------|
|----------------|----------------|

No Records Found



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

Instructions :

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

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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✔ Module 2.6 - IPQR Module 2.6 - Key Stakeholders

Instructions :

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

| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|--|---|--|
| Internal Stakeholders | | |
| 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. |
| External Stakeholders | | |
| 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 |
|--|-----------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|-----|
| Milestone #1 Finalize PPS finance structure, including reporting structure | Completed | This milestone must be completed by 12/31/2015. PPS finance structure chart / document, signed off by PPS Board. | 05/01/2015 | 12/31/2015 | 05/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | YES |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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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|--|-----------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|-----|
| 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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|---|-----------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| Roles and Responsibilities | | the Financial Sustainability Plan and Performance Improvement Plans; develop policy and procedure document | | | | | | | |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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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|--|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|-----|
| 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 detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy. | In Progress | This milestone must be completed by 09/30/2016. Value-based payment plan, signed off by PPS board. | 09/01/2015 | 03/31/2016 | 09/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | 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 | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |



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|--|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| | | and contracting options; educational materials are initially intended to include a handbook on VBP basics as well as PowerPoint slides for webcasts | | | | | | | |
| Task Educational Sessions | In Progress | 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 | 12/01/2015 | 03/31/2016 | 12/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Task VBP Readiness Survey | In Progress | 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 | 12/01/2015 | 03/31/2016 | 12/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Task Submit VBP Readiness Survey | In Progress | Step 6. Submit the VBP Readiness Survey to the PPS partners and conduct a webcast on the proper completion of the Survey | 12/01/2015 | 03/31/2016 | 12/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Task Compile Results | In Progress | 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 | 12/01/2015 | 03/31/2016 | 12/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Task Meetings | In Progress | 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 | 09/01/2015 | 03/31/2016 | 09/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Task VBP Workgroup | In Progress | 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 | 12/01/2015 | 03/31/2016 | 12/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Task Prepare VBP Payment | In Progress | 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 | 12/01/2015 | 03/31/2016 | 12/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |



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|---|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|-----|
| | | strategy/framework for contracting with MCOs | | | | | | | |
| Task Approval | In Progress | Step 11. Obtain approval of the VBP Baseline Assessment and VBP Payment Plan from the Finance Committee and Executive Governing Board | 01/01/2016 | 03/31/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Task Communication | In Progress | Step 12. Communicate the VBP Baseline Assessment and VBP Payment Plan to the PPS partners | 01/01/2016 | 03/31/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Milestone #5 Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest | In Progress | This milestone must be completed by 3/31/2017. Value-based payment plan, signed off by PPS board. | 04/01/2015 | 12/31/2016 | 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 | 01/01/2016 | 03/31/2016 | 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) | 02/01/2016 | 03/31/2016 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| Task Align PPS | In Progress | 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 | 03/01/2016 | 09/30/2016 | 03/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Task Identify PPS Partners | In Progress | 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 | 03/01/2016 | 09/30/2016 | 03/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Task Conduct Meetings | In Progress | Step 5. Conduct meetings with "Advanced" PPS partners/PCMHs and MCOs to discuss the process and requirements for entering into VBP arrangements | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Task Timeline | In Progress | Step 6. Develop a realistic and achievable timeline for "Advanced" PPS partners/PCMHs to become early adopters | 06/01/2016 | 09/30/2016 | 06/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |



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|--|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|-----|
| | | of VBP arrangements | | | | | | | |
| Task VBP Arrangements | In Progress | 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 | |
| Task Develop Phase 2 & 3 | In Progress | 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 | |
| Task Engage Stakeholders | In Progress | 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 | |
| Task VBP Work Group | In Progress | 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 | |
| Task Communicate | In Progress | 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 | |
| Milestone #6 Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation | On Hold | | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | YES |
| Milestone #7 Contract 50% of care-costs through Level 1 VBPs, and >= 30% of these costs through Level 2 VBPs or higher | On Hold | | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | YES |
| Milestone #8 >=90% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and >= 70% of total costs captured in VBPs has to be in Level 2 VBPs or higher | On Hold | | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | YES |



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IA Instructions / Quarterly Update

| Milestone Name | IA Instructions | Quarterly Update Description |
|---|---|---|
| Finalize PPS finance structure, including reporting structure | If there have been changes, please describe those changes and upload any supporting documentation as necessary. | Please state if there have been any changes during this reporting quarter. Please state yes or no in the corresponding narrative box. |

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|--|---------|-----------------------------|--|---|---------------------|
| Finalize PPS finance structure, including reporting structure | acrhc | Communication Documentation | 20_MDL0303_1_4_20160421110356_Financial_Governance_Committee_Template_03.31.16.pdf | Updated FGC Committee Template added C Sternberg 03.31.16 | 04/21/2016 11:03 AM |
| Perform network financial health current state assessment and develop financial sustainability strategy to address key issues. | acrhc | Communication Documentation | 20_MDL0303_1_4_20160426155525_Financial_Sustainability_milestone_2-DSRIP-FIN-09_RCHC_Financial_Sustainability_Plan.pdf | RCHC Financial Sustainability Plan 3.31.16 | 04/26/2016 03:55 PM |
| Finalize Compliance Plan consistent with New York State Social Services Law 363-d | acrhc | Communication Documentation | 20_MDL0303_1_4_20160421115023_2015_OMIG_DRA_Certification.pdf | OMIG DRA Certification 2015 | 04/21/2016 11:50 AM |
| | acrhc | Communication Documentation | 20_MDL0303_1_4_20160421114950_2015_OMIG_ssl_Certification.pdf | OMIG Certification 2015 | 04/21/2016 11:49 AM |

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. | <p>RCHC's Financial Sustainability Plan is set forth in the attached policy DSRIP FIN-09, attached hereto. This policy describes: (a) the frequency of partner financial evaluations (annual); (b) the key financial metrics (days cash on hand, current ratio, debt to equity ratio, current operating margin, and 3-year trend in operating metrics); (c) the oversight of the evaluations by the Financial Officer; (d) the criteria for identification of "financially fragile partners"; (e) the development of Performance Improvement Plans; (f) on-going monitoring activities; and (g) the roles and responsibilities of the PMO and the partners. The Financial Sustainability Plan policy was approved the EGB in September 2015. In accordance with this policy, RCHC conducted a current state financial assessment of its partners by sending out surveys targeting specific financial data and requesting audited financial statements to corroborate such data. The PMO prepared a summary report of the current financial health of the PPS partners for review by the Financial Governance Committee and, in collaboration with RCHC's Financial Governance Committee, developed an initial "Financially Fragile List". The Financially Fragile List was reviewed and approved by Financial Governance Committee and Executive Governing Body at their respective March 2016 meetings.</p> <p>The PMO also conducted an educational session regarding Value Based Payment during the PAC meeting and created and circulated a short video for PPS partners, to broaden their knowledge of VBP.</p> |
| Finalize Compliance Plan consistent with New York State Social Services Law 363-d | |



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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|--|--|
| Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy. | End date for milestone and associated tasks were changed to reflect updated 2/12/16 guidance entitled "Update: Required Deadlines for Domain 1 Organizational Milestones." End date for Milestone 4 and all associated tasks should now be 9/30/16 DY2,Q2 |
| Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest | Guidance on 2/12/16 entitled "Update: Required Deadlines for Domain 1 Organizational Milestones" lists completion date for milestone as "TBD." Therefore, status was changed to "on hold" pending further guidance. |
| Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation | |
| Contract 50% of care-costs through Level 1 VBPs, and >= 30% of these costs through Level 2 VBPs or higher | |
| >=90% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and >= 70% of total costs captured in VBPs has to be in Level 2 VBPs or higher | |

Milestone Review Status

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



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IPQR Module 3.2 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------|----------------|
|----------------|----------------|

No Records Found



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

Instructions :

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

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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✓ IPQR Module 3.5 - Roles and Responsibilities

Instructions :

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

| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|--|--|---|
| Chief 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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✓ IPQR Module 3.6 - Key Stakeholders

Instructions :

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

| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|--|---|
| Internal Stakeholders | | |
| 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 |
| External Stakeholders | | |
| 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 |
|---|-----------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|-----|
| Milestone #1 Finalize cultural competency / health literacy strategy. | Completed | This milestone must be completed by 12/31/2015. Cultural competency / health literacy strategy signed off by PPS Board. The strategy should: -- Identify priority groups experiencing health disparities (based on your CNA and other analyses); -- Identify key factors to improve access to quality primary, behavioral health, and preventive health care -- Define plans for two-way communication with the population and community groups through specific community forums -- Identify assessments and tools to assist patients with self-management of conditions (considering cultural, linguistic and literacy factors); and -- Identify community-based interventions to reduce health disparities and improve outcomes. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | YES |
| Task 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. | | | | | | | |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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. | | | | | | | |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material). | In Progress | This milestone must be completed by 6/30/2016. Cultural competency training strategy, signed off by PPS Board. The strategy should include: -- Training plans for clinicians, focused on available evidence-based research addressing health disparities for particular groups identified in your cultural competency strategy -- Training plans for other segments of your workforce (and others as appropriate) regarding specific population needs | 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 | | | | | | | |
| Task 1. Identify Project Leads | In Progress | Identify project leads responsible for this milestone. | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 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 | |
| Task 3. Identify training topics and programs | In Progress | 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 | |
| Task 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 | |
| Task 5. Create training schedule | In Progress | 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 | |
| Task 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 |
|----------------|-----------------|------------------------------|
|----------------|-----------------|------------------------------|

No Records Found

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|--|---------|-----------------------------|---|-----------------------------------|---------------------|
| Finalize cultural competency / health literacy strategy. | acrhc | Communication Documentation | 20_MDLO403_1_4_20160421105145_RCHC_Cultural_Competency_Health_Literacy_Strategy_FINAL_3-21-16.pdf | CC HL Strategy Finalized 03.21.16 | 04/21/2016 10:51 AM |



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Prescribed Milestones Narrative Text

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

Milestone Review Status

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



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IPQR Module 4.2 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------|----------------|
|----------------|----------------|

No Records Found



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

Instructions :

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

Risk: 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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✓ 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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| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|---|---|---|
| | 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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✓ IPQR Module 4.6 - Key Stakeholders

Instructions :

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

| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|---|--|
| Internal Stakeholders | | |
| 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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| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|---|---|
| | | 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 |
| External Stakeholders | | |
| 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 |
|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| Milestone #1 Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s). | In Progress | Detailed IT current state assessment. Relevant QEs (RHIOs/HIEs) should be involved in performing this assessment. | 04/01/2015 | 09/30/2016 | 04/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | NO |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 6. Analyze Results of Partner Collaboration | In Progress | 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 | |
| Task 7. PPS Wide Strategies | In Progress | 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 |
|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| Task 8. Reporting/Tracking | In Progress | 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 | |
| Task 9. Close the Gap | In Progress | 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 | |
| Milestone #2 Develop an IT Change Management Strategy. | In Progress | IT change management strategy, signed off by PPS Board. The strategy should include: -- Your approach to governance of the change process; -- A communication plan to manage communication and involvement of all stakeholders, including users; -- An education and training plan; -- An impact / risk assessment for the entire IT change process; and -- Defined workflows for authorizing and implementing IT changes | 08/01/2015 | 09/30/2016 | 08/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | NO |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task | 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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DSRIP Implementation Plan Project

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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|--|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| 6. Reporting Methods | | attest to implementation of change management strategy. | | | | | | | |
| Task 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 | |
| Task 8. Rollout | In Progress | Rollout IT Change Management Strategy. | 12/01/2015 | 09/30/2016 | 12/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network | In Progress | Roadmap document, including current state assessment and workplan to achieve effective clinical data sharing and interoperable systems where required. The roadmap should include: -- A governance framework with overarching rules of the road for interoperability and clinical data sharing; -- A training plan to support the successful implementation of new platforms and processes; and -- Technical standards and implementation guidance for 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 |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 4. PPS- Wide Guidelines | In Progress | 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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|---|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| | | requirements matrix from step 1 and 2. Receive approval from Steering Committee and distribute through multiple engagement channels to all partners. | | | | | | | |
| Task 5. Review Current State Assessment Data | In Progress | 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 | |
| Task 6. Partner Compliance and Monitoring | In Progress | 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 | |
| Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities | In Progress | PPS plan for engaging attributed members in Qualifying Entities, signed off by PPS Board. The plan should include your approach to outreach into culturally and linguistically isolated communities. | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | NO |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 4. Patient Engagement | In Progress | 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. | | | | | | | |
| Task 5. Quality Monitoring | In Progress | 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 | |
| Task 6. Approvals | In Progress | 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 | |
| Milestone #5 Develop a data security and confidentiality plan. | In Progress | Data security and confidentiality plan, signed off by PPS Board, including: -- Analysis of information security risks and design of controls to mitigate risks -- Plans for ongoing security testing and controls to be rolled out throughout network. | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | NO |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 7. Approvals | In Progress | 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 |
|----------------|-----------------|------------------------------|
|----------------|-----------------|------------------------------|

No Records Found

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|---|----------|-----------|---|-------------------------|---------------------|
| Develop a data security and confidentiality plan. | rm603955 | Other | 20_MDL0503_1_4_20160610131929_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(SI_Family)_-_remediation.docx | SI workbook remediation | 06/10/2016 01:19 PM |
| | rm603955 | Other | 20_MDL0503_1_4_20160610131854_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(RA_Family)_-_remediation.docx | RA workbook remediation | 06/10/2016 01:18 PM |
| | rm603955 | Other | 20_MDL0503_1_4_20160610131825_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(MP_Family)_remediation.docx | MP workbook remediation | 06/10/2016 01:18 PM |
| | rm603955 | Other | 20_MDL0503_1_4_20160610131747_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(CA_Family)_remediation.docx | CA workbook remediation | 06/10/2016 01:17 PM |
| | rm603955 | Other | 20_MDL0503_1_4_20160421160827_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(SI_Family).docx | SI Workbook | 04/21/2016 04:08 PM |
| | rm603955 | Other | 20_MDL0503_1_4_20160421160720_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(RA_Family).docx | RA workbook | 04/21/2016 04:07 PM |
| | rm603955 | Other | 20_MDL0503_1_4_20160421160647_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(MP_Family).docx | MP workbook | 04/21/2016 04:06 PM |
| | rm603955 | Other | 20_MDL0503_1_4_20160421160619_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(CA_Family).docx | CA workbook | 04/21/2016 04:06 PM |

Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|--|----------------|
| Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT | |



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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|----------------|
| 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. | |

Milestone Review Status

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



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IPQR Module 5.2 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------|----------------|
|----------------|----------------|

No Records Found



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

Instructions :

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

Risk: 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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✓ 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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| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|--------------------------------------|---|---|
| | 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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✓ IPQR Module 5.6 - Key Stakeholders

Instructions :

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

| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|---|---|
| Internal Stakeholders | | |
| 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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| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|--|---|
| 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 |
| External Stakeholders | | |
| 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 |
|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication. | In Progress | Performance reporting and communications strategy, signed off by PPS Board. This should include: -- The identification of individuals responsible for clinical and financial outcomes of specific patient pathways; -- Your plans for the creation and use of clinical quality & performance dashboards -- Your approach to Rapid Cycle Evaluation | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | NO |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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 | |
| Task 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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|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| | | to the providers through the network. | | | | | | | |
| Task 6. Contract Requirements | Completed | 6. Develop contract requirements for all PPS partners that include performance reporting communication requirements and metric requirements. | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task 7. Budget Requirements | Completed | 7. Determine budget requirements for implementation of performance reporting solutions. | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task 8. Identify Solutions | In Progress | 8. Identify which solution(s) will be utilized to meet performance reporting requirements. This may include purchase of new solution(s) and/or development of existing solutions to create more robust PPS-wide performance reporting capabilities. | 10/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 9. Policies, Procedures and Processes | In Progress | 9. Create policies, procedures, processes, for reporting and communication both up to the PPS Lead and down to the providers through the network. | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 10. Rapid Cycle Evaluation | In Progress | 10. Create specific Rapid Cycle Evaluation model workflow. Develop associated policies, procedures to be used by responsible parties, and reporting requirements for dashboard to meet reporting requirements. | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 11. Approval | In Progress | 11. Receive approval from Steering Committee on all elements of performance reporting and communication strategy. | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting. | In Progress | Finalized performance reporting training program. | 08/01/2015 | 09/30/2016 | 08/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | NO |
| Task 1. Training and Certifications | Completed | Determine training, certifications, cultural and behavioral needs by level, role, and department. | 08/01/2015 | 03/31/2016 | 08/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task 2. Workforce Training | Completed | Identify who within the workforce will be retrained by level, role, and department. | 08/01/2015 | 03/31/2016 | 08/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task 3. Training Assessment | Completed | Conduct training needs assessment. Determine new skills/requirements needed overall and at an individual level. Utilize partner groups/professional groups/ leaders in performance reporting in performing this assessment. | 08/01/2015 | 03/31/2016 | 08/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task 4. Training Vendor | Completed | Identify, through 1199 or other designated training vendor, the appropriate training topics and programs that will be used. | 08/01/2015 | 03/31/2016 | 08/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|--------------------------------------|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| Task 5. Training Methods | In Progress | Determine the training methods (e.g., online or in person; in one session or over a period of time; etc.), and how training will be organized (by partner type, by partner organization, functional group, etc.). | 08/01/2015 | 06/30/2016 | 08/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 6. Training Schedule | In Progress | Create a training schedule that identifies: a. Dates and times (timeframe); b. Locations (websites and log-in distribution); c. Instructors; and d. Required follow-up. | 08/01/2015 | 06/30/2016 | 08/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 7. Metrics and Processes | In Progress | Develop metrics and process for monitoring status, quality, satisfaction and effectiveness of training program | 08/01/2015 | 09/30/2016 | 08/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Task 8. Project Management Office | In Progress | 8. Work with PPS Project Management Office to coordinate compensation for training time. | 08/01/2015 | 06/30/2016 | 08/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 9. Technology/Infrastructure | In Progress | 9. Ensure that the appropriate technology or infrastructure is in place to orchestrate training sessions. | 08/01/2015 | 09/30/2016 | 08/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |

IA Instructions / Quarterly Update

| Milestone Name | IA Instructions | Quarterly Update Description |
|----------------|-----------------|------------------------------|
|----------------|-----------------|------------------------------|

No Records Found

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

Prescribed Milestones Narrative Text

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



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Milestone Review Status

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



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IPQR Module 6.2 - PPS Defined Milestones

Instructions :

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

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

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------|----------------|
|----------------|----------------|

No Records Found



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

Instructions :

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

Risk: Development of performance reporting is heavily dependent upon the commitments that DOH has made with MAPP and Salient to develop DSRIP dashboards, as well as a finalized provider definition list for SN and other partner types from DOH.

Risk Category: Resource

Potential Impact.: DOH development timeline on MAPP may be delayed due to events outside RCHC control.

Mitigation: RCHC will need to develop a backup plan to develop our own internal performance reporting solution and workflow, and have sufficient budget reserved should MAPP DSRIP dashboards be delayed/not meet RCHC reporting needs.

Risk: Many of our smaller partners may lack the knowledge or funding to help assess their systems, data and provide the necessary changes to their infrastructure, workflows or software for new performance reporting requirements.

Risk Category: Resource

Potential Impact: This could result in partners being unable to collect and submit accurate and timely reporting to RCHC, and the inability to properly track all of our smaller partners' performance.

Mitigation: To mitigate this risk RCHC will need to budget for additional IT assistance to partners through tools/software/consulting services, and engage the software vendors and other leaders in integration (QEs, Home Health, and CHYCANYS) directly in this project and others being performed in the PPS. Furthermore, to facilitate economies of scale, RCHC will look to utilize tools/integrations already in use as potential data sources for RCHC performance reporting requirements.

Risk: Failure to Engage and Sustain Partner Performance Reporting

Risk Category: Scope

Potential Impact: Partners may be participating in other PPSs that offer better incentives, may be interested in rewards but not risk sharing, or have many other reporting requirements outside of the PPS that compete for their commitments. Any of these could result in RCHC not meeting their performance reporting milestones.

Mitigation: Mitigating this risk will require the development of contracts that appropriately incentivize partners to meet the needs of the RCHC performance reporting requirements. It also requires that RCHC align the performance reporting with other commitments and reporting initiatives that partners are already participating in so as to streamline reporting and reduce burden. This includes not only gathering information from partners regarding existing reporting requirements they have, but also working with other regional PPSs to ensure that our reporting requests are aligned, and that our methods of data collection from partners are streamlined.



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✓ IPQR Module 6.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

Performance reporting largely will be interdependent with the IT & Systems workstations. However there are also other interdependencies with Governance, Finance, Workforce and Engagement since these will all contribute to the development of contract requirements with partners. In addition, the PPS committees overseeing the clinical, quality and finance governance will be responsible for driving the reporting requirements and processes.



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✓ IPQR Module 6.5 - Roles and Responsibilities

Instructions :

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

| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|--|--|---|
| Chief Administrative and Medical Officer | Corinna Manini M.D. | Assist with development of performance requirements |
| 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 | Develop budget, performance reporting incentives with Financial Governance Committee. Provide input to reporting process and systems to ensure financial workstreams are adequately integrated. |
| Reporting and Tracking | Michael Kaplan, FNP, Director of Informatics | Oversee implementation |
| 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, RHC Joel Mittelman, Vice Chair, Ezras Cholim, Deb Marshall, Secretary, Bon Secours, Victor Ostreicher, Treasurer, Shah Shah, MD, Fidelis, Ann Nolon, HRHC, Nolly Climes, Rehab Support Svcs., Chris Fortune, OPWDD, 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, T. Skaist, Ezras Cholim, T. Bolzan, Orange County DMH | Review and provide feedback on performance metrics; Develop and approve clinical protocols and corrective action plans |
| IT & Data Governance | R. Merk, CIO, RCHC, D. Ocasio, Ezras Cholim, D. Viola, Westchester Medical Ctr., M. Price, Bon Secours, C. Galianis, HealthLinkNY/RHlo, Rockland County Dept. of Mental Health, Hudson River Health | Provide guidance on development of IT strategy |
| Operations Committee | Chanie Sternberg, CEO, RCHC, Victor Osreicher, Treasurer, RCHC, Joel Mittelman, Vice Chair | Oversight of the Project Management Office |



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| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|---|---|---|
| Financial Governing Committee | Chanie Sternberg, Victor Ostreicher, Joel Mittelman, Chris Fortune, George Weinberger, Uri Koenig, Peter Epp, Shaindy Landerer | Advise and approve on workstream costs and budgets |
| HIT Consultant | TBD | include assessment of reporting capabilities and workflows of PPS partners as part of current state assessment. |
| 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 performance reporting workforce needs in deliverables |
| Financial Consultant | Cohn Reznick | Develop provider payment terms to include performance. |
| Governance Consultant, Legal & Compliance | Nixon Peabody | Develop provider contracts to include reporting and performance requirements. |
| 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 |
| 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. |



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✓ IPQR Module 6.6 - Key Stakeholders

Instructions :

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

| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|---|--|
| Internal Stakeholders | | |
| 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 leading clinical staff and implementing clinical DSRIP initiatives; interpreting performance data and remediating when necessary |
| PPS Partner Legal/Compliance | PPS Partners | Responsible for participating in contracting decisions and overall partner compliance |
| PPS Partner HR Departments | PPS Partners | Develop contracts with individual providers to incentivize performance as needed |
| PPS Partner Providers (Primary Care) | PPS Partners | Engage with patients and execute the clinical DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment |
| PPS Partner Providers (Non-Primary Care) | PPS Partners | Engage with patients and execute the clinical DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment |
| PPS Partner Providers (Behavioral Health and Addiction) | PPS Partners | Engage with patients and execute the clinical DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment |
| PPS Partner Frontline Workers | PPS Partners | Engage with patients and execute the clinical DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment |
| PPS Partner CBOs | PPS Partners | Engage with patients and execute the DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment |



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| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|--|--|--|
| PPS Partner Inpatient Facilities (Acute and BH) | PPS Partners | Engage with patients and execute the clinical DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment |
| Hudson River Healthcare, Inc dba CommunityHealth Care Collaborative (CCC) | Health Home | Engage with patients and execute the DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment |
| External Stakeholders | | |
| Montefiore Hudson Valley Collaborative PPS | Other Area PPS | Collaboration on strategies to reduce duplication/burden on shared partners |
| Center for Regional Healthcare Innovation (Westchester-led PPS) | Other Area PPS | Collaboration on strategies to reduce duplication/burden on shared partners |
| HealthLinkNY | Local RHIO/QE/HIE | Provide HIE capabilities and central data repository of patient data |
| 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 | Meet performance reporting requirements as contracted. |
| Medicaid Managed Care Organizations and other payers including, without limitations, Fidelis Care. | Payor | Advise on strategies on utilizing performance reporting in value based contracting |
| NYS Department of Health | Government | Guide PPS strategy and operations; Monitor PPS performance; Assist with regulatory relief and addressing barriers to DSRIP program success |
| Salient/Medicaid Data Warehouse | Statewide report developer | Provide state Medicaid data to facilitate PPS strategies |
| 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 6.7 - IT Expectations

Instructions :

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

To the greatest extent possible, RCHC plans to leverage the tools developed by the state for performance reporting to our providers. We do anticipate that development of additional performance reporting beyond what is made available through MAPP/Salient may be required for additional data that is not being shared with the state, such as training status or other metrics that we decide to track. The development of this shared infrastructure will require the support of the local QE HealthLinkNY, DOH, other third party entities that collect relevant performance data for the state, and software vendors in use by PPS partners. We expect each of these entities will provide sources of data that will support our shared performance reporting IT infrastructure.

IPQR Module 6.8 - Progress Reporting

Instructions :

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

Success for this workstream will be measured through the tracking of major milestone and task development items, reporting on the status of documented process, procedures and workflows, status tracking of training plans, documentation of participation in the development of dashboards with DOH/Salient/MAPP, and evidence of the implementation of the new processes and workflows created for performance reporting. RCHC will also need to track provider/partner participation in performance reporting in order to assure partner commitment and engagement, since this will be a major risk to our progress.

IPQR Module 6.9 - IA Monitoring

Instructions :



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Section 07 – Practitioner Engagement

✓ IPQR Module 7.1 - Prescribed Milestones

Instructions :

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

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|-----------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| Milestone #1 Develop Practitioners communication and engagement plan. | Completed | Practitioner communication and engagement plan. This should include: -- Your plans for creating PPS-wide professional groups / communities and their role in the PPS structure -- The development of standard performance reports to professional groups --The identification of profession / peer-group representatives for relevant governing bodies, including (but not limited to) Clinical Quality Committee | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | NO |
| Task 1. Establish a Practitioner Engagement Project Team | Completed | Establish a Practitioner Engagement Project Team. This team will develop the vision, strategy and plan. The Project Team will: (a) create the vision for a PPS-wide communication and engagement strategy; (b) identify appropriate methods of practitioner engagement ; (c) designate parties responsible for each milestone and associated task; (d) ensure completion of milestones and associated tasks; and (e) see the practitioner engagement vision through. | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task 2. Identify Project Leads | Completed | Identify project leads that are responsible for the development and execution of activities associated with each milestone. | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task 3. Develop practitioner engagement strategy | Completed | Develop a practitioner engagement and communication strategy which facilitates meaningful participation by PPS partner practitioners and other key stakeholders. | 09/01/2015 | 03/31/2016 | 09/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task 4. Identify appropriate areas for targeted groups | Completed | Perform an analysis to identify appropriate areas for targeted professional and community-based peer-groups, including appropriate make up of peer-groups (i.e. specific to discipline or provider type, or inter-disciplinary and cross-provider-type) | 09/01/2015 | 12/31/2015 | 09/01/2015 | 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 |
|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| | | and topics of engagement. | | | | | | | |
| Task 5. Review best practices | Completed | Review best practices in order to identify the appropriate mechanisms for communicating with, and soliciting feedback from, practitioners. | 09/01/2015 | 12/31/2015 | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task 6. Coordinate with governance leads | Completed | Coordinate with governance leads in order to ensure that governance body structure provides for appropriate participation by peer-group leaders and representatives. Peer-group representatives will participate, at a minimum, in the Clinical Quality Committee. | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task 7. Develop methods of measuring participation | Completed | Develop methods of measuring the level of active participation by practitioners in RCHC's practitioner engagement strategy, and strategies for appropriate corrective measures, as needed. | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Milestone #2 Develop training / education plan targeting practitioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda. | In Progress | Practitioner training / education plan. | 04/01/2015 | 09/30/2016 | 04/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | NO |
| Task 1. Identify Project Leads | Completed | Identify project leads responsible for this milestone. | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task 2. Conduct Training needs analysis | Completed | Conduct a training needs analysis in order to ascertain specific educational and training focus areas. | 08/01/2015 | 03/31/2016 | 08/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task 3. Develop practitioner training plan | In Progress | Develop a comprehensive practitioner training and education plan based upon identified focus areas, including: (a) education programs regarding the DSRIP program and RCHC's projects as a whole; (b) training with respect to identified focus areas; (c) PPS-wide and peer-group specific training sessions on relevant topics; (d) mechanisms for partners to ask questions, request additional information regarding DSRIP projects and quality initiatives, and provide feedback on trainings; and (e) outcome assessment tools. | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Task 4. Determine training methods | In Progress | Determine the training methods (e.g., online or in person; in one session or over a period of time; etc.). | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 5. Create training schedule | In Progress | Create a training schedule that identifies: (a) dates and times (timeframe); (b) locations (websites and log-in distribution, physical locations, etc.); (c) instructors; and (d) required | 03/01/2016 | 09/30/2016 | 03/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| | | follow-up. | | | | | | | |
| Task 6. Identify training resources | In Progress | Identify internal or external resources to provide training. 1/16 | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 7. Determine tracking technology | In Progress | Ensure that the appropriate technology or infrastructure is in place to track training progress. | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Task 8. Coordinate training with other PPSs | In Progress | Coordinate training strategies with other area PPSs. | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |

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 |
|--|---------|-----------------------------|--|--|---------------------|
| Develop Practitioners communication and engagement plan. | acrhc | Communication Documentation | 20_MDL0703_1_4_20160426111047_Practitioner_Communication_and_Engagement_Plan_FINAL_4-26-16.pdf | Practitioner Communication and Engagement Plan 4.26.16 | 04/26/2016 11:10 AM |

Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|--|
| Develop Practitioners communication and engagement plan. | The Practitioner Engagement Project Team is a subgroup of clinicians within the PMO who create and execute the vision for a meaningful PPS-wide provider engagement strategy. The strategy is based on data and provider feedback to determine which provider peer groups, modes of communication, specific educational focus areas and engagement metrics the PPS will employ. Supporting Documentation: Practitioner Communication and Engagement Plan (attached) |
| Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda. | |



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Refuah Community Health Collaborative (PPS ID:20)

Milestone Review Status

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



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Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

IPQR Module 7.2 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------|----------------|
|----------------|----------------|

No Records Found



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Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

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

Instructions :

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

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

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 its activities with the other area PPS in order to avoid redundancies.

Risk: Inaccuracy of Self-Assessments - 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 risk areas which are identified as focus areas for training.
Risk Category: Scope

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.

Risk: Identification of Training Tools - The success of the practitioner engagement plan is also closely related to the identification and mobilization of appropriate training tools and IT systems to support these training initiatives.
Risk Category: Resource

Potential Impact: Inappropriate or inadequate training tools will reduce the overall efficacy of the training programs

Mitigation: RCHC will take steps to mitigate this risk by working closely with stakeholders to develop training programs and support systems that maximize accessibility and outcomes.

Risk: Recruitment/Participation of Provider - The creation of a successful practitioner engagement plan is reliant upon the ability to recruit the appropriate mix of provider so as to properly represent all aspects of the clinical projects.
Risk Category: Resource



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Potential Impact: The recruitment of such individuals may be stymied by insufficient resources across the PPS network, e.g. data and communication challenges, as well as uneven levels of readiness among PPS partners.

Mitigation: RCHC will work to overcome these challenges by actively engaging with its partners in order to recruit appropriate personnel and by creating structures that provide PPS partners with the necessary tools and resources to meaningfully participate in the practitioner engagement strategy.

✓ IPQR Module 7.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

A number of interdependencies exist between RCHC's practitioner engagement 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 practitioner engagement will be developed in a way that is streamlined with other training and communication initiatives in order to maximize partner time and engagement. Further, practitioner engagement is also interconnected with the implementation of RCHC's Corporate Compliance Program, to the extent that workstreams for developing communication between the partners and RCHC, and the identification of educational focus areas and training mechanisms for practitioner engagement are closely related to similar processes within the realm of Corporate Compliance. The practitioner engagement strategy is also reliant upon the development of the RCHC governance structure, as the identification of appropriate provider/peer-group representatives for governance bodies is a component of both workstreams, in particular with respect to clinical governance. Additionally, the success of RCHC's practitioner engagement strategy is interdependent upon the identification and implementation of IT systems and solutions that facilitate training and engagement of the key stakeholders, as well as performance reporting and data management. Finally, the financial sustainability plan will help RCHC partner's improve their capabilities for the training, communication strategies, and IT solutions necessary to achieve meaningful and active PPS-wide practitioner engagement.



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✓ IPQR Module 7.5 - Roles and Responsibilities

Instructions :

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

| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|--|---|--|
| Chief Administrative and Medical Officer | Corinna Manini M.D. | Oversee implementation |
| 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 | 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 |
| 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, 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, C. Wolff, 1199 | Develop overarching vision and provide general oversight; Final approval of key strategies, plans and budgets |
| Clinical Governance Committee | C.orinna Manini, MD, CAO & CMO, RCHC, Tamy Skaist, Ezras Cholim, Tom Bolzan, Orange County Dept. Mental Health, remaining members TBD | Establishing processes to improve alignment and communication between and among PPS Partners and collaborators; |
| Financial Governance Committee | Chanie. Sternberg, Chair, Victor Ostreicher, Treasurer, Joel Mittleman, Vice Chair, Shaindy Landerer, Finance Officer, Chris Fortune, OPWDD, George Weinberger, Uri Koenig, Pine Valley, Peter Epp, Cohn Resnick | Advise and approve on workstream costs and budgets |
| Operations Committee | Chanie Sternberg, CEO, RCHC, Victor Ostreicher, Treasurer, Joel Mittelman, Vice Chair | 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 |



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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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✓ IPQR Module 7.6 - Key Stakeholders

Instructions :

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

| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|---|---|
| Internal Stakeholders | | |
| 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 | PPS Partners |
| 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 DSRIP practitioner engagement events, peer groups, workgroups; Comply with DSRIP initiatives |
| PPS Partner Providers (Non-Primary Care) | PPS Partners | Participate in DSRIP practitioner engagement events, peer groups, workgroups; Comply with DSRIP initiatives |
| PPS Partner Providers (Behavioral Health and Addiction) | PPS Partners | Participate in DSRIP practitioner engagement events, peer groups, workgroups; Comply with DSRIP initiatives |
| PPS Partner Frontline Workers | PPS Partners | Participate in DSRIP practitioner engagement events, peer groups, workgroups; Comply with DSRIP initiatives |
| PPS Partner CBOs | PPS Partners | Participate in DSRIP practitioner engagement events, peer groups, workgroups; Comply with DSRIP initiatives |
| PPS Partner Inpatient Facilities (Acute and BH) | PPS Partners | Participate in DSRIP practitioner engagement events, peer groups, workgroups; Comply with DSRIP initiatives |
| Hudson River Healthcare, Inc dba CommunityHealth Care Collaborative (CCC) | Health Home | Participate in DSRIP practitioner engagement events, peer groups, workgroups; Comply with DSRIP initiatives |
| Rockland & Orange County Department of Health | Local Government Units | Participate in DSRIP practitioner engagement events, peer groups, workgroups; Comply with DSRIP initiatives |
| Rockland & Orange County Department of Mental Health | Local Government Units | Participate in DSRIP practitioner engagement events, peer groups, workgroups; Comply with DSRIP initiatives |
| Rockland & Orange County Department of Social Services | Local Government Units | Participate in DSRIP practitioner engagement events, peer groups, workgroups; Comply with DSRIP initiatives |



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| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|--|--|
| External Stakeholders | | |
| Montefiore Hudson Valley Collaborative PPS | Other Area PPS | Develop regional peer groups |
| Center for Regional Healthcare Innovation (Westchester-led PPS) | Other Area PPS | Develop regional peer groups |
| NYS Department of Health | Government | Guide PPS strategy and operations; Monitor PPS performance; Assist with regulatory relief and addressing barriers to DSRIP program success |



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✓ IPQR Module 7.7 - IT Expectations

Instructions :

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

The development of shared IT infrastructure across RCHC will support development and implementation of RCHC's practitioner engagement strategy and facilitate meaningful participation in peer-groups, training sessions and other engagement strategies. IT infrastructure will also support network partners capability for implementing practitioner engagement solutions, and sharing and submitting reports and data pertaining to meeting practitioner engagement milestones. IT solutions will be identified in order to improve upon current levels of interconnectivity between partners, taking into account current resources and the specific nature and composition of RCHC's partner-network. IT infrastructure for practitioner engagement will also build upon the resources provided through the local QE.

✓ IPQR Module 7.8 - Progress Reporting

Instructions :

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

The success of RCHC's practitioner engagement strategy will be measured against the timely development of PPS peer groups, reporting processes, trainings, and other identified engagement mechanisms. Practitioner engagement 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 CMO will work with the stakeholders in question to understand the origin of the problem and develop plans for corrective action. The Practitioner Engagement 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 practitioner engagement program.

IPQR Module 7.9 - IA Monitoring

Instructions :



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Section 08 – Population Health Management

IPQR Module 8.1 - Prescribed Milestones

Instructions :

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

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| Milestone #1 Develop population health management roadmap. | In Progress | Population health roadmap, signed off by PPS Board, including: -- The IT infrastructure required to support a population health management approach -- Your overarching plans for achieving PCMH 2014 Level 3 certification in relevant provider organizations --Defined priority target populations and define plans for addressing their health disparities. | 07/01/2015 | 12/31/2016 | 07/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 | NO |
| Task 1. Assign Oversight | Completed | 1. Assign oversight of milestone activities and analysis to project leads. | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task 2. Data Elements | Completed | 2: Compile list of data elements from DSRIP requirements and collaborate with regional PPSs to align reporting requirements. | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task 3. Research | In Progress | 3. Research available population health platforms to aggregate data from most robust and cost effective data sources across PPS, develop budget and integration plan. Engage vendor to assist with data source assessment work | 07/01/2015 | 12/31/2016 | 07/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 | |
| Task 4. Assessment | Completed | 4: Perform assessment of all data sources and workflows for collection of data for population health, including safety net provider systems and EMR vendors, QE/RHIOs and DOH/MAPP/Salient. Develop plan to integration/interface of most cost effective sources into a centralized platform across PPS | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task 5. Analysis | Completed | 5. Perform an analysis, utilizing CNA data and other relevant sources, e.g. partner and CBO input, to define priority target | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| | | populations and associated health disparities. | | | | | | | |
| Task 6. Target Populations | Completed | 6. Develop plans to address the relevant health disparities for the identified priority target populations. | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task 7. Training | Completed | 7: Identify providers requiring additional training, including workflows for data capture and addressing health disparities and create appropriate training plans. | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task 8. Roadmap | In Progress | 8. Coordinate work products from all steps to create a comprehensive population health roadmap for submission to the Executive Governing Body. | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Milestone #2 Finalize PPS-wide bed reduction plan. | In Progress | PPS Bed Reduction plan, signed off by PPS Board. This should set out your plan for bed reductions across your network, including behavioral health units/facilities, in line with planned reductions in avoidable admissions and the shift of activity from inpatient to outpatient settings. | 07/01/2015 | 03/31/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | NO |
| Task 1. Identify Project Leads | Completed | Identify project leads responsible for development and execution of this milestone. | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task 2. Analysis to Identify Impact of Projects | Completed | Perform an analysis to identify impact of projects on local inpatient admission patterns and anticipated effects on current inpatient bed structure. Coordinate this analysis with overall workforce assessment. | 08/01/2015 | 12/31/2015 | 08/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task 3. Inpatient Facility | Completed | Develop an inpatient facility transformation strategy that takes a holistic view of PPS network resources, service area demographics and population trends, project goals and anticipated outcomes, and related PPS work streams. | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task 4. Collaborate with Workforce Project Team | Completed | Collaborate with Workforce Project Team in order to ensure consistency between workforce strategy and inpatient facility transformation plans. | 08/01/2015 | 03/31/2016 | 08/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task 5. Tools and Resources | Completed | Identify the tools and resources necessary to operationalize inpatient facility transformation strategy. | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task 6. Communication Strategy | Completed | Develop a communication strategy with respect to this milestone and coordinate communication with other PPS communication/engagement efforts, e.g., workforce communication, practitioner engagement, etc. | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task 7. Region-Wide Approach | Completed | Coordinate efforts with other area PPSs in order to avoid redundancies and facilitate a comprehensive region-wide approach to milestone achievement. | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |



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IA Instructions / Quarterly Update

| Milestone Name | IA Instructions | Quarterly Update Description |
|----------------|-----------------|------------------------------|
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No Records Found

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|--|
| Develop population health management roadmap. | |
| Finalize PPS-wide bed reduction plan. | To date, RCHC has gathered data and information which support its initial projections that in-patient beds will not be reduced in Rockland County as a result of sustained population growth in the service area. However, RCHC's ultimate bed reduction strategy is contingent, in part, upon the outcome of its Workforce Impact and New Hire Analyses, therefore, RCHC is changing the deadline of Milestone #2 to better align with the change in the workforce deliverable deadlines. |

Milestone Review Status

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



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IPQR Module 8.2 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
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✓ IPQR Module 8.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

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

Risk: Failure to Capture Target Population

Risk Category: Resource

Potential Impact: The failure to accurately and completely identify the priority target populations and associated health disparities will result in an incomplete or ineffective population health roadmap.

Mitigation: This risk can be mitigated by diligent analysis of the CNA and other relevant sources, as well as meaningful engagement of key stakeholders in order to ensure that the roadmap is carefully tailored to RCHC's service area.

Risk: Failure to engage partners or achieve meaningful participation

Risk Category: Resource

Potential Impact: Meaningful engagement and participation by primary care partners is crucial to the success of the PCMH certification process. The outcomes of this milestone will be impacted by the current levels of readiness and resources among the primary care partners. It is anticipated that levels of readiness/resources will vary widely from partner to partner, which could adversely impact the overall population health goals.

Mitigation: RCHC will mitigate this risk by: a) developing a comprehensive plan that takes into account the disparities among providers; and (b) working closely with primary care providers in order to ensure that they have sufficient support and are meeting incremental targets.

Risk: Lack of CBO involvement

Risk Category: Scope

Potential Impact: RCHC's population health strategy is dependent upon meaningful engagement and participation by CBOs in order to identify certain population health trends and disparities, as well as to facilitate meaningful community and patient involvement.

Mitigation: RCHC will mitigate this risk by working closely with key CBOs in the implementation of its population health strategy.

Risk: Regional Coordination

Risk Category: Scope

Potential Impact: A lack of regional collaboration and coordination will impact the overall success of the population health strategy milestones and result in fractured/siloed systems

Mitigation: RCHC will continue its collaboration with Westchester Medical Center and Montefiore in order to ensure that the population health



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strategies of all 3 area PPSs are aligned and contribute to the overall success of a comprehensive and coordinated population health approach. We will also look to leverage existing infrastructure from the RHIO to ensure economies of scale.

Risk: Not Conducting a Meaningful Inpatient Analysis

Risk Category: Resource

Potential Impact: With respect to the bed reduction milestone, success will be dependent upon RCHC's ability to engage with key stakeholders from the inpatient facility industry and workforce leaders in order to ensure that accurate and complete information is made available as a part of the inpatient facility transformation analysis

Mitigation: RCHC will continue to work closely with the relevant stakeholders on both a PPS-specific and regional basis in order to achieve a successful plan.

Risk: Not Ensuring an Adequate Workforce to meet RCHC population health strategies

Risk Category: Resource

Potential Impact: Success of the overall population health strategy will be reliant upon the availability and readiness of a workforce that is sufficient in size and properly trained to facilitate the transformation that will result from the implementation of the PPS projects

Mitigation: The risk of having an inadequate workforce will be mitigated by a thorough workforce analysis, coordinated with other regional PPS'

IPQR Module 8.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

A number of interdependencies exist between RCHC's population management strategy and other organizational workstreams. First, RCHC has selected Project 2.a.ii which also requires providers to become PCMH certified; therefore, the work under this project will be coordinated closely with the population health strategy. Further, the population health strategy will inform other clinical and project workstreams, such as clinical integration, and Project 2.a.i (the creation of an IDS). The bed reduction milestone is interdependent upon the work to be completed in connection with the RCHC workforce strategy. Also, the success of RCHC's population health strategy is reliant upon the identification and implementation of IT systems and solutions that promote population health infrastructure and connectivity. Further, cultural competency and practitioner engagement strategies need to be aligned with the population health approach. Finally, the financial sustainability plan will help RCHC partners improve their capabilities for the training, workflow shifts, and IT solutions necessary to implement population health management.



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✓ IPQR Module 8.5 - Roles and Responsibilities

Instructions :

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

| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|--|--|--|
| Chief Administrative and Medical Officer | Corinna Manini M.D. | Oversee development and implementation of population health plan; Engage stakeholders and advise on clinical priorities of population health roadmap. |
| 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 | Identify population health vendor solution and oversee implementation of IT platforms included in population health plan |
| 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 |
| Executive Governing Body | Chanie Sternberg, Chair, Joel Mittelman, Vice Chair, Deb Marshall, Secretary, Victor Ostreicher, Treasurer, Shah 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 | Corina Manini, MD, CMO, RCHC, Tamy Skaist, Ezras Cholim, Tom Bolzan, Orange County Dept. of Mental Health, remaining members TBD | Review and provide feedback on performance metrics; Develop and approve clinical protocols and corrective action plans |
| IT & Data Governance Committee | Rachel Merk, CIO, RCHC, Dan Ocasio, Ezras Cholim, Deb Viola, Westchester Medical Ctr., Maureen Price, Bon Secours, Christina Galianis, HealthLinkNY/RHIO, Rockland County Dept. of Mental Health, Hudson River Health | Provide guidance on development of IT strategy |
| Financial Governance Committee | Chanie Sternberg, Chair, Victor Ostreicher, Treasurer, Joel Mittelman, Vice Chair, Shandy Landerer, Finance Officer, Chris Fortune, OPWDD, Uri Koenig, Pine Valley, Peter, Cohn Resnick | Advise and approve on workstream costs and budgets |
| Operations Committee | Chanie Sternberg, CEO, RCHC, Victor Ostreicher, Treasurer, Joel Mittelman, Vice Chair | Oversight of the Project Management Office |
| HIT Consultant | TBD | include assessment of data sources and workflows of PPS partners as part of current state assessment. |



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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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✓ IPQR Module 8.6 - Key Stakeholders

Instructions :

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

| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|---|--|
| Internal Stakeholders | | |
| 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 the health of the populations served by their organizations; they will help interpret population health reports for their staff and relay population health priorities |
| PPS Partner Legal/Compliance | PPS Partners | Responsible for participating in contracting decisions and overall partner compliance |
| PPS Partner HR Departments | PPS Partners | Engage with patients and execute the clinical DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment |
| PPS Partner Providers (Primary Care) | PPS Partners | Engage with patients and execute the clinical DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment |
| PPS Partner Providers (Non-Primary Care) | PPS Partners | Engage with patients and execute the clinical DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment |
| PPS Partner Providers (Behavioral Health and Addiction) | PPS Partners | Engage with patients and execute the clinical DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment |
| PPS Partner Frontline Workers | PPS Partners | Engage with patients and execute the clinical DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment |
| PPS Partner CBOs | PPS Partners | Provide input on health disparities, population health trends, and engage with the community to execute DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo |



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| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|--|---|
| | | additional training as identified in workforce assessment |
| PPS Partner Inpatient Facilities (Acute and BH) | PPS Partners | Engage with patients and execute the clinical DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment; Play a key role in informing the inpatient transformation plan and effectuating applicable milestones |
| Hudson River Healthcare, Inc dba CommunityHealth Care Collaborative (CCC) | Health Home | Provide input on health disparities, population health trends, and engage with the community to execute DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment |
| Rockland & Orange County Department of Health | Local Government Units | Provide input on health disparities, population health trends and priorities, and engage with the community to execute DSRIP requirements; |
| Rockland & Orange County Department of Mental Health | Local Government Units | Provide input on health disparities, population health trends and priorities, and engage with the community to execute DSRIP requirements; |
| Rockland & Orange County Department of Social Services | Local Government Units | Provide input on health disparities, population health trends and priorities, and engage with the community to execute DSRIP requirements; |
| SEIU 1199 | Labor/Union | Provide input and support with respect to achieving inpatient facility transformation strategy |
| External Stakeholders | | |
| Montefiore Hudson Valley Collaborative PPS | Other Area PPS | Collaboration on strategies to reduce duplication/burden on shared partners |
| Center for Regional Healthcare Innovation (Westchester-led PPS) | Other Area PPS | Collaboration on strategies to reduce duplication/burden on shared partners |
| HealthLinkNY | Local RHIO/QE/HIE | Provide HIE capabilities and central data repository of patient data |
| 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 | Provide input on health disparities, population health trends and engaging with the community. |
| Medicaid Managed Care Organizations and other payers including, without limitation, Fidelis Care. | Payor | Advise on development of population health risk models as they relate to VBP |
| Special Needs Plans (e.g. HARP) | Payor | Facilitate health management activities for specific 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; |



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| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|---|---|
| | | Assist with regulatory relief and addressing barriers to DSRIP program success |
| Government Agencies / Regulators | Government | Ensure PPS maintains compliance with current regulations |
| Community Representatives | Community Representatives | Assist in identification of barriers; Provide input on health disparities; Serve as community brokers to engage with the community. |
| Salient/Medicaid Data Warehouse | Statewide report developer | Provide state Medicaid data to facilitate PPS strategies |
| 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 |
| Hudson Region DSRIP Clinical Council | Regional cross-PPS committee | Overall coordination and alignment of clinical policies and procedures across the Hudson Valley |
| Hudson Region DSRIP Workforce Group | Regional cross-PPS committee | Overall coordination and alignment of strategies across the Hudson Valley |
| Hudson Region DSRIP Public Health Council | Regional cross-PPS committee | Overall coordination and alignment of strategies across the Hudson Valley |



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IPQR Module 8.7 - IT Expectations

Instructions :

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

The development of shared IT infrastructure across RCHC will support the development and implementation of RCHC's population health strategy and provide the network partners with capabilities for implementing solutions in connection with PCMH and overall population health strategies. IT infrastructure will also allow partners to share information and submit reports and data pertaining to meeting the applicable milestones. 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. Further, RCHC will leverage the resources available from its local QE, Salient, and other applicable sources in order to meet its objectives.

IPQR Module 8.8 - Progress Reporting

Instructions :

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

RCHC's population health management strategy 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, related to the population health roadmap and bed reduction milestones described above. The reporting tools will be developed through the cooperation of the Clinical Governance Committee, the Data/IT Governance Committee, and any identified IT vendors. Where appropriate, reporting mechanisms will incorporate patient CAPHS survey data and interface with the local QE and other appropriate databases. If negative trends are identified or results are not in line with expectations, the CMO will work with the stakeholders in question to understand the origin of the problem and develop plans for corrective action, in accordance with established policies and procedures. The Population Health 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's population health strategy.

IPQR Module 8.9 - IA Monitoring

Instructions :



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Section 09 – Clinical Integration

✓ IPQR Module 9.1 - Prescribed Milestones

Instructions :

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

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| Milestone #1 Perform a clinical integration 'needs assessment'. | In Progress | Clinical integration 'needs assessment' document, signed off by the Clinical Quality Committee, including: -- Mapping the providers in the network and their requirements for clinical integration (including clinical providers, care management and other providers impacting on social determinants of health) -- Identifying key data points for shared access and the key interfaces that will have an impact on clinical integration -- Identify other potential mechanisms to be used for driving clinical integration | 04/01/2015 | 09/30/2016 | 04/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | NO |
| Task 1. Develop needs assessment | Completed | Identify areas and questions for needs assessment and develop strategies for evaluation of partners. Areas to assess include: minimum data sharing requirements for all partners across the PPS to achieve clinical integration, current documentation standards/data point collection policies and areas for training and/or workflow changes, and additional workforce needs. Consider requirements in the current state assessment outlined in the IT Systems and Processes section. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task 2. Develop strategy for partners in multiple PPSs | Completed | Develop a strategy with multi-PPS and RHIO/QE for evaluation of partners, sharing of IT assessment data and clinical integration assessment data. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task 3. Perform needs assessment | Completed | Evaluate clinical integration state as part of larger gap assessment across PPS through numerous communication methods, including meeting, conference calls, surveys, and email. Conduct an assessment of existing care transition | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| | | programs and leverage any best practices that are identified as part of the assessment. | | | | | | | |
| Task 4. Analyze results | Completed | Perform analysis of results. Locate gaps and needs for each partner and across PPS, also identify any partner that have existing workflows/best practices to be leveraged. | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task 5. Compare results with those of regional PPSs | In Progress | Analyze results of partners in collaboration with other regional PPSs and ensure alignment and collaboration needs assessment/gap analysis and requirements identified for each PPS. | 10/01/2015 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Milestone #2 Develop a Clinical Integration strategy. | In Progress | Clinical Integration Strategy, signed off by Clinical Quality Committee, including: -- Clinical and other info for sharing -- Data sharing systems and interoperability -- A specific Care Transitions Strategy, including: hospital admission and discharge coordination; and care transitions and coordination and communication among primary care, mental health and substance use providers -- Training for providers across settings (inc. ED, inpatient, outpatient) regarding clinical integration, tools and communication for coordination -- Training for operations staff on care coordination and communication tools | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | NO |
| Task 1. Stratify partners | Completed | Develop relevant grouping for partners based upon clinical needs assessment/IT Systems and Processes gap assessment (for example: type of partner, gap/need, software solution used). Create phased implementation and assign partners to phases. Collaborate with regional PPSs on phases and plans. | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task 2. Develop details | Completed | . Determine details for other work streams, including budget requirements, workforce and training needs and schedules. | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task 3. Develop data sharing policies | In Progress | . Develop new policies, procedures, and processes that will be required for data sharing, etc. and incorporate, as needed, into data governance and other PPS-wide requirements. This will include review of any best practices identified in the needs assessment for rollout throughout the PPS. | 10/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 4. Develop care transitions processes | In Progress | . Develop strategy for care transitions policies and procedures for PPS-wide practices in connection with hospital admission | 09/01/2015 | 06/30/2016 | 09/01/2015 | 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 |
|---|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| | | and discharge coordination and communication between primary care, mental health and substance abuse providers. | | | | | | | |
| Task 5. Develop tracking tools | In Progress | Determine project tracking needs for ongoing project reporting and monitoring and develop tools to facilitate this tracking and monitoring. | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 6. Develop plan for shared partners with regional PPSs | In Progress | Develop plans for implementation focused on shared partners in collaboration with regional PPSs. | 10/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 7. Get approval | In Progress | Receive approval through governance process. | 06/01/2016 | 09/30/2016 | 06/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |

IA Instructions / Quarterly Update

| Milestone Name | IA Instructions | Quarterly Update Description |
|----------------|-----------------|------------------------------|
|----------------|-----------------|------------------------------|

No Records Found

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

Prescribed Milestones Narrative Text

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

Milestone Review Status

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



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IPQR Module 9.2 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------|----------------|
|----------------|----------------|

No Records Found



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

Instructions :

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

Risk: Limited Bandwidth
Risk Category: Resource

Potential Impact; Network partners in general, and practitioners in particular, may have limited time and resources to devote to participation in a gap analysis, training sessions and other PPS engagement initiatives. This challenge may be especially difficult where partners are participants in more than one PPS.

Mitigation: RCHC will attempt to tailor the clinical integration and training, on new workflows, care management software, etc., to partner schedules, and wherever possible, coordinate its activities with the other area PPS in order to avoid redundancies.

Risk: Inaccuracy of Self-Assessment
Risk Category: Scope

Potential Impact: 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 risk areas which are identified as focus areas for training.

Mitigation: RCHC will maximize the use of objective assessment tools, and perform regular audits of training activities and results to determine whether additional training needs exist.

Risk: EMR Integration
Risk Category: Resource

Potential Impact: Clinical Integration will depend upon integration of partner's EMR/EHR systems with the local RHIO/QE. Therefore, our time frames for integration, and subsequent roll out of training on new workflows with the RHIO/QE integration will depend upon the RHIO/QE's throughput and available resources to devote to configuring these connections, as well EMR/EHR vendor capabilities and readiness. In order to reduce the redundancies of connections, the RHIO/QE is attempting to create "hubs" of like-vendor products when available. However, the diversity of systems in use may result in a timeframe to completion that exceeds requirements from DSRIP.

Mitigation: To mitigate this risk, we may need to consider implementation of like-vendor products with some partners in order to reduce the burden of multiple distinct RHIO/QE connections, and assure that minimum data sharing requirements are met for RHIO/QE connectivity.



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Risk: IT Resources

Risk Category: Resource

Potential Impact: Clinical integration also depends upon vendor systems' capabilities to capture and provide the necessary data to the requested sources. Some software vendors in our PPS network may not support the minimum data sharing / data capture /workflow requirements outlined in our needs assessment.

Mitigation: RCHC will require that all EMR vendors in use by PPS partners support or develop all PPS clinical integration requirements as capabilities in their system, along with any other minimum key data points identified in the clinical integration needs assessment and other gap analysis. If particular vendors are unable to support these requirements, we may need to consider transition to preferred EMR products for some partners.

✅ IPQR Module 9.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

A number of interdependencies exist between RCHC's clinical integration strategy and other organizational work streams. 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 clinical integration will be developed in a way that is streamlined with other training and communication initiatives in order to maximize partner time and engagement. Additionally, the success of RCHC's clinical integration 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 partners expand their capabilities in training, communication, and implement the IT solutions necessary to achieve meaningful and active clinical integration.



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✓ IPQR Module 9.5 - Roles and Responsibilities

Instructions :

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

| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|--|--|--|
| Chief Administrative and Medical Officer | Corinna Manini M.D. | Oversee implementation |
| 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. |
| 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 |
| 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 | C. Sternberg, Chair, J. Mittelman, Vice Chair, D. Marshall, Secretary, V. Ostreicher, Treasurer, S. Shah, MD, Fidelis, A. Nolon, HRHC, N. Climes, Rehab Support Svcs., C. Fortunce, OPWDD, Uri Koenig, Pine Valley, C. Wolff, 1199 | Develop overarching vision and provide general oversight; Final approval of key strategies, plans and budgets |
| Clinical Governance Committee | Corinna Manini, MD, CMO, RCHC, Tamy Skaist, Ezras Cholim, Tom Bolzan, Orange County, Dept. of Mental Health | Review and provide feedback on performance metrics; Develop and approve clinical protocols and corrective action plans |
| IT & Data Governance Committee | Rachel Merk, CIO, RCHC, Dan Ocasio, Ezras Cholim, Deb Viola, Westchester Medical Ctr., Maureen Price, Bon Secours, Christina Galianis, HealthLinkNY/RHIO, Rockland County Department of Mental Health, Hudson River Health | Provide guidance on development of IT strategy |
| Financial Governance Committee | Chanie Sternberg, Chair, Joel Mittelman, Vice Chair, Victor Ostreicher, Treasurer, Shaindy Landerer, Finance Officer, Chris Fortune, OPWDD, George Weinberger, Uri Koenig, Pine Valley, Peter Epp, Cohn Resnick | Advise and approve on workstream costs and budgets |
| Operations Committee | Chanie Sternberg, CEO, RCHC, Victor Ostreicher, Treasurer, joel Mittelman, Vice Chair | Oversight of the Project Management Office |



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| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|---|---|--|
| HIT Consultant | TBD | include assessment of data sources and workflows of PPS partners as part of current state assessment. |
| 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 | Target workforce state design, current state assessment, gap analysis, and reporting/remediation support, workforce transition roadmap |
| Financial Consultant | Cohn Reznick | Advise on structuring provider contracts to optimize project performance. |
| Governance Consultant, Legal & Compliance | Nixon Peabody | Develop provider contracts to include specific project requirements. |
| RCHC Quality Committee | Members TBD | Develop evidence-based policies, procedures, workflows and care standards. ; Select members will participate in Hudson Region DSRIP Clinical Council |
| BH Quality Sub-Committee | Members TBD | Develop evidence-based policies, procedures, workflows and care standards; Select members will participate in Hudson Region DSRIP Crisis Committee |
| 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. | Provide guidelines that would need to be included in projects such that they are implemented in a culturally competent manner |
| IDS & Clinical Integration Workgroup | Members TBD | Identify the necessary workflows and infrastructure necessary to achieve project goals |
| RCHC Lead Entity | Refuah Health Center | Overarching responsibility for oversight of governance structure, including funding and staff resources |
| RCHC Founding Partner | Ezras Choilim | Funding and Staff Resources and finalization of governance structure |



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✓ IPQR Module 9.6 - Key Stakeholders

Instructions :

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

| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|---|--|
| Internal Stakeholders | | |
| 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 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 | Utilize IT systems as prescribed to ensure data quality; participate in training as identified |
| 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 | 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 clinical integration initiatives; Participate in community engagement and communication processes; Provide feedback and support surrounding data |



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| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|--|---|
| | | security and consent |
| Rockland & Orange County Department of Mental Health | Local Government Units | Inform PPS of historical and existing clinical integration initiatives; Participate in community engagement and communication processes; Provide feedback and support surrounding data security and consent |
| Rockland & Orange County Department of Social Services | Local Government Units | Inform PPS of historical and existing initiatives; Participate in community engagement and communication processes; Provide feedback and support surrounding data security and consent |
| External Stakeholders | | |
| Montefiore Hudson Valley Collaborative PPS | Other Area PPS | Collaboration on strategies to reduce duplication/burden on shared partners |
| Center for Regional Healthcare Innovation (Westchester-led PPS) | Other Area PPS | Collaboration on strategies to reduce duplication/burden on shared partners |
| HealthLinkNY | Local RHIO/QE/HIE | Provide HIE capabilities and central data repository of patient data |
| 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 | Provide input on clinical integration strategies and training. |
| Special Needs Plans (e.g. HARP) | Payor | Facilitate health management activities for specific subpopulations |
| 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 |
| Community Representatives | Community Representatives | Assist in identification of barriers; Provide input on health disparities; Serve as community brokers to engage with the community. |
| 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 |
| Hudson Region DSRIP Clinical Council | Regional cross-PPS committee | Overall coordination and alignment of clinical policies and procedures across the Hudson Valley |



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✓ IPQR Module 9.7 - IT Expectations

Instructions :

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

The development of shared IT infrastructure across RCHC will be required to support project tracking and progress reporting, including sharing and submitting reports and data pertaining to meeting milestones. RCHC may also need to create shared infrastructure for partners whose EMR vendors/care coordination platforms are not robust enough to support the PPSs clinical integration needs. RCHC also plans to leverage existing capabilities from our local RHIO/QE to facilitate our data sharing (HIE) and care coordination requirements through exchange of CCD, DIRECT messaging and alerts. We plan to further leverage this integration with the RHIO/QE for other work streams like population health and performance reporting as well. However due to the RHIO/QE's strategy of creating shared "hubs", there may be a requirement for RCHC to create this shared IT infrastructure. Other shared infrastructure may also need to be developed for training and collaboration on clinical integration workflows and best practices within the PPS.

✓ IPQR Module 9.8 - Progress Reporting

Instructions :

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

RCHC's clinical integration strategy progress reporting will be aligned with overall PPS reporting structures and processes, 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 IDS/Clinical Integration Workgroup will provide regular updates to the PMO, Clinical and IT Governance Committees. The PMO will be responsible for the preparation of regular status reports for the Executive Governing Body as well as for DOH, related to the clinical integration needs assessment and strategy development as described above. 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. RCHC plans to track progress of clinical integration in the following areas: tracking of the clinical integration strategy plan progress, including status of partner integration with RHIO/QE, documentation status and training status of new workflows or solutions. For newly developed workflows or protocols, we would also look to track patients engaged or touched by the newly developed workflows for both implementation status and auditing purposes. Reporting for workflow and protocols would be developed in line with other performance reporting requirements so as to reduce reporting burden on partners."

IPQR Module 9.9 - IA Monitoring:

Instructions :



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Section 10 – General Project Reporting

✓ IPQR Module 10.1 - Overall approach to implementation

Instructions :

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

Consisting of just over 70 partners and FQHC lead, RCHC is uniquely positioned as a PPS to implement transformational initiatives in connection with its seven chosen projects through a grassroots approach. RCHC intends to achieve its project goals via the following elements: 1) close collaboration with its partners, patients, workers, and community stakeholders; 2) a focus on the provision of high-quality clinical care in community based settings; 3) a recognition of the social, cultural, and economic realities of our patient population with a focus on identifying barriers to care and designing systems to break those barriers; and 4) a commitment to creating change on a regional basis in conjunction with our fellow PPSs in Rockland and Orange Counties. To these ends, Refuah has designed its project plans in accordance with the following approach: a) identify, and engage with, partners and other stakeholders central to the achievement of project milestones; b) access and evaluate relevant data in order to create functional and effective processes, baselines and measures; c) assess and leverage existing resources and capabilities, while creating additional infrastructure or redesigning existing processes, as needed; d) perform analysis to implement workflows which will successfully achieve goals; e) develop appropriate IT systems and processes to support transformation; f) meaningfully engage patients, providers, CBOs and other stakeholders; and g) work closely with payors in order to develop a value-based payment system. RCHC believes that this streamlined, community, and outpatient focused approach provides an overarching framework that is comprehensive, yet nimble, and capable of achieving individual project goals, and ultimately systemic transformation.

The Project Management Office currently consists of a Chief Administrative and Medical Officer who will lead the clinical administrative and clinical components of Refuah CHC PPS, a Chief Strategy Officer who will guide workforce and governance, a CIO to manage the IT functions and overall population health strategy, a Director of Informatics to track and report on performance measures, a Finance Officer to manage the budget and funds flow, a Compliance Officer to establish and oversee the compliance program, and a Coordinator to assure both internal and external communication. As such, we feel that the Project Management Office is in a very strong position to support Refuah CHC's project implementation and overall project plans.

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

Instructions :

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

As described above, RCHC has taken a comprehensive, yet intimate approach to how it plans to implement its projects and engage with relevant stakeholders. As a "smaller" PPS, RCHC, through coordination by the Project Management Office, is capable of closely managing all of its projects



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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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✓ IPQR Module 10.3 - Project Roles and Responsibilities

Instructions :

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

| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|--|--|--|
| Chief Administrative and Medical Officer | Corinna Manini M.D. | Provide clinical direction with respect to project coordination and management as well as support when performance drops |
| 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 | Provide oversight of implementation of IT solutions |
| 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 |
| 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, 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 Dept. of Mental Health, remaining members TBD | Review and provide feedback on performance metrics; Develop and approve clinical protocols and corrective action plans |
| IT & Data Governance Committee | Rachel Merk, CIO, RCHC, Dan Ocasio, Ezras Cholim, Deb Viola, Westchester Medical Ctr., Maureen Price, Bon Secours, Christina Galianis, HealthLinkNY,/RHIO, Rockland County Dept. of Mental Health, Hudson River Health | Provide guidance on development of IT strategy |
| Operations Committee | Chanie Sternberg, CEO, RCHC, Victor Ostreicher, Treasurer, Joel Mittelman, Vice Chair | Oversight of the Project Management Office |



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| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|---|---|--|
| Financial Governance Committee | Chanie Sternberg, Victor Ostreicher, Joel Mittelman, Chris Fortune, George Weinberger, Uri Koenig, Peter Epp, Shaindy Landerer | Advise and approve on workstream costs and budgets |
| HIT Consultant | TBD | include assessment of data sources and workflows of PPS partners as part of current state assessment. |
| 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 | Target workforce state design, current state assessment, gap analysis, and reporting/remediation support, workforce transition roadmap |
| Financial Consultant | Cohn Reznick | Advise on structuring provider contracts to optimize project performance. |
| Governance Consultant, Legal & Compliance | Nixon Peabody | Develop provider contracts to include specific project requirements. |
| RCHC Quality Committee | Members TBD | Develop evidence-based policies, procedures, workflows and care standards. ; Select members will participate in Hudson Region DSRIP Clinical Council |
| BH Quality Sub-Committee | Members TBD | Develop evidence-based policies, procedures, workflows and care standards; Select members will participate in Hudson Region DSRIP Crisis Committee |
| 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. | Provide guidelines that would need to be included in projects such that they are implemented in a culturally competent manner |
| IDS & Clinical Integration Workgroup | Members TBD | Identify the necessary workflows and infrastructure necessary to achieve project goals |
| RCHC Lead Entity | Refuah Health Center | Responsible for comprehensive oversight of project coordination |



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

Instructions :

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

| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|---|---|
| Internal Stakeholders | | |
| 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 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 | Engage with patients and execute the DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment |
| PPS Partner Providers (Non-Primary Care) | PPS Partners | Engage with patients and execute the DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment |
| PPS Partner Providers (Behavioral Health and Addiction) | PPS Partners | Engage with patients and execute the DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment |
| PPS Partner Frontline Workers | PPS Partners | Engage with patients and execute the DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment |
| PPS Partner CBOs | PPS Partners | Engage with patients and execute the DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment |
| PPS Partner Inpatient Facilities (Acute and BH) | PPS Partners | Engage with patients and execute the DSRIP requirements; Utilize |



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| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|--|---|--|
| | | IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment |
| Hudson River Healthcare, Inc dba CommunityHealth Care Collaborative (CCC) | Health Home | Engage with patients and execute the DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment |
| Rockland & Orange County Department of Health | Local Government Units | Inform PPS of historical and existing initiatives; Participate in community engagement and communication processes; Provide feedback and support surrounding data security and consent |
| Rockland & Orange County Department of Mental Health | Local Government Units | Inform PPS of historical and existing initiatives; Participate in community engagement and communication processes; Provide feedback and support surrounding data security and consent |
| Rockland & Orange County Department of Social Services | Local Government Units | Inform PPS of historical and existing initiatives; Participate in community engagement and communication processes; Provide feedback and support surrounding data security and consent |
| External Stakeholders | | |
| Montefiore Hudson Valley Collaborative PPS | Other Area PPS | Overall coordination and alignment of strategies on shared projects |
| Center for Regional Healthcare Innovation (Westchester-led PPS) | Other Area PPS | Overall coordination and alignment of strategies on shared projects |
| HealthLinkNY | Local RHIO/QE/HIE | Provide HIE capabilities and central data repository of patient data |
| 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 | Perform DSRIP project duties as contracted. |
| Medicaid Managed Care Organizations and other payers including, without limitations, Fidelis Care. | Payor | Work with RCHC to develop payment models to support DSRIP projects |
| Special Needs Plans (e.g. HARP) | Payor | Facilitate health management activities for specific subpopulations |
| Medicaid enrollees and their families | Patients/ Clients | Assist in identification of barriers and disparities; Provide feedback to PPS and partners; Participate in 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 | Ensure PPS maintains compliance with current regulations |
| Community Representatives | Community Representatives | Assist in identification of barriers; Provide input on health disparities; Serve as community brokers to engage with the community. |
| 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 |



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| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|--|---|---|
| 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 |
| Hudson Region DSRIP Clinical Council | Regional cross-PPS committee | Overall coordination and alignment of clinical policies and procedures across the Hudson Valley |
| Hudson Region DSRIP BH Crisis Leadership Group and Subcommittees | Regional cross-PPS committee | Overall coordination and alignment of crisis strategy across the Hudson Valley |
| Hudson Region DSRIP Workforce Group | Regional cross-PPS committee | Overall coordination and alignment of strategies across the Hudson Valley |
| Hudson Region DSRIP Public Health Council | Regional cross-PPS committee | Overall coordination and alignment of strategies across the Hudson Valley |



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✓ IPQR Module 10.5 - IT Requirements

Instructions :

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

The development of IT infrastructure is required to support all of RCHC's projects, and to facilitate meaningful participation in shared solutions and interoperability amongst PPS partners. Some of these IT requirements will leverage existing state and regional infrastructure. The interfaces with our local QE, HealthLinkNY, will be required in order for each partner to participate in our HIE strategy for data sharing and care coordination. This integration with the QE will also provide a central feed of clinical data for many of our reporting requirements and population health management strategies. In addition, the DOH and Salient development of MAPP tools and dashboards will allow for monitoring of many aspects of performance on the general projects. However, additional PPS specific IT infrastructure will be required, specifically solutions to for training and collaboration, tracking of goals, performing population health management and PPS website and internet resources. Shared IT infrastructure across RCHC will also support the development and implementation of RCHC's organizational goals as well as project specific goals such as a population health strategy and achievement of care coordination strategies. It will also provide the network partners with capabilities for implementing specific solutions in connection with PCMH. Additionally, IT infrastructure will also allow partners to share information and submit reports and data pertaining to meeting the applicable milestones and support the training solutions and practitioner engagement that is necessary for successful achievement of many of the milestones.

✓ IPQR Module 10.6 - Performance Monitoring

Instructions :

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

RCHC's DSRIP project reporting will be aligned with overall PPS reporting systems and culture, 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 for organization metrics as well as on an individual project basis. The measures chosen will be evidence-based and may evolve over time based on the baseline data that is received. The PMO will be responsible for the preparation of status reports for the quarterly reporting process for DOH, related to the specific DSRIP projects. 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 Clinical Governance Committee will provide regular reporting to the Executive Governing Body and network partners, as applicable regarding the progress of the various RCHC projects. RCHC plans to track progress of all projects in the following areas: tracking of the clinical integration strategy plan progress, including status of partner integration with the QE, documentation status and training status of new workflows or solutions. For newly developed workflows or protocols within the various projects, we would also look to track patients engaged or touched by the newly developed workflows for both implementation status and auditing purposes.



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✅ IPQR Module 10.7 - Community Engagement

Instructions :

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

Currently, 20 CBOs are part of the RCHC network. As described in further detail in the last quarterly report, these CBOs include representation from a broad cross-section of community organizations.

The Master Participation Agreement was distributed to partner CBOs. To-date, RCHC has received signed agreements from 13 CBOs, and is continuing to follow-up with the remainder of the CBOs through its standard partner contracting process. Upon the receipt of fully-executed contracts, RCHC plans to flow funds to our participating CBOs as compensation for their participation in RCHC planning initiatives to-date.

Further, RCHC is engaging with various non-partner community organizations in connection with project implementation. The Northeast American Lung Association, the Centers of Excellence for Health System Improvement, and Student Assistance Services Corporation will be participating in Project 4.b.i (Tobacco-Cessation) as non-partner CBOs. The specific duties and responsibilities of each CBO will be identified in contracts, as appropriate.

RCHC's CBO partners continue to be actively involved in RCHC's projects and Domain 1 deliverables. Two of the members of RCHC's Executive Governing Body are affiliated with CBOs. RCHC's Cultural Competency/Health Literacy Workgroup includes a broad cross-section of CBO representation – these participants will be key in formulating and implementing RCHC's CCL/HL strategy, in particular outreach to priority groups, including the Latino, African American/Haitian American, and Asian communities. Additionally, Rockland Independent Living Center, with a strong foothold in the Hispanic and Haitian communities, as well as disabled veterans and re-entry after incarceration, has been identified as an early adopter for RCHC's Patient Navigation Project.

While RCHC believes that it has a strong, comprehensive approach to community involvement, one risk would be the failure of RCHC to identify and engage with CBOs who are properly positioned and have the capabilities to assist RCHC in implementing project goals. This risk will be mitigated by close collaboration with partner and non-partner CBO and regular re-assessment of CBO participation opportunities.

IPQR Module 10.8 - IA Monitoring

Instructions :



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Section 11 – Workforce

✔ IPQR Module 11.1 - Workforce Strategy Spending (Baseline)

Instructions :

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

| Funding Type | Year/Quarter | | | | | | | | | | Total Spending(\$) |
|---------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|
| | DY1(Q1/Q2)(\$) | DY1(Q3/Q4)(\$) | DY2(Q1/Q2)(\$) | DY2(Q3/Q4)(\$) | DY3(Q1/Q2)(\$) | DY3(Q3/Q4)(\$) | DY4(Q1/Q2)(\$) | DY4(Q3/Q4)(\$) | DY5(Q1/Q2)(\$) | DY5(Q3/Q4)(\$) | |
| Retraining | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Redeployment | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| New Hires | 21,000.00 | 21,000.00 | 5,000.00 | 5,000.00 | 6,750.00 | 6,750.00 | 1,250.00 | 1,250.00 | 0.00 | 0.00 | 68,000.00 |
| Other | 124,089.00 | 124,089.00 | 138,250.00 | 138,250.00 | 109,750.00 | 109,750.00 | 161,363.00 | 161,363.00 | 100,000.00 | 100,000.00 | 1,266,904.00 |
| Total Expenditures | 145,089.00 | 145,089.00 | 143,250.00 | 143,250.00 | 116,500.00 | 116,500.00 | 162,613.00 | 162,613.00 | 100,000.00 | 100,000.00 | 1,334,904.00 |

Current File Uploads

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

Narrative Text :

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

Module Review Status

| Review Status | IA Formal Comments |
|-----------------|--------------------|
| Pass & Complete | |



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✔ IPQR Module 11.2 - Prescribed Milestones

Instructions :

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| Milestone #1 Define target workforce state (in line with DSRIP program's goals). | In Progress | Finalized PPS target workforce state, signed off by PPS workforce governance body. | 07/01/2015 | 03/31/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | NO |
| Task 1. Establish/finalize a Workforce Workgroup that is comprised of organization leaders, key stakeholders, and workforce representatives. This team will be tasked with developing the vision, strategy and plan. The Workgroup will: a. Create the workforce vision; b. Develop workforce strategy; c. Designate parties responsible for each milestone and associated task; d. Ensure completion of milestones and associated tasks; and e. See the workforce vision through. As part of this effort, the PPS will evaluate the potential for a regional workforce committee with other area PPSs. In addition, the PPS will identify workforce leads that are responsible for the development and execution of activities associated with each milestone. | Completed | Establish/finalize a Workforce Workgroup | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task 2. Develop a future state staffing strategy to provide a holistic view of the areas within the PPS and identify resource & needs to support DSRIP projects. This process will involve working with the selected workforce vendor in order to develop appropriate data sources, such as surveys, interviews, and data requests and | In Progress | Develo0p Staffing Strategy | 07/01/2015 | 03/31/2016 | 07/01/2015 | 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 |
|---|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| reviews. | | | | | | | | | |
| Task 3. Evaluate future state workforce needs, capturing detailed information on future state roles needed by project, including staffing assumptions and job descriptions/qualifications. This step will include an in-depth analysis of the labor requirements needed to effectively execute each of the seven DSRIP projects. The exercise may involve estimating FTE levels required and creating accompanying project budgets. In particular, this analysis is expected to include a review of behavioral health providers, primary care providers, substance abuse providers, case managers, patient navigators, care coordinators, IT staff and medico-administrative support staff. | In Progress | Evaluate future state workforce needs | 09/01/2015 | 03/31/2016 | 09/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 4. Determine an approach to care management within the PPS delivery system by studying and understanding best practices and staffing models. | In Progress | Determine approach to care management | 10/01/2015 | 03/31/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 5. Obtain approval of Target Workforce State from Executive Governing Body. | In Progress | Approval of Target Workforce State | 03/01/2016 | 03/31/2016 | 03/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state. | In Progress | Completed workforce transition roadmap, signed off by PPS workforce governance body. | 07/01/2015 | 03/31/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | NO |
| Task 1. Assign authority of milestone activities and analyses. Task will likely require the attention of the Workforce Lead and Data Analytics support. This process will involve working with the selected workforce vendor in order to develop appropriate data sources, such as surveys, interviews, and data requests and reviews. | Completed | Assign authority of milestone activities and analyses | 09/01/2015 | 09/30/2015 | 09/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task 2. Develop a governance/decision-making model | Completed | Develop a governance/decision-making model. | 09/01/2015 | 12/31/2015 | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |



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|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| that defines how and by whom any decisions around resource availability, allocation, training, and hiring will be made and signed off. | | | | | | | | | |
| Task 3. Engage the workforce in planning for the change and validating the costs and benefit. | In Progress | Engage the workforce | 10/01/2015 | 03/31/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 4. Create a stakeholder engagement and communications strategy to provide the approach and logistics to be used for the development and execution of all communication activities. This process will include developing: a. Understanding of key stakeholders and employees being impacted by DSRIP, their needs and expectations and understanding current workforce levels as described in substep 2 of Milestone 3; b. Resources/capacity for organization development/communication/change management; c. Communication needs of key stakeholders; and d. Communications vehicles across the PPS. Additionally, in the transition to the future state, the PPS should ensure cultural competency by building a workforce that accurately reflects the composition of the community. Workforce categories to be considered in this analysis may include behavioral health providers, primary care providers, substance abuse providers, patient navigators, case managers, care coordinators, IT staff and medico-administrative support staff." | In Progress | Create a stakeholder engagement and communications strategy | 10/01/2015 | 03/31/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 5. Obtain approval of Workforce Transition Roadmap from Executive Governing Body. | In Progress | Obtain approval of Workforce Transition | 10/01/2015 | 03/31/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 6. Ensure coordination of workforce planning efforts with other area PPS's (e.g., Montefiore | In Progress | Ensure coordination of workforce planning efforts | 07/01/2015 | 03/31/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |



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|---|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| Medical Center, Westchester Medical Center). This collaboration will mitigate local workforce risks. | | | | | | | | | |
| Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state. | In Progress | Current state assessment report & gap analysis, signed off by PPS workforce governance body. | 09/01/2015 | 03/31/2016 | 09/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | NO |
| Task 1. Assign authority of milestone activities and analyses. Task will likely require the attention of the Workforce Lead and Data Analytics support. | Completed | Assign authority of milestone activities and analyses. | 09/01/2015 | 12/31/2015 | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task 2. Evaluate current workforce levels available across the PPS.. Survey all partners in order to understand staffing roles and levels within their organizations, including the number of people being hired and retrained (as well as possible, but unexpected, redeployment and reduction).This process will involve working with the selected workforce vendor in order to develop appropriate data sources, such as surveys, interviews, and data requests and reviews. | In Progress | Evaluate current workforce levels available across the PPS | 09/01/2015 | 03/31/2016 | 09/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 3. Conduct a skills assessment, which will assess and document the gaps between the skills required in the future state and the skills currently existing within the PPS, with a focus on job descriptions/qualifications. | In Progress | Conduct a skills assessment | 10/01/2015 | 03/31/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 4. Conduct a workforce budget analysis in order to refine the PPS preliminary workforce budget. This analysis will examine: a. Number of people being hired and retrained (as well as possible, but unexpected, redeployment and reduction); b. Average cost per person to retrain and | In Progress | Conduct a workforce budget analysis | 10/01/2015 | 03/31/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |



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|--|-------------|---------------------------------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| recruit/hire; c. Cost of all relevant training/certification programs; and d. Cost of incremental people needed to support new processes." | | | | | | | | | |
| Task 5. Conduct a workforce impact assessment that will identify and document levels of workforce impact by project. This assessment will examine: a. Current headcounts, organizational structures, wage and benefit information, and key roles within the PPS by organization and by member; b. Turnover percent of PPS; c. HR Policies, Procedures, Metrics (e.g., retraining policies); and d. Staffing models needed to support DSRIP projects. Workforce categories to be considered in this analysis may include behavioral health providers, primary care providers, substance abuse providers, patient navigators, case managers, care coordinators, IT staff and medico-administrative support staff. | In Progress | Conduct a workforce impact assessment | 10/01/2015 | 03/31/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 6. Conduct a new hire analysis, which will help to determine how the PPS will fill workforce gaps. A key component of this exercise is to evaluate and plan how the PPS will identify and recruit new hires, especially in a competitive market with limited labor supply. During this step, the PPS will examine and develop: a. Labor market information, including current workforce gaps by region/geography/type of position; b. Current recruitment expenses/capacity (e.g., personnel for recruiting); c. Resources/capacity for onboarding/off | In Progress | Conduct a new hire analysis, | 10/01/2015 | 03/31/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |



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|--|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|-----|
| boarding of transitioning staff; and d. Job descriptions of new positions, including qualifications, wages and benefits. | | | | | | | | | |
| Task 7. Evaluate and reconcile differing HR policies across the PPS. Anticipate and resolve any operational conflicts that may occur during the workforce transition. The Workforce Team can be consulted for definitive guidance regarding PPS workforce policy. | In Progress | Evaluate and reconcile differing HR policies across the PPS. | 12/01/2015 | 03/31/2016 | 12/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 8. Evaluate IT needs and capabilities across the PPS. IT should be seamless across the PPS and have the capability of tracking training progress, credentialing, and compensation/benefits. | In Progress | Evaluate IT needs and capabilities across the PPS. | 10/01/2015 | 03/31/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 9. Estimate cost to executing the gaps strategy, and reconcile gaps strategy with budget in order to prioritize goals for next steps. | In Progress | Estimate cost to executing the gaps strateg | 10/01/2015 | 03/31/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Milestone #4 Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements. | In Progress | Compensation and benefit analysis report, signed off by PPS workforce governance body. | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | YES |
| Task 1. Assign authority of milestone activities and analyses. Task will involve participation by RCHC's Chief of Human Resources (Compensation and Benefits role). | Completed | Assign authority of milestone activities and analyses | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task 2. Conduct a compensation and benefits analysis, which identifies any impacts/changes in salary or benefits that occurred as a result of the workforce strategy. The analysis will consider data from information obtained from the current state assessment, and publicly available compensation/benefits information. Workforce | In Progress | Conduct a compensation and benefits analysis | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |



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| categories to be considered in this analysis may include behavioral health providers, primary care providers, substance abuse providers, patient navigators, case managers, care coordinators, IT staff and medico-administrative support staff. | | | | | | | | | |
| Task 3. Thoroughly benchmark each position in order to evaluate compensation packages relative to market rates. | In Progress | Thoroughly benchmark each position in order to evaluate compensation packages relative to market rates. | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 4. Ensure that there are mechanisms in place to support any workers that are negatively impacted. | In Progress | Ensure that there are mechanisms in place to support any workers that are negatively impacted. | 03/01/2016 | 06/30/2016 | 03/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 5. Develop methods of identifying and tracking fully and partially placed staff throughout the PPS. | In Progress | Develop methods of identifying and tracking fully and partially placed staff throughout the PPS. | 03/01/2016 | 06/30/2016 | 03/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 6. Create human resource guidelines to assist in the change management process. | In Progress | 6. Create human resource guidelines to assist in the change management process. | 03/01/2016 | 06/30/2016 | 03/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Milestone #5 Develop training strategy. | In Progress | Finalized training strategy, signed off by PPS workforce governance body. | 08/01/2015 | 06/30/2016 | 08/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | NO |
| Task 1. Assign authority of milestone activities and analyses. Task will involve participation by RCHC's Chief of Human Resources and one or more identified training vendor. | Completed | Assign authority of milestone activities and analyses. | 08/01/2015 | 09/30/2015 | 08/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task 2. Identify one or more third-party vendors to assist with the implementation of the workforce training strategy. As part of this process project leads will work with RCHC's Chief of Human Resources and the identified vendor(s) to establish qualifications for trainers, training contracts, training topics, groups to be trained, training schedule, and how the effectiveness of the training program will be evaluated. | Completed | Identify one or more third-party vendors to assist with the implementation of the workforce training strategy. | 08/01/2015 | 03/31/2016 | 08/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task | In Progress | Develop a training strategy that will focus on goals/objectives | 12/01/2015 | 06/30/2016 | 12/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |



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|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| 3. Develop a training strategy that will focus on goals/objectives of the workforce training process. Workforce categories to be considered in this analysis may include behavioral health providers, primary care providers, substance abuse providers, patient navigators, case managers, care coordinators, IT staff and medico-administrative support staff. | | of the workforce training process | | | | | | | |
| Task 4. Perform training needs assessment in order to understand: a. Training, certifications, cultural and behavioral needs by level, role, and department; b. Who within the workforce will be retrained by level, role, and department; and c. New skills/requirements needed overall and at an individual level. Leverage findings from the skills assessment developed during the gap analysis milestone. Additionally, RCHC will identify training programs with respect to meaningful use of electronic health records. | In Progress | Perform training needs assessment | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 5. Finalize key messaging strategy required for training based on project needs. This includes consideration of geography, language, level of education, training tools, and methods of delivery. | In Progress | Finalize key messaging strategy required for training based on project needs. | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 6. Identify, through 1199 or other designated training vendor, the appropriate training topics and programs that will be used. | In Progress | Identify, through 1199 or other designated training vendor, the appropriate training topics and programs that will be used. | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 7. Determine the training methods (e.g., online or in person; in one session or over a period of time; etc.). | In Progress | Determine the training methods (e.g., online or in person; in one session or over a period of time; etc.). | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 8. Create a training schedule that identifies: | In Progress | Create a training schedule | 03/01/2016 | 06/30/2016 | 03/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |



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| a. Dates and times (timeframe), as well as how many sessions will be needed; b. Locations (websites and log-in distribution); c. Instructors and compensation; and d. Required follow-up. | | | | | | | | | |
| Task 9. Work with PPS Project Management Office to coordinate compensation for training time. | In Progress | Work with PPS Project Management Office to coordinate compensation for training time. | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 10. Ensure that the appropriate technology or infrastructure is in place to orchestrate training sessions and to track training progress and credentials over time and throughout the PPS. | In Progress | 9. Ensure that the appropriate technology or infrastructure is in place to orchestrate training sessions and to track training progress and credentials over time and throughout the PPS. | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |

IA Instructions / Quarterly Update

| Milestone Name | IA Instructions | Quarterly Update Description |
|----------------|-----------------|------------------------------|
|----------------|-----------------|------------------------------|

No Records Found

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Define target workforce state (in line with DSRIP program's goals). | The deadlines for the Workforce Impact Analysis and New Hire Employment Analysis/Updates were changed by DOH to DY2 Q1. RCHC is actively working on the completion of these deliverables. These two analyses are crucial to the defining the target workforce state, creating a workforce transition roadmap, and performing a detailed gap analysis. Therefore, RCHC is changing its deadlines with respect to Milestones #1, 2 and 3 to align with the completion of the Workforce Impact and New Hire Employment analyses. |
| Create a workforce transition roadmap for achieving defined target workforce state. | The deadlines for the Workforce Impact Analysis and New Hire Employment Analysis/Updates were changed by DOH to DY2 Q1. RCHC is actively working on the completion of these deliverables. These two analyses are crucial to the defining the target workforce state, creating a workforce transition roadmap, and performing a detailed gap analysis. Therefore, RCHC is changing its deadlines with respect to Milestones #1, 2 and 3 to align with the completion of the |



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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| | Workforce Impact and New Hire Employment analyses. |
| Perform detailed gap analysis between current state assessment of workforce and projected future state. | The deadlines for the Workforce Impact Analysis and New Hire Employment Analysis/Updates were changed by DOH to DY2 Q1. RCHC is actively working on the completion of these deliverables. These two analyses are crucial to the defining the target workforce state, creating a workforce transition roadmap, and performing a detailed gap analysis. Therefore, RCHC is changing its deadlines with respect to Milestones #1, 2 and 3 to align with the completion of the Workforce Impact and New Hire Employment analyses. |
| Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements. | |
| Develop training strategy. | |

Milestone Review Status

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



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IPQR Module 11.3 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------|----------------|
|----------------|----------------|

No Records Found



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

Instructions :

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

Creating an Overaggressive Workforce Strategy - Creating a workforce strategy that is too broad may overwhelm the PPS. Thus, we will prioritize specific key positions or occupations, as not to slow down the transition. In this case, care management represents the foundation for our success, and we plan to fast-track positions that bring significant value to the PPS. Funds Flow: In order for RCHC to meet its Achievement Value requirements w/respect to the workforce strategy Spend RCHC will need to receive the Safety Net Equity Funding in a timely manner. The failure of these funds to flow to the PPS will adversely affect RCHC's ability to meet its Workforce Strategy Spend Commitments.

Developing Analyses Based on Inaccurate Data/Assumptions - Our PPS will conduct a workforce evaluation in order to understand the workforce levels and training across partner settings. Due to the number and diversity of our PPS partners, we are at a risk of receiving disjointed, missing, or outdated data during this exercise. In order to mitigate this risk, we plan to make reasonable, conservative, and consistent assumptions around the workforce gaps. Additionally, our PPS will conduct an assessment of the future state of the workforce, estimating required positions, FTEs, skills/training/certification, and corresponding compensation and benefits. Through this exercise the PPS puts itself at risk of underestimating or overestimating assumptions, which can create inaccurate projections. We plan to mitigate this risk by validating assumptions regarding the "most likely scenario" with internal (experienced business leaders) and external (peer networks, benchmarks) sources.

Creating an Unfocused Training Strategy - Training is a key component of our workforce implementation strategy. With that task at hand, our PPS must work closely with its training vendor to evaluate and select the appropriate training programs. In this process, we will be at risk of taking on an unwieldy plan. In order to mitigate this risk, we will consult workforce experts in developing the appropriate training strategy that is focused on priority, critical skills.

Failing to Respond to Unanticipated Redeployment - Currently, our PPS does not anticipate that redeployment will be a significant component of our workforce implementation strategy. However, we recognize that conditions may stray from our hypothesis. In order to be prepared, we will ensure that there are processes in place to support any workforce members that are negatively impacted by the workforce transition.

Missing the Budget Target - Staying within a reasonable budget is critical to the success of the workforce strategy. We are at risk of going over budget if we do not continually reconcile our projections with real spend. In order to mitigate this risk, we will ensure that there is a designated finance representative on the workforce workgroup who will be responsible for this key task.

Failing to Prevent Internal Staff Disruption or Distraction - Change management is critical to the success of the workforce implementation strategy. Our PPS will need to focus on respecting cultural nuances and ways of working while transitioning into the future state. Failure to handle this change appropriately will result in a disjointed and dissatisfied workforce. In order to avoid this problem, we plan on having adequate workforce representation involved in the implementation strategy, as well as a strong human resources department support.

Encountering Workforce Shortages and Recruiting Difficulties - Our PPS may have difficulties recruiting new staff into the workforce due to demands throughout our community. We plan on working with Montefiore and Westchester through ongoing meetings in order to mitigate this risk.

IPQR Module 11.5 - Major Dependencies on Organizational Workstreams

Instructions :



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

Cultural Competency/Health Literacy - We are aiming to build a workforce that is culturally competent and able communicate with our diverse population. Workers must be able to tailor conversations and care management to each patient in order to gain trust and buy-in. To achieve this, we are developing cultural competency training plans that cover specific population needs and effective patient engagement approaches.

IT Systems and Processes - Our PPS is working to develop clinical data sharing and interoperable systems across the network. As a part of this, we will create a training plan that will cover new IT platforms and processes, as well as create a set of technical standards and implementation guidance for sharing and using a common clinical data set. The workforce implementation strategy will rely on this planning in order to educate the workforce on the new HIT systems and processes.

Population Health Management - Our PPS is creating a population health management roadmap in order to:

- a. Develop the IT infrastructure required to support a population health management approach;
- b. Set overarching plans for achieving PCMH 2014 Level 3 certification in relevant provider organizations; and
- c. Define priority target populations and create plans for addressing their health disparities.

The workforce implementation strategy is dependent on this work stream because it will serve as the basis of our training surrounding population health, including courses about HIT tools and care management planning. The population health management section also involves a bed reduction milestone which will be interdependent upon the workforce strategy activities.

Clinical Integration - Our PPS is performing a clinical integration needs assessment that will map providers within the network and record their clinical integration capabilities. Specific to workforce, the assessment will evaluate the number of care managers and their skill level across the network, allowing the workforce leads to respond to gaps. Additionally, we are developing a training approach for both providers and operations staff covering clinical integration, care coordination, and communication tools. The workforce leads will assist in the development of this training plan and will provide logistical support during the training process.

Financial Sustainability - The workforce budget is an important tool in determining and directing funds to PPS partners, so communication between the workforce workgroup and the Financial Governance Committee will be crucial. Our PPS will ensure that there is cross-representation between these two bodies in order to coordinate work streams.

Governance - Decision making related to workforce transitions will be closely related to governance structures and oversight.



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✓ IPQR Module 11.6 - Roles and Responsibilities

Instructions :

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

| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|----------------------------|---|--|
| Workforce Lead | Alexandra Khorover, Es., Chief Strategy Officer | Oversee implementation and transition |
| Workforce Workgroup | Lead - Alexandra Khorover, Chief Strategy Office; HR Rep - David Richards, Chief of Human Resources; 1199 Representative; Clinical Representative; Community Representative | Engage stakeholders and advise on communications strategy |
| Project Management Office | Chanie Sternberg, CEO | Ensure alignment to projects; Advise on staffing models/needs |
| Human Resources | David Richards, Chief of Human Resources | Oversee compensation, benefits and staff training; Oversee communication/change management |
| Information Technology | Rachel Rachel Merk, Chief Information Officer, Chief Technology Officer | Implement training delivery platforms; Implement training tracking system; Provide ongoing reporting to DOH (internal and external Rapid Cycle Evaluation); Perform required workforce assessments |
| Finance | PPS Finance/Governance Committee; CohnReznick (Outside Finance Consultant) | Continually evaluate budget |
| Workforce Analytics Vendor | Veralon | Assist PPS in performing target state assessment, gap analysis and transition roadmap. |
| Training Vendor | 1199 | Coordinate training schedule and sessions |



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✓ IPQR Module 11.7 - Key Stakeholders

Instructions :

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

| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|--|---|--|
| Internal Stakeholders | | |
| Refuah Health Center, Inc. | Lead Agency | Overarching responsibility for oversight of initiative |
| PPS Partner CEOs | PPS Partners | PPS Partner CEOs are responsible for their organization's execution of their DSRIP responsibilities, they will contribute to the success of workforce related strategies |
| Employees of partner organizations, CBOs and other area organizations. | Frontline Workers | Create buy-in during the transition; Participate in training |
| HR Representatives lead by RCHC's Chief of Human Resources | HR Representatives from Key PPS Partners | Support data collection of compensation and benefit information; current state workforce information and potential hiring needs |
| CFOs and financial officers of partner organizations and CBOs. | Finance Representatives from Key PPS Partners | Support data collection of PPS partner financial status |
| External Stakeholders | | |
| SEIU 1199 | Workforce Training Vendor | Technical training curriculum development; recruiting support; support for workforce analysis |
| SEIU 1199 | Labor/Union Representation | Expertise and input around job impacts resulting from DSRIP projects |
| Veralon | Workforce Analytics Vendor | Assist PPS in performing target state assessment, gap analysis and transition roadmap. |
| Montefiore Medical Center & Westchester Medical Center | Other Area PPSs | Training program coordination; Coordination regarding opportunities for redeployed staff |
| CBOs such as community action groups and other local community organizations | Community Organizations Impacted by DSRIP Projects | Provide background about community resources, which will be incorporated into training programs; assist with workforce engagement and communication strategies. |
| Addiction and Mental Health Providers | Partner and non-partner providers | Advise upon and participate in relevant BH and substance abuse related projects and workgroups. |
| Patients and Families | Medicaid beneficiaries | Become active participants in the DSRIP projects and transformation initiatives |



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✓ IPQR Module 11.8 - IT Expectations

Instructions :

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

The development of a shared IT infrastructure across the PPS is important for workforce transformation. Our systems must be capable of tracking training progress at an individual level to ensure that the workforce has the tools to support DSRIP goals. This system must be able to track who has been trained, what training they received, when they received it, and any certifications earned during the process on an ongoing basis. This system is also important for the DSRIP reporting needs, which require our PPS to track and analyze data for quarterly reports. We are currently in the process of working with 1199 in order to ensure that RCHC is equipped with a platform that has these capabilities.

✓ IPQR Module 11.9 - Progress Reporting

Instructions :

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

The success of our PPS's workforce strategy will be measured against the timely development and/or refining of the workforce strategy budget, workforce impact analysis, and new hire employment analysis. Workforce strategy progress reporting will be aligned with overall PPS reporting structures and processes, 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 CMO will work with the stakeholders in question to understand the origin of the problem and develop plans for corrective action. The Workforce Workgroup will provide regular reporting to the Project Management Office, Clinical Governance Committee, Executive Governing Body and network partners as applicable regarding the progress of the PPS workforce strategy.



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IPQR Module 11.10 - Staff Impact

Instructions :

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

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



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



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



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



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Current File Uploads

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No Records Found

Narrative Text :



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IPQR Module 11.11 - Workforce Strategy Spending (Quarterly):

Instructions :

Please include workforce spend dollar amounts for DY1. The workforce spend amounts should reflect only what was spent during the relevant quarters and is not cumulative across semi-annual periods. Funds may be shifted from one funding type category to another within the workforce strategy spending table; e.g., from Retraining to New Hires.

| Benchmarks | |
|-------------------------------|------------|
| Year | Amount(\$) |
| Total DY1 Spending Commitment | 290,178.00 |

| Funding Type | Workforce Spending Actuals | | Total Spending(\$) | Percent of Commitments Expended |
|---------------------------|----------------------------|-------------------|--------------------|---------------------------------|
| | DY1(Q1/Q2)(\$) | DY1(Q3/Q4)(\$) | | |
| Retraining | 0.00 | 0.00 | 0.00 | 0.00% |
| Redeployment | 0.00 | 0.00 | 0.00 | 0.00% |
| New Hires | 36,710.00 | 0.00 | 36,710.00 | 87.40% |
| Other | 101,520.00 | 132,428.00 | 233,948.00 | 94.27% |
| Total Expenditures | 138,230.00 | 132,428.00 | 270,658.00 | 93.27% |

Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|---------|-----------------------------|---|--------------------------------------|---------------------|
| acrhc | Communication Documentation | 20_MDL1122_1_4_20160427110007_Workforce_Milestone_11.11_Completed_Doc_3.31.16.pdf | Completion document for module 11.11 | 04/27/2016 11:01 AM |

Narrative Text :

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



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Module Review Status

| Review Status | IA Formal Comments |
|----------------|--------------------|
| Pass & Ongoing | |



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IPQR Module 11.12 - IA Monitoring:

Instructions :



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

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

Instructions :

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

| |
|---|
| <p>Risk: Scope and Size Risk Category: Scope, Resource and Schedule</p> <p>Impact: RCHC anticipates that a significant risk to the successful implementation of this project is the scope of the project and the number of partners that are included. Most of the partners are on disparate EMR systems that currently are not capable of sharing clinical data between providers, and partners may resist change. There is a risk regarding the interoperability of all these systems and how we will be able to integrate them all. Integration will rely heavily upon the integration of partner's EMR/EHR systems with the local QE. Therefore, our time frames for integration, and subsequent roll out of training on new workflows with the QE integration will depend upon the QE's throughput and available resources to devote to configuring these connections.</p> <p>Mitigation: In order to reduce the redundancies of connections, the QE is attempting to create "hubs" of like-vendor products when available, however the diversity of products is very great. Therefore, if we determine that schedule slippage is real, we may need to consider implementation of like-vendor products with some partners in order to reduce the burden of multiple distinct QE connections. Integration also depends upon vendor system's capabilities to capture and provide the necessary data to the requested sources. As such, it is a known issue that many vendors do not currently support a CCD format in exchange of clinical records, which puts our PPS at risk of not having care plan data and other fields available to ensure high-quality data sharing and exchange. In order to mitigate this risk, we will ensure that any EMR vendor in use must support or provide a plan to create CCD exchange capabilities in their system, along with any other minimum key data points identified in the clinical integration needs assessment and other gap analysis. Another risk mitigation strategy that RCHC will adopt is to work closely with the other PPSs in the region, since many of the partners overlap.</p> <p>Risk: Provider Fragmentation Risk Category: Scope</p> <p>Impact: RCHC will need to strategize on ways to ensure buy-in from all partner organizations at all levels of staff. We will need to create a shared vision for the PPS, and build support for a new model of healthcare delivery. We will also need to monitor the partners that are engaged in this project.</p> <p>Mitigation: This will be done via PAC meetings and other practitioner engagement initiatives designed to solicit input from our partners, via the RCHC website, and via the shared trainings that will be deployed. The performance of the IDS Workgroup will be measured by the number of providers and/or practice sites that are actively participating in this project. We will define active as (1) the use of patient registries; (2) involvement in coordinated care management; (3) working towards achieving PCMH 2014 Level 3 Certification, where applicable; and (3) using an EHR with</p> |
|---|



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MU Certification and connection to a QE.

PLEASE NOTE: Discrepancy between the Domain 1 DSRIP Project Requirements Milestones and Metrics document and DOH's "Value-Based Payment Roadmap"- The Domain 1 DSRIP Project Requirements Milestones and Metrics document indicates that certain finance related steps such as contracting with Managed Care organizations and establishing value-based payment arrangements should be completed by the the end of DY2. However, DOH's "Value-Based Payment Roadmap", final version submitted to CMS, includes a timeframe for the implementation of VBP which extends into DY5. Due to this inconsistency, the Target Completion Dates are consistent with the "Roadmap" and extend beyond DY2. RCHC will wait for additional guidance from the State.



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

Instructions :

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

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy. | DY3 Q4 | Project | N/A | In Progress | 06/01/2015 | 03/31/2018 | 06/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers. | | Project | | In Progress | 06/01/2015 | 03/31/2018 | 06/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1. Create an IDS Workgroup consisting of representatives from each partner (IT or operations) who will be responsible for creating and ensuring adoption and implementation of IDS strategies. | | Project | | In Progress | 06/01/2015 | 09/30/2016 | 06/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 2. Identify all partners that are participating in the project and the provider type in each partner organization. | | Project | | In Progress | 06/01/2015 | 09/30/2016 | 06/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 3. Leverage the partner organization information to engage partners in the network and ensure timely implementation of IDS strategies. | | Project | | In Progress | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 4. Ensure that the Clinical Quality Committee is staffed by a representative cross-section of the partner organizations and providers that are represented within each organization. | | Project | | In Progress | 10/01/2015 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 5. The Clinical Quality Committee will determine the key data elements to be shared across the IDS. | | Project | | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 6. Perform current state assessment and gap analysis to determine what needs to be addressed in order to implement the | | Project | | Completed | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| IDS Strategy and ensure interoperability between partners. | | | | | | | | | | |
| Task 7. Meet with payers to discuss the IDS and negotiate new models of reimbursement and incentives surrounding the new models of delivery of healthcare- establish a monthly meeting schedule. | | Project | | In Progress | 09/01/2015 | 12/31/2017 | 09/01/2015 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS. | DY2 Q4 | Project | N/A | In Progress | 06/01/2015 | 03/31/2017 | 06/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS produces a list of participating HHs and ACOs. | | Project | | Completed | 06/01/2015 | 01/01/2016 | 06/01/2015 | 01/01/2016 | 03/31/2016 | DY1 Q4 |
| Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS. | | Project | | In Progress | 06/01/2015 | 03/31/2017 | 06/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery. | | Project | | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Meet with Community Health Care Collaborative (aka Hudson River Health Care) and leverage their expertise in the health home arena. | | Project | | In Progress | 06/01/2015 | 06/30/2016 | 06/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 2. Create a strategy that utilizes best practices from the Health Home experience | | Project | | In Progress | 06/01/2015 | 09/30/2016 | 06/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 3. Begin an IT assessment of the HH partner and BH Providers integrate it into the overall PPS IT strategy in order to leverage their structure to benefit the PPS as a whole. | | Project | | In Progress | 01/01/2016 | 12/31/2016 | 01/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services. | DY2 Q4 | Project | N/A | In Progress | 06/01/2015 | 03/31/2017 | 06/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Clinically Interoperable System is in place for all participating providers. | | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS. | | Project | | In Progress | 06/01/2016 | 03/31/2017 | 06/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task | | Project | | In Progress | 06/01/2016 | 03/31/2017 | 06/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|---------------------|-----------------|---|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment reminders are followed. | | | | | | | | | | |
| Task PPS trains staff on IDS protocols and processes. | | Project | | In Progress | 06/01/2016 | 03/31/2017 | 06/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Create a system of referral to the Health Home to refer those patients who qualify to the Health Home. | | Project | | In Progress | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 2. Include the CBOs in this strategy and continue to engage them throughout the life of the program. | | Project | | In Progress | 06/01/2015 | 03/31/2017 | 06/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 3. Create a community outreach plan to educate the community, including medical and behavioral health, post-acute care, long term care, and public health services, and all the other various partners on the vision for an integrated system. | | Project | | In Progress | 06/01/2015 | 03/31/2017 | 06/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3. | DY3 Q4 | Project | N/A | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Practitioner - Non-Primary Care Provider (PCP) | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Hospital | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Mental Health | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Nursing Home | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS uses alerts and secure messaging functionality. | | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Include requirements for data sharing and QE integration in | | Project | | In Progress | 07/01/2015 | 12/31/2016 | 07/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| larger gap assessment encompassing IT Systems and Clinical Integration as well. Perform gap assessment. | | | | | | | | | | |
| Task 2. Review gap assessment and develop strategies for partners to meet data sharing requirements for this milestone. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 3. Collaborate with QE, regional PPSs and partner software vendors on available solutions and strategies to close identified gaps. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 4. Develop relevant grouping for partners (for example: type of partner, gap/need, software solution used). Create phased implementation and assign partners to phases. Collaborate with regional PPSs on phases and plans. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 5. Determine details for other workstreams, including budget requirements, workforce and training needs. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 6. Develop new policies, procedures, processes that will be required for data sharing and include, as needed, in data governance. | | Project | | In Progress | 10/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 7. Determine project tracking needs for ongoing project reporting and monitoring and develop tools to facilitate this tracking and monitoring. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 8. Develop plan for implementation focused on shared partners in collaboration with other regional PPSs. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 9. Begin execution of the first phase of implementation plan; start of additional phases TBD. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 10. Perform rapid cycle evaluation of implementation, adjust additional phases as needed, and repeat process according to developed project tracking process. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 11. Confirm that all phases of implementation plan have been completed and that all PPS safety net providers meet this milestone requirement. Collect necessary documentation from each partner to show their compliance with this milestone. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Milestone #5 | DY3 Q4 | Project | N/A | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |



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|--|---------------------|-----------------|---|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3. | | | | | | | | | | |
| Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria). | | Project | | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM. | | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1. Survey safety net providers to determine current EHR and version as part of current state assessment to be performed in IT Systems & Processes workstream . Evaluate current IT state across PPS through various communication methods, including meeting, conference calls, surveys, email. | | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 2. Perform analysis of results of IT assessment . Develop upgrade roadmap with any safety net partners no currently on an EHR that meets MU Stage 2 requirements. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 3. Analyze results of partners in collaboration with other regional PPSs and ensure alignment/collaboration on closing gaps (especially with shared partners). | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 4. Estimate costs to partners/PPS and reconcile with budget. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 5. Create reporting /status tracking method partner progress towards adoption of EHR systems meeting MU and PCMH requirements. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 6. Finalize PPS strategy to close gaps and receive approval through governance process . | | Project | | Completed | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 7. Begin execution of plan | | Project | | In Progress | 04/01/2016 | 12/31/2016 | 04/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 8. Perform rapid cycle evaluation of implementation, adjust additional phases as needed, and repeat process according to developed project tracking process. | | Project | | In Progress | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 9. Confirm that all phases of implementation plan have been | | Project | | In Progress | 10/01/2016 | 03/31/2018 | 10/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |



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|--|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| completed and that all PPS safety net providers meet this milestone requirement. Collect necessary documentation from each partner to show their compliance with this milestone. | | | | | | | | | | |
| Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers. | DY3 Q4 | Project | N/A | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting. | | Project | | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Assign oversight of milestone activities and analysis to project leads. | | Project | | Completed | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task 2: Compile list of data elements from DSRIP requirements and collaborate with regional PPSs to align reporting requirements. | | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 3. Research available population health platforms to aggregate data from most robust and cost effective data sources across PPS, develop budget and integration plan. Engage vendor to assist with data source assessment work | | Project | | In Progress | 07/01/2015 | 12/31/2016 | 07/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 4: Perform assessment of all data sources and workflows for collection of data for population health, including safety net provider systems and EMR vendors, QE/RHIOs and DOH/MAPP/Salient. Develop plan to integration/interface of most cost effective sources into a centralized platform across PPS | | Project | | Completed | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 5. Perform an analysis, utilizing CNA data and other relevant sources, e.g. partner and CBO input, to define priority target populations and associated health disparities. | | Project | | Completed | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 6. Develop plans to address the relevant health disparities for the identified priority target populations. | | Project | | Completed | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 7. Identify providers requiring additional training, including workflows for data capture and addressing health disparities and create appropriate training plans. | | Project | | Completed | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 8. Coordinate work products from all steps to create a | | Project | | In Progress | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |



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|---|---------------------|-----------------|--|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| comprehensive population health roadmap for submission to the Executive Governing Body. | | | | | | | | | | |
| Task 9. Coordinate efforts with other area PPSs in order to avoid redundancies and facilitate a comprehensive region-wide approach to milestone achievement. | | Project | | Completed | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 10. Begin implementation of roadmap and perform rapid cycle evaluation of progress and adjust additional plans as needed. | | Project | | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 11. Confirm that all safety net providers meet this milestone requirement. Collect necessary documentation from each partner to show their compliance with this milestone. | | Project | | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3. | DY3 Q4 | Project | N/A | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Primary care capacity increases improved access for patients seeking services - particularly in high-need areas. | | Project | | In Progress | 05/01/2015 | 03/31/2018 | 05/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task All practices meet 2014 NCQA Level 3 PCMH and/or APCM standards. | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.) | | Project | | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1. Identify all Primary Care Providers within the network that are participating in project | | Project | | Completed | 05/01/2015 | 03/31/2016 | 05/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 2. Conduct gap analysis of participating partners between current practice and 2014 PCMH standards | | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 4. Enter into contractual agreement with partners providing financial incentives for meeting milestones in the established timeline | | Project | | In Progress | 09/30/2015 | 12/31/2016 | 09/30/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 5. Regularly monitor partners to ensure that they are adhering to | | Project | | In Progress | 10/31/2015 | 03/31/2018 | 10/31/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |



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|--|--------------------------------|----------------------------|----------------------|---------------|--------------------------------|------------------------------|-------------------|-----------------|-----------------------------|---|
| the established timeline for each stage of the recognition process | | | | | | | | | | |
| Task 7. Provide outside PCMH consulting for any practice that needs to upgrade their status to Level 3 from a lower level | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 3. Work with partners to develop appropriate timeline for transformation, implementation, reporting, and submission | | Project | | In Progress | 10/01/2015 | 12/31/2016 | 10/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 6. Facilitate peer support for any partner that is having difficulty adhering to the established timeline | | Project | | In Progress | 10/01/2015 | 03/31/2018 | 10/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements. | DY3 Q4 | Project | N/A | In Progress | 12/31/2015 | 03/31/2018 | 12/31/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Medicaid Managed Care contract(s) are in place that include value-based payments. | | Project | | In Progress | 04/01/2016 | 04/30/2016 | 04/01/2016 | 04/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 1. Schedule joint meetings of the IDS Workgroup and the Value-Based Payment (VBP) Workgroup to begin collaborative discussions on IDS performance and VBP options. | | Project | | Completed | 12/31/2015 | 03/31/2016 | 12/31/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 2. VBP Workgroup to conduct educational session for PPS partners on VBP options available under the VBP Roadmap. | | Project | | Completed | 12/31/2015 | 03/31/2016 | 12/31/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 3. IDS Workgroup to work with VBP Workgroup in development of VBP Adoption Plan, a time-phased approach to implementing VBP starting with those partners who are ready for transition and moving to others over time (See Financial Sustainability section) | | Project | | Completed | 02/01/2016 | 03/31/2016 | 02/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 4. Based on VBP Adoption Plan (see Financial Sustainability section), negotiations with MCOs for VBP arrangements will begin for "Advanced" PPS partners/PCMHs who have been identified as early adopters based on an assessment of their readiness to transition to VBP. | | Project | | In Progress | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 5. Based on VBP Adoption Plan (see Financial Sustainability section), negotiations with MCOs for VBP arrangements will begin for "Moderate" and "Low" PPS partners/PCMHs who are partners identified as needing additional time to prepare/transition | | Project | | In Progress | 07/01/2016 | 03/31/2018 | 07/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |



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|--|--------------------------------|----------------------------|----------------------|---------------|--------------------------------|------------------------------|-------------------|-----------------|-----------------------------|---|
| to VBP and will benefit from "lessons learned" from the "Advanced" PPS partners/PCMHs. | | | | | | | | | | |
| Task 6. 80-90% of MCO contract payments will be for VBP Levels 1 and higher with at least 50-70% in VBP Level 2. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform. | DY2 Q4 | Project | N/A | In Progress | 09/01/2015 | 03/31/2017 | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted. | | Project | | In Progress | 04/01/2016 | 12/31/2016 | 04/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 1. Perform a market assessment of the MCOs in Rockland/Orange counties to identify MCOs with the largest market share and whom have existing relationships with RCHC's partners. | | Project | | Completed | 09/01/2015 | 12/31/2015 | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 2. Schedule meetings with targeted MCOs to begin discussions about their thoughts and concepts around VBP. | | Project | | Completed | 09/01/2015 | 12/31/2015 | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 3. Develop a business case for presentation to MCOs showing that the MCOs' engagement with RCHC would be mutually beneficial. | | Project | | In Progress | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 4. Upon approval of the VBP Adoption Plan by the Executive Governing Body, develop an objective framework for intended meetings with MCOs including meeting agendas and preparatory work. | | Project | | In Progress | 01/01/2016 | 12/31/2016 | 01/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 5. Begin to schedule routine meetings with targeted MCOs in the region to discuss RCHC's business case, VBP strategies and data needs. | | Project | | In Progress | 01/01/2016 | 12/31/2016 | 01/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 6. Prepare a "wish list" of data required from the MCOs to effectively participate in VBP arrangements. | | Project | | In Progress | 01/01/2016 | 12/31/2016 | 01/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 7. Work with MCOs to achieve the successful implementation of data exchange to assist with evaluating utilization and performance. | | Project | | In Progress | 03/01/2016 | 03/31/2017 | 03/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task | | Project | | In Progress | 03/31/2016 | 03/31/2017 | 03/31/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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|---|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| 8. Develop management and performance reports utilizing the MCO data to effectively analyze utilization trends and performance issues. | | | | | | | | | | |
| Task 9. IDS Workgroup in collaboration with the VBP Workgroup to develop protocols to receive utilization and performance reports from MCOs and use to monitor performance and improve quality. | | Project | | In Progress | 03/01/2016 | 12/31/2016 | 03/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 10. Begin monthly meetings with Medicaid MCOs to evaluate utilization trends and performance issues, and begin refining VBP arrangements. | | Project | | In Progress | 04/01/2016 | 12/31/2016 | 04/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes. | DY3 Q4 | Project | N/A | In Progress | 04/01/2016 | 03/31/2018 | 04/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation | | Project | | In Progress | 07/01/2016 | 03/31/2018 | 07/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives. | | Project | | In Progress | 10/01/2016 | 03/31/2018 | 10/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1. IDS Workgroup to prepare a matrix of patient outcome measures and cross-walk to provider types responsible for attaining the desired outcomes. | | Project | | In Progress | 04/01/2016 | 12/31/2016 | 04/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 2. In coordination with the Finance function, prepare a VBP Provider Compensation Plan that outlines how compensation will be aligned with patient outcomes including funds flow for approval by the Executive Governing Body. | | Project | | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 3. IDS Workgroup to establish the current baseline for each of the patient outcome measures and establish goals for the year by provider type and individual PPS partner. | | Project | | In Progress | 10/01/2016 | 06/30/2017 | 10/01/2016 | 06/30/2017 | 06/30/2017 | DY3 Q1 |
| Task 4. IDS Workgroup to work with the Finance function to develop a compensation program to incentivize providers for attaining the desired patient outcomes. | | Project | | In Progress | 10/01/2016 | 09/30/2017 | 10/01/2016 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| Task 5. Formalize contracts with PPS partners on the provider incentive compensation program. | | Project | | In Progress | 10/01/2016 | 09/30/2017 | 10/01/2016 | 09/30/2017 | 09/30/2017 | DY3 Q2 |



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|---|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Task 6. Provide regular reporting to the PPS partners on their performance on attaining the agreed-to patient outcomes. | | Project | | In Progress | 07/01/2017 | 12/31/2017 | 07/01/2017 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| Task 7. Commence compensating PPS partners based on attaining patient outcome measures as part of the funds flow. | | Project | | In Progress | 12/01/2017 | 03/31/2018 | 12/01/2017 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate. | DY3 Q4 | Project | N/A | In Progress | 01/01/2016 | 03/31/2020 | 01/01/2016 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task Community health workers and community-based organizations utilized in IDS for outreach and navigation activities. | | Project | | In Progress | 01/01/2017 | 03/31/2018 | 01/01/2017 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1. Create a patient engagement plan that is culturally sensitive to the patient population. | | Project | | In Progress | 01/01/2016 | 03/31/2020 | 01/01/2016 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 2. Define patient engagement metrics and develop a monitoring process. | | Project | | In Progress | 01/01/2016 | 06/30/2017 | 01/01/2016 | 06/30/2017 | 06/30/2017 | DY3 Q1 |
| Task 3. Create educational media to communicate the goals and educations of the IDS to both patients and CBOs. | | Project | | In Progress | 03/31/2016 | 06/30/2017 | 03/31/2016 | 06/30/2017 | 06/30/2017 | DY3 Q1 |
| Task 4. Hire and train community navigators and deploy within the community. | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 5. Ensure regional coordination for shared partners. | | Project | | In Progress | 03/01/2016 | 12/31/2016 | 03/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 6. Solicit feedback from our patient navigators, CBOs and partners to identify other areas which may benefit from IDS integration. | | Project | | In Progress | 01/01/2017 | 03/31/2018 | 01/01/2017 | 03/31/2018 | 03/31/2018 | DY3 Q4 |

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found



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Prescribed Milestones Narrative Text

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



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Milestone Review Status

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



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

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
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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 2.a.i.4 - IA Monitoring

Instructions :



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

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

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

Instructions :

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

| |
|---|
| <p>Risk Category: Scope Risk: Partners achieving PCMH Level 3 recognition is dependent on the ability of the partner to implement sweeping, transformative changes across their organization on an accelerated time schedule.</p> <p>Potential Impact – Partners not completely understanding the scope of work required for PCMH Level 3 Recognition can potentially impact PPS speed and scale commitments, and/or result in a recognition level lower than Level 3</p> <p>Mitigation: All of our safety net primary care providers have already begun the process of applying for 2014 PCMH Level 3 recognition. RCHC will regularly check the status of the recognition process with all participating partners. If a partner is struggling with a specific element, RCHC will connect them to another partner that has successfully completed that element so the partners can share best practices and learned experiences. RCHC is also prepared to subsidize an outside PCMH expert for any practice who requires an upgrade to their recognition level after initial status determination, to ensure all of our partners achieve level 3 recognition.</p> <p>Risk Category: Resource Risk: Partners require a robust reporting solution which enables them to complete the application and achieve appropriate recognition.</p> <p>Potential Impact: Lack of reporting capability can impact the ability of the partner to put together a complete application, and has potential to risk recognition as Level 3</p> <p>Mitigation: Refuah CHC will provide adequate support and technology to its partners in order to ensure that partners have the requisite capabilities to meet the reporting requirements. Support will include: assistance from Refuah CHC's Director of Informatics, who is familiar with the PCMH data reporting procedures, as well as the EMRs of our partners; IT assistance with technical issues; on-site and/or remote support to help implement appropriate reporting processes; facilitation of collaboration between partners and PCMH support vendors; and assistance with securing training, as appropriate.</p> |
|---|



**New York State Department Of Health
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IPQR Module 2.a.ii.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for DY1 Q4 should include patients previously reported in DY1 Q3 plus new patients engaged in DY1 Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

| Benchmarks | |
|------------------------|------------------------|
| Actively Engaged Speed | Actively Engaged Scale |
| DY3,Q4 | 20,000 |

| | Year,Quarter | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 |
|---------------------|--------------------------|--------|--------|--------|----------|
| PPS Reported | Baseline Commitment | 0 | 0 | 0 | 1,000 |
| | Quarterly Update | 0 | 0 | 0 | 12,757 |
| | Percent(%) of Commitment | | | | 1275.70% |
| IA Approved | Quarterly Update | 0 | 0 | 0 | 0 |
| | Percent(%) of Commitment | | | | 0.00% |

Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|----------|-----------|--|------------------------|---------------------|
| mk433280 | Rosters | 20_PMDL2115_1_4_20160425093402_project_2.a.ii_roster_dy1q4.csv | Engaged Patient Roster | 04/25/2016 09:34 AM |

Narrative Text :

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

Module Review Status

| Review Status | IA Formal Comments |
|----------------|--------------------|
| Pass & Ongoing | |



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

✔ IPQR Module 2.a.ii.3 - Prescribed Milestones

Instructions :

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

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---------------------|-----------------|--|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Milestone #1 Ensure that all participating PCPs in the PPS meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3. | DY3 Q4 | Project | N/A | In Progress | 05/01/2015 | 03/31/2018 | 05/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards. | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 05/01/2015 | 03/31/2018 | 05/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1. Identify all Primary Care Providers within the network that are participating in project | | Project | | Completed | 05/01/2015 | 09/30/2015 | 05/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task 2. Conduct gap analysis of participating partners between current practice and 2014 PCMH standards | | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 3. Work with partners to develop appropriate timeline for transformation, implementation, reporting, and submission | | Project | | In Progress | 10/01/2015 | 12/31/2016 | 10/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 4. Enter into contractual agreement with partners providing financial incentives for meeting milestones in the established timeline | | Project | | In Progress | 09/01/2015 | 12/31/2016 | 09/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 5. Regularly monitor partners to ensure that they are adhering to the established timeline for each stage of the recognition process | | Project | | In Progress | 10/01/2015 | 03/31/2018 | 10/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 6. Facilitate peer support for any partner that is having difficulty adhering to the established timeline | | Project | | In Progress | 10/01/2015 | 03/31/2018 | 10/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 7. Provide outside PCMH consulting for any practice that needs to upgrade their status to Level 3 from a lower level | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Milestone #2 Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the | DY2 Q4 | Project | N/A | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---------------------|-----------------|--|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| project. | | | | | | | | | | |
| Task PPS has identified physician champion with experience implementing PCMHs/ACPMs. | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 07/01/2015 | 12/31/2016 | 07/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 2. Provide education to partners on the selection criteria and responsibilities of physician champion | | Project | | In Progress | 10/01/2015 | 12/31/2016 | 10/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 4. PPS will communicate with Physician Champions on a regular basis, to support their efforts and facilitate collaboration among partners | | Project | | In Progress | 10/01/2015 | 03/18/2017 | 10/01/2015 | 03/18/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Develop selection criteria for physician champion, including but not limited to a. intimate knowledge of PCMH b. Knowledge of operational workflow c. proven track record of leadership, innovation, and facilitating change | | Project | | Completed | 08/01/2015 | 09/30/2015 | 08/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task 3. Ensure selection of appropriate physician champion by participating partners pursuant to contractual agreement | | Project | | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #3 Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices. | DY2 Q4 | Project | N/A | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Care coordinators are identified for each primary care site. | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Care coordinator identified, site-specific role established as well as inter-location coordination responsibilities. | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Clinical Interoperability System in place for all participating providers and document usage by the identified care coordinators. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 4. Ensure that each partner has training in place for care coordinators, and evaluate methods to ensure training is aligned with other partners to ensure interoperability across the network | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Develop selection criteria for care coordinators, including but not limited to cultural competency, language proficiency, and | | Project | | Completed | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|---------------------|-----------------|---|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| familiarity with community being served | | | | | | | | | | |
| Task 2. Develop care coordinator model(s) (with input from the Workforce Workgroup) and use the models to create job descriptions. | | Project | | Completed | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 3. Work with relevant partners to identify appropriate individuals to serve in care coordinator roles (either from existing workforce or through new hires, as appropriate). Provide training as appropriate. | | Project | | Completed | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 5. Develop metrics to monitor effectiveness of care coordinators. Evaluate care coordinator performance on a regular basis and take corrective action as necessary. Ensure that appropriate initial and on-going training is provided. | | Project | | Completed | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Milestone #4 Ensure all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3. | DY3 Q4 | Project | N/A | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task PPS uses alerts and secure messaging functionality. | | Project | | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1. Include requirements for data sharing and QE integration in larger gap assessment encompassing IT Systems and Clinical Integration as well. Perform gap assessment. | | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 2. Review gap assessment and develop strategies for partners to meet data sharing requirements for this milestone. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 3. Collaborate with QE, regional PPSs and partner software vendors on available solutions and strategies to close identified gaps. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 4. Develop relevant grouping for partners (for example: type of partner, gap/need, software solution used). Create phased implementation and assign partners to phases. Collaborate with | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|---------------------|-----------------|---|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| regional PPSs on phases and plans. | | | | | | | | | | |
| Task 5. Determine details for other workstreams, including budget requirements, workforce and training needs. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 6. Develop new policies, procedures, processes that will be required for data sharing and include, as needed, in data governance. | | Project | | In Progress | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 7. Determine project tracking needs for ongoing project reporting and monitoring and develop tools to facilitate this tracking and monitoring. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 8. Develop plan for implementation focused on shared partners in collaboration with other regional PPSs. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 9. Begin execution of the first phase of implementation plan; start of additional phases TBD. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 10. Perform rapid cycle evaluation of implementation, adjust additional phases as needed, and repeat process according to developed project tracking process. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 11. Confirm that all phases of implementation plan have been completed and that all PPS safety net providers meet this milestone requirement. Collect necessary documentation from each partner to show their compliance with this milestone. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3. | DY3 Q4 | Project | N/A | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria). | | Project | | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM. | | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1. Survey safety net providers to determine current EHR and version as part of current state assessment to be performed in IT | | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Systems & Processes workstream . Evaluate current IT state across PPS through various communication methods, including meeting, conference calls, surveys, email. | | | | | | | | | | |
| Task 2. Perform analysis of results of IT assessment . Develop upgrade roadmap with any safety net partners no currently on an EHR that meets MU Stage 2 requirements. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 3. Analyze results of partners in collaboration with other regional PPSs and ensure alignment/collaboration on closing gaps (especially with shared partners). | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 4. Estimate costs to partners/PPS and reconcile with budget. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 5. Create reporting /status tracking method partner progress towards adoption of EHR systems meeting MU and PCMH requirements. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 6. Finalize PPS strategy to close gaps and receive approval through governance process . | | Project | | Completed | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 7. Begin execution of plan | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 8. Perform rapid cycle evaluation of implementation, adjust additional phases as needed, and repeat process according to developed project tracking process. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 9. Confirm that all phases of implementation plan have been completed and that all PPS safety net providers meet this milestone requirement. Collect necessary documentation from each partner to show their compliance with this milestone. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers. | DY3 Q4 | Project | N/A | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting. | | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Assign oversight of milestone activities and analysis to project | | Project | | Completed | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |



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|--|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| leads. | | | | | | | | | | |
| Task 2: Compile list of data elements from DSRIP requirements and collaborate with regional PPSs to align reporting requirements. | | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 3. Research available population health platforms to aggregate data from most robust and cost effective data sources across PPS, develop budget and integration plan. Engage vendor to assist with data source assessment work | | Project | | In Progress | 07/01/2015 | 12/31/2016 | 07/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 4: Perform assessment of all data sources and workflows for collection of data for population health, including safety net provider systems and EMR vendors, QE/RHIOs and DOH/MAPP/Salient. Develop plan to integration/interface of most cost effective sources into a centralized platform across PPS | | Project | | Completed | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 5. Perform an analysis, utilizing CNA data and other relevant sources, e.g. partner and CBO input, to define priority target populations and associated health disparities. | | Project | | Completed | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 6. Develop plans to address the relevant health disparities for the identified priority target populations. | | Project | | Completed | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 7. Identify providers requiring additional training, including workflows for data capture and addressing health disparities and create appropriate training plans. | | Project | | Completed | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 8. Coordinate work products from all steps to create a comprehensive population health roadmap for submission to the Executive Governing Body. | | Project | | In Progress | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 9. Coordinate efforts with other area PPSs in order to avoid redundancies and facilitate a comprehensive region-wide approach to milestone achievement. | | Project | | Completed | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 10. Begin implementation of roadmap and perform rapid cycle evaluation of progress and adjust additional plans as needed. | | Project | | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 11. Confirm that all safety net providers meet this milestone requirement. Collect necessary documentation from each partner to show their compliance with this milestone. | | Project | | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---------------------|-----------------|--|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Milestone #7 Ensure that all staff are trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management. | DY3 Q4 | Project | N/A | In Progress | 12/01/2015 | 12/31/2016 | 12/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task Practice has adopted preventive and chronic care protocols aligned with national guidelines. | | Project | | In Progress | 12/01/2015 | 12/31/2016 | 12/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task Project staff are trained on policies and procedures specific to evidence-based preventive and chronic disease management. | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 12/01/2015 | 12/31/2016 | 12/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 1. Survey partners and identify any updates to partner policies and protocols that are required to align their PCMH measures with national guidelines. | | Project | | In Progress | 12/01/2015 | 12/31/2016 | 12/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 2. Work with Workforce Workgroup to identify any training needed, including training for all partners on roles within PCMH models and any new policies and protocols identified in task 1. | | Project | | In Progress | 12/01/2015 | 12/31/2016 | 12/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 3. Facilitate that training across the relevant workforce utilizing webinars, in-services, group trainings, and post-education competency evaluation. | | Project | | In Progress | 12/01/2015 | 12/31/2016 | 12/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Milestone #8 Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner. | DY2 Q4 | Project | N/A | In Progress | 05/01/2015 | 03/31/2017 | 05/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Preventive care screenings implemented among participating PCPs, including behavioral health screenings (PHQ-2 or 9, SBIRT). | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 05/01/2015 | 03/31/2017 | 05/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Protocols and processes for referral to appropriate services are in place. | | Project | | In Progress | 05/01/2015 | 03/31/2017 | 05/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Work with Clinical Quality Committee to ensure that referral Protocols and Processes are clinically appropriate before implementing | | Project | | In Progress | 10/01/2015 | 12/31/2016 | 10/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 2. Develop standards for depression screening and referral, and | | Project | | In Progress | 10/01/2015 | 12/31/2016 | 10/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |



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|--|---------------------|-----------------|--|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| contract with partners to meet these standards | | | | | | | | | | |
| Task 3. Develop appropriate reporting solutions to ensure compliance with requirements for universal screening and timely referral for appropriate patients | | Project | | In Progress | 05/01/2015 | 03/31/2017 | 05/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 4. Monitor compliance rates from partners, identifying any low-performing partners. For any low-performing partners, the PPS will offer support in the form of workflow development, workforce retraining, and IT support to improve performance of the partner | | Project | | In Progress | 05/01/2015 | 03/31/2017 | 05/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #9 Implement open access scheduling in all primary care practices. | DY3 Q4 | Project | N/A | In Progress | 05/01/2015 | 03/31/2018 | 05/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task PCMH 1A Access During Office Hours scheduling to meet NCQA standards established across all PPS primary care sites. | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 05/01/2015 | 03/31/2018 | 05/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task PCMH 1B After Hours Access scheduling to meet NCQA standards established across all PPS primary care sites. | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 05/01/2015 | 03/31/2018 | 05/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task PPS monitors and decreases no-show rate by at least 15%. | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 05/01/2015 | 03/31/2018 | 05/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1. Conduct GAP analysis of partners to determine current gap to goal for PCMH 1A and 1B access | | Project | | In Progress | 10/01/2015 | 12/31/2016 | 10/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 2. Work with partners to develop any increase in access that is needed to meet NCQA standards for Open Access | | Project | | In Progress | 12/01/2015 | 12/31/2016 | 12/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 3. Establish baseline no-show rate for each participating partner via surveying and reporting | | Project | | In Progress | 12/01/2015 | 07/31/2016 | 12/01/2015 | 07/31/2016 | 09/30/2016 | DY2 Q2 |
| Task 4. Alongside Clinical Quality Committee, develop best practices for reducing no-show rate | | Project | | In Progress | 12/01/2015 | 07/31/2016 | 12/01/2015 | 07/31/2016 | 09/30/2016 | DY2 Q2 |
| Task 5. Routinely monitor partners no-show rates, and for any underperforming partner, work with partner and Clinical Quality committee to help reduce no-show rate to appropriate level | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |



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Refuah Community Health Collaborative (PPS ID:20)

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|----------------|
| Ensure that all participating PCPs in the PPS meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3. | |
| Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the project. | |
| Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices. | |
| Ensure all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3. | |
| Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3. | |
| Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers. | |
| Ensure that all staff are trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management. | |
| Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner. | |
| Implement open access scheduling in all primary care practices. | |

Milestone Review Status

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



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Milestone Review Status

| Milestone # | Review Status | IA Formal Comments |
|--------------|----------------|--------------------|
| Milestone #2 | Pass & Ongoing | |
| Milestone #3 | Pass & Ongoing | |
| Milestone #4 | Pass & Ongoing | |
| Milestone #5 | Pass & Ongoing | |
| Milestone #6 | Pass & Ongoing | |
| Milestone #7 | Pass & Ongoing | |
| Milestone #8 | Pass & Ongoing | |
| Milestone #9 | Pass & Ongoing | |



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

Instructions :

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

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

No Records Found

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 |
|----------------|----------------|
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No Records Found



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

Instructions :



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Project 2.c.i – Development of community-based health navigation services

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

Instructions :

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

| |
|--|
| <p>Risk Category: Resource Risk: Out-of-Network</p> <p>Potential Impact: Key providers in a particular patient's care pathway might not be part of the RCHC PPS network.</p> <p>Mitigation: Enlisting community based organizations who have an established history serving Orange and Rockland Counties will help to identify key providers and services outside our network to achieve an inclusive and comprehensive list regardless of PPS partnership.</p> <p>Risk Category: Scope Risk: Lack of Familiarity with VBP</p> <p>Potential Impact: Many partners, particularly the smaller ones are not familiar with value based payment and are seeing DSRIP as a grant funding opportunity.</p> <p>Mitigation: RCHC has been attempting to educate partners at meetings and plans to offer a webinar to improve understanding and financial and programmatic expectations of the partners.</p> <p>Risk Category: Scope Risk: Communication</p> <p>Potential Impact: Community based navigators have traditionally had limited access to patient health information and limited access to the patients' providers which greatly hinders the navigators' ability to assist patients in getting their recommended care.</p> <p>Mitigation: RCHC will attempt to mitigate this risk by attempting to connect the navigators via the RHIO or other platform in bi-directional communication with providers as well as community care resources.</p> |
|--|



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

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for DY1 Q4 should include patients previously reported in DY1 Q3 plus new patients engaged in DY1 Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

| Benchmarks | |
|------------------------|------------------------|
| Actively Engaged Speed | Actively Engaged Scale |
| DY4,Q4 | 9,861 |

| | Year,Quarter | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 |
|---------------------|--------------------------|--------|--------|--------|--------|
| PPS Reported | Baseline Commitment | 0 | 0 | 0 | 986 |
| | Quarterly Update | 0 | 0 | 0 | 809 |
| | Percent(%) of Commitment | | | | 82.05% |
| IA Approved | Quarterly Update | 0 | 0 | 0 | 0 |
| | Percent(%) of Commitment | | | | 0.00% |

Warning: PPS Reported - Please note that your patients engaged to date (809) does not meet your committed amount (986) for 'DY1,Q4'

Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|----------|-----------|---|------------------------|---------------------|
| mk433280 | Rosters | 20_PMDL3415_1_4_20160425093712_project_2.c.i_roster_dy1q4.csv | Engaged Patient Roster | 04/25/2016 09:37 AM |

Narrative Text :

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

Module Review Status

| Review Status | IA Formal Comments |
|----------------|--------------------|
| Pass & Ongoing | |



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

Instructions :

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

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Milestone #1 Create community-based health navigation services, with the goal of assisting patients in accessing healthcare services efficiently. | DY3 Q2 | Project | N/A | In Progress | 05/01/2015 | 03/31/2018 | 05/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Community-based health navigation services established. | | Project | | In Progress | 05/01/2015 | 08/31/2016 | 05/01/2015 | 08/31/2016 | 09/30/2016 | DY2 Q2 |
| Task 1. Identify partners and other organizations best suited to participate in this project | | Project | | Completed | 05/01/2015 | 01/31/2016 | 05/01/2015 | 01/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 5. Work with the cultural competency & health literacy team to perform an analysis of the existing barriers and disparities which prevent efficient and effective use of the healthcare system. | | Project | | In Progress | 08/01/2015 | 08/31/2016 | 08/01/2015 | 08/31/2016 | 09/30/2016 | DY2 Q2 |
| Task 6. Research and identify appropriate methods and models to establish this service in Orange and Rockland counties | | Project | | In Progress | 08/01/2015 | 08/31/2016 | 08/01/2015 | 08/31/2016 | 09/30/2016 | DY2 Q2 |
| Task 2. Assess partner readiness, capacity, and resources including staffing and IT. | | Project | | In Progress | 08/01/2015 | 08/31/2016 | 08/01/2015 | 08/31/2016 | 09/30/2016 | DY2 Q2 |
| Task 3. Discuss terms with those partners identified as candidates for this project including, but not limited to: recruiting navigators from the pool of residents in the community served, training them on cultural competency, health literacy and the resource guide, conducting periodic performance reviews. | | Project | | In Progress | 08/01/2015 | 08/31/2016 | 08/01/2015 | 08/31/2016 | 09/30/2016 | DY2 Q2 |
| Task 4. Sign agreements with specific reporting requirements and deliverables. Agreements will set forth the roles and responsibilities of the parties. | | Project | | In Progress | 08/01/2015 | 01/31/2017 | 08/01/2015 | 01/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 7. Perform regular oversight of partners to ensure compliance with project metrics and associated timeline. | | Project | | In Progress | 10/01/2015 | 03/31/2018 | 10/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| 8. Assist partners with remediation of processes/workflows/training as necessary. | | | | | | | | | | |
| Milestone #2 Develop a community care resource guide to assist the community resources and ensure compliance with protocols, under direction from a collaborating program oversight group of medical/behavioral health, community nursing, and social support services providers. | DY2 Q4 | Project | N/A | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Resource guide completed, detailing medical/behavioral/social community resources and care protocols developed by program oversight committee. | | Project | | In Progress | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 1. Work with partners to identify appropriate resources for inclusion | | Project | | In Progress | 01/01/2016 | 04/30/2016 | 01/01/2016 | 04/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 2. Engage a partner to develop, publish, and maintain the resource guide. | | Project | | In Progress | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 4. Ensure continuous maintenance of Resource guide | | Project | | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 3. Ensure partner training of community navigators on the use of the resource guide with a focus on cultural competency pursuant to contractual agreement | | Project | | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 5. Develop metrics to monitor effectiveness of the navigators. Evaluate navigator performance on a regular basis and take corrective action as necessary. Ensure that | | Project | | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #3 Recruit for community navigators, ideally spearheaded by residents in the targeted area to ensure community familiarity. | DY2 Q4 | Project | N/A | In Progress | 09/01/2015 | 03/31/2017 | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Navigators recruited by residents in the targeted area, where possible. | | Project | | In Progress | 09/01/2015 | 09/30/2016 | 09/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 1. Coordinate with regional and PPS specific workforce efforts to identify potential navigator sources (partner and non-partner CBO and provider organization) | | Project | | In Progress | 09/01/2015 | 03/31/2017 | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 3. To maintain a high standard in the program, ensure each individual navigator is trained, regardless of their background or | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| experience, on cultural competency, health literacy, as well as the technical aspects of navigating patients toward more effective health care system use and ensure it is documented accordingly. | | | | | | | | | | |
| Task 4. Ensure periodic performance reviews are performed to confirm that navigators are successfully providing services | | Project | | In Progress | 03/31/2016 | 03/31/2017 | 03/31/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 2. Provide recruitment guidelines to navigator sources, requiring them to leverage their existing relationships with local residents in order to further identify and recruit navigators utilizing job fairs, engagement of community leaders, and word of mouth | | Project | | In Progress | 09/01/2015 | 09/01/2016 | 09/01/2015 | 09/01/2016 | 09/30/2016 | DY2 Q2 |
| Milestone #4 Resource appropriately for the community navigators, evaluating placement and service type. | DY3 Q2 | Project | N/A | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Navigator placement implemented based upon opportunity assessment. | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Telephonic and web-based health navigator services implemented by type. | | Project | | In Progress | 06/01/2016 | 03/31/2017 | 06/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 2. Coordinate opportunity assessment with regional and PPS-specific workforce efforts | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Review results and recommendations from CNA, workforce gap analysis, and cultural competency and health literacy workgroup to identify location, type, and degree of need | | Project | | In Progress | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 4. Work with identified CBOs and other partner organizations (in coordination with Workforce Workgroup) to develop job descriptions for community navigators. | | Project | | In Progress | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 5. Leverage existing knowledge base of CBOs to identify appropriate channels to recruit existing and/or new hire community navigators for participation in the program. Coordinate placement of navigators with existing CBO/partner programs and assess opportunities for new placements based upon community need. | | Project | | In Progress | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 6. Ensure that community navigators receive appropriate initial and on-going training. | | Project | | In Progress | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |



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|---|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Task 7. Monitor effectiveness of navigator placements and take corrective action, as appropriate. | | Project | | In Progress | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Milestone #5 Provide community navigators with access to non-clinical resources, such as transportation and housing services. | DY3 Q2 | Project | N/A | In Progress | 10/01/2015 | 09/30/2017 | 10/01/2015 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| Task Navigators have partnerships with transportation, housing, and other social services benefitting target population. | | Project | | In Progress | 01/01/2016 | 09/30/2017 | 01/01/2016 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| Task 2. Work with partners to train navigators on resource guide and educate navigators on the interdependence of healthcare outcomes on non-clinical factors | | Project | | In Progress | 01/01/2016 | 09/30/2017 | 01/01/2016 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| Task 4. Invite all non-clinical resources to PPS "get to know you" event to help develop relationships between navigators and resource organizations | | Project | | In Progress | 01/01/2017 | 09/30/2017 | 01/01/2017 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| Task 3. Facilitate on-going communication between navigators and non-clinical support organizations | | Project | | In Progress | 07/01/2016 | 09/30/2017 | 07/01/2016 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| Task 1. work with partners to create resource guide, including resources for housing, transportation, food sources, translation, legal, immigration, domestic violence, program assistance. Regularly review and update resource guide to include most up-to-date resources | | Project | | In Progress | 10/01/2015 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Milestone #6 Establish case loads and discharge processes to ensure efficiency in the system for community navigators who are following patients longitudinally. | DY2 Q4 | Project | N/A | In Progress | 06/30/2016 | 03/31/2017 | 06/30/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Case loads and discharge processes established for health navigators following patients longitudinally. | | Project | | In Progress | 06/30/2016 | 03/31/2017 | 06/30/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. PPS clinical quality committee will develop and approve case load and discharge protocols in accordance with established best practices, and will ensure compliance by random audits. | | Project | | In Progress | 06/30/2016 | 03/31/2017 | 06/30/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #7 Market the availability of community-based navigation services. | DY2 Q4 | Project | N/A | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Health navigator personnel and services marketed within | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| designated communities. | | | | | | | | | | |
| Task 1. Leverage the expertise of the cultural competency and health literacy workgroup to identify specific methods of marketing and outreach that will facilitate engagement by different populations across the PPS | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 2. Identify and implement various communication formats in order to ensure that availability of navigators is effectively communicated | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 3. Develop processes to monitor on-going effectiveness of marketing efforts and implement remedial action as necessary | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #8 Use EHRs and other technical platforms to track all patients engaged in the project. | DY2 Q4 | Project | N/A | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Create technical requirements for providers participating in this project as part of a larger technical requirements document spanning the entire PPS. | | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 2. Perform current state assessment across entire PPS (milestone 1 in IT Systems and Processes), including partners participating in this project. | | Project | | Completed | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 3. Assess results of current state assessment.. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 4. Develop PPS strategy for tracking engaged patients. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 5. Identify technical platforms to be used to facilitate real time and historical tracking and reporting. | | Project | | Completed | 12/01/2015 | 03/31/2016 | 12/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 6. Create strategies to close gaps in partner readiness with respect to EMR, training, workflow, HIE integration and consent processes. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 7. Identify need for additional support to facilitate "close the gap" strategy | | Project | | In Progress | 10/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Task 8. Develop budget and schedule for each partner to close gaps | | Project | | In Progress | 10/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 9. Begin implementation of any new technical platforms, integrations, training, workflow, consent processes. | | Project | | In Progress | 09/30/2016 | 03/31/2017 | 09/30/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 10. Evaluate implementation process on ongoing basis to and institute remedial measures as necessary | | Project | | In Progress | 09/30/2016 | 03/31/2017 | 09/30/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 11. Monitor on-going patient engagement, partner performance and institute remedial measures as necessary | | Project | | In Progress | 09/30/2016 | 03/31/2017 | 09/30/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|--|----------------|
| Create community-based health navigation services, with the goal of assisting patients in accessing healthcare services efficiently. | |
| Develop a community care resource guide to assist the community resources and ensure compliance with protocols, under direction from a collaborating program oversight group of medical/behavioral health, community nursing, and social support services providers. | |
| Recruit for community navigators, ideally spearheaded by residents in the targeted area to ensure community familiarity. | |
| Resource appropriately for the community navigators, evaluating placement and service type. | |
| Provide community navigators with access to non-clinical resources, such as transportation and housing services. | |
| Establish case loads and discharge processes to ensure efficiency in the system for community navigators who are following patients longitudinally. | |
| Market the availability of community-based navigation services. | |
| Use EHRs and other technical platforms to track all patients engaged in the project. | |



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Milestone Review Status

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



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

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------|----------------|
|----------------|----------------|

No Records Found



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

Instructions :



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

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

Instructions :

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

| |
|--|
| <p>Risk Category: Resource Risk: Not enough BH access.</p> <p>Potential Impact: Screening patients requires a system in place to address a positive result.</p> <p>Mitigation: The PPS has included numerous BH provider partners as well as OMH and OASAS resources to help ensure adequate access. Regulatory relief will allow additional mental health care services to be performed in Article 28 facilities.</p> <p>Risk Category: Scope Risk: The assumption that co-location is integration.</p> <p>Potential Impact: Some partners might think they are already integrated because they have both a BH and primary care department on site. In fact, true integration demands a much higher level of commitment.</p> <p>Mitigation: The warm pass-off will make the patient's experience more seamless. Proof of team meetings which include both mental health and medical providers will also address this issue.</p> <p>Risk Category: Scope Risk: Philosophical and cultural differences in the two fields.</p> <p>Potential Impact: Behavioral Health and Medicine providers have very different styles and tools for diagnosis and treatment.</p> <p>Mitigation: Provider training and required CME for each provider in the other's "world" as well as regular face-to-face meetings will help providers see and appreciate the others' perspective.</p> <p>Risk Category: Resource Risk: Meeting fatigue</p> <p>Potential Impact: Some partners may not find such an exercise worth it without adequate compensation.</p> <p>Mitigation: RCHC is considering some appropriate compensation for participation in meetings and workgroups to help maintain an engaged</p> |
|--|



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partner group and encourage meaningful participation.

Risk Category: Scope

Risk: Change in funding model.

Potential Impact:

Many partners, particularly the smaller ones, are not familiar with value based payment and are seeing DSRIP as a grant funding opportunity.

Mitigation:

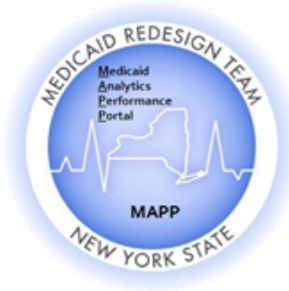
RCHC has been attempting to educate partners at meetings and plans to offer a webinar to improve the understanding and financial expectations of partners, and place an emphasis on the need to meet metrics and effectuate actual change.

Risk Category: Scope

Risk: Accountability

Potential Impact: Giving partners enough leeway to develop their own workflows that work within their existing organizations risks that those partners might fail at trying to do so.

Mitigation: The PPS is hoping to select partners well positioned from the start to succeed in this project. In addition, we will stay in close contact with the partners throughout the process using multiple metrics and standards embedded in the agreement.



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

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for DY1 Q4 should include patients previously reported in DY1 Q3 plus new patients engaged in DY1 Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

| Benchmarks | |
|------------------------|------------------------|
| Actively Engaged Speed | Actively Engaged Scale |
| DY4,Q4 | 9,000 |

| | Year,Quarter | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 |
|---------------------|--------------------------|--------|---------|---------|---------|
| PPS Reported | Baseline Commitment | 0 | 900 | 1,200 | 2,400 |
| | Quarterly Update | 0 | 3,697 | 4,658 | 5,490 |
| | Percent(%) of Commitment | | 410.78% | 388.17% | 228.75% |
| IA Approved | Quarterly Update | 0 | 3,697 | 4,658 | 0 |
| | Percent(%) of Commitment | | 410.78% | 388.17% | 0.00% |

Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|----------|-----------|---|------------------------|---------------------|
| mk433280 | Rosters | 20_PMDL3715_1_4_20160425094112_project_3.a.i_roster_dy1q4.csv | Engaged Patient Roster | 04/25/2016 09:41 AM |

Narrative Text :

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

Per previous guidance from the DOH, multiple PPSs are permitted to report a patient for the same project, as long as that patient is not from the same partner organization. We have verified with the reporting partner that none of the patients listed were reported to another PPS. The reporting partner NPI was provided in the initial data submission.

Module Review Status

| Review Status | IA Formal Comments |
|----------------|--------------------|
| Pass & Ongoing | |



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

Instructions :

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

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|---------------------|--------------------|-----------------|--|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3. | DY3 Q4 | Model 1 | Project | N/A | In Progress | 05/01/2015 | 03/31/2018 | 05/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3. | | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 05/01/2015 | 03/31/2018 | 05/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Behavioral health services are co-located within PCMH/APC practices and are available. | | | Provider | Mental Health | In Progress | 09/01/2015 | 01/31/2017 | 09/01/2015 | 01/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Identify which PCP partner organizations are interested in this project | | | Project | | Completed | 05/01/2015 | 12/31/2015 | 05/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 2. Assess partner readiness and capacity for BH integration including staffing, space, and IT | | | Project | | In Progress | 07/01/2015 | 07/31/2016 | 07/01/2015 | 07/31/2016 | 09/30/2016 | DY2 Q2 |
| Task 3. Assess provider readiness for PCMH certification and develop plan for actualization; create timeline with specific interval targets | | | Project | | In Progress | 07/01/2015 | 01/31/2017 | 07/01/2015 | 01/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 4. Discuss terms with those partners identified as candidates for this project | | | Project | | In Progress | 08/01/2015 | 01/31/2017 | 08/01/2015 | 01/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 5. Sign agreements with specific reporting requirements and deliverables, including interval PCMH targets. Agreements will set forth the roles and responsibilities of the parties. | | | Project | | In Progress | 08/01/2015 | 01/31/2017 | 08/01/2015 | 01/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 6. Perform regular oversight of partners to ensure compliance with project (e.g. proof of warm hand offs, | | | Project | | In Progress | 09/01/2015 | 03/31/2018 | 09/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|---------------------|--------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| team meetings, etc.), metrics and associated timeline. | | | | | | | | | | | |
| Task 7. Assist partners with remediation of processes/workflows/training as necessary | | | Project | | In Progress | 09/01/2015 | 03/31/2018 | 09/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process. | DY2 Q4 | Model 1 | Project | N/A | In Progress | 05/01/2015 | 03/31/2017 | 05/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Regularly scheduled formal meetings are held to develop collaborative care practices. | | | Project | | In Progress | 05/01/2015 | 03/31/2017 | 05/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes. | | | Project | | In Progress | 09/01/2015 | 03/31/2017 | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Communicate and educate partners on this project and solicit partner feedback/input | | | Project | | Completed | 05/01/2015 | 10/31/2015 | 05/01/2015 | 10/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 2. Solicit partner participation in a BH quality committee. Convene BH quality committee to develop evidence-based policies, procedures, workflows and care standards | | | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 3. Share the standards with the Regional Clinical Council to ensure consistency across the Hudson Valley Region | | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 4. Communicate standards across all participating partner groups | | | Project | | In Progress | 09/01/2016 | 03/31/2017 | 09/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 5. Develop processes to monitor implementation and effectiveness of standards and adjust the standards based upon subsequent reviews | | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs. | DY2 Q4 | Model 1 | Project | N/A | In Progress | 08/01/2015 | 03/31/2017 | 08/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task | | | Project | | In Progress | 09/01/2015 | 03/31/2017 | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|---------------------|--------------------|-----------------|--|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Policies and procedures are in place to facilitate and document completion of screenings. | | | | | | | | | | | |
| Task Screenings are documented in Electronic Health Record. | | | Project | | In Progress | 09/01/2015 | 03/31/2017 | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT). | | | Project | | In Progress | 09/01/2015 | 03/31/2017 | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record. | | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 09/01/2015 | 03/31/2017 | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 3. Ensure functioning "warm-transfer" workflows and adequate access to BH services for patients who screen positive; establish remedial policies/workflows, as necessary. | | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Establish policies and procedures to perform and document screenings in EHR; develop processes to track and monitor compliance with such policies and procedures. | | | Project | | In Progress | 08/01/2015 | 03/31/2017 | 08/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 2. Train staff on screening methods and proper documentation; develop mechanisms to monitor effectiveness of training. | | | Project | | In Progress | 08/01/2015 | 03/31/2017 | 08/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project. | DY2 Q4 | Model 1 | Project | N/A | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task EHR demonstrates integration of medical and behavioral health record within individual patient records. | | | Project | | In Progress | 09/01/2015 | 03/31/2017 | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | | | Project | | In Progress | 09/01/2015 | 03/31/2017 | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task | | | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---------------------|--------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| 1. Create technical requirements for providers participating in this project as part of a larger technical requirements document spanning the entire PPS. | | | | | | | | | | | |
| Task 2. Perform current state assessment across entire PPS (milestone 1 in IT Systems and Processes), including partners participating in this project. (Include assessment of EMR's ability to integrate primary care and behavioral health charts.) | | | Project | | Completed | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 3. Assess results of current state assessment | | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 4. Develop PPS strategy for tracking engaged patients. | | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 5. Identify technical platforms to be used to facilitate real time and historical tracking and reporting. | | | Project | | Completed | 12/01/2015 | 03/31/2016 | 12/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 6. Create strategies to close gaps in partner readiness with respect to EMR, training, workflow, HIE integration and consent processes. | | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 7. Identify need for additional support to facilitate "close the gap" strategy | | | Project | | In Progress | 10/01/2015 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 8. Develop budget and schedule for each partner to close gaps | | | Project | | In Progress | 10/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 9. Begin implementation of any new technical platforms, integrations, training, workflow, consent processes for providers participating in this project | | | Project | | In Progress | 09/30/2016 | 03/31/2017 | 09/30/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 10. Review implementation process on ongoing basis to and institute remedial measures as necessary | | | Project | | In Progress | 09/30/2016 | 03/31/2017 | 09/30/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 11. Monitor on-going patient engagement, partner performance and institute remedial measures as necessary | | | Project | | In Progress | 09/30/2016 | 03/31/2017 | 09/30/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #5 | DY2 Q4 | Model 2 | Project | N/A | In Progress | 05/01/2015 | 03/31/2017 | 05/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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|---|---------------------|--------------------|-----------------|--|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Co-locate primary care services at behavioral health sites. | | | | | | | | | | | |
| Task PPS has achieved NCQA 2014 Level 3 PCMH or Advanced Primary Care Model Practices by the end of DY3. | | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 05/01/2015 | 03/31/2017 | 05/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Primary care services are co-located within behavioral Health practices and are available. | | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 09/01/2015 | 03/31/2017 | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Primary care services are co-located within behavioral Health practices and are available. | | | Provider | Mental Health | In Progress | 09/01/2015 | 03/31/2017 | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Communicate with and educate partners on the requirements of this project | | | Project | | Completed | 05/01/2015 | 08/01/2015 | 05/01/2015 | 08/01/2015 | 09/30/2015 | DY1 Q2 |
| Task 2. Identify which BH organizations are interested in offering integrated primary care services | | | Project | | In Progress | 07/01/2015 | 07/31/2016 | 07/01/2015 | 07/31/2016 | 09/30/2016 | DY2 Q2 |
| Task 3. Perform potential partner needs assessments for BH integration including gaps in staffing, space, and IT | | | Project | | In Progress | 08/01/2015 | 07/31/2016 | 08/01/2015 | 07/31/2016 | 09/30/2016 | DY2 Q2 |
| Task 4. Discuss terms with those partners identified as candidates for this project | | | Project | | In Progress | 01/01/2016 | 01/31/2017 | 01/01/2016 | 01/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 5. Sign agreements with specific reporting requirements and deliverables. Agreements will set forth the roles and responsibilities of the partners. | | | Project | | In Progress | 09/01/2016 | 01/31/2017 | 09/01/2016 | 01/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 6. Perform regular oversight of partners to ensure compliance with project (e.g. proof of warm hand offs, team meetings, etc.), metrics and associated timeline. | | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 7. Assist partners with remediation of processes/workflows/training as necessary | | | Project | | In Progress | 05/01/2015 | 03/31/2017 | 05/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process. | DY2 Q4 | Model 2 | Project | N/A | In Progress | 05/01/2015 | 03/31/2017 | 05/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task | | | Project | | In Progress | 05/01/2015 | 03/31/2017 | 05/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|---------------------|--------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Regularly scheduled formal meetings are held to develop collaborative care practices. | | | | | | | | | | | |
| Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process. | | | Project | | In Progress | 09/01/2015 | 03/31/2017 | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Communicate and educate partners on this project and solicit partner feedback/input | | | Project | | Completed | 05/01/2015 | 09/30/2015 | 05/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task 2. Solicit partner participation in a BH quality committee. | | | Project | | Completed | 07/01/2015 | 10/31/2015 | 07/01/2015 | 10/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 3. Convene BH quality committee to develop evidence-based policies, procedures, workflows and care standards | | | Project | | In Progress | 08/01/2015 | 03/31/2017 | 08/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 4. Share the standards with the Regional Clinical Council to ensure consistency across the Hudson Valley Region | | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 5. Communicate standards across all participating partner groups | | | Project | | In Progress | 09/01/2016 | 03/31/2017 | 09/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 6. Develop processes to monitor implementation and effectiveness of standards and adjust based upon subsequent reviews | | | Project | | In Progress | 01/31/2016 | 03/31/2017 | 01/31/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #7 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs. | DY2 Q4 | Model 2 | Project | N/A | In Progress | 08/01/2015 | 03/31/2017 | 08/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings. | | | Project | | In Progress | 09/01/2015 | 03/31/2017 | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Screenings are documented in Electronic Health Record. | | | Project | | In Progress | 09/01/2015 | 03/31/2017 | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task | | | Project | | In Progress | 09/01/2015 | 03/31/2017 | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---------------------|--------------------|-----------------|--|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT). | | | | | | | | | | | |
| Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record. | | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 09/01/2015 | 03/31/2017 | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 4. Ensure functioning referral workflows and adequate access for patients who screen positive; establish remedial policies/workflows as necessary | | | Project | | In Progress | 08/01/2015 | 03/31/2017 | 08/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Establish policies and procedures to perform and document screenings in EHR; develop processes to track and monitor compliance with such policies and procedures | | | Project | | In Progress | 08/01/2015 | 03/30/2017 | 08/01/2015 | 03/30/2017 | 03/31/2017 | DY2 Q4 |
| Task 2. Train all client-facing staff on basic disease prevention and chronic illness | | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 3. Train relevant staff on USPSTF screening methods and proper documentation | | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 5. Develop mechanisms to monitor effectiveness of training | | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project. | DY2 Q4 | Model 2 | Project | N/A | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task EHR demonstrates integration of medical and behavioral health record within individual patient records. | | | Project | | In Progress | 09/01/2015 | 03/31/2017 | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | | | Project | | In Progress | 09/01/2015 | 03/31/2017 | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Create technical requirements for providers participating in this project as part of a larger technical | | | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |

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Refuah Community Health Collaborative (PPS ID:20)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---------------------|--------------------|-----------------|--|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| requirements document spanning the entire PPS. | | | | | | | | | | | |
| Task 2. Perform current state assessment across entire PPS (milestone 1 in IT Systems and Processes), including partners participating in this project. | | | Project | | Completed | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 3. Assess results of current state assessment | | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 4. Develop PPS strategy for tracking engaged patients. | | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 5. Identify technical platforms to be used to facilitate real time and historical tracking and reporting. | | | Project | | Completed | 12/01/2015 | 03/31/2016 | 12/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 6. Create strategies to close gaps in partner readiness with respect to EMR, training, workflow, HIE integration and consent processes. | | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 7. Identify need for additional support to facilitate "close the gap" strategy | | | Project | | In Progress | 10/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 8. Develop budget and schedule for each partner to close gaps | | | Project | | In Progress | 10/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 9. Begin implementation of any new technical platforms, integrations, training, workflow, consent processes. | | | Project | | In Progress | 09/30/2016 | 03/31/2017 | 09/30/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 10. Review implementation process on ongoing basis to and institute remedial measures as necessary | | | Project | | In Progress | 09/30/2016 | 03/31/2017 | 09/30/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 11. Monitor on-going patient engagement, partner performance and institute remedial measures as necessary | | | Project | | In Progress | 09/30/2016 | 03/31/2017 | 09/30/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #9 Implement IMPACT Model at Primary Care Sites. | DY2 Q4 | Model 3 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task PPS has implemented IMPACT Model at Primary Care Sites. | | | Provider | Practitioner - Primary Care Provider (PCP) | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Milestone #10 | DY2 Q4 | Model 3 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|---------------------|--------------------|-----------------|---------------|---------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement. | | | | | | | | | | | |
| Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician and care manager. | | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task Policies and procedures include process for consulting with Psychiatrist. | | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model. | DY2 Q4 | Model 3 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records. | | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task Depression care manager meets requirements of IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan. | | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model. | DY2 Q4 | Model 3 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task All IMPACT participants in PPS have a designated Psychiatrist. | | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Milestone #13 Measure outcomes as required in the IMPACT Model. | DY2 Q4 | Model 3 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT). | | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Milestone #14 Provide "stepped care" as required by the IMPACT | DY2 Q4 | Model 3 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---------------------|--------------------|-----------------|---------------|---------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Model. | | | | | | | | | | | |
| Task In alignment with the IMPACT model, treatment is adjusted based on evidence-based algorithm that includes evaluation of patient after 10-12 weeks after start of treatment plan. | | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project. | DY2 Q4 | Model 3 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task EHR demonstrates integration of medical and behavioral health record within individual patient records. | | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

Prescribed Milestones Narrative Text

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



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Prescribed Milestones Narrative Text

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

Milestone Review Status

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



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Milestone Review Status

| Milestone # | Review Status | IA Formal Comments |
|---------------|----------------|--------------------|
| Milestone #11 | Pass & Ongoing | |
| Milestone #12 | Pass & Ongoing | |
| Milestone #13 | Pass & Ongoing | |
| Milestone #14 | Pass & Ongoing | |
| Milestone #15 | Pass & Ongoing | |



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

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------|----------------|
|----------------|----------------|

No Records Found



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

Instructions :



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

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

Instructions :

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

| |
|---|
| <p>Risk Category: Scope Risk: Historical role of the ER in organizational workflows.</p> <p>Potential Impact: There is a longstanding precedent for using the emergency room for all "emergencies". Oftentimes group homes, schools, etc. have established protocols which require an ER visit which, by current and future standards, are overly conservative and outdated.</p> <p>Mitigation: To mitigate this risk, the BH quality committee will include representation of a cross-section of partner types to help identify which partners might have policies requiring edit. In addition, the regional clinical council will help establish a new standard of care across the Hudson Valley which may compel partners to adjust any outdated protocols.</p> <p>Risk Category: Scope Risk: Patient and provider perception of what is an emergency</p> <p>Potential Impact: The ER is the place for all "emergencies," but the definition of an emergency among untrained individuals (e.g. family members) is broad.</p> <p>Mitigation: An aggressive community education effort on early identification of new onset and deteriorating BH conditions, which can be terrifying for patients and their families, as well as availability of alternative resources, will help curb the inappropriate use of the ER. Furthermore, a "debrief" practice for all psychiatric admissions as the PPS will consider developing a supplemental strategy.</p> <p>Risk Category: Resource Risk: Existing structure and initiatives at play</p> <p>Potential Impact: There are numerous grants, initiatives, individuals, organizations who have already been working toward this goal for years. The project risks re-inventing the wheel, not learning from prior attempts, or excluding those individuals who are already intimately involved in crisis stabilization efforts.</p> <p>Mitigation: Establish a regional agency coordination plan, very early in the process, to communicate with and gain input from all stakeholders. Include members from us and community organizations with local experience and historical knowledge.</p> |
|---|



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Risk Category: Scope

Risk: One size does not fit all

Potential Impact: Although the goal is to break down silos and create regional crisis stabilization solutions, shared across patients and PPSs, some patient groups of patients might require unique modes of outreach in order to be captured and engaged (e.g. does the message come in particular languages from TV ads versus trusted community leaders, etc.)

Mitigation: The PPS will leverage the expertise of its cultural sensitivity and health literacy workgroup to ensure that there are not patient sub-groups which are overlooked.

Risk Category: Resource

Risk: Local inpatient psychiatric hospital is not in PPS network

Potential Impact: RCHC includes Good Samaritan and Westchester Hospitals. The local option that offers inpatient psychiatry services is Nyack hospital which is currently a member of Montefiore-led PPS only. RCHC will need to work closely with Nyack's hospital and ER regarding diversion protocols.

Mitigation: A regional collaborative Behavioral Health Crisis Workgroup that includes all three PPSs in the region has been convened to allow the sharing and agreement on protocols and workflows regardless of specific partners. RCHC will make attempts to fortify the communication relationship with Nyack Hospital and the ER.



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

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for DY1 Q4 should include patients previously reported in DY1 Q3 plus new patients engaged in DY1 Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

| Benchmarks | |
|------------------------|------------------------|
| Actively Engaged Speed | Actively Engaged Scale |
| DY4,Q4 | 2,357 |

| | Year,Quarter | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 |
|--------------|--------------------------|--------|---------|---------|---------|
| PPS Reported | Baseline Commitment | 0 | 47 | 90 | 188 |
| | Quarterly Update | 0 | 85 | 179 | 296 |
| | Percent(%) of Commitment | | 180.85% | 198.89% | 157.45% |
| IA Approved | Quarterly Update | 0 | 85 | 179 | 0 |
| | Percent(%) of Commitment | | 180.85% | 198.89% | 0.00% |

Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|----------|-----------|---|------------------------|---------------------|
| mk433280 | Rosters | 20_PMDL3815_1_4_20160425094253_project_3.a.iii_roster_dy1q4.csv | Engaged Patient Roster | 04/25/2016 09:43 AM |

Narrative Text :

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

Module Review Status

| Review Status | IA Formal Comments |
|----------------|--------------------|
| Pass & Ongoing | |



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

Instructions :

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

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services. | DY2 Q4 | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS has established a crisis intervention program that includes outreach, mobile crisis, and intensive crisis services. | | Project | | In Progress | 11/01/2015 | 03/31/2017 | 11/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Identify RCHC project lead responsible for implementation of milestone | | Project | | Completed | 04/01/2015 | 07/01/2015 | 04/01/2015 | 07/01/2015 | 09/30/2015 | DY1 Q2 |
| Task 2. Set up a meeting structure and schedule with Crisis Project leads of Westchester and Montefiore-led PPSs to develop unified and integrated implementation plans across the Hudson Valley region | | Project | | Completed | 04/01/2015 | 10/31/2015 | 04/01/2015 | 10/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 3. Develop an "agency coordination plan" that provides for meaningful and ongoing collaboration with state and local public sector and social service agencies, including departments of health, mental health agencies, emergency medical services, and other relevant bodies, to ensure that any new plans are synergistic with existing initiatives and will be supported by local leadership. | | Project | | Completed | 07/01/2015 | 11/30/2015 | 07/01/2015 | 11/30/2015 | 12/31/2015 | DY1 Q3 |
| Task 8. Establish a Hudson Region DSRIP BH Crisis Workgroup that is comprised PPS leads and key organization leaders from agencies in Step c. This team will review and consolidate the 3 PPS crisis stabilization plans. | | Project | | Completed | 08/01/2015 | 11/30/2015 | 08/01/2015 | 11/30/2015 | 12/31/2015 | DY1 Q3 |
| Task 4. Review the CNA and other appropriate sources to identify the priority groups for RCHC's service area. | | Project | | Completed | 08/01/2015 | 11/30/2015 | 08/01/2015 | 11/30/2015 | 12/31/2015 | DY1 Q3 |
| Task 5. Perform a more comprehensive gap analysis, by county, and also by targeted patient groups to determine voids or | | Project | | Completed | 08/01/2015 | 11/30/2015 | 08/01/2015 | 11/30/2015 | 12/31/2015 | DY1 Q3 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| weaknesses in outreach, peer-support resources, warm-lines, central triage, drop-in centers, mobile crisis, and intensive crisis services/respite. | | | | | | | | | | |
| Task 6. Study evidence-based solutions in other geographic regions to determine how best to fill deficits identified by gap analysis | | Project | | Completed | 08/01/2015 | 01/31/2016 | 08/01/2015 | 01/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 7. Evaluate the need for Tele-health psychiatry services | | Project | | In Progress | 08/01/2015 | 06/30/2016 | 08/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 9. Work with identified partners and agencies to roll out implementation plans | | Project | | In Progress | 05/01/2015 | 06/30/2016 | 05/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 10. Monitor on-going progress through identified milestones and implement remedial tasks as necessary | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #2 Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services. | DY2 Q4 | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS has implemented diversion management protocol with PPS Hospitals (specifically Emergency Departments). | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Establish a regional clinical council for development and sharing of written evidence-based treatment protocols for diversion of patients from emergency room and inpatient services | | Project | | Completed | 04/01/2015 | 01/31/2016 | 04/01/2015 | 01/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 2. Develop written evidence-based treatment protocols for the referral, triage, acute transfer and emergency room/inpatient diversion of the full spectrum of patients, including but not limited to those with Intellectual and Developmental Disabilities, substance dependency, etc.; discuss the review integration of protocols on a regional basis with other | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 3. Conduct an aggressive marketing plan to outreach and educate patients, their families, community leaders, school staff, residential staff, providers and policy-makers on early identification of new onset and deteriorating BH conditions and availability of alternative resources. | | Project | | In Progress | 09/01/2015 | 03/31/2017 | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 4. Monitor the effectiveness and safety of diversion and implement remedial action as necessary | | Project | | In Progress | 09/01/2015 | 03/31/2017 | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Milestone #3 Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project. | DY2 Q4 | Project | N/A | In Progress | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task PPS has engaged MCO in negotiating coverage of services under this project and/or MCO provides coverage for services in project. | | Project | | In Progress | 09/01/2015 | 03/31/2020 | 09/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 2. Engage applicable MCOs in discussions regarding reimbursement reform | | Project | | In Progress | 09/01/2015 | 03/01/2020 | 09/01/2015 | 03/01/2020 | 03/31/2020 | DY5 Q4 |
| Task 3. Review the 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 | | Project | | In Progress | 01/01/2016 | 07/01/2016 | 01/01/2016 | 07/01/2016 | 09/30/2016 | DY2 Q2 |
| Task 6. Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project. | | Project | | In Progress | 04/01/2016 | 03/01/2019 | 04/01/2016 | 03/01/2019 | 03/31/2019 | DY4 Q4 |
| Task 7. Monitor feasibility of new MCO arrangements and gather data for further changes to managed care payment structures | | Project | | In Progress | 06/01/2016 | 03/01/2020 | 06/01/2016 | 03/01/2020 | 03/31/2020 | DY5 Q4 |
| Task 1. Schedule a joint meeting of the VBP Workgroup and the Clinical Governance/Quality Committee to begin collaborative discussions of VBP options for the crisis project | | Project | | Completed | 12/01/2015 | 03/31/2016 | 12/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 4. Conduct educational sessions with PPS partners participating in the crisis project on VBP options | | Project | | Completed | 12/01/2015 | 03/31/2016 | 12/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 5. Clinical Governance/Quality Committee to work with the VBP Workgroup to develop a VBP strategy for crisis services for negotiations with MCOs, consistent with the VBP Adoption Plan (see Financial Sustainability Plan) | | Project | | In Progress | 02/01/2016 | 09/30/2016 | 02/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities. | DY2 Q4 | Project | N/A | In Progress | 09/01/2015 | 03/31/2017 | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Regularly scheduled formal meetings are held to develop consensus on treatment protocols. | | Project | | In Progress | 09/01/2015 | 09/01/2016 | 09/01/2015 | 09/01/2016 | 09/30/2016 | DY2 Q2 |



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|--|--------------------------------|----------------------------|----------------------|---------------|--------------------------------|------------------------------|-------------------|-----------------|-----------------------------|---|
| Task Coordinated treatment care protocols are in place. | | Project | | In Progress | 09/01/2015 | 03/31/2017 | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Establish a BH quality committee for development, oversight and surveillance of compliance with protocols and quality of care | | Project | | Completed | 09/01/2015 | 11/01/2015 | 09/01/2015 | 11/01/2015 | 12/31/2015 | DY1 Q3 |
| Task 2. Develop written evidence-based treatment protocols for diversion of patients from emergency room and inpatient services, referrals, triage, acute transfers, etc.; discuss the review integration of protocols on a regional basis with other area PPSs | | Project | | In Progress | 09/01/2015 | 09/30/2016 | 09/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 3. Implement protocols across selected partner organizations and provide on-going clinical supervision as appropriate | | Project | | In Progress | 10/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 4. Develop measures to monitor the effectiveness of the crisis stabilization program. Using the PDSA cycle, implement remedial measures as necessary. | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services. | DY2 Q4 | Project | N/A | In Progress | 08/01/2015 | 03/31/2017 | 08/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS includes at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services in provider network | | Project | | In Progress | 08/01/2015 | 03/31/2017 | 08/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS evaluates access to psychiatric services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps. | | Provider | Safety Net Hospital | In Progress | 11/01/2015 | 03/31/2017 | 11/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. BH Committee will develop qualitative and quantitative criteria to determine a qualifying hospital. Examples can include but are not limited to: Inpatient Psychiatric Program licensed by the New York State Office of Mental Health with 24/7 capacity to serve patients of any all ages who require acute inpatient psychiatric care. | | Project | | Completed | 08/01/2015 | 11/01/2015 | 08/01/2015 | 11/01/2015 | 12/31/2015 | DY1 Q3 |
| Task 2. BH Committee will review the clinical policies of candidate hospitals, as well as available demographic, claims/diagnosis, and length of stay data to determine if the hospital meets criteria, | | Project | | In Progress | 08/01/2015 | 03/31/2017 | 08/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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|--|---------------------|-----------------|--------------------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| particularly as it relates to the ability to provide crisis-oriented therapy. BH Committee will present recommendations to the clinical governance committee. | | | | | | | | | | |
| Task 4. Based on CNA findings and partner survey data, BH Committee will work with Crisis Project leads of Westchester and Montefiore-led PPSs to determine which psychiatric specialties are served and which are still needed (examples include Child/Adolescent, Geriatric, Addiction, Sleep, Dementia, Forensic, etc.) | | Project | | In Progress | 11/01/2015 | 03/31/2017 | 11/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 3. Continually evaluate and monitor effectiveness of selected psychiatric hospitals by reviewing readmission data and patient and provider survey responses. | | Project | | In Progress | 11/01/2015 | 03/31/2017 | 11/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #6 Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours). | DY2 Q4 | Project | N/A | In Progress | 08/01/2015 | 03/31/2017 | 08/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS includes hospitals with observation unit or off campus crisis residence locations for crisis monitoring. | | Project | | In Progress | 10/01/2015 | 03/01/2017 | 10/01/2015 | 03/01/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps. | | Provider | Safety Net Hospital | In Progress | 08/01/2015 | 03/31/2017 | 08/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps. | | Provider | Safety Net Clinic | In Progress | 08/01/2015 | 03/31/2017 | 08/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps. | | Provider | Safety Net Mental Health | In Progress | 08/01/2015 | 03/31/2017 | 08/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Perform analysis to identify appropriate outpatient crisis stabilization facilities | | Project | | Completed | 08/01/2015 | 11/01/2015 | 08/01/2015 | 11/01/2015 | 12/31/2015 | DY1 Q3 |
| Task 3. Expand access to a culturally-sensitive observation unit within | | Project | | In Progress | 11/01/2015 | 03/31/2017 | 11/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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|---|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours). | | | | | | | | | | |
| Task 4. Develop measures to monitor on-going performance of observation unit | | Project | | In Progress | 11/01/2015 | 01/31/2017 | 11/01/2015 | 01/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 2. BH Quality Subcommittee, in collaboration with HRDBHC workgroup, will identify and issue criteria for observation units/crisis stabilization in order to clearly communicate appropriate levels of care to all team members | | Project | | In Progress | 10/01/2015 | 10/01/2016 | 10/01/2015 | 10/01/2016 | 12/31/2016 | DY2 Q3 |
| Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff. | DY2 Q4 | Project | N/A | In Progress | 05/01/2015 | 03/31/2017 | 05/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS includes mobile crisis teams to help meet crisis stabilization needs of the community. | | Project | | In Progress | 05/01/2015 | 03/31/2017 | 05/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Coordinated evidence-based care protocols for mobile crisis teams are in place. | | Project | | In Progress | 05/01/2015 | 10/31/2016 | 05/01/2015 | 10/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 1. Use CNA data to determine which communities are not adequately being served by existing mobile crisis services. Do an analysis to determine why those communities are being excluded (e.g. geography, cultural barriers, etc.) | | Project | | In Progress | 05/01/2015 | 03/31/2017 | 05/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 2. Work with "community brokers" to cultivate solutions which would more effectively meet the needs those target groups. | | Project | | In Progress | 05/01/2015 | 03/31/2017 | 05/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 3. Leverage existing infrastructure and foster partnerships between established programs and new resources who have a foothold in the eluded communities we are seeking to serve. [Rockland Paramedics is going to expand their setup to be used by trusted Kiryas Joel staff] | | Project | | In Progress | 05/01/2015 | 03/31/2017 | 05/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 4. Continually evaluate and monitor effectiveness of new and established mobile programs by reviewing crisis call outcomes, admission data and patient and provider survey responses. | | Project | | In Progress | 05/01/2015 | 03/31/2017 | 05/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #8 Ensure that all PPS safety net providers have actively connected EHR systems with local health information | DY3 Q4 | Project | N/A | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |



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|--|---------------------|-----------------|---|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3. | | | | | | | | | | |
| Task EHR demonstrates integration of medical and behavioral health record within individual patient records. | | Project | | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Practitioner - Non-Primary Care Provider (PCP) | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Hospital | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Mental Health | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Alerts and secure messaging functionality are used to facilitate crisis intervention services. | | Project | | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1. Include requirements for data sharing and QE integration in larger gap assessment encompassing IT Systems and Clinical Integration as well. Perform gap assessment. | | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 2. Review gap assessment and develop strategies for partners to meet data sharing requirements for this milestone. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 3. Collaborate with QE, regional PPSs and partner software vendors on available solutions and strategies to close identified gaps. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 4. Develop relevant grouping for partners (for example: type of partner, gap/need, software solution used). Create phased implementation and assign partners to phases. Collaborate with regional PPSs on phases and plans. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 5. Determine details for other workstreams, including budget requirements, workforce and training needs. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |



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|--|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Task 6. Develop new policies, procedures, processes that will be required for data sharing and include, as needed, in data governance. | | Project | | In Progress | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 7. Determine project tracking needs for ongoing project reporting and monitoring and develop tools to facilitate this tracking and monitoring. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 8. Develop plan for implementation focused on shared partners in collaboration with other regional PPSs. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 9. Begin execution of the first phase of implementation plan; start of additional phases TBD. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 10. Perform rapid cycle evaluation of implementation, adjust additional phases as needed, and repeat process according to developed project tracking process. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 11. Confirm that all phases of implementation plan have been completed and that all PPS safety net providers meet this milestone requirement. Collect necessary documentation from each partner to show their compliance with this milestone. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers. | DY2 Q4 | Project | N/A | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS has implemented central triage service among psychiatrists and behavioral health providers. | | Project | | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Identify appropriate partners to collaborate on triage center | | Project | | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 2. Ensure a culturally-sensitive peer-support warm line and triage resource capable of tracking, follow-up, and reporting | | Project | | In Progress | 10/01/2016 | 03/31/2017 | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 3. Set up agreements among participating BH providers and continually monitor agreements for compliance with protocols and quality improvement | | Project | | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 4. Conduct an aggressive marketing plan to outreach and | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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|--|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| educate patients, their families, community leaders, school staff, residential staff, providers, and policy makers on services available | | | | | | | | | | |
| Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care. | DY2 Q4 | Project | N/A | In Progress | 08/01/2015 | 03/31/2017 | 08/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS has created an active quality subcommittee that reports to PPS quality committee that is representative of medical and behavioral health staff and is specifically focused on integration of primary care and behavioral health services within practice sites and other behavioral health project initiatives. Note: Only one quality sub-committee is required for medical and behavioral health integration projects in Domain 3a. | | Project | | Completed | 08/01/2015 | 11/30/2015 | 08/01/2015 | 11/30/2015 | 12/31/2015 | DY1 Q3 |
| Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives. | | Project | | In Progress | 11/01/2015 | 03/31/2017 | 11/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 Behavioral Health Metrics. | | Project | | In Progress | 11/01/2015 | 03/31/2017 | 11/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS quality subcommittee conducts and/or reviews self-audits to ensure compliance with processes and procedures developed for this project. | | Project | | In Progress | 11/01/2015 | 03/31/2017 | 11/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Service and quality outcome measures are reported to all stakeholders including PPS quality committee. | | Project | | In Progress | 11/01/2015 | 03/31/2017 | 11/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Clinical Governance/Quality Committee defines the Behavioral Health Workgroup/Quality Subcommittee's scope and reporting structure. | | Project | | In Progress | 11/01/2015 | 03/31/2017 | 11/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 2. PMO and Clinical Governance/Quality Committee work together to identify and recruit appropriate members for the BH Workgroup and designate a lead. | | Project | | In Progress | 11/01/2015 | 03/31/2017 | 11/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 3. Clinical Governance/Quality Committee monitors effectiveness of the Behavioral Health Workgroup to ensure | | Project | | In Progress | 11/01/2015 | 03/31/2017 | 11/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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|--|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| outcomes of BH projects align with DSRIP goals and clinical strategy of PPS. Adjusts priorities as necessary. | | | | | | | | | | |
| Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project. | DY2 Q4 | Project | N/A | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Create technical requirements for providers participating in this project as part of a larger technical requirements document spanning the entire PPS. | | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 2. Perform current state assessment across entire PPS (milestone 1 in IT Systems and Processes), including partners participating in this project. | | Project | | Completed | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 3. Assess results of current state assessment | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 4. Develop PPS strategy for tracking engaged patients. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 5. Identify technical platforms to be used to facilitate real time and historical tracking and reporting. | | Project | | Completed | 12/01/2015 | 03/31/2016 | 12/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 6. Create strategies to close gaps in partner readiness with respect to EMR, training, workflow, HIE integration and consent processes. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 7. Identify need for additional support to facilitate "close the gap" strategy | | Project | | In Progress | 10/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 8. Develop budget and schedule for each partner to close gaps | | Project | | In Progress | 10/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 9. Begin implementation of any new technical platforms, integrations, training, workflow, consent processes. | | Project | | In Progress | 09/30/2016 | 03/31/2017 | 09/30/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 10. Review implementation process on ongoing basis to and institute remedial measures as necessary | | Project | | In Progress | 09/30/2016 | 03/31/2017 | 09/30/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 11. Monitor on-going patient engagement, partner performance and institute remedial measures as necessary | | Project | | In Progress | 09/30/2016 | 03/31/2017 | 09/30/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|----------------|
| Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services. | |
| Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services. | |
| Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project. | |
| Develop written treatment protocols with consensus from participating providers and facilities. | |
| Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services. | |
| Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours). | |
| Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff. | |
| Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3. | |
| Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers. | |
| Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care. | |
| Use EHRs or other technical platforms to track all patients engaged in this project. | |



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Milestone Review Status

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



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

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------|----------------|
|----------------|----------------|

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

Instructions :



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Refuah Community Health Collaborative (PPS ID:20)

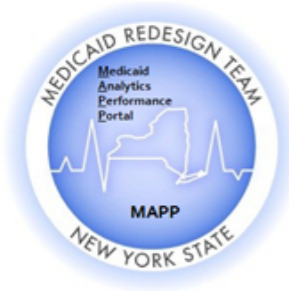
Project 3.a.iii – Implementation of evidence-based medication adherence programs (MAP) in community based sites for behavioral health medication compliance

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

Instructions :

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

| |
|---|
| <p>Risk: Patients may not want to participate Risk Category: Resource</p> <p>Potential Impact: Privacy concerns as well as the additional time and effort required of a patient of having to participate in this program, might reduce participation rates.</p> <p>Mitigation: RCHC hopes to mitigate this challenge by leveraging the experience and expertise of existing MAPs, modeling the program, after guidance from the Fund for Public Health in engaging patients and providers, and collaborating with the cultural competency/health literacy workgroup in order to maximize the comfort of patients.</p> <p>Risk: Communication across provider types Risk Category: Scope</p> <p>Potential Impact: Clear lines of communication between patients, families, community based support workers, providers, pharmacies, and payors have traditionally been a challenge. Regulations surrounding PHI will create an additional hurdle.</p> <p>Mitigation: To mitigate this challenge, RCHC will ensure that all PPS safety net provider have actively connected EHR and RHIO's HIE. RCHC's CIO is working with the state and other PPS IT resources to put safeguards in place as this is an issue across the state.</p> |
|---|



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
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IPQR Module 3.a.iii.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for DY1 Q4 should include patients previously reported in DY1 Q3 plus new patients engaged in DY1 Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

| Benchmarks | |
|------------------------|------------------------|
| Actively Engaged Speed | Actively Engaged Scale |
| DY4,Q4 | 8,000 |

| | Year,Quarter | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 |
|---------------------|--------------------------|--------|--------|--------|--------|
| PPS Reported | Baseline Commitment | 0 | 500 | 700 | 1,000 |
| | Quarterly Update | 0 | 405 | 652 | 858 |
| | Percent(%) of Commitment | | 81.00% | 93.14% | 85.80% |
| IA Approved | Quarterly Update | 0 | 405 | 652 | 0 |
| | Percent(%) of Commitment | | 81.00% | 93.14% | 0.00% |

Warning: PPS Reported - Please note that your patients engaged to date (858) does not meet your committed amount (1,000) for 'DY1,Q4'

Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|----------|-----------|---|------------------------|---------------------|
| mk433280 | Rosters | 20_PMDL3915_1_4_20160425094436_project_3.a.iii_roster_dy1q4.csv | Engaged Patient Roster | 04/25/2016 09:44 AM |

Narrative Text :

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

Module Review Status

| Review Status | IA Formal Comments |
|----------------|--------------------|
| Pass & Ongoing | |



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

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

Instructions :

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

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Milestone #1 Develop a medication adherence program to improve behavioral health medication adherence through culturally-competent health literacy initiatives including methods based on the Fund for Public Health NY's Medication Adherence Project (MAP). | DY3 Q4 | Project | N/A | In Progress | 05/01/2015 | 03/31/2018 | 05/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task PPS has an active medication adherence program which includes initiatives reflecting the Fund for Public Health NY's MAP. | | Project | | Completed | 08/01/2015 | 09/30/2015 | 08/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task Project staff and participants receive training on PPS medication adherence program initiatives, either utilizing MAP materials or similar materials developed by the PPS. | | Project | | Completed | 08/01/2015 | 09/30/2015 | 08/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task 1. Identify which partner organizations are interested in this project | | Project | | In Progress | 05/01/2015 | 01/31/2017 | 05/01/2015 | 01/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 2. Assess partner readiness and capacity for including staffing and IT | | Project | | In Progress | 07/01/2015 | 01/31/2017 | 07/01/2015 | 01/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 3. Discuss terms with those partners identified as candidates for this project | | Project | | In Progress | 08/01/2015 | 01/31/2017 | 08/01/2015 | 01/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 4. Sign agreements with specific reporting requirements and deliverables. Agreements will set forth the roles and responsibilities of the parties. | | Project | | In Progress | 08/01/2015 | 01/31/2017 | 08/01/2015 | 01/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 5. Perform regular oversight of partners to ensure compliance with project metrics and associated timeline. | | Project | | In Progress | 09/01/2015 | 03/31/2018 | 09/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 6. Assist partners with remediation of processes/workflows/training as necessary | | Project | | In Progress | 09/01/2015 | 03/31/2018 | 09/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Milestone #2 | DY2 Q4 | Project | N/A | In Progress | 05/01/2015 | 03/31/2017 | 05/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|--------------------------------|----------------------------|--|---------------|--------------------------------|------------------------------|-------------------|-----------------|-----------------------------|---|
| Form care teams including practitioners, care managers including Health Home care managers, social workers and pharmacists who are engaged with the behavioral health population. | | | | | | | | | | |
| Task PPS has assembled care teams focused on evidence-based medication adherence, including primary care and behavioral health practitioners as well as supporting practitioners, care managers, and others. | | Project | | In Progress | 09/01/2015 | 09/30/2016 | 09/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task Regularly scheduled formal meetings are held to develop and update operational protocols based on evidence-based medication adherence standards. | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 09/01/2015 | 09/30/2016 | 09/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task Regularly scheduled formal meetings are held to develop and update operational protocols based on evidence-based medication adherence standards. | | Provider | Mental Health | In Progress | 09/01/2015 | 09/30/2016 | 09/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task PPS conducts follow-up evaluations to determine patient outcomes and progress towards therapy goals, including evaluation of appropriateness, effectiveness, safety and drug interactions, and adherence where applicable. | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Work with partners to identify the types of provider and support personnel that might interact with a patient over their behavioral health care life cycle, to be included as participants in care teams e.g. provider, Health Homes care manager, social worker, pharmacist. | | Project | | Completed | 10/01/2015 | 01/31/2016 | 10/01/2015 | 01/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 2. Work with partners to identify and recruit team members. Provide criteria to partners to aid in their selection/recruitment of appropriate care team members, either through existing staff and/or new hires. PMO to provide input and support with respect to this process. The selection of team members will be based upon partner capacity and needs. | | Project | | Completed | 10/01/2015 | 01/31/2016 | 10/01/2015 | 01/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 3. Work with partners to develop training materials for care team members and complete training | | Project | | In Progress | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 4. Develop metrics to monitor effectiveness of care teams. Evaluate care team performance on a regular basis and take | | Project | | In Progress | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| corrective action as necessary. Ensure that appropriate initial and on-going training is provided. | | | | | | | | | | |
| Milestone #3 Use EHRs or other technical platforms to track all patients engaged in this project. | DY2 Q4 | Project | N/A | In Progress | 08/01/2015 | 03/31/2017 | 08/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | | Project | | In Progress | 08/01/2015 | 03/31/2017 | 08/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task EHR for individual patients includes medication information, drug history, allergies and problems, and treatment plans with expected duration. | | Project | | In Progress | 08/01/2015 | 03/31/2017 | 08/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Create technical requirements for providers participating in this project as part of a larger technical requirements document spanning the entire PPS. | | Project | | Completed | 08/01/2015 | 12/31/2015 | 08/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 2. Perform current state assessment across entire PPS (milestone 1 in IT Systems and Processes), including partners participating in this project. | | Project | | Completed | 08/01/2015 | 03/31/2016 | 08/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 3. Assess results of current state assessment | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 4. Develop PPS strategy for tracking engaged patients. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 5. Identify technical platforms to be used to facilitate real time and historical tracking and reporting. | | Project | | Completed | 12/01/2015 | 03/31/2016 | 12/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 6. Create strategies to close gaps in partner readiness with respect to EMR, training, workflow, HIE integration and consent processes. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 7. Identify need for additional support to facilitate "close the gap" strategy | | Project | | In Progress | 10/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 8. Develop budget and schedule for each partner to close gaps | | Project | | In Progress | 10/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 9. Begin implementation of any new technical platforms, integrations, training, workflow, consent processes for providers participating in this project | | Project | | In Progress | 09/30/2016 | 03/31/2017 | 09/30/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task | | Project | | In Progress | 09/30/2016 | 03/31/2017 | 09/30/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| 10. Review implementation process on ongoing basis to and institute remedial measures as necessary | | | | | | | | | | |
| Task 11. Monitor on-going patient engagement, partner performance and institute remedial measures as necessary | | Project | | In Progress | 12/31/2016 | 03/31/2017 | 12/31/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #4 Coordinate with Medicaid Managed Care Plans to improve medication adherence. | DY3 Q4 | Project | N/A | In Progress | 09/01/2015 | 03/31/2020 | 09/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task PPS has engaged MCO to develop protocols for coordination of services under this project. | | Project | | In Progress | 09/01/2015 | 03/31/2020 | 09/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 1. Enter into discussions with MCO's regarding alternative payments. | | Project | | In Progress | 09/01/2015 | 09/01/2016 | 09/01/2015 | 09/01/2016 | 09/30/2016 | DY2 Q2 |
| Task 2. Analyze health care bundles/populations and total cost of care/utilization data provided by DOH and Medicaid MCO's to identify VBP opportunities. | | Project | | In Progress | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 3. Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project. | | Project | | In Progress | 04/01/2016 | 03/31/2019 | 04/01/2016 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task 4. Organizations serving the affected population to provide coverage for the service array under this project. | | Project | | In Progress | 06/01/2016 | 03/31/2020 | 06/01/2016 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 5. Monitor feasibility of new MCO arrangements and gather data for further changes to managed care payment structures. | | Project | | In Progress | 06/01/2016 | 03/31/2020 | 06/01/2016 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|----------------|
| Develop a medication adherence program to improve behavioral health medication adherence through culturally-competent health literacy | |



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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|----------------|
| initiatives including methods based on the Fund for Public Health NY's Medication Adherence Project (MAP). | |
| Form care teams including practitioners, care managers including Health Home care managers, social workers and pharmacists who are engaged with the behavioral health population. | |
| Use EHRs or other technical platforms to track all patients engaged in this project. | |
| Coordinate with Medicaid Managed Care Plans to improve medication adherence. | |

Milestone Review Status

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



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

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------|----------------|
|----------------|----------------|

No Records Found



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

Instructions :



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Project 4.b.i – Promote tobacco use cessation, especially among low SES populations and those with poor mental health.

IPQR Module 4.b.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

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

Risk Category: Resource
Risk: EMR Customization
Potential Impact: Multiple EMR systems within the PPS have different methods of customization for the 5 A's
Mitigation: In collaboration with the Center for Excellence for Health Systems Improvement (COE), which is operating under a grant from the NYS DOH Bureau of Tobacco Control, the RCHC PPS is working with other practices throughout the state to "group buy" customizations with the relevant EMR vendors, to reduce cost and standardize implementation

Risk Category: Scope
Risk: Partner adoption of smoke free policies
Potential Impact: Some partners, particularly Mental Health partners employing peer counselors, have indicated challenges in implementing this policy.
Mitigation: A subgroup within the Hudson Region DSRIP Public Health Council (HRDPHC) is working on best-practices that can be implemented by Mental Health providers across the region, that both achieve the goal of a smoke-free campus while accounting for the unique challenges presented in the Mental Health setting



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

Instructions :

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Milestone Milestone #1 | In Progress | Form the Hudson Region DSRIP Public Health Council (HRDPHC) as a collaboration between the Montefiore Hudson Valley Collaborative PPS, Center for Regional Healthcare Innovation (Westchester-led PPS), and Refuah Community Health Collaborative PPS, in order to improve population health outcomes in the Hudson Valley as related to tobacco cessation. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task Strategic Approaches | Completed | Convene the region-wide PHC to discuss strategic approaches to tobacco cessation campaign | 06/01/2015 | 06/30/2015 | 06/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| Task Private Groups | Completed | Set up Private group on MIX | 06/01/2015 | 07/31/2015 | 06/01/2015 | 07/31/2015 | 09/30/2015 | DY1 Q2 |
| Task Public Advertisements | In Progress | Design methods of promoting cessation of tobacco use through public advertisement, social messaging, and community outreach | 07/01/2015 | 07/31/2017 | 07/01/2015 | 07/31/2017 | 09/30/2017 | DY3 Q2 |
| Task NYS Smoking Quitline | In Progress | Work in cooperation with the New York State Smoking Quitline to connect patients interested in quitting with providers who can prescribe them with the proper treatment (warm transfer) | 07/01/2015 | 03/31/2020 | 07/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task Tracking | On Hold | Track referring providers through the New York State Smoking Quitline to monitor provider compliance | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task Assess Initiatives | On Hold | Assess efficacy of initiatives and continue to improve outreach through lessons-learned | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Milestone Milestone #2 | In Progress | In collaboration with HRDPHC partners, create a region-wide policy that encourages PPS partners to adopt tobacco-free outdoor policies | 07/01/2015 | 03/31/2020 | 07/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task Tobacco Policies | Completed | Review tobacco-free outdoor policies that PPS partners have in place | 09/01/2015 | 03/31/2016 | 09/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task HRDPHC Partners & POWR | In Progress | Collaborate with HRDPHC partners and POWR to develop a template tobacco-free outdoor policy | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task HRDPHC | In Progress | Collaborate with HRDPHC partners to encourage PPS partners to adopt the policy | 07/01/2016 | 06/30/2018 | 07/01/2016 | 06/30/2018 | 06/30/2018 | DY4 Q1 |
| Task Follow-up with PPS Partners | In Progress | Follow-up with PPS partners to determine success of implementation of tobacco-free outdoor policy and remediate or rework for unsuccessful implementations | 07/01/2018 | 03/31/2020 | 07/01/2018 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Milestone Milestone #3 | In Progress | In collaboration with HRDPHC partners, develop and implement a region-wide policy to ensure all patients are queried on tobacco status and | 05/01/2015 | 03/31/2020 | 05/01/2015 | 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 |
|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| | | appropriate treatment is offered | | | | | | |
| Task Identify Partners | In Progress | Identify partners that can appropriately offer tobacco use screening and treatment | 09/01/2015 | 06/30/2016 | 09/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task Guidance for PPS Partners | In Progress | Develop guidance for PPS partners, suggesting methods that provider partners can leverage EHR technology to promote tobacco use screening at every encounter and document the results using the 5 A's | 01/01/2016 | 06/30/2018 | 01/01/2016 | 06/30/2018 | 06/30/2018 | DY4 Q1 |
| Task Implement Workflow | In Progress | Implement a workflow to optimize delivery of tobacco use screening and treatment based on USPHS clinical guidelines | 01/01/2016 | 06/30/2018 | 01/01/2016 | 06/30/2018 | 06/30/2018 | DY4 Q1 |
| Task Referrals | In Progress | Refer patients to Smokers Quitline as appropriate follow-up, and through collaboration with Quitline develop progress reporting | 09/01/2015 | 03/31/2020 | 09/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Milestone Milestone # 4 | In Progress | In collaboration with HRDPHC partners, develop and implement region-wide provider training utilizing current tobacco use cessation treatment methods | 01/01/2016 | 03/31/2020 | 01/01/2016 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task Review | In Progress | Review current clinical guidance from USPHS | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task Training | In Progress | Create a series of training documents for providers, educating them on current clinical guidance from USPHS and available community and medical resources | 07/01/2016 | 07/31/2018 | 07/01/2016 | 07/31/2018 | 09/30/2018 | DY4 Q2 |
| Task Distribute Materials | In Progress | Distribute training materials to partners | 07/01/2018 | 03/31/2020 | 07/01/2018 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Milestone Milestone #5 | In Progress | Collaborate with Medicaid managed care providers to increase and standardize tobacco cessation treatment coverage | 06/01/2015 | 03/31/2020 | 06/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task Standardize Benefits | In Progress | Leverage existing relationship between Smokers Quitline and Managed Care providers to encourage increased and standardized benefits | 06/01/2015 | 03/31/2020 | 06/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task Workflows | In Progress | Develop workflows involving PPS partners, CBOs, MCOs, and Smokers Quitline to increase access to tobacco cessation aids | 06/01/2015 | 03/31/2020 | 06/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------|----------------|
| Milestone #1 | |



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PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------|----------------|
| Milestone #2 | |
| Milestone #3 | |
| Milestone # 4 | |
| Milestone #5 | |

Module Review Status

| Review Status | IA Formal Comments |
|----------------|--------------------|
| Pass & Ongoing | |



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

Instructions :



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

Attestation

The Lead Representative has been designated by the Primary Lead PPS Provider (PPS Lead Entity) as the signing officiate for the DSRIP Quarterly Report. The Lead Representative has the authority to complete this attestation on behalf of the PPS network. The Lead Representative and PPS Lead Entity are responsible for the authenticity and accuracy of the material submitted in this report.

The Lead Representative of the Performing Provider System (PPS) must complete this attestation form in order for the project application to be accepted by the NYS Department of Health. Once the attestation is complete, the Quarterly Report will be locked down from any further editing. Do not complete this section until the entire Quarterly Report is complete.

If the Quarterly Report becomes locked in error and additional changes are necessary, please use the contact information on the Home Page to request that the Quarterly Report be unlocked.

To electronically sign this Quarterly Report, please enter the required information and check the box below:

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

| | |
|-------------------------------------|--------------------------|
| Primary Lead PPS Provider: | REFUAH HEALTH CENTER INC |
| Secondary Lead PPS Provider: | |
| Lead Representative: | Anne Cuddy |
| Submission Date: | 06/14/2016 11:26 AM |

Comments:



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

Refuah Community Health Collaborative (PPS ID:20)

| Status Log | | | | |
|--------------------------------|---------------|---------------------------------|----------------|-----------------------|
| Quarterly Report (DY,Q) | Status | Lead Representative Name | User ID | Date Timestamp |
| DY1, Q4 | Adjudicated | Anne Cuddy | sacolema | 06/30/2016 05:11 PM |



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Refuah Community Health Collaborative (PPS ID:20)

| Comments Log | | | |
|---------------------|---|----------------|-----------------------|
| Status | Comments | User ID | Date Timestamp |
| Adjudicated | The IA has adjudicated the DY1, Q4 Quarterly Report. | sacolema | 06/30/2016 05:11 PM |
| Returned | The IA is returning the DY1, Q4 Quarterly Report for Remediation. | emcgill | 05/31/2016 05:20 PM |



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Refuah Community Health Collaborative (PPS ID:20)

| Section | Module Name | Status |
|------------|--|-------------|
| Section 01 | IPQR Module 1.1 - PPS Budget Report (Baseline) - READ ONLY | ✔ Completed |
| | IPQR Module 1.2 - PPS Budget Report (Quarterly) | ✔ Completed |
| | IPQR Module 1.3 - PPS Flow of Funds (Baseline) - READ ONLY | ✔ Completed |
| | IPQR Module 1.4 - PPS Flow of Funds (Ongoing) - DEFUNCT MODULE - READ ONLY | ✔ Completed |
| | IPQR Module 1.5 - Prescribed Milestones | ✔ Completed |
| | IPQR Module 1.6 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 1.7 - IA Monitoring | |
| Section 02 | IPQR Module 2.1 - Prescribed Milestones | ✔ Completed |
| | IPQR Module 2.2 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 2.3 - Major Risks to Implementation & Risk Mitigation Strategies | ✔ Completed |
| | IPQR Module 2.4 - Major Dependencies on Organizational Workstreams | ✔ Completed |
| | IPQR Module 2.5 - Roles and Responsibilities | ✔ Completed |
| | IPQR Module 2.6 - Key Stakeholders | ✔ Completed |
| | IPQR Module 2.7 - IT Expectations | ✔ Completed |
| | IPQR Module 2.8 - Progress Reporting | ✔ Completed |
| | IPQR Module 2.9 - IA Monitoring | |
| Section 03 | IPQR Module 3.1 - Prescribed Milestones | ✔ Completed |
| | IPQR Module 3.2 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 3.3 - Major Risks to Implementation & Risk Mitigation Strategies | ✔ Completed |
| | IPQR Module 3.4 - Major Dependencies on Organizational Workstreams | ✔ Completed |
| | IPQR Module 3.5 - Roles and Responsibilities | ✔ Completed |
| | IPQR Module 3.6 - Key Stakeholders | ✔ Completed |
| | IPQR Module 3.7 - IT Expectations | ✔ Completed |
| | IPQR Module 3.8 - Progress Reporting | ✔ Completed |
| | IPQR Module 3.9 - IA Monitoring | |
| Section 04 | IPQR Module 4.1 - Prescribed Milestones | ✔ Completed |
| | IPQR Module 4.2 - PPS Defined Milestones | ✔ Completed |



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| Section | Module Name | Status |
|------------|--|-------------|
| | IPQR Module 4.3 - Major Risks to Implementation & Risk Mitigation Strategies | ✔ Completed |
| | IPQR Module 4.4 - Major Dependencies on Organizational Workstreams | ✔ Completed |
| | IPQR Module 4.5 - Roles and Responsibilities | ✔ Completed |
| | IPQR Module 4.6 - Key Stakeholders | ✔ Completed |
| | IPQR Module 4.7 - IT Expectations | ✔ Completed |
| | IPQR Module 4.8 - Progress Reporting | ✔ Completed |
| | IPQR Module 4.9 - IA Monitoring | |
| Section 05 | IPQR Module 5.1 - Prescribed Milestones | ✔ Completed |
| | IPQR Module 5.2 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 5.3 - Major Risks to Implementation & Risk Mitigation Strategies | ✔ Completed |
| | IPQR Module 5.4 - Major Dependencies on Organizational Workstreams | ✔ Completed |
| | IPQR Module 5.5 - Roles and Responsibilities | ✔ Completed |
| | IPQR Module 5.6 - Key Stakeholders | ✔ Completed |
| | IPQR Module 5.7 - Progress Reporting | ✔ Completed |
| | IPQR Module 5.8 - IA Monitoring | |
| Section 06 | IPQR Module 6.1 - Prescribed Milestones | ✔ Completed |
| | IPQR Module 6.2 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 6.3 - Major Risks to Implementation & Risk Mitigation Strategies | ✔ Completed |
| | IPQR Module 6.4 - Major Dependencies on Organizational Workstreams | ✔ Completed |
| | IPQR Module 6.5 - Roles and Responsibilities | ✔ Completed |
| | IPQR Module 6.6 - Key Stakeholders | ✔ Completed |
| | IPQR Module 6.7 - IT Expectations | ✔ Completed |
| | IPQR Module 6.8 - Progress Reporting | ✔ Completed |
| | IPQR Module 6.9 - IA Monitoring | |
| Section 07 | IPQR Module 7.1 - Prescribed Milestones | ✔ Completed |
| | IPQR Module 7.2 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 7.3 - Major Risks to Implementation & Risk Mitigation Strategies | ✔ Completed |
| | IPQR Module 7.4 - Major Dependencies on Organizational Workstreams | ✔ Completed |
| | IPQR Module 7.5 - Roles and Responsibilities | ✔ Completed |



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| Section | Module Name | Status |
|------------|---|-------------|
| | IPQR Module 7.6 - Key Stakeholders | ✔ Completed |
| | IPQR Module 7.7 - IT Expectations | ✔ Completed |
| | IPQR Module 7.8 - Progress Reporting | ✔ Completed |
| | IPQR Module 7.9 - IA Monitoring | |
| Section 08 | IPQR Module 8.1 - Prescribed Milestones | ✔ Completed |
| | IPQR Module 8.2 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 8.3 - Major Risks to Implementation & Risk Mitigation Strategies | ✔ Completed |
| | IPQR Module 8.4 - Major Dependencies on Organizational Workstreams | ✔ Completed |
| | IPQR Module 8.5 - Roles and Responsibilities | ✔ Completed |
| | IPQR Module 8.6 - Key Stakeholders | ✔ Completed |
| | IPQR Module 8.7 - IT Expectations | ✔ Completed |
| | IPQR Module 8.8 - Progress Reporting | ✔ Completed |
| | IPQR Module 8.9 - IA Monitoring | |
| Section 09 | IPQR Module 9.1 - Prescribed Milestones | ✔ Completed |
| | IPQR Module 9.2 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 9.3 - Major Risks to Implementation & Risk Mitigation Strategies | ✔ Completed |
| | IPQR Module 9.4 - Major Dependencies on Organizational Workstreams | ✔ Completed |
| | IPQR Module 9.5 - Roles and Responsibilities | ✔ Completed |
| | IPQR Module 9.6 - Key Stakeholders | ✔ Completed |
| | IPQR Module 9.7 - IT Expectations | ✔ Completed |
| | IPQR Module 9.8 - Progress Reporting | ✔ Completed |
| | IPQR Module 9.9 - IA Monitoring | |
| Section 10 | IPQR Module 10.1 - Overall approach to implementation | ✔ Completed |
| | IPQR Module 10.2 - Major dependencies between work streams and coordination of projects | ✔ Completed |
| | IPQR Module 10.3 - Project Roles and Responsibilities | ✔ Completed |
| | IPQR Module 10.4 - Overview of key stakeholders and how influenced by your DSRIP projects | ✔ Completed |
| | IPQR Module 10.5 - IT Requirements | ✔ Completed |
| | IPQR Module 10.6 - Performance Monitoring | ✔ Completed |
| | IPQR Module 10.7 - Community Engagement | ✔ Completed |



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| Section | Module Name | Status |
|------------|---|-------------|
| | IPQR Module 10.8 - IA Monitoring | |
| Section 11 | IPQR Module 11.1 - Workforce Strategy Spending (Baseline) | ✔ Completed |
| | IPQR Module 11.2 - Prescribed Milestones | ✔ Completed |
| | IPQR Module 11.3 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 11.4 - Major Risks to Implementation & Risk Mitigation Strategies | ✔ Completed |
| | IPQR Module 11.5 - Major Dependencies on Organizational Workstreams | ✔ Completed |
| | IPQR Module 11.6 - Roles and Responsibilities | ✔ Completed |
| | IPQR Module 11.7 - Key Stakeholders | ✔ Completed |
| | IPQR Module 11.8 - IT Expectations | ✔ Completed |
| | IPQR Module 11.9 - Progress Reporting | ✔ Completed |
| | IPQR Module 11.10 - Staff Impact | ✔ Completed |
| | IPQR Module 11.11 - Workforce Strategy Spending (Quarterly) | ✔ Completed |
| | IPQR Module 11.12 - IA Monitoring | |



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



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| Project ID | Module Name | Status |
|------------|---|-------------|
| | IPQR Module 3.a.iii.4 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 3.a.iii.5 - IA Monitoring | |
| 4.b.i | IPQR Module 4.b.i.1 - Major Risks to Implementation and Mitigation Strategies | ✔ Completed |
| | IPQR Module 4.b.i.2 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 4.b.i.3 - IA Monitoring | |



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Refuah Community Health Collaborative (PPS ID:20)

| Section | Module Name / Milestone # | Review Status | |
|------------|---|-----------------|--|
| Section 01 | Module 1.1 - PPS Budget Report (Baseline) - READ ONLY | Pass & Complete | |
| | Module 1.2 - PPS Budget Report (Quarterly) | Pass & Ongoing | |
| | Module 1.3 - PPS Flow of Funds (Baseline) - READ ONLY | Pass & Complete | |
| | Module 1.4 - PPS Flow of Funds (Ongoing) - DEFUNCT MODULE - READ ONLY | Pass & Ongoing | |
| | Module 1.5 - Prescribed Milestones | | |
| | Milestone #1 Complete funds flow budget and distribution plan and communicate with network | Pass & Complete | |
| Section 02 | Module 2.1 - Prescribed Milestones | | |
| | Milestone #1 Finalize governance structure and sub-committee structure | Pass & Complete | |
| | Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project | Pass & Complete | |
| | Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable | Pass & Complete | |
| | Milestone #4 Establish governance structure reporting and monitoring processes | Pass & Complete | |
| | Milestone #5 Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement) | Pass & Ongoing | |
| | Milestone #6 Finalize partnership agreements or contracts with CBOs | Pass & Complete | |
| | Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.) | Pass & Ongoing | |
| | Milestone #8 Finalize workforce communication and engagement plan | Pass & Ongoing | |
| | Milestone #9 Inclusion of CBOs in PPS Implementation. | Pass & Ongoing | |
| Section 03 | Module 3.1 - Prescribed Milestones | | |
| | Milestone #1 Finalize PPS finance structure, including reporting structure | Pass & Complete | |
| | Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues. | Pass & Complete | |
| | Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d | Pass & Complete | |
| | Milestone #4 Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy. | Pass & Ongoing | |
| | Milestone #5 Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest | Pass & Ongoing | |



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| Section | Module Name / Milestone # | Review Status | |
|------------|--|-----------------|---|
| | Milestone #6 Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation | Pass & Ongoing | |
| | Milestone #7 Contract 50% of care-costs through Level 1 VBPs, and >= 30% of these costs through Level 2 VBPs or higher | Pass & Ongoing | |
| | Milestone #8 >=90% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and >= 70% of total costs captured in VBPs has to be in Level 2 VBPs or higher | Pass & Ongoing | |
| Section 04 | Module 4.1 - Prescribed Milestones | | |
| | Milestone #1 Finalize cultural competency / health literacy strategy. | Pass & Complete |  |
| | Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material). | Pass & Ongoing | |
| Section 05 | Module 5.1 - Prescribed Milestones | | |
| | Milestone #1 Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s). | Pass & Ongoing | |
| | Milestone #2 Develop an IT Change Management Strategy. | Pass & Ongoing | |
| | Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network | Pass & Ongoing | |
| | Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities | Pass & Ongoing | |
| | Milestone #5 Develop a data security and confidentiality plan. | Pass & Ongoing |  |
| Section 06 | Module 6.1 - Prescribed Milestones | | |
| | Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication. | Pass & Ongoing | |
| | Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting. | Pass & Ongoing | |
| Section 07 | Module 7.1 - Prescribed Milestones | | |
| | Milestone #1 Develop Practitioners communication and engagement plan. | Pass & Complete |   |
| | Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda. | Pass & Ongoing | |
| Section 08 | Module 8.1 - Prescribed Milestones | | |
| | Milestone #1 Develop population health management roadmap. | Pass & Ongoing | |
| | Milestone #2 Finalize PPS-wide bed reduction plan. | Pass & Ongoing |  |
| Section 09 | Module 9.1 - Prescribed Milestones | | |
| | Milestone #1 Perform a clinical integration 'needs assessment'. | Pass & Ongoing | |
| | Milestone #2 Develop a Clinical Integration strategy. | Pass & Ongoing | |



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| Section | Module Name / Milestone # | Review Status | |
|------------|--|-----------------|--|
| Section 11 | Module 11.1 - Workforce Strategy Spending (Baseline) | Pass & Complete | |
| | Module 11.2 - Prescribed Milestones | | |
| | Milestone #1 Define target workforce state (in line with DSRIP program's goals). | Pass & Ongoing | |
| | Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state. | Pass & Ongoing | |
| | Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state. | Pass & Ongoing | |
| | Milestone #4 Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements. | Pass & Ongoing | |
| | Milestone #5 Develop training strategy. | Pass & Ongoing | |
| | Module 11.11 - Workforce Strategy Spending (Quarterly) | Pass & Ongoing | |



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



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| Project ID | Module Name / Milestone # | Review Status | |
|---|--|----------------|--|
| | Milestone #4 Ensure all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3. | Pass & Ongoing | |
| | Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3. | Pass & Ongoing | |
| | Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers. | Pass & Ongoing | |
| | Milestone #7 Ensure that all staff are trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management. | Pass & Ongoing | |
| | Milestone #8 Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner. | Pass & Ongoing | |
| | Milestone #9 Implement open access scheduling in all primary care practices. | Pass & Ongoing | |
| 2.c.i | Module 2.c.i.2 - Patient Engagement Speed | Pass & Ongoing | |
| | Module 2.c.i.3 - Prescribed Milestones | | |
| | Milestone #1 Create community-based health navigation services, with the goal of assisting patients in accessing healthcare services efficiently. | Pass & Ongoing | |
| | Milestone #2 Develop a community care resource guide to assist the community resources and ensure compliance with protocols, under direction from a collaborating program oversight group of medical/behavioral health, community nursing, and social support services providers. | Pass & Ongoing | |
| | Milestone #3 Recruit for community navigators, ideally spearheaded by residents in the targeted area to ensure community familiarity. | Pass & Ongoing | |
| | Milestone #4 Resource appropriately for the community navigators, evaluating placement and service type. | Pass & Ongoing | |
| | Milestone #5 Provide community navigators with access to non-clinical resources, such as transportation and housing services. | Pass & Ongoing | |
| | Milestone #6 Establish case loads and discharge processes to ensure efficiency in the system for community navigators who are following patients longitudinally. | Pass & Ongoing | |
| | Milestone #7 Market the availability of community-based navigation services. | Pass & Ongoing | |
| Milestone #8 Use EHRs and other technical platforms to track all patients engaged in the project. | Pass & Ongoing | | |
| 3.a.i | Module 3.a.i.2 - Patient Engagement Speed | Pass & Ongoing | |
| | Module 3.a.i.3 - Prescribed Milestones | | |
| | Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3. | Pass & Ongoing | |
| | Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process. | Pass & Ongoing | |



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| Project ID | Module Name / Milestone # | Review Status | | |
|---|--|--|----------------|---|
| | Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs. | Pass & Ongoing | | |
| | Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project. | Pass & Ongoing | | |
| | Milestone #5 Co-locate primary care services at behavioral health sites. | Pass & Ongoing | | |
| | Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process. | Pass & Ongoing | | |
| | Milestone #7 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs. | Pass & Ongoing | | |
| | Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project. | Pass & Ongoing | | |
| | Milestone #9 Implement IMPACT Model at Primary Care Sites. | Pass & Ongoing | | |
| | Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement. | Pass & Ongoing | | |
| | Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model. | Pass & Ongoing | | |
| | Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model. | Pass & Ongoing | | |
| | Milestone #13 Measure outcomes as required in the IMPACT Model. | Pass & Ongoing | | |
| | Milestone #14 Provide "stepped care" as required by the IMPACT Model. | Pass & Ongoing | | |
| | Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project. | Pass & Ongoing | | |
| | 3.a.ii | Module 3.a.ii.2 - Patient Engagement Speed | Pass & Ongoing |  |
| | | Module 3.a.ii.3 - Prescribed Milestones | | |
| Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services. | | Pass & Ongoing | | |
| Milestone #2 Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services. | | Pass & Ongoing | | |
| Milestone #3 Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project. | | Pass & Ongoing | | |
| Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities. | | Pass & Ongoing | | |
| Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services. | | Pass & Ongoing | | |
| Milestone #6 Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours). | | Pass & Ongoing | | |
| Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff. | Pass & Ongoing | | | |



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

Refuah Community Health Collaborative (PPS ID:20)

| Project ID | Module Name / Milestone # | Review Status | |
|------------|--|----------------|---|
| | Milestone #8 Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3. | Pass & Ongoing | |
| | Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers. | Pass & Ongoing | |
| | Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care. | Pass & Ongoing | |
| | Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project. | Pass & Ongoing | |
| 3.a.iii | Module 3.a.iii.2 - Patient Engagement Speed | Pass & Ongoing |  |
| | Module 3.a.iii.3 - Prescribed Milestones | | |
| | Milestone #1 Develop a medication adherence program to improve behavioral health medication adherence through culturally-competent health literacy initiatives including methods based on the Fund for Public Health NY's Medication Adherence Project (MAP). | Pass & Ongoing | |
| | Milestone #2 Form care teams including practitioners, care managers including Health Home care managers, social workers and pharmacists who are engaged with the behavioral health population. | Pass & Ongoing | |
| | Milestone #3 Use EHRs or other technical platforms to track all patients engaged in this project. | Pass & Ongoing | |
| | Milestone #4 Coordinate with Medicaid Managed Care Plans to improve medication adherence. | Pass & Ongoing | |
| 4.b.i | Module 4.b.i.2 - PPS Defined Milestones | Pass & Ongoing | |



**New York State Department Of Health
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Providers Participating in Projects

| | Selected Projects | | | | | | | | | | |
|----------------------------|-------------------|----------------|---------------|---------------|----------------|-----------------|---------------|---------|---------|---------|---------|
| | Project 2.a.i | Project 2.a.ii | Project 2.c.i | Project 3.a.i | Project 3.a.ii | Project 3.a.iii | Project 4.b.i | Project | Project | Project | Project |
| Provider Speed Commitments | DY3 Q4 | DY3 Q4 | DY3 Q2 | DY2 Q4 | DY2 Q4 | DY3 Q4 | | | | | |

| Provider Category | | Project 2.a.i | Project 2.a.ii | Project 2.c.i | Project 3.a.i | Project 3.a.ii | Project 3.a.iii | Project 4.b.i | Project | Project | Project | Project | | | | | | | | | | | |
|--|------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---|---|---|---|---|---|---|---|---|---|
| | | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | | | | | | | | | | |
| Practitioner - Primary Care Provider (PCP) | Total | 58 | 58 | 58 | 58 | 53 | 0 | 45 | 33 | 53 | 0 | 42 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Safety Net | 53 | 53 | 53 | 53 | 53 | 53 | 45 | 45 | 53 | 53 | 42 | 42 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Practitioner - Non-Primary Care Provider (PCP) | Total | 367 | 367 | 0 | 0 | 31 | 0 | 35 | 0 | 38 | 0 | 28 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Safety Net | 82 | 70 | 0 | 0 | 30 | 30 | 35 | 35 | 38 | 38 | 28 | 28 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Hospital | Total | 4 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Safety Net | 4 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Clinic | Total | 6 | 6 | 5 | 5 | 4 | 0 | 3 | 3 | 3 | 0 | 3 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Safety Net | 6 | 6 | 5 | 4 | 4 | 4 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Case Management / Health Home | Total | 8 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Safety Net | 4 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mental Health | Total | 66 | 66 | 0 | 0 | 6 | 0 | 28 | 28 | 7 | 0 | 4 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Safety Net | 17 | 17 | 0 | 0 | 6 | 6 | 3 | 3 | 7 | 7 | 4 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Substance Abuse | Total | 11 | 11 | 0 | 0 | 1 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Safety Net | 10 | 10 | 0 | 0 | 1 | 1 | 0 | 0 | 3 | 3 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Nursing Home | Total | 6 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Safety Net | 6 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pharmacy | Total | 11 | 11 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Safety Net | 5 | 4 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Hospice | Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |



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

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

| Provider Category | | Project 2.a.i | | Project 2.a.ii | | Project 2.c.i | | Project 3.a.i | | Project 3.a.ii | | Project 3.a.iii | | Project 4.b.i | | Project | | Project | | Project | | Project | |
|-------------------------------|------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| | | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed |
| | Safety Net | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Community Based Organizations | Total | 17 | 17 | 0 | 0 | 0 | 0 | 3 | 3 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Safety Net | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| All Other | Total | 363 | 363 | 0 | 0 | 36 | 0 | 72 | 72 | 43 | 0 | 33 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Safety Net | 124 | 124 | 0 | 0 | 36 | 36 | 55 | 41 | 43 | 43 | 33 | 33 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Uncategorized | Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Safety Net | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | | | | | | | | | | | | | | | |

Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|---------|-----------------------------|--|-------------------------|---------------------|
| acrhc | Communication Documentation | 20_1_4_20160426161543_Copy_of_Updated_IPP_Module_1_8_Ongoing_Funds_Flow_PIT_Report_4_26_16.csv | RCHC Module 1.8 4.26.16 | 04/26/2016 04:16 PM |

Narrative Text :