NEW YORK STATE | Department of Health

Equity Infrastructure Program (EIP): Financial Substantiation Guidance

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Purpose

The Equity Infrastructure Program (EIP) reporting template includes a field for financial substantiation. While most will not warrant it, there are some EIP activities where evidence of financial substantiation to demonstrate a meaningful investment in the selected activity is recommended. In the table below, DOH listed examples of approved evidence for EIP activities and made suggestions as to whether each piece of evidence would warrant financial substantiation. Please note the table is listed to provide guidance and recommendations for MCO/PPS partnering and contracting and is not comprehensive of all pieces of evidence and final determinations. As well, DOH understands and expects that there will be variance between EIP funds paid to the PPS and PPS expenses towards those EIP activities - a dollar-to-dollar match is not expected, but meaningful investment is expected to be shown. If PPS and MCOs are worried about what might be classified as meaningful investment, they may want to state in their contract what a reasonable figure is for the evidence. If there is still worry about reporting expenses as evidence, the PPS may choose another form of evidence for the activity.

EIP Activities

EIP Key Activity	Supporting Documentation (Each bullet point is sufficient to meet the requirements of an activity unless otherwise stated)	Financial Substantiation Required
Participation in IT TOM initiatives	▪ Development and facilitation of PPS-led IT TOM workshops	**No**
	▪ Leverage Past IT TOM Workshops ○ Example: Scenario models, scripts, and requirements templates have been tailored to fit the PPS's needs based on the discussions from the IT TOM workshops. ○ Reference Guidance document on the Equity Program webpage for details on documentation	**No**
Participation in one of the MAX Series projects	▪ Submit a report indicating participation in the MAX Series ○ Note: 2 – 3 staff from the PPS must attend.	**No**
	▪ Submit evidence of independently run rapid cycle improvement projects started at MAX by submitting documentation of actions and evidence of continued workshops.	

EIP Key Activity	Supporting Documentation (Each bullet point is sufficient to meet the requirements of an activity unless otherwise stated)	Financial Substantiation Required
Participation in expanded HH enrollment	▪ Develop a PPS-wide Health Home referral policy and procedure document, and show evidence of distribution of and education about policy and procedure. Evidence that average member time in outreach is reduced for Health Homes associated with the PPS as a result of improved cooperation of PPS partners.	**No**
	▪ Programmatic documents associated with the implementation of a sustained community education program regarding Health Homes. CBOs are expected to be in partnership with Health Home and provide support, but not duplicate activities supported by Health Home Development Funds.	**No**
	▪ Evidence of Health Home training sessions, including training on HARPs, provided to medical and mental health providers.	**No**
	▪ Reports documenting an increase in participation and the resulting health outcomes of patients enrolled in the Health Home program.	**No**
	▪ Evidence of development and implementation of PPS-wide workflow model related to Health Home connectivity from primary care practices, hospitals and post-acute settings – one time only	**No**
EHR implementation investment	▪ Project management documentation, which includes o Project charter o Budget vs Actuals o Staffing register o Timesheets o Project plan o Communication plan	**No**
	▪ Business requirement documents	**No**
	▪ Systems requirement documents	**No**
	▪ Purchase orders for hardware	**Yes**
	▪ Signed agreement with 3rd Party Vendor – one time only	**No**
	▪ Payments made to 3rd Party Vendor	**Yes**
	▪ Requirements Traceability Matrix	**No**
	▪ Transition plan put in place to transfer records from paper to electronic, detailing steps taken and milestones throughout the allocated time	**No**
	▪ Evidence of training sessions for medical professionals and staff on how to properly use the EHR system	**No**
	▪ Assessment of EHR implementation within the PPS provider network, drive consensus on EHR preferred choice (choices) and develop buying group to obtain best price for hardware/software and support	**No**
	▪ Proof of establishing PPS IT Help Desk – one time only	**No**
	▪ IT technical support organizational chart for the PPS provider network	**No**

	▪ Development and execution of a data sharing agreement for Population Health Management (PHM) Platform access and use – one time only	**No**

EIP Key Activity	Supporting Documentation (Each bullet point is sufficient to meet the requirements of an activity unless otherwise stated)	Financial Substantiation Required
Capital spending on primary / behavioral health integration	▪ Regulatory waivers submitted to DOH	**No**
	▪ Project charter associated with DSRIP project 3.a.i	**No**
	▪ Certificate of Need application submitted	**No**
	▪ Architectural documents for co-location	**No**
	▪ Contractor agreements and invoices for co-location	**Yes**
	▪ Recruitment of behavioral health specialists in order to ensure a more holistic approach to medicine and care	**Yes**
	▪ Documentation for established integrated/coordinated care programs	**No**
	▪ Assessment report of structural and regulatory requirements for integration and provide ongoing resourcing to accomplish integration	**No**
Participation in a state recognized tobacco cessation program	▪ Demonstrated evidence of participation with DOH-supported community partners of NYS Tobacco Control Program	**No**
	▪ Programmatic documents of tobacco cessation programs educating PPS mental health providers, with evidence of incremental increase in provider involvement over course of EIP	**No**
	▪ Documentation of community-based tobacco cessation activities directed to persons with SMI/behavioral health diagnoses	**No**
	▪ Evidence of culturally/linguistically appropriate outreach to adolescents and adults on the dangers of smoking and second-hand smoke	**No**
	▪ Evidence of the promotion of the tobacco cessation programs in facilities and by health care professionals to patients	**No**
	▪ Evidence of educational programs and tobacco control resources in low- income areas	**No**

EIP Key Activity	Supporting Documentation (Each bullet point is sufficient to meet the requirements of an activity unless otherwise stated)	Financial Substantiation Required
Participation in state efforts to end HIV/AIDS	▪ Ongoing Participation in New York City PPS HIV collaborative	**No**
	▪ Documentation of a structured HIV prevention program to include pre- exposure prophylaxis (PrEP) within the PPS	**No**
	▪ Develop a PPS-wide HIV Continuum of Care Cascade with the goal of an incremental increase in viral suppression rates	**No**
	▪ Participation in VBP planning and implementation for HIV subpopulation	**No**
	▪ Evidence of outreach to adolescents on resources, prevention measures and safe practices	**No**
	▪ Documentation of implementation of best practices on person-specific prevention practices such as: o For Adolescents, o Reducing sexual risk behaviors or increasing protective behaviors to prevent acquisition of HIV in men who have sex with men (MSM), o Partner counselling and referral services.	**No**
	▪ Reports prepared and submitted to the DOH documenting increased HIV tests and screening performed on patients.	**No**
	▪ Implementation and documentation of point-of-care rapid testing for HIV at a site or sites	**No**
	▪ Analytical reports on areas with increased rates of HIV/AIDS and a focus on increased community health planning in these areas, as well as provide greater access to resources to these areas	**No**
Participation in fraud deterrence and surveillance activities	▪ Ongoing structured program to educate PPS providers in correct coding/ICD10	**No**
	▪ Working with MMC plans for ongoing educational series on risk management and fraud prevention	**No**
	▪ Define and implement an audit plan for assuring accuracy of actively engaged population numbers	**No**
	▪ Written policies and procedures that describe Compliance Plan and training of staff	**No**

EIP Key Activity	Supporting Documentation (Each bullet point is sufficient to meet the requirements of an activity unless otherwise stated)	Financial Substantiation Required
Infrastructure spending related to SHIN-NY / RHIO	▪ Evidence of providing seed money funding for unconnected health care providers to connect to QE with documented increase in connected providers	**Yes**
	▪ Documentation of a structured educational program around utilization of QE, with documented incremental use of QE functionality	**No**
	▪ Documentation of consumer education program focused on QE consent, with documented increase in PPS members with assent	**No**
	▪ Workforce planning document indicating resources (staff and material) assigned to effort, including but not limited to vendor management – one time only	**No**
	▪ Business requirement documents	**No**
	▪ Systems requirement documents	**No**
	▪ Purchase orders for hardware	**Yes**
	▪ Signed agreement with 3rd Party Vendor	**No**
	▪ Payments made to 3rd Party Vendor	**Yes**
	▪ Requirements Traceability Matrix	**No**
	▪ MOU with SHIN-NY / RHIO – one time only	**No**