



Provider Types, Resource Types

Hi everyone. In follow up to last week's meeting, Josh asked me to elaborate on what sort of additional provider types would be helpful for PPS's to really drill down and categorize the work different partners can contribute. I happened to see the following 2 lists from our original application - the first is a list of provider types, and the second is a list of community resources.

Within our PPS, both providers and community resources have been identified as potential partners. In general we are finding almost all of our non healthcare providers categorized as "CBO's", including ARCs, Alcohol Counseling centers, and organizations such as Catholic Charities, as well as local health departments, simply because there is no other equivalent category identified by the state. However, "CBO" is far too broad to accurately break these partners down into the ways in which they can contribute to projects. I would propose perhaps a smaller list than the ones listed below, but certainly larger than the original list of categories given to us by the state for provider types.

What do others think?

Providers:

- Hospitals
- Ambulatory surgical centers
- Urgent care centers
- Health Homes
- Primary care Providers (includes midlevel providers)
- Specialty medical providers (Includes midlevel providers)
- Dental providers
- Rehabilitative services (includes physical, occupational and speech therapy)
- Behavioral health resources
- Specialty medical programs (such as eating disorders program, autism spectrum early)
- Skilled nursing homes, assisted living facilities
- Home care services
- Specialty developmental disability services
- Specialty services providers (such as vision care and DME)
- Pharmacies
- Local Health Departments
- Managed care organizations

Resources:

- Foster Children Agencies
- Area Health Education Centers (AHECs)
- Housing services for the homeless population
- Food banks, community gardens, farmer's markets
- Clothing, furniture banks
- Specialty educational programs for special needs children (children with intellectual or developmental disabilities or behavioral challenges)
- Community outreach agencies
- Transportation services
- Religious service organizations
- Specialty community-based and clinical services for individuals with intellectual or developmental disabilities
- Peer and Family Mental Health Advocacy Organizations
- Self-advocacy and family support organizations and programs for individuals with disabilities
- Youth development programs
- Libraries
- Community service organizations
- Education
- Local public health programs
- Local governmental social service programs
- Community based health education programs including for health professions/students
- Family Support and training
- NAMI
- Individual Employment Support Services
- Peer Supports (Recovery Coaches)
- Alternatives to Incarceration
- Ryan White Programs
- HIV Prevention/Outreach and Social Service Programs



Message by [Amy Van Kampen](#)

On July 13, 2015 at 16:13 - 136 views, 4 replies, 5 followers

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Thanks Amy.

Our PPS also found it necessary to refine the state's list of provider types. We did requirements gathering in two ways: we asked the responsible person for each project to list all possible types of providers that in a standard practice, would touch our population for that project. Our Medical Director then reviewed these lists with the team and collapsed and/or added categories where appropriate. We do have a draft version of the final list but plan to have an updated version soon. Once it is available, we will be happy to post it on the MIX to share with the other PPSs.

By [Thao Doan](#), 7 months ago

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Amy/folks thanks for all the positive collaboration on this important topic!

By [Jason Helgeson](#), 7 months ago

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Thanks Amy and Thao! This is very helpful/ The biggest challenge we faced in this respect was

having to rely on the provider type lists that were released on/around January 7th to set our provider ramp-up baselines. We found numerous inconsistencies in the lists over time and would truly benefit from a more comprehensive description of the DSRIP criteria for each provider type described in our measures documents.

Perhaps a discussion of the logic used to develop provider categories would be useful.

By [Jamie Bono](#), 7 months ago

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Jamie I strongly agree!

By [Amy Van Kampen](#), 7 months ago

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