New York State Department of Health | Medicaid Redesign Team

Project Implementation Plan Guidance and Reporting Requirements

Content Requirements and Expectations for the July 31 PPS Quarterly Report Submission & Overall First Impressions of Organizational Implementation Plans

July 2015

Quarterly Report/Project Implementation Plans: General Instructions

- The revised Domain 1 and Project Implementation Plans (IPs) serve as the first Quarterly Report.

- PPS will be required to submit revised Domain 1 Implementation Plans, inclusive of all organizational and project 2.a.i sections, and Implementation Plans for all PPS selected projects into MAPP.

- Revised Domain 1 and new Project Implementation Plans should address IA review and comments.

- Implementation Plan work steps, referred to as **tasks in MAPP,** should provide a solid framework of all the activities the PPS must accomplish to successfully achieve each milestone.

- If the PPS has previously completed work steps that materially impact the IA's understanding of how the submitted work steps accurately reflect what needs to be accomplished, the Implementation Plan should reflect progress made to date.
  - *For example: re. workforce strategy milestone "Perform detailed gap analysis between current state assessment of workforce and projected future state," if the PPS has already completed the gap analysis please identify this progress in your IP. As a result, the 1st work step may be different than for a PPS who is not as far along.*

- All speed and scale commitments in your Implementation Plans **must** match the Project Plan Application commitments submitted in January.

IA Summary Comments of Submitted Implementation Plans

- PPS will not be required to demonstrate milestone completion until the defined benchmark date OR speed and scale commitments. PPS should consider defined benchmark dates when determining implementation timelines and ensure activities are scheduled and staged appropriately.

- Implementation Plans should not reiterate the milestone's goals, but rather clearly identify the specific work steps the PPS will take to complete the milestone.

- Roles and Responsibilities should include names of people who will be responsible for an activity and specify what their role will be. Several Implementation Plans included many TBDs in this section. Key positions, if left unfilled, could present a risk to the project completion.

- Stakeholder Engagement Sections should:
  - Identify PPS collaboration in overlapping regions/projects
  - Include the specific organizations and individual names as well as state agencies, such as developmental disabilities, behavioral health, substance abuse and Local Government Units (LGUs), etc.

- Progress Reporting responses should include more details regarding how the activities supporting the milestone will be tracked and the process by which adjustments of work steps will be made depending on initial results.

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IA Considerations When Reviewing Implementation Plans

General Reviewer guidelines-- the following were taken into consideration:

- *Does the implementation plan adequately address each appropriate step in the planning, development, and completion of the Milestone?*

- *Do the work steps have appropriate timelines associated with them and are they consistent with any prescribed completion dates?*

- *Does the implementation plan include steps to determine the success of the plan at regular intervals and to change course if it is not working?*

- *Does this description demonstrate the PPS' s plan for successful completion of the requirement?*

Example: Workforce Strategy Section

MILESTONE: *Perform detailed gap analysis between current state assessment of workforce and projected future state*

1. Perform detailed workforce analysis which will identify transferrable skills between jobs to be reduced vs. jobs needed; current positions that will require redeployment and/or training; and available skill sets currently available within PPS via work force surveys, workforce workgroup, and online tools such as Health Workforce New York.	DY1 Q2
2. Confirm staff eligible for redeployment given project selection and DSRIP goals, and review existing HR policies and labor agreements.	DY1 Q3
3. Identify nontraditional methods for recruiting necessary staff to fill workforce gaps (ex: telemedicine; subcontracting with community-based partners or joint employment possibilities with current/future employers).	DY1 Q3
4. Identify those "hard-to-fill" positions that cannot be filled through redeployment or nontraditional methods.	DY1 Q3
5. Create, implement, and advertise DSRIP job board and identify other job sites for posting.	DY1 Q3
6. Create recruitment plan and timeline for new hires.	DY1 Q3
7. Implement strategy to fill those positions for which it is difficult to recruit, train, or retain.	DY1 Q3
8. Complete workforce budget analysis to establish revised workforce budget for the duration of DSRIP.	DY2 Q2
9. Finalize current state assessment and obtain PPS governance approval.	DY2 Q3

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Example: Governance Section

MILESTONE: *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.*

PPS has taken an inclusive approach to CBO participation and has engaged a number of CBOs throughout the planning process. Project Advisory Committees have been meeting extensively to discuss the various aspects of the project in developing the project-specific implementation plans, goals, and speed and scale metrics.. In addition to the CBOs participating in PACs, the PPS's Community Needs Assessment included the CBOs as key stakeholders and informational resources. Interviews were conducted with a broad set of CBOs to ensure that their needs and perspectives were incorporated into the process from the beginning. In addition, focus groups were conducted with consumers of a variety of social and health care services to get their perspectives. CBO representatives are now included on governance committees to ensure their continued role and development of the PPS.

The PPS will be contracting with CBOs at the project-specific level. Representatives from potential contracting organizations have been involved in the project Workgroups and understand their roles. The CBO contracting process rests on determining readiness and providing support to CBOs to enable their ability to fulfill their roles in each project. Contracts with CBOs will be executed, as appropriate, as each project becomes operational. The PPS is working with a specialty vendor (ABC, Inc.) to develop a comprehensive engagement plan to support the CBO contracting strategy.

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Example: Cultural Competency and Health Literacy Section

MILESTONE: *Finalize cultural competency/health literacy strategy.*

1. Based on a review of the Community Needs Assessment, claims data, and other data available from our PPS partners, determine priority groups experiencing health disparities and needs for cultural competency and health literacy strategy.	DY1 Q2
2. Identify areas of demonstrated PPS strength among participating providers and other PPS partners in addressing cultural competency, health literacy and health disparities.	DY1 Q2
3. Develop a document outlining a cultural competency and health literacy strategy which includes the following minimum components: unique attributes; PPS attributed patients; key factors to improve access to quality primary care; behavioral health services; and preventive care	DY1 Q3
4. Devise cultural competency assessments and tools to assist patients with self-management aligned with PPS clinical planning around patient self-management.	DY1 Q4
5. Define plans for two-way communication with the population and community groups through specific community forums.	DY1 Q4
6. Collect community-based interventions ("best-practice") to reduce health disparities and improve outcomes.	DY2 Q2
7. Present strategy document to PPS Subcommittee and Stakeholder Engagement Subcommittees.	DY1 Q3
8. Strategy document reviewed and approved by Executive Committee.	DY1 Q3

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Example: Population Health Management Section

MILESTONE: *Finalize PPS-wide bed reduction plan.*

1. Identify relevant data on opportunities to reduce avoidable inpatient hospitalization rates for the PPS overall and for the hubs, including individual hospitals within each hub.	DY2 Q1
2. Identify most significant clinical conditions by geographic area and specific hospitals where a reduction in beds is possible (review rates of inpatient stays associated with avoidable hospital admissions).	DY2 Q1
3. Review DSRIP project interventions and estimate the impact on potential bed reduction based on Step 2.	DY2 Q2
4. Identify workforce impact and training needs where the potential exists to reduce beds based on data on both avoidable hospital admission and DSRIP project impact.	DY2 Q2
5. Develop training plans based on workforce needs to reduce beds and shift care to outpatient settings, based on data on avoidable hospital admissions (Step 2) and DSRIP project impact.	DY2 Q3
6. Document bed reduction plan for review by the PPS Executive Committee based on data on avoidable hospitalizations, DSRIP project impact and other key factors.	DY2 Q4

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Example: IT Systems and Processes Section

SECTION: *Major Risks to Implementation & Risk Mitigation Strategies.*

General Reviewer guidelines-- the following was taken into consideration:
Does the implementation plan describe the key interdependencies between this and other work streams (e.g. IT Systems and Processes, Practitioner Engagement, Financial Sustainability etc.)?

Risk 2: One challenge will be to balance the large number of partners and providers involved in a rapid implementation.

Potential Impact: If there is a lack of appropriate coordination across partners, projects will not be implemented in alignment and risk being unsuccessful.

Mitigation: In order to manage the large number of stakeholders and their vendor counterparts, several strategies will be deployed. The first priority will be to group partners according to their "HIT readiness" via the current state assessment and gap analysis. PPS will address these cohorts collectively to provide the most relevant feedback based on a partner's current status. PPS will also leverage the experience of the most advanced partners to share "lessons learned" and provide "peer-to-peer" support to those partners that are late adopters of IT.

This approach will enable a top-down and bottom-up strategy allowing for immediate benefits to all partners. PPS will support providers and partners with vendor engagement support to ensure: 1) vendor timelines and capabilities are in-line with the DSRIP goals and 2) that the collective influence of the partners is used as leverage to ensure timely alignment of IT adoption.

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Example: Financial Sustainability Section

SECTION: *Roles and Responsibilities*
The "Roles & Responsibilities" table is intended to capture those individuals responsible for driving/managing the work stream

Role	Name of person / organization	Key deliverables / responsibilities
PPS Executive Lead	Tyrion Lannister	Responsible for oversight of overall Financial Sustainability Work stream
Director of Finance	Jon Snow	Responsible for development, management of Financial operations, and milestones to include accounts payable, treasury/banking, general ledger, reporting, audit
PPS Finance Project Lead	Sansa Stark	Ultimate accountability for governance oversight of the Finance strategy to include accounts payable, treasury/banking, general ledger, reporting, audit
PPS Medical Director	Jaime Lannister	Responsible for supporting oversight of clinical components of the of overall DSRIP Portfolio. Support financial sustainability monitoring across clinical projects and programs.
Compliance Officer	Joffrey Baratheon	Lead Compliance Program, including chairing Sub-Committee; implementing Work Plan; training; hotline; monitoring; investigations; promoting culture of ethics and compliance with DSRIP requirements.
Financial Sustainability Team	Catelyn Stark	Lead development of Financial Sustainability including Budget and Funds Flow milestones
MCO Relations Team Lead	Stannis Baratheon	Lead liaison to MCO Partners
MCO/Value Based Payment Workgroup	Robb Stark	Will oversee the development and implementation of the VBP Roadmap and support the Team Lead in negotiations with MCO partners
Director, Project Management Office	Cersei Lannister	Project Management Office will champion consistent project management practices and methodologies, In addition, will support the DSRIP project stakeholders as a source for project management expertise, support communications, and align requirements within multiple projects.
PPS Director, Network Development & Performance	Christopher Robin	Responsible for the Workforce & Community Engagement milestones as well as the Performance Evaluation, reporting, and Management structure for the PPS

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Example: Financial Sustainability Section

Example of a Response Requiring More Information

SECTION: *Progress Reporting.*

The financial sustainability work stream will be considered successful based on the demonstrated ability to:

• Identify and monitor the PPS partner organizations who are identified as financially fragile during the course of the DSRIP period

• Seamlessly implement and ensure compliance with all financial controls and the PPS compliance requirements

• Establish and execute the PPS's plans to transition to the targeted volume of Medicaid value-based payment revenues.

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Project Requirements: Development and Submission of Work Steps

- The DY1 Q1 Quarterly Report will require a baseline entry of project requirement timelines, PPS-defined sub-steps, and implementation status.

- Reporting will be reflective of the project requirements and metrics outlined in **Domain 1 Project Requirements: Milestones & Metrics**.

- For each Project Requirement, the PPS must develop and define sub-steps that:

  - Demonstrate progression towards and achievement of project requirements
  - Provide the IA with clear understanding of the significant tasks which must be completed along the pathway toward successful completion of project requirements
  - Provide start and end dates (in accordance with project requirement timeframes)
  - Provide implementation status of each sub-step (i.e. *Complete, In Progress, On Hold*)

High-Level Overview of Submitted Implementation Plans: 2.a.i

- Work steps were not clear as to how the PPS will formally transform their PPS provider network into a high-performing Integrated Delivery System (IDS). Work steps should include how the development of contracts, MOUs or other agreements will be finalized.

- While the PPS includes terms such as "partner" and "leverage" Health Homes (HHs)– it is expected the PPS will provide more detail which HHs they will engage as stakeholders and how this task will be accomplished. The IA would like to encourage more steps that identify how the collaborations with HHs will occur.

- Work steps should document how the PPS will develop population health management activities (particularly policies and protocols) as well as how these activities will be conveyed to the project teams and ensure compliance.

- Work steps should include areas of engaging patient stakeholders in achieving milestones.

- Work steps should provide enough information to exhibit how the PPS will accomplish some very challenging milestone. More work steps in terms of how the technical and clinical integration challenges will be overcome are expected.

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Project 2.a.i: Milestones and Work Steps

Project Requirement #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.*

General Reviewer guidelines-- the following points were taken into consideration:

- Has the PPS considered that different providers (and/or provider types) will need to be evaluated differently, due to factors such as work already done to date, overall readiness, etc.?
- Are the steps identified specific enough to demonstrate the PPS's plan to successfully complete the project requirement?
- Is the target completion date attached to each step consistent with the due date prescribed by the IA and does it appear to be reasonable and/or realistic given the step described?
- Will the steps identified within the project requirement result in 100% completion of the requirement?
- Do the steps align with the project requirement's "metric/deliverable" as identified in the Domain 1 Project Requirements Milestones and Metrics?

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Project 2.a.i: Milestones and Work Steps

Project Requirement #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.*

1. Complete full provider list of all PPS participants, defined by Provider type, with NPI and Practice name.	DY1 Q3
2. Develop a list of elements that will need to be part of each provider agreement/contract to develop draft contract.	DY1 Q3
3. Post PPS provider network directory on web site; maintain periodic audit trail report of log of changes to network list.	DY1 Q3
4. Create a process to track all executed Provider contractual agreements.	DY1 Q3
5. Initiate strategy to engage PPS providers and partners in formal participation agreements (MOUs/contracts). In addition to all providers in PPS network, include payers/MCO and social service organizations, as necessary to support strategy.	DY1 Q4
6. Finalize all participation agreements (MOUs/contracts).	DY2 Q1
7. Create a process that tracks provider performance compared to contract terms/requirements, including corrective actions	DY2 Q2
8. Engage key internal unit level PPS partners to participate in IDS project	DY2 Q2
9. Establish a plan to monitor PPS provider performance periodically and report to the PPS governance, with corrective action and performance improvement initiatives, as needed.	DY2 Q3
10. Collect provider network lists, periodic reports demonstrating changes to the network list and contractual agreements	DY2 Q4

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Project 2.a.i: Milestones and Work Steps

Example of a Response Requiring More Information

Project Requirement #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.*

1. PPS will identify and engage participating providers and will facilitate stakeholder meetings with key representatives to offer further information on their role and need for involvement in the project.	DY1 Q3
2. PPS will execute contracts or participation agreements with partnering providers.	DY1 Q4
3. PPS will include payers and social service agencies as necessary and appropriate to further IDS implementation strategies.	DY2 Q2

IA Comment: Activities described do not provide nearly enough information to exhibit how the PPS will accomplish this very difficult milestone. These three work steps restate the intention of the milestone and are not specific enough to demonstrate the PPS's plan for successful completion of the project requirement.

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Project 2.a.ii: Milestones and Work Steps Example

Project Requirement #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.*

	Target Completion Date
1: Finalize Contract/MOUs with PCP practices.	12/31/2016
2: Establish PCMH/APC Certification Working Group.	8/31/2015
3: Finalize strategy for achieving Level 3 certification or APC .	10/15/2015
4: Review PCMH 2014 Level 3 Standards and Requirements.	1/25/2016
5: Complete assessment of PCP practices to be become NCQA Level 3 certified and or APC.	12/16/2015
6: Complete the NCQA PCMH survey application and APC application requirements.	2/6/2017
7: PPS PCMH Certification Working Group to finalize PPS wide roadmap for achieving Meaningful Use certification.	12/31/2016
8: Review PCMH 2014 Level 3 Standards and Requirements.	8/31/2015
9: Conduct internal assessment of current EHR and other IT systems.	12/16/2015
10: Identify necessary data sets with individual demographic, health, and status information need to be collected within EHR.	3/31/2016
11: Finalize renegotiation contract with existing IT vendor.	2/6/2017
12: Expand EHR capabilities to collect information, socioeconomic, demographic, and neighborhood characteristics.	3/22/2017
13: Confirm all participating providers meet Stage 2 Meaningful Use Requirements Certification and PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	5/7/2018

Project 3.a.i: Milestones and Work Steps Example

Project 3.a.i (Model 1. PCMH Service Site) PROJECT REQUIREMENT #1: Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.

	Target Completion Date
1: Finalize Contract/MOUs with BH providers and PCP practices.	12/31/2016
2: Establish PCMH/APC Certification Working Group .	8/31/2015
3: Complete assessment of PCP practices to become NCQA Level 3 certified and or APC.	12/16/2015
4: Finalize strategy for achieving Level 3 certification or APC.	1/25/2016
5: Establish policies and procedures outlining coordination and hand-offs between BH and PCP.	3/31/2016
6: Complete the NCQA PCMH survey application and APC application requirements.	2/6/2017
7: Institute clear workflows for assessment, referrals and follow-up care to be provided.	10/15/2016
8: Train care team on workflows and care coordination processes.	3/22/2017
9: Project team completes review of care coordination outcomes and timeliness of services.	5/7/2018
10: PPS RCE team evaluates metrics (# of patients engaged, # connected to BH and receiving care).	9/30/2018

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Domain 4 Project Milestones

- In completing the DSRIP Project Plan Application for Domain 4 projects, each PPS defined project implementation milestones that they would work towards in implementing the project.

- Similar to the Domain 2 & 3 projects, the PPS will be expected to develop and define sub-steps that:
    - Demonstrate progress towards and achievement of project requirements
    - Provide the IA with clear understanding of the significant tasks which must be completed along the pathway of successful project requirement completion

- For the purposes of determining Achievement Values for the implementation of the Domain 4 projects and the payments associated with those Achievement Values, the PPS will be expected to meet these self-defined milestones.

- Domain 4 projects will require the PPS to self-report in the PPS-Defined module. These work plan activities must align with the milestones committed to in the Project Plan Application.

Project 4.a.iii: Milestones and Work Steps Example

4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure Across Systems

	Target Completion Date
Milestone 1: Establish workgroups to develop strategies in each focus area, including collaborative care for MEB disorders, substance abuse prevention, and training and education related to MEB health promotion, prevention and treatment.	**12/31/2016**
1: Identify and form an interdisciplinary implementation team and partnerships.	8/31/2015
2: Develop common agenda, goals, and implementation plan.	8/5/2015
3: Review existing programs and CBOs to identify gaps & strengths to build on via DSRIP.	10/15/2015
4: Engage partner agencies and expand efforts with DOH and OMH to implement "Collaborative Care."	1/25/2016
5: Engage DOH/OMH/OASAS in discussions to further enhance coordination of care across the system.	12/16/2015
Milestone 2: Develop mechanism for collection and aggregation of data as project components are implemented.	**2/6/2017**
1: Identify opportunities that meet data needs.	8/31/2015
2. Identify existing population health management tools within the PPS.	8/5/2015
3: Conduct analysis between existing data and data needed to meet project requirements	10/15/2015
4: Develop, as part of the overall l IT approach, strategies to leverage existing capabilities and create new capabilities to meet DSRIP project requirements and meet population needs for this project.	1/25/201

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Project 4.a.iii: Milestones and Work Steps Example

	Target Completion Date
Milestone 3: Provide cultural and linguistic training on MEB health promotion, prevention and treatment.	**12/31/2016**
1: Create training schedule and materials to execute training. The focus of the training will be on strategies to improve effective patient engagement; and the use of data oriented approaches to identify those likely to suffer from health disparities.	8/31/2015
2: Develop training plans for clinicians, CBOs and other workforce segments based on best practice research that addresses the needs of ethnic and racial minority groups served by the PPS who suffer from health disparities.	12/16/2015
3: Obtain Cultural Competency Committee sign-off on training plans.	3/31/2016
4: Execute trainings for all organizations and individuals identified in Step 1 based on training plans.	2/6/2017
5: Evaluate training sessions regarding specific engagement strategies and patient engagement approaches.	3/22/2017
6: Review & revise educational materials and outreach initiatives targeting ethnic groups and high impact neighborhoods	5/7/2018
Milestone 4: Share data and information on MEB health promotion and MEB disorder prevention and treatment.	**12/31/2016**
1: Conduct a complete analysis of PPS organizations to determine training needs on topics such as clinical quality, performance reporting, data for quality improvement, and others as needed	8/31/2015
2: Develop training materials that address MEB health promotion and MEB disorder treatment across the PPS.	7/16/2015
3: Roll-out training materials based on identified project participants	10/31/2015
4: Evaluate re-training needs and frequency of future trainings	3/20/2016

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Implementation Plan Support Documentation

DSRIP Webinars and Presentations

- **Implementation Plan Project User Guide**
  https://commerce.health.state.ny.us/mapp/ntwk/projimpl/orgsec/projImplHome.jsf#

- **Domain 4 Project Reference Guide**
  http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/docs/d4guidance_2015-06-08_final.pdf

- **July 2015 Quarterly Reporting in the Medicaid Analytics & Performance Portal (MAPP)**
  https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/docs/mapp_quarterly_rpt_slides.pdf

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