**Frequently Asked Questions for
DSRIP Performing Provider Systems
Completing the Workforce Section of the Implementation Plan**

These Frequently Asked Questions (FAQs) will provide guidance to Performing Provider Systems (PPSs) in order to complete the Workforce Section of the DSRIP Implementation Plan. This plan is due April 1, 2015.

1. **Q: What role is the Workforce DST Team playing in supporting PPSs during this phase?**

    A: The Workforce DST Team is there to support the PPSs as they work to complete their implementation plans (IP), specifically to help PPSs understand the workforce - related requirements within the IP and think through potential considerations when developing the plan as well as recommend activities and approaches for executing workforce-related activities in order to assess overall impact and establish baseline numbers in the areas of re-training, re-deployment, new hires and overall WF budget. The Workforce DST Team is providing support through the creation of a workforce webinar, a workforce implementation plan prototype and companion guide, this FAQ, phone discussions to review high level requirements of the plan, in-person workshops with PPSs to go over key issues and challenges, a workshop in Albany on 2/27 with representatives from all PPSs to provide additional guidance and support, and reviews of workforce implementation plan drafts.

2. **Q: Are there are any implications of changing workforce impact numbers (e.g. % of workers redeployed, retrained, hired) from the application?**

    A: This should not be an issue. Workforce impact numbers submitted with the application were expected to be top-down directional estimates. The DOH has made clear that this is the time to create a plan of how these workforce impact numbers will be refined through detailed, bottoms-up analyses. This means PPSs will need to analyze the individual needs of the individual projects in terms of what individuals could potentially be retrained and redeployed, etc. It will be important to look at what existing staff can meet future state needs through redeployment and/or retraining. It should be expected that some PPSs will have to do more refining than others.

3. **Q: Should workforce analyses to reach baseline process measures be reported project by project? Or across all projects?**

    A: Workforce process measures should be reported across all projects, not project by project. However, PPSs will need to collect data, information, and requirements from

each project in order to accurately reach refined baseline workforce process measures. This data will then need to be aggregated for reporting purposes.

4. Q: What must be completed by 4/1?

A: By 4/1, PPSs must complete an implementation plan that defines steps and activities to reach baseline Workforce Process Measures and other key milestones, addresses workforce impacts, identifies potential challenges, and defines the process for completing quarterly progress reports. It is also recommended that PPSs establish a workforce project team. PPSs should begin executing on key activities laid out in the implementation plan beginning 4/1, if not sooner. It is NOT expected that PPSs will have refined WF-related numbers for re-training, re-deployment, new hires, budget, etc. by 4/1.

5. Q: What is the unit for reporting net workforce changes? FTE? Full-time/part-time?

A: As of now, the unit for reporting next workforce changes is FTE. However, it should be noted that revised workforce impact numbers won't be required for the implementation plan, but rather for the initial progress report later in DY1. DOH and the independent assessor will communicate out well in advance of when these measures must be submitted should the definition be altered.

6. Q: Are the employee categories PPSs will be required to report on the same as those included in the organizational application? Is there any flexibility from there?

A: There is now added flexibility for workforce categories, and PPSs can simply fill in their workforce categories for net new hires (or impacts such as those categories that will need to be re-trained or re-deployed). However, this will not be required upon submission of the implementation plan on 4/1, but rather will be expected later in DY1 when baseline workforce process measures must be submitted.

7. Q: Is there any burden of proof for reporting retraining/redeployment/net change in number of employees?

A: Yes, there is a burden of proof. The specific evidence that will be required for the quarterly progress reported will be determined by the independent assessor. However, this will not be required upon submission of the implementation plan on 4/1, but rather will be expected later in DY1 when baseline workforce process measures must be submitted. For milestones, the required supporting documentation is listed in the implementation plan. Further information is forthcoming from the independent assessor in the "AV Policies and Procedures Guide".

8. **Q: Are PPSs required to create a workforce governance body? Can workforce decisions be made by a more general executive committee?**

    A: While it is not required for PPSs to have a separate governing body/committee/team to oversee and drive workforce issues, it is recommended. Generally speaking, it should be clear and explicit who has decision-making/approval authority with regard to who gets retrained/redeployed, and especially for redeployed staff, their 'sources' and 'destinations' across the PPS. Additionally, it is recommended that PPSs establish a dedicated workforce project team that will be accountable and responsible for executing WF-related activities laid out in the implementation plan.

9. **Q: Is workforce scored individually for each project? Or is there one overall workforce score?**

    A: The score for the workforce (as with all organizational sections) is distributed across all projects. PPSs will get scored on workforce separately, but they receive a 'pass' for that quarter, that adds one achievement value to all projects. Of the 7 AVs per project that PPSs can score each quarter, 4 per project are for organizational sections. The implementation plan as such is only 'graded' as a pass or fail.

10. **Q: Are there currently efforts from the state to centralize workforce?**

    A: Not yet, but the Medicaid Innovation eXchange (MIX: www.ny-mix.org) could be a good opportunity for this. Some PPSs have been meeting to collaborate on a regional basis. The Feb. 27th meeting will also be a good opportunity to get these kinds of discussions started.

11. **Q: How does the DOH define those that need to be retrained vs. redeployed?**

    A: Redeployed staff are those who will be remaining in the same role performing the same tasks, but at a different location. Retrained staff are those who receive training/upskilling in order to qualify for a new role, whether or not they are deployed to a new location or site.

12. **Q: What is the difference between "Roles and Responsibilities" and "Key Stakeholders"?**

    A: "Roles and Responsibilities" refers to key people (or organizations) responsible or accountable for completing key workforce activities (e.g. Workforce Committee members, Workforce Implementation Project Lead). "Key Stakeholders" refers to individuals, either internal or external, who are involved in or need to be informed of workforce transformation plans (e.g. SMEs, HR leads, Training leads, labor groups).

13. Q: What are the expectation with regards to the Compensation and Benefit Analysis? Which steps that should be included and what's the relevance of this milestone?

> **A:** The "Compensation and Benefit Analysis" milestone was included so that PPSs would have a detailed and accurate understanding of the impacts to redeployed or retrained staff who receive full or partial placements. Some sample steps include collecting and analyzing data around the variances between current and future state compensation and benefits of redeployed and retrained staff, as well as developing policies and contingencies for partially placed staff.

14. Q: What type of expenses/costs should be factored into my Workforce Budget?

> **A:** The Workforce budget should encompass costs and expenses that enable the workforce transformation. Workforce strategy funds need to be used as committed in the PPS application. This includes the cost to retrain impacted staff, the cost of redeploying impacted staff, the costs to support the recruiting of new staff to meet DSRIP project needs, and other costs associated with managing or executing these processes (e.g. transition coaches, recruiters). This does not include salaries or benefits of newly hired clinical staff.

15. Q: Can DSRIP funds be used to hire new staff for DSRIP projects?

> **A:** PPS may use DSRIP funds to achieve performance goals. Those funds may be used for salaries of newly hired staff, etc. There is flexibility with DSRIP payment funds that PPSs receive for implementation and performance. However, PPSs must demonstrate that a portion of funds have been used for workforce strategies consistent with their commitments in the application (see previous question). A PPS cannot demonstrate they have met this commitment by simply using the funds to pay staff salaries.