As a result of the Mid-Point Assessment, the Independent Assessor has developed recommendations for the PPS to address specific areas identified as deficiencies that could impact the PPS success in achieving the DSRIP goals.

For each group of recommendations under a specific organizational section or project included in the Mid-Point Assessment Report, the PPS has taken or plans to take the following corrective action(s).

Mid-Point Assessment Recommendation 1:
Focus area: Project 2.d.i: Implementation of Patient Activation Activities. The IA recommends the PPS develop an action plan to increase CBO and other partner participation in this project.

PPS Action Plan Narrative:
FLPPS has taken steps to increase CBO and other Partner participation in the 2.d.i project through various outreach activities intended to increase Partner engagement. These steps include:

- Multiple Partner educational sessions and webinars during DY1 and DY2 that detailed outcomes of the 2.d.i project and information on CBO Partner's roles in participation. These webinars, including one focused specifically on how to implement the 2.d.i project requirements as a CBO, are available on the FLPPS website at https://flpps.org/Projects/Patient-Activation and YouTube.
- FLPPS developed a Partner webpage that has detailed project information, past webinars, FAQs and registration information for future Patient Activation Measure (PAM) trainings. This webpage can be found on FLPPS's main website: https://flpps.org/Projects/Patient-Activation.
- Actively participated in "Homeless Connect", a Monroe County initiative that brings a continuum of services together for the homeless in Rochester, including medical, mental health, housing, legal counsel, supplemental security income benefits and employment counseling. The FLPPS project 2.d.i Project Manager disseminated information on FLPPS projects, including 2.d.i and organization's role in the Integrated Delivery System.
- Twelve PAM *Train the Trainer* sessions for 211 employees of Partner organizations (free for FLPPS Partners participating in project 2.d.i) in all five NOCN regions of FLPPS during 2016; multiple provider types, including CBOs, attended. These FLPPS-sponsored *Train the Trainer* sessions enable the FLPPS Partner to train their staff on:
    - How to administer the PAM
    - How to engage patients/clients using activation techniques
    - Motivational interviewing
    - Cultural competency and health literacy

  Additionally, these *Train the Trainer* sessions discuss resource sharing, including monthly Insignia "Coaching for Activation" case study calls available to those who have attended this training. These sessions will be ongoing through DY3 and will be considered, if necessary, in DY4 and DY5.
- A FLPPS Patient Engagement Fund was established for the 2.d.i project in September 2016 that provides incentive funds to FLPPS Partners, including CBOs (20 Partner organizations received funds through the FLPPS Patient Engagement Fund, 18 of those organizations are non-health system entities or CBOs) for patient engagement measures. FLPPS's patient engagement outcomes positively increased as a result of these incentive funds, and FLPPS plans to continue with this model through DY2.

In tandem with the action plan described above, FLPPS's funds flow strategy through DY3 is designed to support and provide incentive funds to CBOs that provide outreach to Project 2.d.i eligible populations. The FLPPS CBO Engagement Strategy, accepted by the IA in the FLPPS DY2 Q3 Achievement Value (AV) Scorecard, identifies CBOs as an integral part of community navigation process and linking individuals to insurance, and recommends specific actions to engage and flow funds to CBOs for this work. As part of the FLPPS CBO Engagement Strategy, immediate priorities for DY3 Q1 include:

- Mapping all CBO services in FLPPS Region, in digital directory that is segmented by county, NOCN, and directly linked to state-prioritized Social Determinants of Health to understand volume of consumers served to prioritize those CBOs that have the most impact and reach.
- Identifying gaps in DSRIP Project participation (Domain 1), and performance around Domain 2–4 Outcome Measures, where CBOs can immediately take action and contribute to FLPPS' ability to draw down DSRIP award and provide technical assistance to CBOs to increase chances of success.
- Prioritizing the connection of contracted, key CBOs to RHIO, or through direct linkage to FLPPS IT Care Management Platform, to quickly implement data collection and analytics
  - Standardizing data points (units of service) for collection to enhance analytics and better understand linkages to health outcomes
- Developing FLPPS Innovation Fund Structure in conjunction with Courtney Spitz (Controller), Carol Tegas, Funds Flow Workgroup, and Finance Committee; clearly define CBO's ability to participate and contribute to achievement of A/Vs through up-front investment of "grant" dollars and a mechanism to track efficacy of spend (ROI) toward PPS' goals
- Participating in planning activities around FLPPS contracting deliverables and funding to ensure correct incentives for CBOs as they participate in Phase II and beyond; prioritize activity that influences successful completion of projects and movement of outcome metrics; this will also include any related activities, interventions that CBOs can complete in support of the CC/HL Organizational Work Stream and Training Strategy

The timeline for the above action plan is described in the associated MPA Implementation Plan.

FLPPS will use its current project milestone and task tracking process to ensure that it is progressing on executing the actions outlined in the associated MPA Implementation Plan. FLPPS uses project management software to centrally submit, assign ownership, track, and course correct, when necessary, to ensure execution of its DSRIP project work and the PPS will use this same software to ensure execution of the submitted and accepted MPA Corrective Action Plans.

The action plan to increase CBO and other partner participation in Project 2.d.i reflects FLPPS' overall strategy for meeting FLPPS' DSRIP goals by:

1) Using Patient Activation Measures (PAM), FLPPS Partners are able to activate uninsured, non-utilizers and low-utilizing populations so that they may benefit from the current healthcare transformation in order to help providers understand how much support a patient may need to be successful with their health outcomes;
2) Reducing the financial barriers to health care and getting individuals the resources they need to enroll in health insurance or connecting them with healthcare resources that do not require insurance;
3) Partnering with primary and preventive care services, and looking holistically at the individual and determining which supports may be required to facilitate their active pursuit of their health outcomes, including partnerships with CBOs that provide housing, childcare services, transportation, etc.

Implementation Plan:
See MPA Implementation Plan Excel Template.

Implementation Date:
This action plan will be fully implemented by no later than September 30, 2017.

As a result of the Mid-Point Assessment, the Independent Assessor has developed recommendations for the PPS to address specific areas identified as deficiencies that could impact the PPS success in achieving the DSRIP goals.

For each group of recommendations under a specific organizational section or project included in the Mid-Point Assessment Report, the PPS has taken or plans to take the following corrective action(s).

Mid-Point Assessment Recommendation 2:
Focus area: Project 2.d.i: Implementation of Patient Activation Activities. The IA recommends the PPS develop an action plan to educate CBOs on their vital role in the DSRIP program.

PPS Action Plan Narrative:
Given the importance of CBOs in the NYS DSRIP model for success, FLPPS has, since its inception, made a concerted effort to include CBOs and CBO input in the governance model, and design and implementation of projects. Under the definition of Community Based Organizations used in the VBP Roadmap[1], FLPPS is actively contracted with 88 CBO Partners. Out of FLPPS's 176 total contracts, these 88 CBO Partners equate to approximately 50 percent of the contracts extended to organizations in the network.

In September 2016, FLPPS formed a dedicated team to address strategic community initiatives and engagement, staffed by a director and senior project manager, to support the FLPPS Partner CBOs by educating them on their vital role in the DSRIP program and FLPPS. This team is responsible for the execution of the FLPPS CBO Engagement Strategy, which was approved by the FLPPS Board of Directors at the December 7, 2016, FLPPS Board Meeting. The strategy is in accordance with the DSRIP Governance workstream Milestone #8: Inclusion of CBOs in PPS implementation. The FLPPS CBO Engagement Strategy, accepted by the IA in the FLPPS DY2 Q3 Achievement Value (AV) Scorecard, details FLPPS's plans to:

- Maximize the earning of all achievement values (AVs) tied to CBO-related FLPPS Implementation Plan milestones and tasks, recognizing the critical role of CBOs and community-based services
- Increase CBO engagement in the FLPPS network and inclusion in the FLPPS Integrated Delivery System
- Identify and execute outreach activities to augment the education of CBO executives, frontline staff, and boards on the value of participating in DSRIP and the Value-Based Payment Roadmap
- Develop community-wide quality standards for strategic activities to measure and demonstrate the value of social and human non-billable services to health outcomes
- Prepare CBOs to participate in VBP arrangements through a FLPPS-guided process, in conjunction with strategic community partners

As part of the FLPPS CBO Engagement Strategy, FLPPS will use all influencers to educate CBO executives, boards and staff, on the importance of preparing for VBP through participation in the DSRIP/FLPPS project and network engagement to transform and prepare by:

[1] As defined by the *Department of Health DSRIP A Path toward Value Based Payment: Annual Update, June 2016*: *Year 2, New York State Roadmap for Medicaid Payment Reform June 2016*, page 42:

- Tier 1: Non-profit, non-Medicaid billing, community based social and human service organization (e.g. housing, social services, religious organizations, food banks)
- Tier 2: Non-profit, Medicaid billing, non-clinical service providers (e.g. transportation, care coordination)
- Tier 3: Non-profit, Medicaid billing, clinical and clinical support service providers (licensed by the NYS Department of Health, NYS Office of Mental Health, NYS Office for Persons with Disabilities, or NYS Office of Alcoholism and Substance Abuse Services)

- Developing a communications strategy, with the Advisory Council and FLPPS Communications Director
- Identifying gaps in Project participation and outreach activities to connect
- Rapidly identifying a "coalition of the willing" to participate in preparatory educational activities and implementation
- Designing a co-branded educational resources
- Creating a shared digital library to hold educational resources and document stakeholder engagement using defined protocols
- Presenting to executives and boards of priority social service providers, as defined in CBO Engagement Strategy
- Ensuring technical assistance is available to CBOs to ensure success in this space

The timeline for the above action plan is described in the associated MPA Implementation Plan.

FLPPS will use its current project milestone and task tracking process to ensure that it is progressing on executing the actions outlined in the associated MPA Implementation Plan. FLPPS uses project management software to centrally submit, assign ownership, track, and course correct, when necessary, to ensure execution of its DSRIP project work and the PPS will use this same software to ensure execution of the submitted and accepted MPA Corrective Action Plans.

The action plan to educate CBOs on their vital role in the DSRIP program for Project 2.d.i reflects FLPPS' overall strategy for meeting the PPS's DSRIP goals by ensuring CBOs can execute on their vital role in DSRIP and the move towards VBP in order to improve access to care, quality of care, patient safety and satisfaction, efficiency and cost-effectiveness of care delivery.

Implementation Plan:
See MPA Implementation Plan Excel Template.

Implementation Date:
This action plan will be fully implemented by no later than September 30, 2017.

As a result of the Mid-Point Assessment, the Independent Assessor has developed recommendations for the PPS to address specific areas identified as deficiencies that could impact the PPS success in achieving the DSRIP goals.

For each group of recommendations under a specific organizational section or project included in the Mid-Point Assessment Report, the PPS has taken or plans to take the following corrective action(s).

Mid-Point Assessment Recommendation 3:
Focus area: Project 3.a.i: Integration of primary care and behavioral health services. The IA recommends that the PPS develop an action plan to identify and introduce opportunities for mental health professionals to partner with primary care providers, especially in the more rural parts of their region. The data in this assessment indicates that FLPPS has only engaged five Mental Health and Primary Care Providers to date. The PPS' success in implementing this project will not only impact its ability to earn performance funding but also High Performance Funds.

PPS Action Plan Narrative:
FLPPS has taken a number of steps to identify and introduce opportunities for mental health professional providers to partner with primary care providers, especially in more rural parts of the FLPPS 13-county region. These steps include:

- FLPPS designed and executed a gap analysis in October 2016 to gather data on which Primary Care Providers in the FLPPS region did not have integrated behavioral health services. These results allowed for targeted outreach, to date, to 30 providers. Continued outreach is ongoing to Primary Care Providers in rural areas to address barriers to integration and educate them on the 3.a.i project implementation.
- Multiple Partner educational sessions and webinars during DY1 and DY2 that detailed the FLPPS 3.a.i project goals and information on Partner's roles in participation. Additionally, FLPPS has developed a Partner web page that has detailed project information and resources for Partners; this webpage can be found on FLPPS's main website: https://flpps.org/Projects/Integration-of-Behavioral-Health-and-Primary-Care.
- FLPPS has pursued multiple waivers on behalf of the FLPPS Partners to address regulatory barriers that inhibit Primary Care and Behavioral Health Services integration. These waiver requests have been met with limited success due to the complexities of implementing both Federal and New York State regulations within the boundaries of DSRIP.
- A FLPPS Patient Engagement Fund was established for the 3.a.i project in September 2016 that provides incentive funds to FLPPS Partners, including mental health professionals and primary care providers, for patient engagement measures. FLPPS's patient engagement outcomes positively increased as a result of these incentive funds, and FLPPS plans to continue with this model through DY2.

Additionally, FLPPS submits below its assessment of the total number of mental health providers engaged as determined by a contractual relationship with the PPS and DSRIP funds received. FLPPS's assessment demonstrates a total of 53 mental health providers engaged in contrast to the five mental health providers identified in the IA Mid-Point Assessment Project 3.a.i Partner Engagement table. FLPPS Project 3.a.i mental health provider sites:

Mental Health Provider	# of Mental Health Provider Sites
Anthony L Jordan Health Center	4
Arnot Health	2
Brown Square Health Center	1

CASA of Livingston County	1
Finger Lakes Addictions Counseling & Referral Agency	1
Finger Lakes Community Health	7
Franklin Educational Campus	1
Genesee Council on Alcoholism and Substance Abuse	1
Genesee County Mental Health	1
Highland Hospital of Rochester	3
Hillside Family of Agencies	1
Huther Doyle	1
Orleans County Department of Mental Health	1
Rochester Primary Care Network Inc	1
Rochester Regional Health	19
Steuben County Community Services	1
Strong Memorial Hospital	5
Trillium Health	1
Woodward Health Center	1
Total Number of Mental Health Providers Engaged	**53**

FLPPS believes that the actions articulated above, in combination with the recalculation of the PPS' engaged mental health and primary care providers, constitutes an executed action plan towards success for implementing project 3.a.i and the potential earning of performance funding and High Performance Funds.

FLPPS has already developed and implemented an action plan to identify and introduce opportunities for mental health providers to partner with primary care providers, especially in more rural parts of the FLPPS 13-county region. To date, FLPPS has a total of 53 mental health providers engaged in Project 3.a.i.

FLPPS will use its current project milestone and task tracking process to ensure that it is progressing on executing the actions outlined above. FLPPS uses project management software to centrally submit, assign ownership, track, and course correct, when necessary, to ensure execution of its DSRIP project work and the PPS will use this same software to ensure execution of the submitted and accepted MPA Corrective Action Plans.

The action plan FLPPS has developed and implemented reflects FLPPS overall strategy for meeting the PPS's DSRIP goals by:
1) Integrating services that identify behavioral health diagnoses early, allowing for rapid treatment,
2) Ensuring treatments for medical and behavioral health conditions are compatible and do not cause adverse effects
3) Destigmatizing treatment for behavioral health diagnoses.

Integration of mental health and substance abuse with primary care services will ensure coordination of care for these services in order to have care for all conditions delivered under one roof by a known healthcare provider.

Implementation Plan:
n/a - see narrative above. This action plan was fully implemented by December 1, 2016.

Implementation Date:
This action plan was fully implemented by December 1, 2016.

As a result of the Mid-Point Assessment, the Independent Assessor has developed recommendations for the PPS to address specific areas identified as deficiencies that could impact the PPS success in achieving the DSRIP goals.

For each group of recommendations under a specific organizational section or project included in the Mid-Point Assessment Report, the PPS has taken or plans to take the following corrective action(s).

Mid-Point Assessment Recommendation 4 (Part 1):
Focus Area: Cultural Competency and Health Literacy. The IA recommends that the PPS develop an action plan to roll out its trainings to workforce and partners with specific dates (Part 1). [FLPPS must also develop metrics to assess its most effective strategies to engage Medicaid members and the uninsured and report out on these strategies to the IA (Part 2).]

PPS Action Plan Narrative:
FLPPS has been developing an action plan to roll out the Cultural Competency and Health Literacy (CC/HL) trainings, detailed in the FLPPS CC/HL Training Strategy, to the PPS workforce and Partners. The FLPPS CC/HL Training Strategy, focused on addressing the drivers of health disparities, was approved by the FLPPS Board of Directors in July 2016 and submitted for DSRIP Independent Assessor review, thus completing the DSRIP CC/HL workstream Milestone #2: Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language appropriate material). The FLPPS CC/HL Training Strategy was accepted by the IA in the FLPPS DY2 Q1 Achievement Value (AV) Scorecard.

The FLPPS CC/HL Project Manager has partnered with the FLPPS CC/HL vendor, Coordinated Care Services, Inc. (CCSI), whose team includes a nationally recognized Director of Cultural and Linguistic Competence, Lenora Reid-Rose, to develop an implementation plan for the FLPPS CC/HL Training Strategy. The FLPPS CC/HL Training Strategy Implementation Plan, including target dates, will be finalized and approved by the FLPPS Board by 6/30/17. FLPPS submission of the FLPPS CC/HL Training Strategy Implementation Plan to the DSRIP Independent Assessor for review is anticipated for the DY3 Q1 reporting cycle.

The FLPPS CC/HL Training Strategy Implementation Plan is a comprehensive action plan that proposes employing several different approaches to accomplish the goals expressed in the FLPPS CC/HL Training Strategy. The CC/HL Training Strategy Implementation Plan identifies that a number of Community Based Organizations (CBOs) in the FLPPS region have expertise in patient engagement and social determinants, and that expertise will be tapped to train the FLPPS workforce and Partners on a contracted basis.

In November 2016, FLPPS released a Request for Information (RFI) to 250 Partner organizations and included the RFI information in the FLPPS Newsletter. The RFI responses are being used to establish the CC/HL training resources available in the FLPPS 13-county region, including information related to the CBOs that are conducting the existing trainings or are able to create and deliver future trainings.

In addition, activities to support the FLPPS CC/HL Training Strategy Implementation Plan are currently underway and the progress-to-date is as follows:

- 103 FLPPS Partner organizations have completed the Organizational CC/HL Readiness Questionnaire. This questionnaire provided the FLPPS Team and CCSI with the information necessary to design a customized approach for each Partner organization to complete the more comprehensive Organizational CC/HL Assessment.
- 35 FLPPS Partner organizations completed the comprehensive Organizational CC/HL Assessment. The FLPPS Team and CCSI reviewed the results of their Assessment with each organization and provided recommendations to each organization to incorporate prioritized CC/HL practices into their

organizational infrastructure, or enhance their existing CC/HL organizational practices, including CC/HL training plans for each organization.

- One hundred fifty-one FLPPS Partner organizations have reported to FLPPS the selection of a Cultural Competency Champion. This Champion is the liaison between FLPPS and their organization for CC/HL, and promotes CC/HL practices within their organization.
- A FLPPS CC/HL Resource Repository is listed on the FLPPS website and contains tools for both FLPPS Partners and Consumers. This is located at https://flpps.org/Workstreams/Cultural-Competency-Health-Literacy under "CC/HL Resources".
- FLPPS planned and completed two Partnership-wide learning sessions on two target CC/HL populations for the FLPPS region: In September 2016, "The Amish Lifestyle" with Allegany County Historian Craig Braack, and in December 2016, "The Refugee Population" with Jennifer Pincus, Program Coordinator for the Rochester Regional Health Office of Community Medicine.
- The FLPPS DY2 Partner contracts sinclude contract metrics for payment that ask Partners to report current CC/HL trainings taking place within their organizations.
- In Spring 2017, FLPPS will host its first annual PPS-wide Cultural Competency and Health Literacy Conference to discuss with the FLPPS Partnership the progress of the FLPPS CC/HL Strategy and the FLPPS CC/HL Training Plan, as well as best practices and success stories.

The timeline for the above action plan is described in the associated MPA Implementation Plan.

FLPPS will use its current project milestone and task tracking process to ensure that it is progressing on executing the actions outlined in the associated MPA Implementation Plan. FLPPS uses project management software to centrally submit, assign ownership, track, and course correct, when necessary, to ensure execution of its DSRIP project work and the PPS will use this same software to ensure execution of the submitted and accepted MPA Corrective Action Plans.

The action plan to roll out CC/HL trainings to workforce and Partners reflects FLPPS' overall strategy for meeting FLPPS' DSRIP goals by ensuring the FLPPS network of care is grounded in attention to culture, language and health literacy necessary to improve patient outcomes and eliminate disparities. The ultimate goal is a healthcare system and workforce that can deliver the highest quality of care to every patient/consumer regardless of race, ethnicity, cultural background or English proficiency. It is vital to be aware of how culture influences personal understanding of health and illness, how this affects personal health practices, and how these views can be incorporated into health promotion and interventions.

Implementation Plan:
See MPA Implementation Plan Excel Template.

Implementation Date:
This action plan will be fully implemented by no later than September 30, 2017.

As a result of the Mid-Point Assessment, the Independent Assessor has developed recommendations for the PPS to address specific areas identified as deficiencies that could impact the PPS success in achieving the DSRIP goals.

For each group of recommendations under a specific organizational section or project included in the Mid-Point Assessment Report, the PPS has taken or plans to take the following corrective action(s).

Mid-Point Assessment Recommendation 4 (Part 2):
Focus Area: Cultural Competency and Health Literacy. [The IA recommends that the PPS develop an action plan to roll out its trainings to workforce and partners with specific dates (Part 1)]. FLPPS must also develop metrics to assess its most effective strategies to engage Medicaid members and the uninsured and report out on these strategies to the IA (Part 2).

PPS Action Plan Narrative:
FLPPS recognizes the importance of engaging Medicaid members and the uninsured as the region participates in the DSRIP Waiver Program. To that end, Medicaid member's and uninsured advocate's input must be present in the governance model, and represented in the development of strategies that aim to improve care and Consumer satisfaction.

The FLPPS region is unique as it encompasses one of the few health systems planning agencies in New York State, Common Ground Health (formerly known as The Finger Lakes Health Systems Agency). Throughout the DSRIP period, FLPPS and Common Ground Health have formally and informally partnered on initiatives that benefit the stakeholders for both organizations, and the region at large, including the administering of the Community Needs Assessment. One such initiative is the collaborative effort to address Consumer engagement and health disparities, in pursuit of overall improvement of health outcomes for regional Medicaid members and the uninsured. A significant benefit of this collaboration is FLPPS's ability to leverage long-standing and well-established regional Consumer advocacy groups inclusive of: The African American Health Coalition, The Latino Health Coalition, and The Partnership for the Uninsured. This collaboration, which involves the sharing of a shared employee dedicated to this work, will also focus on an expanded advocacy network that spans the FLPPS 13-county region.

As a network, FLPPS will focus on assisting providers in providing culturally competent care that is patient-centered. This effort will be led by the FLPPS CC/HL Committee and the FLPPS Project 4.a.iii (Strengthen Mental Health and Substance Abuse Infrastructure Across Systems) Subcommittee, and supplemented by the activities of the FLPPS/Common Ground Health collaboration. As a first step, FLPPS, with CBO Partners, co-sponsored two community forums in February 2016, to gather information from Medicaid members and uninsured individuals about how they currently access care, and what they would like to see in a future system.

FLPPS is also mindful of the recommendations from the NYS Advocacy and Engagement Subcommittee under the VBP Roadmap. The Subcommittee has specifically guided the DOH and providers to consider: 1) The creation of a member incentive program, 2) The development of Patient Reported Outcomes (PRO), 3) Defining what the Medicaid member has a right to know about VBP.

This guidance includes methods to activate members, educate around proper system utilization, engage in dialogue around health behaviors that impact outcomes, and provide information on preventative care, and disease management. The FLPPS Consumer Engagement Strategy incorporates this guidance and, in addition to the regional Consumer advocacy groups identified above, FLPPS will recruit a diverse group of individual Consumers – who reflect the breadth of experiences and opinions of the 13-county region – to small-group consumer education forums, community stakeholder forums, consumer focus groups (inclusive of Medicaid members and uninsured individuals) and for representation in FLPPS governance committees and workgroups.

Leveraging the expertise of our collaborating organization, Common Ground Health, and the subject matter experts from our Partner organizations, FLPPS will evaluate the effectiveness of our strategies and interventions through program design and "Plan, Do, Study, Act (PDSA)" tools. FLPPS will continue to document progress and include progress reports to NYS and the IA through the remainder of the DSRIP program.

FLPPS is highly involved in community-wide activities that address the social needs of FLPPS Consumers and specifically the social determinants of health through the following tables and initiatives: Invest Health, a project of the Robert Wood Johnson Foundation and Reinvestment Fund; Re-Think Health Ventures, a project of the Fannie E. Rippel Foundation; Rochester-Monroe Anti-Poverty Initiative (50% of the FLPPS attributed lives reside in Monroe County); Finger Lakes Regional Economic Development Council's Pathways to Prosperity.

Lastly, Common Ground Health is assisting FLPPS in identifying metrics of success to augment the prescribed measures under the Domain 1 Requirements in Project 2.d.i (Patient Activation) and the CC/HL workstream to assess the most effective strategies to engage Medicaid members and the uninsured. These metrics will be included in FLPPS's Consumer Engagement Strategy.

The timeline for the above action plan is described in the associated MPA Implementation Plan.

FLPPS will use its current project milestone and task tracking process to ensure that it is progressing on executing the actions outlined in the associated MPA Implementation Plan. FLPPS uses project management software to centrally submit, assign ownership, track, and course correct, when necessary, to ensure execution of its DSRIP project work and the PPS will use this same software to ensure execution of the submitted and accepted MPA Corrective Action Plans.

The action plan to roll out CC/HL trainings to workforce and Partners reflects FLPPS' overall strategy for meeting FLPPS' DSRIP goals by ensuring the FLPPS network of care is grounded in attention to culture, language and health literacy necessary to improve patient outcomes and eliminate disparities. The ultimate goal is a healthcare system and workforce that can deliver the highest quality of care to every patient/consumer regardless of race, ethnicity, cultural background or English proficiency. It is vital to be aware of how culture influences personal understanding of health and illness, how this affects personal health practices, and how these views can be incorporated into health promotion and interventions.

Implementation Plan:
See MPA Implementation Plan Excel Template.

Implementation Date:
This action plan will be fully implemented by no later than September 30, 2017.

As a result of the Mid-Point Assessment, the Independent Assessor has developed recommendations for the PPS to address specific areas identified as deficiencies that could impact the PPS success in achieving the DSRIP goals.

For each group of recommendations under a specific organizational section or project included in the Mid-Point Assessment Report, the PPS has taken or plans to take the following corrective action(s).

Mid-Point Assessment Recommendation 5:
Focus Area: Financial Sustainability and VBP. The IA recommends that the PPS create an action plan to address the assessment of its network partners for VBP readiness, and establish a plan to further educate and support their partners' moves toward VBP arrangements.

PPS Action Plan Narrative:
In accordance with the Financial Sustainability workstream Milestone #4 (Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions and Managed Care Organization (MCO) strategy), FLPPS's governing committee for finance, the Finance Committee, developed a robust VBP Readiness Assessment and Baseline Assessment for distribution to FLPPS Partners. This assessment was a first step in FLPPS's action plan to address the assessment of its Partners for VBP readiness, and provide information on Partners' needs for future education, support and implementation assistance as the Partnership transitions to a VBP environment.

In August 2016, the NYS DOH announced that Financial Sustainability workstream Milestone #4 was delayed, indicating further guidance was forthcoming. Due to the pending guidance from the NYS DOH on Financial Sustainability workstream Milestone #4, and the large and complex nature of the FLPPS Partnership, the FLPPS Finance Committee held off on distribution of the VBP Readiness Assessment and Baseline Assessment until such time that guidance was received. FLPPS anticipated that new guidance would significantly increase FLPPS's understanding of the NYS DOH definition of VBP readiness and development of VBP preparedness for FLPPS Partners. With receipt of new guidance, FLPPS distributed the survey to Partners on 2/28/17. FLPPS will accumulate survey results and present to FLPPS Board in April 2017. The survey results will be used to formulate VBP Implementation Plan, as required by Milestone #5 (Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest) by the NYS DOH new deadline of 6/30/17.

Additionally, the PPS has developed an action plan to further educate and support Partners' moves towards VBP arrangements. In its efforts to further educate and support its Partners' moves towards VBP arrangements, FLPPS, as a newly formed 501(c)3 entity (Newco), has a unique challenge given the structure of the PPS's Partners. FLPPS's corporate members ("Members") are competing health systems (Rochester Regional Health and University of Rochester Medicine) that require careful consideration around sharing of VBP arrangement details in order to protect themselves from potential anti-trust-related implications. Due to this unique structure, the Members take precautions when being asked to incorporate other organizations, including FLPPS, into the preparation, risk discussions and contracting, between themselves and the MCOs during this move to VBP.

Despite the limitations of working across separate health systems, as described above, the work of DSRIP and FLPPS has enabled one regional IPA to negotiate and execute a VBP Medicaid contract with its largest MCO. This IPA, as well as others in the FLPPS 13-county region, are in discussions with other MCOs with regard to VBP Medicaid contracts. In addition, FLPPS has provided resources to support the integration of the newly formed Finger Lakes IPA (FLIPA) with DSRIP-related activities, specifically related to clinical and information technology population health management. The FLIPA, as well, is beginning discussions with an MCO for VBP contracting.

Furthermore, FLPPS DSRIP project implementation has yielded direct contracting between the aforementioned health systems and CBOs for services addressing social determinants of health, such as housing for discharged patients who have no other safe housing option. This collaboration between the health systems and CBOs on Project 2.b.vi (Transitional Supportive Housing) is an early example of FLPPS's ability to educate and support Partners' moves toward VBP arrangements.

Therefore, the PPS's efforts to further educate and support Partners' moves towards VBP arrangements as outlined in the MPA Implementation Plan are primarily focused on education. By 6/30/17, FLPPS will develop and launch a VBP 101 training, available in an on-demand format, to the PPS regional workforce. FLPPS will also partner with other PPSs to develop provider type-specific training based on the findings of the FLPPS VBP Readiness Survey by 9/30/17. Finally, also by 9/30/17, FLPPS will establish a framework for an advanced VBP training for the regional workforce.

The timeline for the above action plan is described in the associated MPA Implementation Plan.

FLPPS will use its current project milestone and task tracking process to ensure that it is progressing on executing the actions outlined in the associated MPA Implementation Plan. FLPPS uses project management software to centrally submit, assign ownership, track, and course correct, when necessary, to ensure execution of its DSRIP project work and the PPS will use this same software to ensure execution of the submitted and accepted MPA Corrective Action Plans.

The action plan to address the assessment of the FLPPS network partners for VBP readiness and plan to further educate and support FLPPS' partners moves towards VBP arrangements reflects the FLPPS overall strategy for meeting the PPS' DSRIP goals by transforming the way healthcare is delivered to more than 300,000 Medicaid beneficiaries and 100,000 uninsured individuals in the FLPPS 13-county region. Transitioning from fee-for-service to managed care and VBP will benefit patients by having the right care at the right time by the right provider, in an integrated, coordinated and culturally competent manner in order to improve health outcomes and patient experience, and reduce costs.

Implementation Plan:
See MPA Implementation Plan Excel Template.

Implementation Date:
This action plan will be fully implemented by no later than September 30, 2017.

As a result of the Mid-Point Assessment, the Independent Assessor has developed recommendations for the PPS to address specific areas identified as deficiencies that could impact the PPS success in achieving the DSRIP goals.

For each group of recommendations under a specific organizational section or project included in the Mid-Point Assessment Report, the PPS has taken or plans to take the following corrective action(s).

Mid-Point Assessment Recommendation 6:
Focus area: Partner Engagement. The IA requires the PPS to develop an action plan to increase partner engagement. The plan needs to provide specific details by each project for partner engagement.

PPS Action Plan Narrative:
As the measures for DSRIP move from reporting-focused measures in DY1 to outcomes-focused measures in DY2 and DY3, so too has FLPPS shifted its focus on Partner engagement. The role of the Partner Relations Associate has evolved from educating, connecting and understanding the varied Partners within a Naturally Occurring Care Network (NOCN), to leading the identification of project implementation and outcome measure risks in each of the NOCNs and vetting possible solutions, as well as which FLPPS Partners are suitable for the execution of these solutions.

This vast engagement of FLPPS Partners, as well as associated flow of funds to this wide and diverse Partnership, is not easily captured in a central tool such as the Provider Import Table (PIT), as referenced by the IA in the FLPPS Mid-Point Assessment with regard to Partner engagement. FLPPS acknowledges the complexity of this information and submits its assessment of Partner engagement by project, with the caveat of the assumptions outlined below: 1) Partner engagement, as defined for the Mid-Point Assessment, relates to the flow of funds to FLPPS Partner organizations, 2) Medicaid Analytics Performance Portal (MAPP), which appears to be a one hierarchy database that is based on Medicaid claims against all National Provider Identifiers (NPIs) under which an organization may bill, is the basis for the FLPPS Provider Import Table (PIT), appears to be the primary source that the IA referenced to measure FLPPS's Partner engagement, 3) FLPPS believes that MAPP, and thus the PIT, is not reflective of "parent-child" organizational relationships, 4) The FLPPS region has many such "parent-child" relationships within its Partnership that FLPPS believes are not reflected accurately in the PIT and thus may have unintentionally skewed the Partner engagement measurement.

Though there are many examples of FLPPS Partners that have "parent-child" organizational relationships, two prominent examples of this are the RU System Inc., d/b/a Rochester Regional Health (RRH), and the University of Rochester (URMed). Both of these Partner organizations participate in all 11 FLPPS projects. Figure 5 (PPS Funds Flow Through DY2 Q2 in the IA Mid-Point Assessment Report, both RRH and URMed are categorized as "Hospital". However, both organizations provide a wide spectrum of clinical services, encompassing a number of provider types. (RRH: practitioner - primary care physician (PCP), practitioner - non-primary care physician (PCP), hospital, clinic, case management/health home, mental health, substance abuse, nursing home, pharmacy. URMed: practitioner - primary care physician (PCP), practitioner - non-primary care physician (PCP), hospital, clinic, case management/health home, mental health, substance abuse, nursing home, pharmacy, hospice.) Additionally, both RRH and URMed have an Independent Practice Association (IPA) through which approximately 70 percent of primary care providers in the FLPPS region are employed or affiliated.

FLPPS recalculated Partner engagement based on additional information the PPS has gathered and maintained from its Partners, including the "parent-child" organizational relationships in the FLPPS region. FLPPS executed this recalculation using the following process and assumptions: 1) Partner engagement, as defined for the Mid-Point Assessment, relates to the flow of funds to FLPPS Partner organizations, 2) FLPPS has collected and maintained a database of NPIs, aligned with "parent-child" organizational relationships in the FLPPS Partnership (FLPPS also maintains data on the provider type for each "parent-child" organizational relationship in the FLPPS Partnership), 3) FLPPS aligned these "parent-child" organizational relationships within its Partnership. (*See Appendix for Table A and Bar Graph B demonstrating FLPPS's recalculation of Partner engagement with consideration to the "parent-child" organizational relationships in the FLPPS region*.)

Under the current FLPPS Partner Funds Flow model, FLPPS Partners are contracted for work by project through one or all of the following methodologies:

- **Partner Contracts**: Performance-based contracts for FLPPS Partners with contract metrics that are consistent by project and provider type; attribution-based, as consistent with VBP arrangements
- **Patient Engagement Fund**: Contract-based payment to FLPPS Partners who participate in specific projects to incent the collection and reporting of patient engagement data to FLPPS
- **Targeted (Special) Contracting Arrangements**: Contract-based payment to FLPPS Partners to mitigate identified project implementation and outcome measure risks

FLPPS identifies project implementation and outcome measure risks, as well as mitigation strategies, through the following process, which has been implemented in all five NOCNs: 1) FLPPS Partners report patient engagement, by project, to the PPS monthly, 2) FLPPS analyzes patient engagement and provider engagement monthly against quarterly targets, 3) Where patient engagement or provider engagement is at risk of not meeting target, FLPPS prioritizes this risk for discussion at the NOCN level, 4) At the next convening of the NOCN Partners, NOCN Partners identify barriers to implementation that are causing patient engagement and/or provider engagement to be at risk and where applicable, NOCN Partners identify providers who should be, but are not yet, engaged with FLPPS for that project, 5) FLPPS utilizes an internal process to recommend to the FLPPS governing bodies targeted flow of funds through the Patient Engagement Fund or Targeted (Special) Contracting Arrangements.

Expansion of the Patient Engagement Fund and Targeted (Special) Contracting Arrangement models continue to be considered along with ongoing project and outcome risk assessment. Additionally, FLPPS is developing a FLPPS Innovation Fund, intended to foster sustainable, high-value population health interventions beyond the FLPPS DSRIP project implementation model. FLPPS has identified both short-term (through DY3) and long-term (DY4 and DY5) objectives for the Innovation Fund:

- Short-Term (through DY3): Rapid deployment of funds for initiatives designed to address gaps and move FLPPS performance metrics across the five NOCNs; Measure and report achievements from FLPPS Innovation Fund initiatives to the Partnership to stimulate the recruitment and expansion of additional initiatives.
- Long-Term (DY4 and DY5): Create a sustainable funding structure to regionally move outcomes; Create a learning collaborative designed to share information and leverage processes across the Partnership in support of the NYS DOH mandates around social determinants of health; FLPPS's achievement of DSRIP goals to move the Partnership to VBP and risk sharing arrangements, through demonstration.

As FLPPS works through its overall funds flow strategy, the PPS is identifying which Partners are most central to impacting projects and clinical outcomes, and creating funds flow mechanisms to incent the work in DY3, DY4 and DY5. This work will result in action plans that will increase Partner engagement for all 11 FLPPS projects.

A timeline is not applicable for this recommendation's action plan.

FLPPS will use its current project milestone and task tracking process to ensure that it is progressing on the Partner Engagement action plan. FLPPS uses project management software to centrally submit, assign ownership, track, and course correct, when necessary, to ensure execution of its DSRIP project work and the PPS will use this same software to ensure execution of the submitted and accepted MPA Corrective Action Plans.

The action plan to increase partner engagement reflects FLPPS' overall strategy for meeting FLPPS' DSRIP goals by improving access to care, quality of care, patient safety and satisfaction, efficiency and cost effectiveness of care delivery, improving long-term financial viability of providers within the network, providing strong clinical leadership and resources to the network, driving advocacy and policy development to improve access to care for the safety net population, and providing the best practice opportunities and options for physicians/providers who want to care for all patients in the community.

Implementation Plan:
See Partner Engagement Excel Template.

Implementation Date:
This action plan will be fully implemented by no later than September 30, 2017.

APPENDIX

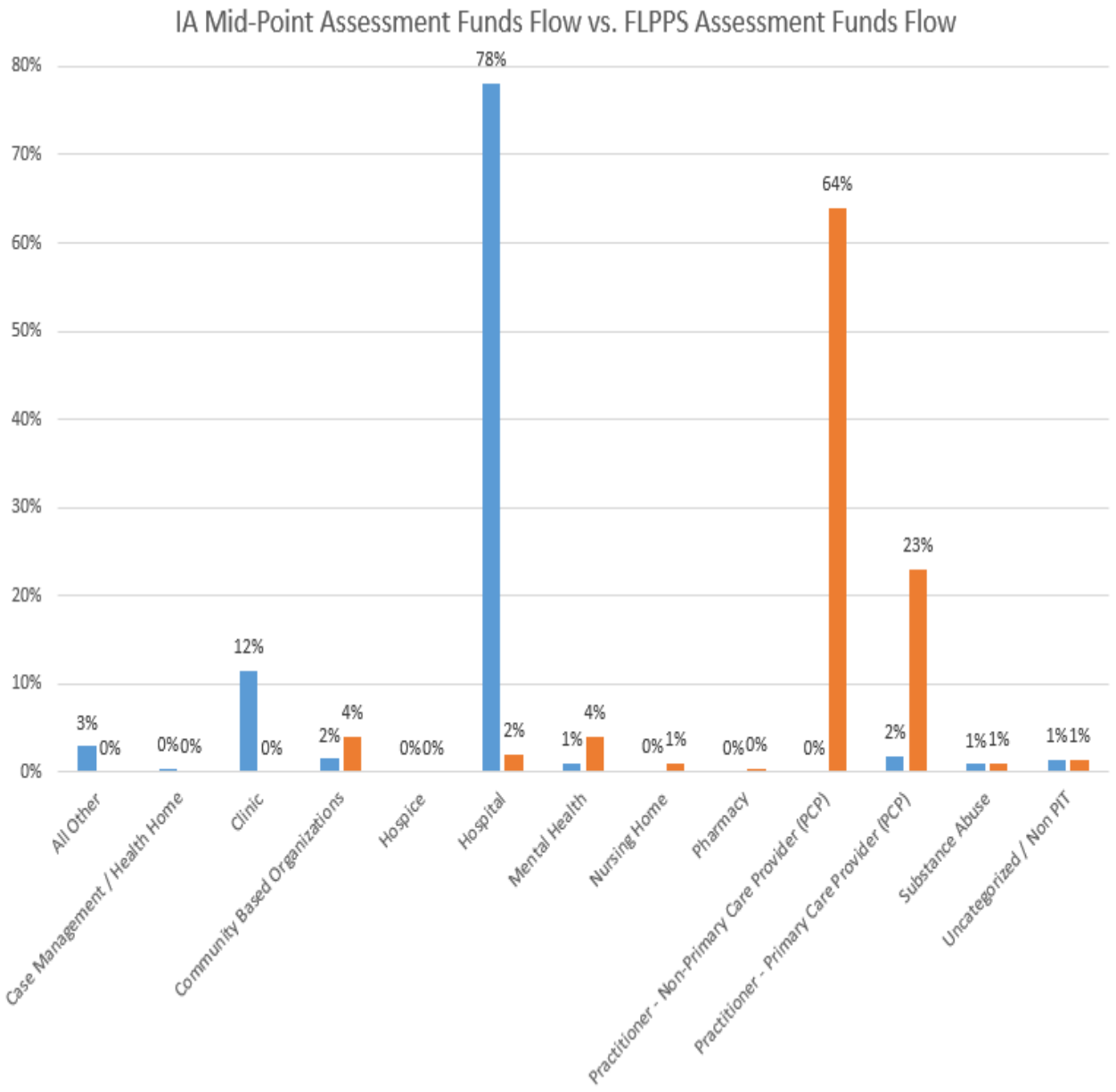
Table A:

Project 2.a.i		FUNDS FLOW THROUGH DY2Q2 IA Midpoint Assessment Partner Engagement				FUNDS FLOW THROUGH DY2Q3 FLPPS Assessment Partner Engagement		
		IA Count of Committed (S&S Target)	IA Count of Engagement	Midpoint Assessment $ Fund Flow	% by provider type	FLPPS Count of Committed (Contracted)	Midpoint Assessment Plus PP3 (DY2Q3)	% by provider type
All Other	Total	508	30	$744,455.86	3%	16	$117,605.28	0%
Case Management/ Health Home						5	$36,751.65	
	Total	31	9	$117,499.64	0%	15	$110,254.95	0%
Clinic	Safety Net					6	$44,101.98	
	Total	40	8	$2,886,257.64	12%	16	$117,605.28	0%
Community Based Organizations	Safety Net					4	$29,401.32	
	Total	110	40	$383,955.18	2%	244	$1,793,480.52	4%
Hospice	Safety Net					79	$580,676.07	
	Total	0	1	$6,000.00	0%	8	$58,802.64	0%
Hospital	Safety Net					3	$22,050.99	
	Total	15	7	$19,561,196.60	78%	122	$896,740.26	2%
Mental Health	Safety Net					53	$389,567.49	
	Total	65	9	$251,142.05	1%	258	$1,896,385.14	4%
Nursing Home	Safety Net					68	$499,822.44	
	Total	54	8	$47,690.55	0%	51	$374,866.83	1%
Pharmacy	Safety Net					39	$286,662.87	
	Total	6	1	$6,000.00	0%	28	$205,809.24	0%
Practitioner - Non-Primary Care Provider (PCP)	Safety Net					11	$80,853.63	
	Total	1894	0	0	0%	4357	$32,025,387.81	64%
Practitioner - Primary Care Provider (PCP)	Safety Net					357	$2,624,067.81	
	Total	576	4	$442,585.89	2%	1586	$11,657,623.38	23%
Substance Abuse	Safety Net					455	$3,344,400.15	
	Total	25	9	$238,022.84	1%	35	$257,261.55	1%
Uncategorized/Non PIT	Safety Net					29	$213,159.57	
	Total	0	26	$365,591.18	1%	0	$365,591.18	1%
		3324	152	$25,050,397.43	100%	6780	$49,835,225.91	100%

Note: FLPPS Funds flow was recaluated based on Provider Type and Partner Category (RRHS, UR, etc). The assumption is that the $49,835,225.91 is spread equally over the 6780 line items in MAPP that are engaged.

**Project 2.a.i provider type categories are reflective of IA Mid-Point Assessment Report, Figure 5 (PPS Funds Flow through DY2 Q2).*

Bar Graph B:


IA Mid-Point Assessment Funds Flow vs. FLPPS Assessment Funds Flow
80%
70%
60%
50%
40%
30%
20%
10%
0%
3%
0%
0%
0%
12%
0%
2%
4%
0%
0%
78%
2%
1%
4%
0%
1%
0%
0%
0%
64%
2%
23%
1%
1%
1%
1%
All Other
Case Management / Health Home
Clinic
Community Based Organizations
Hospice
Hospital
Mental Health
Nursing Home
Pharmacy
Practitioner - Non-Primary Care Provider (PCP)
Practitioner - Primary Care Provider (PCP)
Substance Abuse
Uncategorized / Non PIT

As a result of the Mid-Point Assessment, the Independent Assessor has developed recommendations for the PPS to address specific areas identified as deficiencies that could impact the PPS success in achieving the DSRIP goals.

For each group of recommendations under a specific organizational section or project included in the Mid-Point Assessment Report, the PPS has taken or plans to take the following corrective action(s).

Mid-Point Assessment Recommendation:
The PPS is required to either a) provide a justification for the current Funds Flow policy related to the amount of funding being directed to the Sustainability and Contingency funds and the PPS plans for distributing these funds in the event that are not needed for the defined Sustainability and Contingency purposes, or b) to develop a plan to revise the current Funds Flow policy to reduce the amount of funding being directed to the Sustainability and Contingency funds and to explain the PPS plan for distributing the funds in the event they are not needed for the defined Sustainability and Contingency purposes.

PPS Action Plan Narrative:
FLPPS acknowledges the need to clarify the process for reviewing and distributing the Sustainability and Contingency funds that were included and approved in the DSRIP PPS Original Application submitted 12/22/14. From the DSRIP PPS Original Application, Section 8.1, *High-Level Budget and Flow of Funds* (emphasis added below):

"The FLPPS funds flow plan establishes five budget categories:

1) An Administrative Fund will cover the costs of staffing the Project Management Office (PMO), PMO operations, and cost of DSRIP project implementation, including the development and management of centralized services.
2) **A Contingency Fund will cover needs for non-covered services, high-cost niche populations, population health expertise, termination of existing state funding streams, and unforeseen levels of utilization**.
3) A Partner Share of Funds, representing the majority, will flow to the FLPPS providers and partners who are engaged in the work and produce desired results, including a suballocation for CBOs that do not have attributed lives.
4) **A Revenue Loss & Sustainability Fund will: a) Support providers who are essential to FLPPS success, but may be at risk for financial losses and have exhausted all other resource options; and b) Make up for financial losses from unforeseen levels of utilization. During later years of DSRIP these funds may be re-allocated into other funding streams such as provider performance payments.**
5) If FLPPS receives bonus funds from the state based on performance, those will be distributed to the providers contributing to that performance."

Also from the DSRIP PPS Original Application, Section 8.2, *Budget Methodology*:

#	Budget Category	%
1	Cost of Project Implementation	15%
2	Revenue Loss	10%
3	Internal PPS Provider Bonus Payments	0%
4	Contingency Fund Needs such as non-covered services, high costs for niche populations, need for specific population health expertise, termination of state funding streams, and other unforeseen levels of utilization	10%
5	Partner Share of Funds *Majority of funds would flow to providers and partners who are engaged in the work that produces the desired transformation results Further split: *85% based on attributed lives x complexity of chosen projects x performance on project metrics (consistent with distribution met)	65%
	Total	**100%**

FLPPS's Utilization of Contingency and Sustainability Funds Policy, reviewed by the FLPPS Board, addresses the Mid-Point Final Recommendation for the, "PPS plans for distributing these funds in the event they are not needed for the defined Sustainability and Contingency purposes". The following represents excerpts from FLPPS's Utilization of Contingency and Sustainability Funds Policy:

"Contingency Fund: This fund will be used in support of project expenses not anticipated in the original Implementation Plan as well as unexpected FLPPS administrative expenses. This fund may also be used in place of the Sustainability Fund should that fund be exhausted. In the event these funds are not used, it is intended that the funds would be distributed to the partnership in support of DSRIP initiatives.

Sustainability Fund: This fund will be used to support FLPPS providers who are essential to FLPPS success but may be at risk for financial losses, potentially including those under value-based payment, and have exhausted all other financial resource options. This fund may be used to help prepare the partnership and partners for long-term success and sustainability under value-based payment. This fund may also be used in place of the Contingency Fund should that fund be exhausted. In the event these funds are not used, it is intended that the funds would be distributed to the partnership in support of DSRIP initiatives...

Procedure: FLPPS Finance Leadership and Finance Committee will determine the need for use of financial support from the Contingency or Sustainability Funds on a case-by-case basis."

(*See Appendix Policy A for the FLPPS Utilization of Contingency and Sustainability Funds Policy.*)

As demonstrated through the FLPPS DSRIP PPS Original Application and FLPPS's Utilization of Contingency and Sustainability Funds Policy, the FLPPS Board carefully considered both the percentage of earned dollars distributed to the Contingency Fund and the Sustainability Fund as well as the procedure for expenditure from those Funds. FLPPS Finance Leadership, Finance Committee, and Board are currently considering amendments to the Utilization of Contingency and Sustainability Funds Policy to specify the cadence of review of the Contingency and Sustainability Funds.

Furthermore, as demonstrated in FLPPS's Utilization of Contingency and Sustainability Funds Policy, the FLPPS Board articulates that, "In the event these funds [Contingency and Sustainability Funds] are not used, it is intended that the funds would be distributed to the partnership in support of DSRIP initiatives."

FLPPS believes that the intent demonstrated and information provided in the FLPPS DSRIP PPS Original Application and the FLPPS's Utilization of Contingency and Sustainability Funds Policy fully addresses Mid-Point Assessment Recommendation #7 in both justification for the current Funds Flow policy related to the amount of funding being directed to the Sustainability and Contingency funds as well as the PPS plans for distributing these funds in the event they are not needed for the defined Sustainability and Contingency purposes.

APPENDIX

Policy A:

FLPPS FINGER LAKES PERFORMING PROVIDER SYSTEM

FINGER LAKES PERFORMING PROVIDER SYSTEM
POLICY AND PROCEDURES

Title:	Utilization of Contingency and Sustainability Funds	**Policy #:**	FN2016001
Type:	Finance		
Effective Date:	01/01/2016	**Revised Date(s):**	

SIGNATURES		
Date:01/29/2016	Date:	Date:
Name: Carol B. Tegas Title: Executive Director	Name: [Enter Name of Approver] Title: [Enter Title of Approver]	Name: [Enter Name of Approver] Title: [Enter Title of Approver]

Statement of Purpose
The Finger Lakes Performing Provider System, Inc. (FLPPS) has established a policy outlining the process for utilization of Contingency and Sustainability Funds. These funds are intended to provide resources to the Performing Provider System (PPS) and its Partners to further the implementation of Delivery System Reform Incentive Payment (DSRIP) Program and to achieve its overall goals.

Policy
Contingency Fund: This fund will be used in support of project expenses not anticipated in the original Implementation Plan as well as unexpected FLPPS administrative expenses. This fund may also be used in place of the Sustainability Fund should that fund be exhausted. In the event these funds are not used, it is intended that the funds would be distributed to the partnership in support of DSRIP initiatives.

Sustainability Fund: This fund will be used to support FLPPS providers who are essential to FLPPS success but may be at risk for financial losses, potentially including those under value-based payment, and have exhausted all other financial resource options. This fund may be used to help prepare the partnership and partners for long-term success and sustainability under value-based payment. This fund may also be used in place of the Contingency Fund should that fund be exhausted. In the event these funds are not used, it is intended that the funds would be distributed to the partnership in support of DSRIP initiatives.

Procedure:
FLPPS Finance Leadership and Finance Committee will determine the need for use of financial support from the Contingency or Sustainability Funds on a case-by-case basis.

Contingency Fund:
To access the Contingency Fund:

- Directors and above may submit the request for expenditure to the Finance Director, who will review the request with the Executive Director. At a minimum, the request must contain the following elements: justification of the expenditure, estimate of the amount, and a calculation of return-on-investment (if any) and connection to DSRIP goals or project objectives.

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- The Finance Director and Executive Director will determine that the expenditure is necessary to the success of the PPS under DSRIP or relates to the ongoing operations of the PPS as described in the Policy, above.
- If the expense is determined to be necessary, the Finance Director and Executive Director will also determine if the expenditure cannot be fully or sufficiently covered by the existing Administrative Fund budget.
- If the determination is that there is no other resources available for the necessary substantiated expenditure, the Finance Director will bring the request to the Finance Committee for consideration. Upon approval, the Finance Committee will make a recommendation to the Board of Directors for final approval.
- Funds transfer to the Sustainability Fund must be approved by Finance Leadership, Finance Committee and the Board of Directors. This will only be allowed if the Sustainability Fund has been fully exhausted.

Sustainability Fund:
To access the Sustainability Fund, a Partner must:

- Have completed a Financial Sustainability Assessment and is deemed financially fragile by FLPPS Finance Leadership and the Finance Committee, as substantiated by the Financial Sustainability Attestation and supporting documentation.
- A Partner must also be in good standing and actively engaged in FLPPS DSRIP activities. This includes demonstration of attendance at FLPPS Partner engagement activities, active engagement in Partner contracting, and demonstrated success of Partner Contracting metrics achievement as defined by FLPPS Finance Leadership and Finance Committee.
- Once a Partner is considered financially fragile and in good standing per FLPPS standards, a Comprehensive Financial Analysis and Forecast (CFAF) must be completed by the Partner in joint effort with FLPPS Finance Leadership.
- After initial CFAF completion and assessment, Finance Leadership and Committee will review options and make recommendations to FLPPS Board of Directors on the type of support (financial and/or other) FLPPS should provide to the Partner.
- Only upon approval by FLPPS Board of Directors will any Partner be eligible to receive dollars from the Contingency or Sustainability Funds. The amount of financial support, if any, will be based on the level of support deemed appropriate by FLPPS Finance Leadership, Finance Committee and approved by Board of Directors.
- A Partner is only eligible for financial support under the procedure outline above. There will not be any requests accepted by FLPPS Finance Leadership outside of this procedure.
- Funds transfer to the Contingency Fund must be approved by Finance Leadership, Finance Committee and the Board of Directors. This will only be allowed if the Contingency Fund has been fully exhausted.

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State of New York
Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
FLPPS Mid-Point Assessment Action Plan - Implementation Plan

Mid-Point Assessment Recommendation #1: Project 2.d.i: Implementation of Patient Activation Activities. The IA recommends the PPS develop an action plan to increase CBO and other partner participation in the project.	
PPS Defined Milestones/Tasks	***Target Completion Date***
1. Completion of Partner Education Sessions and Webinars	9/30/2017
Develop and launch partner webpage to host education session and webinar information	4/1/2016
Complete Partner webinars on implementing Project 2.d.i as a CBO and post on FLPPS website / YouTube	5/31/2016
Participate in "Homeless Connect" to disseminate information on FLPPS projects including 2.d.i	9/15/2016
2. Delivery of Training Sessions for PAM and Insignia Tool	9/30/2017
FLPPS PAM and Insignia Training Session	7/24/2015
FLPPS PAM and Insignia Training Session	8/26/2015
FLPPS PAM and Insignia Training Session	12/10/2015
FLPPS PAM and Insignia Training Session	1/5/2016
FLPPS PAM and Insignia Training Session	2/19/2016
FLPPS PAM and Insignia Training Session	2/24/2016
FLPPS PAM and Insignia Training Session	6/17/2016
FLPPS PAM and Insignia Training Session	7/14/2016
FLPPS PAM and Insignia Training Session	8/12/2016
FLPPS PAM and Insignia Training Session	9/27/2016
FLPPS PAM and Insignia Training Session	10/28/2016
FLPPS PAM Train the Trainer Session	3/10/2017
Insignia Health PAM Administration WebEx	3/14/2017
Insignia Health PAM Administration WebEx	3/15/2017
FLPPS PAM Train the Trainer Session	3/22/2017
FLPPS PAM Train the Trainer Session	4/6/2017
FLPPS PAM Train the Trainer Session	6/21/2017
3. Implementation of CBO Engagement Strategy	9/30/2017
Develop communication strategy	1/31/2017
Ongoing presentations to executives and boards of priority social service providers	9/30/2017
Build into investment strategy mechanisims to ensure technical assistance is available to CBOs	9/30/2017

Mid-Point Assessment Recommendation #2: Project 2.d.i: Implementation of Patient Engagement Activities. The IA recommends the PPS develop an action plan to educate CBOs on their vital role in the DSRIP program.	
PPS Defined Milestones/Tasks	***Target Completion Date***
1. Ensure Social Services providers have a common understanding about the role, responsibility, risk and reward of participating in the FLPPS Integrated Delivery System	9/30/2017
Develop communication strategy	1/31/2017
Identify gaps in DSRIP project participation and enact outreach activities to connect	3/31/2017
Identify a "coalition of the willing" to participate in prepatory and educational activities and implementation	3/31/2017
Design co-branded educational resources	6/30/2017
Create a shared digital library to hold educational resources and document stakeholder engagement using defined protocols	6/30/2017
Ongoing presentations to executives and boards of priority social service providers	9/30/2017
Build into investment strategy mechanisims to ensure technical assistance is available to CBOs	9/30/2017

Mid-Point Assessment Recommendation #4: Cultural Competency and Health Literacy. The IA recommends that the PPS develop an action plan to roll out its trainings to workforce and partners with specific dates.	
PPS Defined Milestones/Tasks	***Target Completion Date***
1. Finalize Cultural Competency and Health Literacy training.	9/30/2017
Approval of CC/HL Training Strategy by FLPPS Board of Directors	7/1/2016
Establish two way communication between FLPPS Partners, Consumers, and Community Groups via Community and Stakeholder Forums and Patient / Consumer Advisory Councils	10/1/2016
Establish an online CC/HL resource repository for FLPPS Partners, Consumers, and Community Groups	10/1/2016
Begin operationalization of CC/HL practices in FLPPS Partner organizations	12/1/2016
Approval of CC/HL Training Strategy Implementation Plan by FLPPS Board of Directors	6/30/2017
Refresh identification of FLPPS Partners and Naturally Occuring Care Networks (NOCNs) with low performing outcomes to target for CC/HL training and other interventions with continually updated data	9/30/2017
2. Implement Cultural Competency and Health Literacy training.	6/30/2017
Begin ongoing CC/HL training and creatiion of organization-specific CC/HL work plans for FLPPS Partners with low performing outcomes	7/1/2016
Deliver CC/HL target population training: "The Amish Lifestyle"	9/29/2016
Release Request for Information (RFI) to establish CC/HL training resources available in FLPPS region	11/1/2016
Deliver CC/HL target population training: "The Refugee Population"	12/14/2016
Begin ongoing web-based, live webinar, and in-person trainings for FLPPS workforce on CC/HL practices	4/30/2017

PPS-wide Cultural Competency and Health Literacy Conference	5/17/2017
Begin ongoing Learning Collaborative sessions for FLPPS partners	6/30/2017

Mid-Point Assessment Recommendation #5: Financial Sustainability and VBP. The IA recommends that the PPS create an action plan to address the assessment of its network partners for VBP readiness, and establish a plan to further educate and support their partners' moves toward VBP arrangements.	
PPS Defined Milestones/Tasks	***Target Completion Date***
1. Assess network Partners for VBP readiness.	6/30/2017
Develop Partner VBP Readiness Survey in accorance with Financial Sustainability workstream Milestone #4	2/1/2017
Distribute Partner VBP Readiness Survey	2/28/2017
Present findings of Partner VBP Readiness Survey to FLPPS Board	4/8/2017
Formulate and submit required VBP Implementation Plan to NYS DOH	6/30/2017
2. Further educate and support Partners' moves towards VBP arrangements.	9/30/2017
Develop and launch VBP 101 training for regional workforce	6/30/2017
Partner with other NYS PPSes to develop provider type-specific training based on FLPPS VBP Readiness Survey results	9/30/2017
Establish a framework for advanced VBP training for regional workforce	9/30/2017

State of New York
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Delivery System Reform Incentive Payment (DSRIP) Program
FLPPS Mid-Point Assessment Action Plan - Partner Engagement*
*Partner Engagement articulated below as the number of contracted entities or anticipated contracted entities with the PPS

	Partner Engagement																					
Partner Category	*Project 2.a.i at DY2 Q3*	*Project 2.a.i at DY3 Q2*	*Project 2.b.iii at DY2 Q3*	*Project 2.b.iii at DY3 Q2*	*Project 2.b.iv at DY2 Q3*	*Project 2.b.iv at DY3 Q2*	*Project 2.b.vi at DY2 Q3*	*Project 2.b.vi at DY3 Q2*	*Project 2.d.i at DY2 Q3*	*Project 2.d.i at DY3 Q2*	*Project 3.a.i at DY2 Q3*	*Project 3.a.i at DY3 Q2*	*Project 3.a.ii at DY2 Q3*	*Project 3.a.ii at DY3 Q2*	*Project 3.a.v at DY2 Q3*	*Project 3.a.v at DY3 Q2*	*Project 3.f.i at DY2 Q3*	*Project 3.f.i at DY3 Q2*	*Project 4.a.iii at DY2 Q3*	*Project 4.a.iii at DY3 Q2*	*Project 4.b.ii at DY2 Q3*	*Project 4.b.ii at DY3 Q2*
Practitioner - Primary Care**	19	20	17	17	11	12	0	0	11	11	14	15	0	0	0	0	9	10	1	1	6	6
Practitioner - Non-Primary Care	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Hospital - Inpatient/ED	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0	0	1	1	0	0
Hospital - Ambulatory	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Clinic	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mental Health	6	6	2	2	1	1	1	1	3	3	5	5	6	6	0	0	1	1	5	5	0	0
Substance Abuse	1	1	1	1	1	1	0	0	1	1	1	1	1	1	0	0	1	1	1	1	1	1
Case Management	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Health Home	7	7	2	2	5	5	2	2	5	5	1	1	1	1	0	0	1	1	1	1	4	4
Community Based Organization (Tier 1)	12	17	1	1	3	3	3	4	7	11	2	2	3	3	0	0	4	4	3	3	2	2
Nursing Home	15	34	1	1	6	6	0	0	0	0	0	0	0	0	14	33	0	0	0	0	2	2
Pharmacy	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Hospice	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Home Care	3	3	1	1	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Community Based Organization (Tier 2)	4	5	3	3	4	4	4	5	2	3	3	3	4	4	0	0	1	1	2	2	3	3
Community Based Organization (Tier 3)	68	69	33	33	42	42	23	23	40	41	27	27	34	34	0	0	9	10	30	30	25	25
Care Management - Non Health Home	2	2	0	0	1	1	1	1	1	1	0	0	1	1	0	0	0	0	0	0	1	1
Health System	6	6	6	6	6	6	4	4	4	4	6	6	5	5	5	5	4	4	4	4	5	5
FQHC	5	5	4	4	5	5	2	2	4	4	5	5	3	3	1	1	3	3	4	4	5	5
Public Health Including Mental Health	3	6	0	1	2	3	1	1	1	3	1	2	1	2	0	1	2	4	1	2	2	3
Other Ambulatory Care	1	1	0	0	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	1	1
TOTAL	**153**	**183**	**72**	**73**	**91**	**93**	**43**	**45**	**81**	**89**	**66**	**68**	**60**	**61**	**20**	**40**	**35**	**39**	**53**	**54**	**58**	**59**

**Rochester Regional Health and University of Rochester Independent Practice Associations (IPA) through which approximately 70 percent of regional primary care providers are employed or affiliated