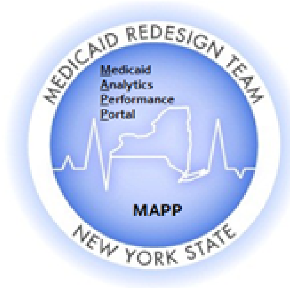

New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

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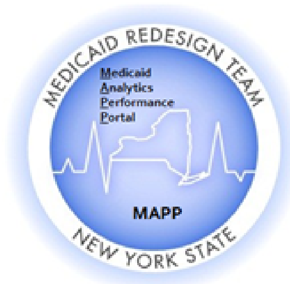

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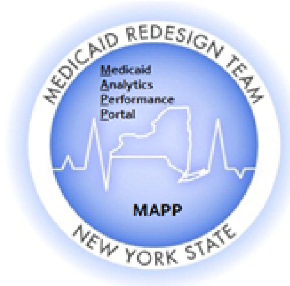

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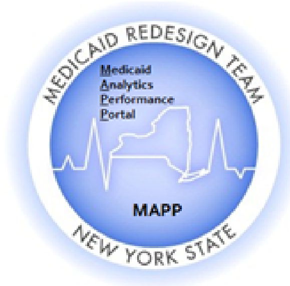

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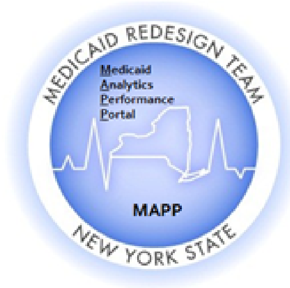


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Quarterly Report - Implementation Plan for Refuah Community Health Collaborative

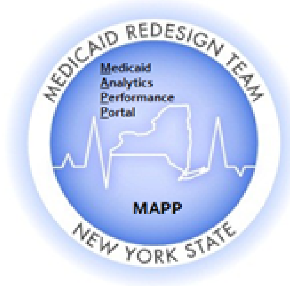
Year and Quarter: DY1, Q1 **Application Status:** Submitted

Status By Section

Section	Description	Status
Section 01	Budget	Completed
Section 02	Governance	Completed
Section 03	Financial Stability	Completed
Section 04	Cultural Competency & Health Literacy	Completed
Section 05	IT Systems and Processes	Completed
Section 06	Performance Reporting	Completed
Section 07	Practitioner Engagement	Completed
Section 08	Population Health Management	Completed
Section 09	Clinical Integration	Completed
Section 10	General Project Reporting	Completed

Status By Project

Project ID	Project Title	Status
2.a.i	Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management	Completed
2.a.ii	Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP))	Completed
2.c.i	Development of community-based health navigation services	Completed
3.a.i	Integration of primary care and behavioral health services	Completed
3.a.ii	Behavioral health community crisis stabilization services	Completed
3.a.iii	Implementation of evidence-based medication adherence programs (MAP) in community based sites for behavioral health medication compliance	Completed
4.b.i	Promote tobacco use cessation, especially among low SES populations and those with poor mental health.	Completed



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Section 01 – Budget

IPQR Module 1.1 - PPS Budget Report

Instructions :

This table contains five budget categories. Please add rows to this table as necessary in order to add your own additional categories and sub-categories. The budget categories used in this table should reflect the budget categories you used in your application. If budget entered varies from PPS application or previous implementation plan submission, please describe changes and justifications in box provided.

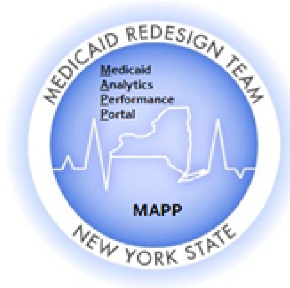
Budget Items	DY1 ($)	DY2 ($)	DY3 ($)	DY4 ($)	DY5 ($)	Total ($)
Waiver Revenue	3,402,288	3,625,721	5,863,246	5,191,882	3,402,288	21,485,425
Cost of Project Implementation & Administration	**1,224,673**	**2,077,179**	**2,086,109**	**1,058,083**	**311,837**	6,757,881
Revenue Loss	**475,922**	**0**	**1,036,322**	**944,765**	**700,614**	3,157,623
Contingency Fund	475,922	0	1,036,322	944,765	700,614	3,157,623
Internal PPS Provider Bonus Payments	**0**	**0**	**971,217**	**1,329,064**	**598,481**	2,898,762
Cost of non-covered services	**0**	**0**	**0**	**0**	**0**	0
Other	**1,701,693**	**1,548,542**	**1,769,598**	**1,859,970**	**1,791,356**	8,671,159
Total Expenditures	**3,402,288**	**3,625,721**	**5,863,246**	**5,191,882**	**3,402,288**	**21,485,425**
Undistributed Revenue	**0**	**0**	**0**	**0**	**0**	**0**

Current File Uploads

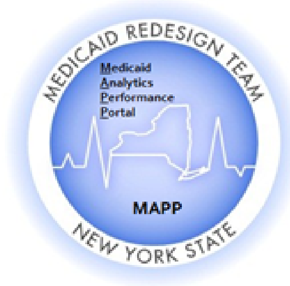
User ID	File Name	File Description	Upload Date
acrhc	20_MDL0105_1_1_20150805155158_Budget Narrative 8.5.15.pdf	Refuah CHC Budget Narrative	08/05/2015 03:51 PM

Narrative Text :

Since the submission of its initial DSRIP application, RCHC has put substantial effort into refining its initial budget projections. Based upon this analysis, which included evaluation of revised, preliminary budgets for the PMO, as well as detailed DSRIP project budgets, RCHC has revised its DSRIP Budget as follows: (1) "Revenue Loss" was reduced from 15% to 4% based upon analysis and discussions with Good Samaritan Hospital, the PPS' primary hospital partner, that indicate that Good Samaritan does not anticipate any bed reductions or loss revenue due to prior restructuring efforts and population growth in its service area; (2) "Cost of Implementation" decreased from 25% to 17% as PMO/infrastructure costs were reclassified to "Other" and some costs were moved to "Cost of Services Not Covered." Concurrently, "Costs of Services Not Covered" increased from 10% to 17% based on more detailed budgeting at the DSRIP project level to reflect a more appropriate measure of required new hires (e.g. care mangers, patient navigators) for RCHC's attributed members as well as a more-focused effort of integrating the Community Based Organizations into our PPS; (3) Given heightened concerns over the complexity of the DSRIP projects, uncertainties surrounding collaboration with other PPSs, the outstanding status of CRFP funding, and unforeseeable circumstances with respect to health reform in New York as a general



matter, the "Contingency Pool" was increased from 5% to 11%; (4) to offset the first 3 adjustments, the "Other" category (specifically, the "Innovation Pool") was reduced from 5% to 2% and the PPS Partner Bonuses pool was decreased from 40% to 30% (this latter reduction is partially offset by additional payments budgeted to partners in the "Cost of Services Not Covered" pool).
The above narrative explanation is based upon a budget which reflects both the RCHC Net Project Valuation and the Safety Net Equity Funds (see attached). As the MAPP tool only provided for a budget based upon the Net Project Valuation of approximately $21 million dollars, please see the attached budget which reflects the total valuation of approximately $41 million dollars.



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

IPQR Module 1.2 - PPS Flow of Funds

Instructions :

In the table below, please detail your PPS's projected flow of DSRIP funds for the next five years, splitting out the flow of funds by provider type. The provider types match the categories used for the Speed & Scale portion of your Project Plan Application.
- This table requires your funds flow projections on an annual basis. Subsequent quarterly reports will require you to submit your actual distribution of funds to these provider categories on a quarterly basis.
- These quarterly submissions of actual funds distribution will ultimately be required at the provider level (as opposed to the provider type level required here)

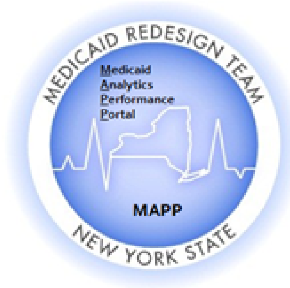
Funds Flow Items	DY1 ($)	DY2 ($)	DY3 ($)	DY4 ($)	DY5 ($)	Total ($)
Waiver Revenue	3,402,288	3,625,721	5,863,246	5,191,882	3,402,288	21,485,425
Primary Care Physicians	0	0	0	0	0	0
Non-PCP Practitioners	0	0	0	0	0	0
Hospitals	0	0	0	0	0	0
Clinics	0	0	1,333,554	1,614,658	785,084	3,733,296
Health Home / Care Management	0	0	0	0	0	0
Behavioral Health	0	0	0	0	0	0
Substance Abuse	0	0	0	0	0	0
Skilled Nursing Facilities / Nursing Homes	0	0	0	0	0	0
Pharmacies	0	0	0	0	0	0
Hospice	0	0	0	0	0	0
Community Based Organizations	0	0	0	0	0	0
All Other	3,344,316	3,683,693	4,529,692	3,577,224	2,617,204	17,752,129
Total Funds Distributed	**3,344,316**	**3,683,693**	**5,863,246**	**5,191,882**	**3,402,288**	**21,485,425**
Undistributed Revenue	**57,972**	**0**	**0**	**0**	**0**	**0**

Current File Uploads

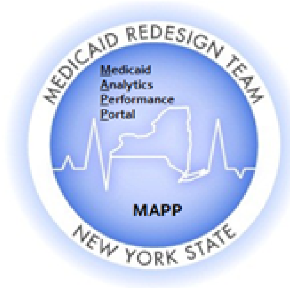
User ID	File Name	File Description	Upload Date
acrhc	20_MDL0106_1_1_20150806124134_Funds Flow budget to upload in MAPP 8.6.15.pdf	Funds Flow Budget 8.6.15	08/06/2015 12:41 PM

Narrative Text :

Funds Flow Narrative



Since the submission of its initial DSRIP implementation plan, RCHC has put substantial effort into refining its Funds Flow projections. In refining its analysis, RCHC took additional factors into consideration, including a detailed evaluation of specific partner participation in projects and, further clarification on the provider definitions provided in the funds flow table. Based on this analysis RCHC revised its DSRIP funds flow table as follows: (1) "Primary Care Physicians" and "Non-PCP Practitioners" categories were removed from the Funds Flow because RCHC determined that all such practitioners in its partner network are working for "Clinics". (2) The "Clinics" category decreased due to fine tuning of the key partners in each project RCHC which resulted in the conclusion that additional funding should be allocated to the "Behavioral Health" and "All Other" (which includes OPWDD, Home Health and EMS) categories.
The above narrative explanation is based upon the Funds Flow which reflects both the RCHC Net Project Valuation and the Safety Net Equity Funds (see attached). As the MAPP tool only provided for the Funds Flow based upon the Net Project Valuation of approximately $21 million dollars, please see the attached Funds Flow which reflects the total valuation of approximately $41 million dollars.



New York State Department Of Health
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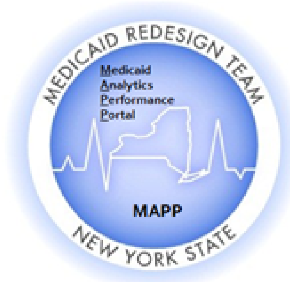
IPQR Module 1.3 - Prescribed Milestones

Instructions :

Please enter baseline target dates and work breakdown tasks with target dates for each of the milestones below.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Complete funds flow budget and distribution plan and communicate with network	In Progress	Funds Flow Budget and Distribution Plan, signed off by your Finance Committee, including details of your approach to funds flow on a whole-PPS and project-by-project basis; evidence of involvement of provider network in developing funds flow methodology.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. Distribute Project Impact Matrix	In Progress	Step 1. Distribute the Project Impact Matrix and projection Template (prepared as part of Financial Health Current State Assessment) to PPS partners with explanation of the purpose of the matrix and how it will be used to finalize Funds Flow in determining expected impact of DSRIP projects and expectations of costs they will incur	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Complete Preliminary PPS-level Budget	In Progress	Step 2. Complete a preliminary PPS-level budget for the PMO Administration, Cost of Implementation, Revenue Loss, Cost of Services not Covered by Medicaid budget categories (Excludes Bonus, Contingency and High Performance categories)	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Budget Template	In Progress	Step 3. During provider-specific budget processes, develop preliminary/final provider level budget template including completion of provider-specific Funds Flow plan and a variance analysis.	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Review Provider Projections	In Progress	Step 4. Review the provider-level projections of DSRIP impacts and costs submitted by the PPS partners	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Funds Flow Approach	In Progress	Step 5. Develop the Funds Flow approach and distribution plan for each of the Funds Flow budget categories including drivers and requirements by DSRIP Project	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Distribute Funds Flow Plan	In Progress	Step 6. Distribute Funds Flow approach and distribution plan to Financial Governing Committee and Executive Governing Body for approval	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7. Prepare Funds Flow Budgets	In Progress	Step 7. Prepare PPS, PPS partner and Project level Funds Flow budgets based upon final budget review sessions with PPS partners for review and approval by Financial Governing Committee and Executive Governing Body	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8. Training	In Progress	Step 8. Communicate to PPS partners through a training session the approved Funds Flow plan, the administrative requirements related to the plan, and related schedules for reporting and distribution of funds	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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Refuah Community Health Collaborative (PPS ID:20)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 9. Communicate Funds Flow Plan	In Progress	Step 9. Communicate approved PPS partner-level Funds Flow plan to each partner including: (a) agreed upon Funds Flow plan, and (b) requirements to receive funds from the PPS Partner contracts	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 10. Distribute Funds Flow Plan	In Progress	Step 10. Distribute Funds Flow policy and procedure to PPS partners, including: (a) expected funds distribution schedule, and (b) schedule of DSRIP period close requirements	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Complete funds flow budget and distribution plan and communicate with network	The timing for the Project Impact Matrix has been revised in order to better align with workforce, financial sustainability and I.T. assessments.

IPQR Module 1.4 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

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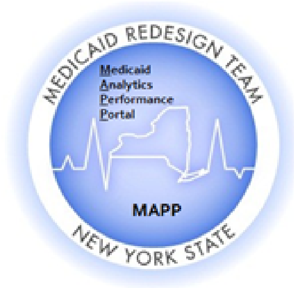
PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

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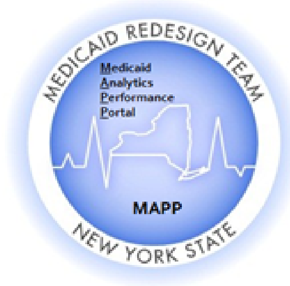
IPQR Module 1.5 - IA Monitoring

Instructions :



New York State Department Of Health
Delivery System Reform Incentive Payment Project

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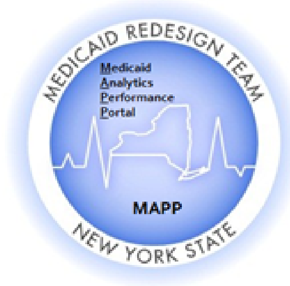
Section 02 – Governance

IPQR Module 2.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.
Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation. Note some milestones include minimum expected completion dates.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize governance structure and sub-committee structure	In Progress	This milestone must be completed by 9/30/2015. Governance and committee structure, signed off by PPS Board.	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task 1. Identify project leads	Completed	Identify project leads responsible for implementation milestone	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Finalize membership of executive governing body	Completed	Finalize membership of Executive Governing Body	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Finalize membership of other governance committees	In Progress	Finalize membership of the Financial, Clinical and Data/IT Governance and Compliance Committees and all Workgroups, including chairs. Develop a monitoring and reporting structure on the status of the committee membership.	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Hold first meeting of Executive Governing Body	Completed	Hold first meeting of Executive Governing Body	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Install members	In Progress	Install members of Executive Governing Body, Committees and Workgroups	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 6. Install Officers	Completed	Install Officers of Executive Governing Body and approve Job Descriptions	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 7. Hold PAC meeting	In Progress	Hold PAC meeting after approval of Implementation Plan	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project	In Progress	This milestone must be completed by 12/31/2015. Clinical Quality Committee charter and committee structure chart	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. Adopt Clinical Governance Committee	Completed	Adopt Clinical Governance Committee Charter by Clinical Governance Committee and Executive Governing Body; Charter will provide that this	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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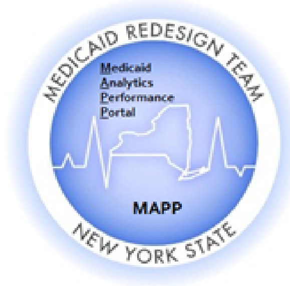
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Charter		Committee will perform the oversight function for clinical/quality aspects of the domains/projects, as reported by to the Committee. Charter will recognize that RCHC is a "small" PPS and only requires that clinical governance be concentrated in a single committee. Project specific subcommittees and workgroups will be established as determined necessary.					
Task 2. Develop meeting schedule	In Progress	Develop meeting schedule for Clinical Governance Committee	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Develop Policies and Procedures	In Progress	Develop and adopt internal Clinical Governance Policies and Procedures	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Establish Workgroups	In Progress	Establish appropriate workgroups and/or clinical quality subcommittees for specific projects or project categories. Work with other PPSs in the region to identify appropriate projects for regional workgroups and clinical quality committees. Recruit and finalize membership of any subcommittees or workgroups of the Clinical Governance Committee.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable	In Progress	This milestone must be completed by 9/30/2015. Upload of bylaws and policies document or committee guidelines.	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task 1. Finalize Charters	In Progress	Finalize charters for Executive Governing Body and all Committees. Develop a process for monitoring and reporting any updates to the charters and relevant policies.	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Develop policies	In Progress	Develop policies and procedures for Executive Governing Body and Committee meetings	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Draft Template Master DSRIP Participation agreement	In Progress	Draft Template Master DSRIP Participation Agreement and circulate to Executive Governing Body for review	06/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Adopt Master DSRIP Participation Agreement	In Progress	Adoption of Master DSRIP Participation Agreement by Executive Governing Body and distribution to PAC and PPS Partners, including CBO's	06/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Develop dispute resolution process	In Progress	Develop processes and methodology for action of Committees and Executive Governing Body vis a vis underperforming or non-performing PPS Partners	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 6. Develop processes for underperforming PPS partners	In Progress	Develop processes and methodology for action of Committees and Executive Governing Body vis a vis underperforming or non-performing PPS Partners	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #4 Establish governance structure reporting and monitoring processes	In Progress	This milestone must be completed by 12/31/2015. Governance and committee structure document, including description of two-way reporting processes and governance monitoring processes	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task	In Progress	Develop two-way communication processes between Executive Governing	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	

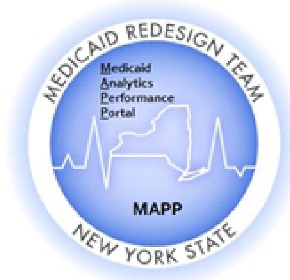


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
1. Develop two-way communication process		Body and all Committees and Workgroups. Develop a process to track and report updates, including relevant dashboards or other tracking mechanisms.					
Task 2. Create processes to obtain feedback	In Progress	Create processes to obtain feedback from PAC members regarding on-going communication processes between and among PAC members, other PPS partners, the Executive Governing Body and all Committees and Workgroups, CBOs, public sector agencies and external stakeholders	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Develop standard reports	In Progress	Develop standard reports to be sent by Clinical Governance Committee to Executive Governing Body and to all other Committees and PAC.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #5 Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	In Progress	Community engagement plan, including plans for two-way communication with stakeholders.	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. Identify project leads	In Progress	Identify project leads responsible for development and execution of this milestone.	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Develop a community engagement plan	In Progress	Develop a community engagement plan that provides for processes to: (a) disseminate DSRIP and PPS related information to local public sector agencies such as the Rockland and Orange County Departments of Health and Mental Health and community organizations; (b) engage the community in an active role with respect to DSRIP implementation; and (c) facilitate meaningful input and feedback from external stakeholders. All local public sector agencies will be encouraged to attend and participate in PAC meetings.	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 3. Perform evaluation of stakeholders	In Progress	Perform an evaluation of area stakeholders to determine interested parties and appropriate participants. Delineate roles and responsibilities of applicable parties, including CBOs and community representatives.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Content to stakeholders	In Progress	Create strategies to develop and disseminate relevant content to external stakeholders, as well as mechanisms to increase community engagement.	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5. Develop monitoring and reporting processes	In Progress	Develop process to monitor and report upon the progress of the community engagement plan implementation, including on-going activities to promote community engagement, outreach, and education.	08/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 6. Ensure IT is in place	In Progress	Ensure that appropriate technology and infrastructure is in place to facilitate community engagement.	09/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #6 Finalize partnership agreements or contracts with CBOs	In Progress	Signed CBO partnership agreements or contracts.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO



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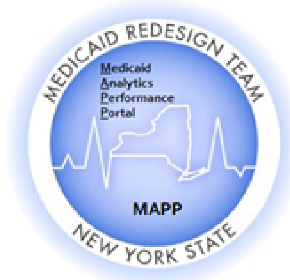
Refuah Community Health Collaborative (PPS ID:20)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 1. Analyze gaps in CBO representation	In Progress	Through an analysis of potential gaps in CBO representation, determine which CBOs (non PPS Partners) will require a separate contract and develop terms of their engagement. Develop tracking and reporting mechanisms to monitor this analysis and progress with respect to contract negotiation and payment structures.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Develop and finalize contracts	In Progress	Develop and finalize executed contracts with non-partner CBOs which identify duties and responsibilities of the parties.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Develop a CBO forum	In Progress	Develop a forum where contracted CBOs (both PPS Partners and non-PPS Partners) can exchange ideas and expertise on CBOs impact on project goals and share their ideas with the applicable Committees and Work Groups	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	In Progress	Agency Coordination Plan.	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. Identify leads	In Progress	Identify project leads responsible for development and execution of this milestone.	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Develop an agency coordination plan	In Progress	Develop an agency coordination plan that provides for meaningful collaboration with state and local public sector agencies, including departments of health, mental health agencies, housing authorities, social services, and other related governmental bodies. Such plan will include: a) mechanisms to engage with local Departments of Health and Mental Health; b) development of goals and objectives of collaboration; c) delineation of roles and responsibilities of the appropriate parties; and d) the development of applicable agreements.	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 3. Develop engagement strategies	In Progress	Develop strategies for meaningful engagement and two-way communication with designated public sector agencies.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Facilitate collaboration	In Progress	Facilitate on-going collaboration through the identification and implementation of appropriate technology and infrastructure.	08/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #8 Inclusion of CBOs in PPS Implementation.	In Progress	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.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	NO
Task 1. Identify CBO participation opportunities	In Progress	In collaboration with CBOs, identify projects that the PPS and the CBO mutually agree that the CBO can have a meaningful contribution	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	In Progress	Enter into Master DSRIP participation agreement with partner CBOs,	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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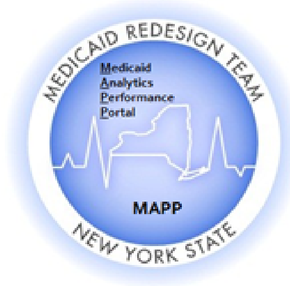
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
2. Enter into participation agreement with CBOs		including individualized duties and responsibilities for each CBO partner.					
Task 3. Assess opportunities for non-partner CBOs	In Progress	Assess the opportunities within the PPS for other non-partner CBOs to contribute to specific DSRIP projects or overall PPS operations	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Reassess opportunities for CBOs	In Progress	Continually reassess existing and future opportunities to include CBO partners and outside CBOs in specific projects and overall PPS operations.	06/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 5. Identify CBOs	In Progress	Identify CBOs within the PPS network	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 6. Actively Engage CBOs	In Progress	Actively engage CBOs by inviting them to PAC meetings, project discussion forums, and including a CBO representative on the Executive Governing Body and other committees and project workgroups.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #9 Finalize workforce communication and engagement plan	In Progress	Workforce communication & engagement plan, including plans for two-way communication with all levels of the workforce, signed off by PPS workforce governance body (e.g. workforce transformation committee).	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. Develop workforce engagement plan	In Progress	Develop a workforce communications and engagement plan that provides for processes on a local and regional basis to: (a) identify appropriate workforce-related stakeholders; (b) disseminate DSRIP and PPS workforce related information to identified audiences; (b) engage the community and workforce leaders in an active role with respect to DSRIP implementation; and (c) facilitate meaningful input and feedback from workforce leaders and other stakeholders. RCHC will interface with employee and union representatives on the development of this plan.	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 2. Continue Dialog with SEIU 1199	In Progress	Continue dialogue and face-to-face meetings with SEIU 1199 representatives and their training team to foster union engagement with the PPS both directly, and as part of the PAC; 1199 representative will be a member of the Executive Governing Board.	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Designate Workforce engagement lead	In Progress	Designate workforce engagement lead responsible for implementation of this milestone.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Identify key stakeholder representative	In Progress	Identify representatives who will serve as the key stakeholder contact for the community organizations.	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Create strategies for external stakeholder communication	In Progress	Create strategies to develop and disseminate relevant content to external stakeholders.	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 6. Ensure IT is in place	In Progress	Ensure that appropriate technology and infrastructure is in place to facilitate workforce communication and engagement.	09/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 7. Coordinate with other PPSs	In Progress	Coordinate efforts and resources with other area PPSs in order to ensure consistent and comprehensive regional workforce strategy.	05/01/2015	09/30/2016	09/30/2016	DY2 Q2	



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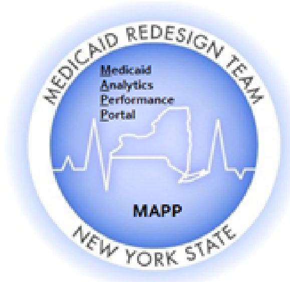
Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
Finalize governance structure and sub-committee structure	acrhc	20_MDL0203_1_1_20150805090137_Minutes of June 22 2015 EGB Meeting 4843-5152-3621 v 2.docx	EGB Minutes 6.22.15 Meeting	08/05/2015 09:00 AM
	acrhc	20_MDL0203_1_1_20150805090032_Financial Governance Meeting Minutes 7 07 15-updated.pdf	Financial Governance Committee Minutes 7.07.15	08/05/2015 08:59 AM
	acrhc	20_MDL0203_1_1_20150724103313_Executive Governing Body Charter 4811-8871-3250 v 3.docx	Executive Governing Body Charter	07/24/2015 10:32 AM
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	acrhc	20_MDL0203_1_1_20150805090318_Minutes of June 22 2015 EGB Meeting 4843-5152-3621 v 2.docx	EGB Minutes 6.22.15 Meeting	08/05/2015 09:03 AM
Finalize bylaws and policies or Committee Guidelines where applicable	acrhc	20_MDL0203_1_1_20150805090421_Minutes of June 22 2015 EGB Meeting 4843-5152-3621 v 2.docx	EGB Minutes 6.22.15 Meeting	08/05/2015 09:04 AM
	acrhc	20_MDL0203_1_1_20150724110642_Executive Governing Body Charter 4811-8871-3250 v 3.docx	Executive Governance Committee Charter	07/24/2015 11:06 AM
	acrhc	20_MDL0203_1_1_20150724110557_Financial Governane Committee Charter 4827-7151-6961 v 4.pdf	Financial Governance Committee Charter	07/24/2015 11:05 AM
	acrhc	20_MDL0203_1_1_20150724110450_Data-IT Governance Committee Charter 4820-7965-3921 v 2.pdf	Data-IT Governance Committee Charter	07/24/2015 11:04 AM
	acrhc	20_MDL0203_1_1_20150724110403_Clinical Governance Committee Charter 4841-3283-0753 v 2.pdf	Clinical Governance Charter	07/24/2015 11:03 AM
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	acrhc	20_MDL0203_1_1_20150805100001_Refuah CHC May 2015 NEWSLETTER.pdf	Refuah CHC May Newsletter	08/05/2015 09:59 AM
	acrhc	20_MDL0203_1_1_20150805095612_Refuah CHC Integration 3.a.1 Questionnaire.pdf	3.a.i BH PCP Integration Questionnaire	08/05/2015 09:55 AM
	acrhc	20_MDL0203_1_1_20150805095502_Refuah CHC Integration 3.a.1 Questionnaire.pdf	Medication Adherence Program Questionnaire	08/05/2015 09:54 AM
	acrhc	20_MDL0203_1_1_20150805085753_Refuah CHC Newsletter.pdf	Refuah CHC Newsletter	08/05/2015 08:57 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize governance structure and sub-committee structure	Alexandra Khorover, J.D., Chief Strategy Officer has been identified as the PMO Project Lead for the Governance. Ms. Khorover will work closely with RCHC's outside counsel, Nixon Peabody with respect to governance matters. On June 22, 2015 RCHC held its first meeting of its Executive Governing Body (EGB), at which it installed its members, except for the CBO member, who was installed at the July 30th EGB meeting. The EGB approved the RCHC-EGB charter. The officers of the EGB were also installed, and their job descriptions, which are set forth in the EGB charter, approved, at the June 22nd meeting.



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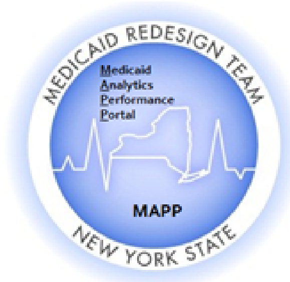
Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	The members of the EGB include a broad cross-section of various provider-types and CBO representatives. Also, in furtherance of cross-PPS collaborative efforts, the EGB membership includes Deb Marshall, Bon Secours Health System, who actively participates in the WMC PPS Governance and Cynthia Wolff, who participates on WMC Governance and Montefiore PPS Workforce activities, To date, RCHC's committees are composed of the following members: Clinical Governance Committee: Corinna Manini, MD, Refuah CHC; Tamy Skaist, Ezras Choilim; Tom Bolzan, Orange County Department of Mental Health, Susan Sherwood, Rockland County Social Services, William Greenberg, MHA of Rockland, Isaac Schechter, Bikur Choilim, Junie Delizio, Rockland County DOH, Susan Hoerter, Rockland County DMH. Financial Governance Committee: George Weinberger; Joel Mittelman, Ezras Choilim; Victor Ostreicher, Refuah Health Center; Uri Koenig; Christopher Fortune, Orange AHRC Data/IT Governance Committee: Rachel Merk, CIO, Refuah CHC; Deb Viola, WCMC; Dan Ocasio, Ezras Choilim; Marie Malocsay, Bon Secours; Christine Galianos, HealthLinkNY, Eric Brosius, Hudson River Health Care, The Financial Governance Committee held its first meeting on July 7, 2015. The Clinical Governance Committee had its first meeting on 9/22/15. Data/IT Governance Committee is scheduled to meet on 9/30/15. RCHC held its quarterly PAC meeting on June 25th, 2015. A subsequent PAC meeting will be held after final IA approval of the Implementation Plan.
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	The Clinical Governance Committee Charter was adopted at the June 22, 2015 EGB meeting. During the next quarter, RCHC will continue to implement its clinical governance structure, including holding meetings and engaging the committee members in project plans and roll-out.
Finalize bylaws and policies or Committee Guidelines where applicable	The EGB charters and the charter for the Clinical Governance, Financial Governance, Data/IT Governance Committees were finalized and adopted at the June 22, 2015 EGB meeting. The EGB Handbook, which sets forth the policies and procedures of the EGB was also adopted, along with a Conflict of Interest Policy, at the June 22, 2015 meeting. A draft of the Template Master DSRIP Participation Agreement has been prepared by RCHC counsel. The draft is under review by the PMO and will be provided to the EGB at the July EGB meeting.
Establish governance structure reporting and monitoring processes	In DY1 Q2, as the Committee and Workgroup structure are finalized, RCHC will move towards implementing its two-way communication process. It is anticipated that the Committees and Workgroups will make regular reports to the EGB, and have the opportunity to receive feedback from the EGB and other Committees/Workgroups. RCHC will utilize the Salesforce software to track and monitor this two-way communication process, as this software has the capability to monitor meetings, reports and follow-up items and actions. As the communication process is developed, additional dashboards and reporting mechanisms will be implemented, as needed.
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches,	Corinna Manini, MD, CMO of the RCHC has been identified as the project lead for this milestone. RCHC has begun to lay the groundwork for a community engagement plan through regular newsletters and correspondence to its partners. In upcoming quarters RCHC will



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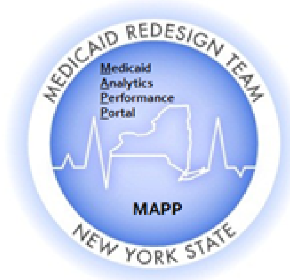
Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
homeless services, housing providers, law enforcement)	be working towards solidifying its efforts into a comprehensive formal plan. RCHC has begun to evaluate provider interest in various projects through in-person events. On May 6, 2015 RCHC held a Behavioral Health Partner Forum, and on June 10, 2015 a Health Navigator Partner Forum. Participants at each of these events were asked to fill-out surveys regarding their potential participation in projects. RCHC will continue to similar methods with respect to its other projects in order to determine additional partner interest. RCHC also participates in several cross-PPS "Hudson Region DSRIP" Committees including the Clinical Council, the Behavioral Health Crisis Leadership Team and Subcommittees, and the Public Health
Finalize partnership agreements or contracts with CBOs	Simultaneously with the development of other Domain 1 processes, as well as the finalization of project design, RCHC is identifying the need for additional CBO participation. Tracking and monitoring of identified needs and potential CBO candidates will be integrated into RCHC's overall Domain 1 and project tracking mechanisms, including the Salesforce platform. CBO contract monitoring will be integrated with partner contract monitoring mechanisms which is anticipated to be through Salesforce and/or RCHC's chosen compliance software platform.
Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	Corinna Manini, MD, CMO of the RCHC has been identified as the project lead for this milestone. In the upcoming quarter, RCHC will continue with the design and implementation of its agency coordination plan. With respect to RCHC's agency coordination plan, as RCHC begins to develop this plan, it will take into consideration the need to carefully define the roles and responsibilities of the various participants, such as RCHC's overall leadership and coordination role, the need for local government representatives to be actively engaged, the lines of communications between the participants, and responsibilities for meaningful agency participation. As previously noted, RCHC is a key participant in the regional Cross PPS Hudson Region Health Council which includes government agencies.
Finalize workforce communication and engagement plan	CBO Engagement and Participation Refuah CHC is dedicated to long-term engagement with our CBO partners. CBO partners have attended every PAC meeting, and have been invited to, and well represented at every project forum as well. RCHC has taken the time to individually reach out to certain CBOs, including Latinos Unidos and HASCO, to engage them and address their specific questions and concerns. RCHC believes that these one-on-one interactions are valuable and will continue to maintain open channels of communication throughout the DSRIP timeline. Examples of some of the PPS"s most active CBO partners include those with seats on the Cultural Competency and Health Literacy Workgroup such as Maternal Infant Services Network, Rehabilitation Support Services, Catholic Charities Community Services, Jewish Family Service of Orange County, and CANDLE (Community Awareness Network for a Drug-free Life & Environment). Furthermore, three CBO representatives, Gail Golden from Rockland County Immigration Coalition., Nolly Climes from Rehabilitation Support Services, and Christopher Fortune from the ARC of Orange hold seats on the Executive Governing Body. Contracting With respect to CBO contracting, current partner-CBOs will enter into the Master DSRIP Participation Agreement, with individualized duties and responsibilities for each partner-CBO depending on level of project participation. The partner contracting process has begun and is anticipated to be completed by DY1, Q3. RCHC recognizes that ongoing opportunities exist throughout the DSRIP timeline to collaborate with additional organizations, who are not necessarily partners, in order to bring a diverse and inclusive perspective to the implementation of RCHC"s projects and enhance the overall health and well-being of RCHC"s patient population. To this end, RCHC plans to continually evaluate the need for additional CBO participation during the DSRIP process. As RCHC identifies additional non-partner CBOs who are appropriate for inclusion within its DSRIP network, RCHC will enter into negotiations and separate agreements with such non-PPS Partner CBOs. Contract templates and payment structures will be



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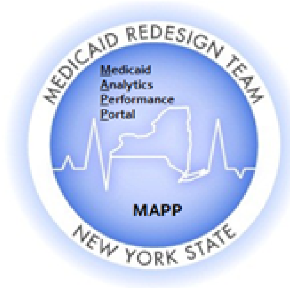
Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	developed through the PMO and reviewed and approved by the Executive Governing Body. RCHC will implement monitoring processes for the CBO contracting and engagement process.
Inclusion of CBOs in PPS Implementation.	CBO Participation RCHC's PPS network currently includes diverse representation by community organizations, including Catholic Charities Community Services of Rockland and Orange, MHA of Rockland and Orange, Share of New Square, NAMI-FAMILYA of Rockland, and East Ramapo School District. RCHC partner CBOs include representatives from both Rockland and Orange Counties. Recognizing the unique and vital role CBOs play in connection with the DSRIP program, RCHC has reserved an Executive Governing Body seat exclusively for CBOs. This seat has a 1 year term to allow for more frequent rotation and a broader representation of diverse CBOs. Additionally, RCHC will include CBO representation on its various committees and workgroups. To date, Caren Fairweather from MISN of Orange has accepted a seat on RCHC's Cultural Competency & Health Literacy Committee and additional representatives will be appointed in other capacities. CBO Engagement RCHC is in the process of developing appropriate roles for CBOs throughout the Domain 1 and project plans. Recently, RCHC extended an invitation to all partner CBOs to attend the Project 2.c.i Navigator Project Partner Forum. As this project is particularly well-suited to CBO participation, this Forum gave our CBO partners the opportunity to ask questions, provide input and share their experiences and ideas for successful project design and implementation. RCHC plans to utilize similar mechanisms to solicit CBO feedback in the future. Additionally, RCHC has taken the time to individually reach out to certain CBOS, including Latinos Unidos and HASCO, to address their specific questions and concerns. RCHC believes that these one-on-one interactions are valuable and will continue to maintain open channels of communication throughout the DSRIP timeline. Contracting With respect to CBO contracting, current partner-CBOs will enter into the Master DSRIP Participation Agreement, with individualized duties and responsibilities for each partner-CBO. The partner contracting process is anticipated to be completed by DY1, Q3. Further, RCHC recognizes that on-going opportunities exist throughout the DSRIP timeline to collaborate with additional organizations, who are not necessarily partners, in order to bring a diverse and inclusive perspective to the implementation of RCHC"s projects and enhance the overall health and well-being of RCHC"s patient population. To this end, RCHC is currently in the process of contacting additional CBOs to discuss collaborative opportunities. Furthermore, RCHC plans to continually evaluate the need for additional CBO participation during the DSRIP process, in particular during DY1, when many of the organizational work streams are being developed. As RCHC identifies additional non-partner CBOs who are appropriate for inclusion within its DSRIP network, RCHC will enter into negotiations and separate agreements with such non-PPS Partner CBOs which will delineate the roles and responsibilities of the CBOs as well as payment structures. Contract templates and payment structures will be developed through the PMO and reviewed and approved by the Executive Governing Body. RCHC will implement monitoring processes for the CBO contracting and engagement process.



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IPQR Module 2.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

IPQR Module 2.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing your governance structure and processes and achieving the milestones described above, as well as potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

Risk: Prioritazation
Risk Category: Resource
The primary challenge in implementing the governance structure revolves around the ability of the members of the Executive Governing Body and the Committees to prioritize and commit the time to complete the steps outlined above within the timetable. RCHC is a "small" PPS and therefore the same leadership personnel perform many functions on behalf of the PPS.

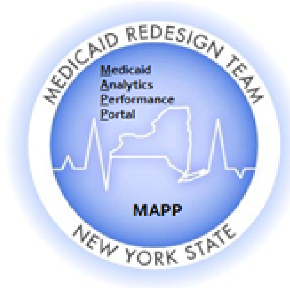
Potential Impact: Milestones or tasks could be completed behind schedule

Mitigation: RCHC will establish a strict timetable (with dates of completion) for each of the steps outlined above to finalize the governance structure. The representative members of the Executive Governing Body and all of the Committees and Workgroups will need to make their best efforts to accomplish all steps within the agreed-upon timeframe which may require effective use of conference phone meetings and other innovative solutions. EGB member participation and engagement will be carefully monitored in order to ensure that members are not being "stretched thin."

Risk: Participation
Risk Category: Resource
RCHC will need to secure the cooperation of key PPS Partners and CBOs to actively participate in the development of all protocols and work plans to achieve the milestones. In that regard, RCHC will be faced with a significant challenge as many PPS partners participate in the other regional PPSs. These risks may be especially poignant with respect to key PPS partners who participate in RCHC governance bodies and in other PPS governance structures.

Potential Impact: PPS partners may find it difficult to actively participate in RCHC while maintaining their time commitment to the other PPSs.

Mitigation: RCHC will need to continually reach out to its PPS partners to assess their needs to enable them to accomplish the project goals. RCHC will make information available to all PPS partners, CBOs and public sector agencies about all meetings of the Executive Governing Body, Committees and Workgroups on the RCHC website. Meeting notes will be posted on the website. Staff in the Project Management Office of RCHC will be responsible to follow up and confirm the participation of all members of the Executive Governing Body, Committees and Workgroups at their respective meetings, with particular efforts on ensuring that all governance members are actively engaged and participating in a meaningful manner and that any conflicts with respect to partners participating in more than one PPS are appropriately managed. RCHC will stress the need of full participation and cooperation and will make sure that the representative committee and work groups their responsibilities.



Risk: Education
Risk Category: Resource
RCHC will need to develop training and educational sessions to bring Committee and Workgroup Members up to date on their roles and responsibilities and how their work contributes to the success of the project goals. Additionally, all PPS Partners must make themselves available for training and education of specific projects.

Potential Impact: Members are not sufficiently knowledgeable and engaged, which affects the overall functionality and effectiveness of the PPS.

Mitigation: RCHC will create training and educational programs that are carefully tailored to inform members on their specific role and responsibilities, as well as the overall strategy and workings of the PPS. These training and education programs will be designed to be meaningful and targeted. RCHC will continually monitor the effectiveness of its training programs and make changes as needed.

IPQR Module 2.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

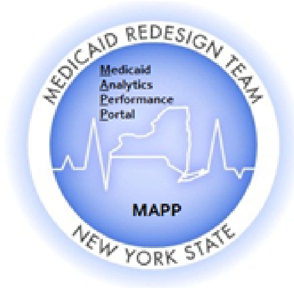
A number of interdependencies exist between RCHC's governance plan and other organizational workstreams. First, the development of the clinical governance structure must be integrated with overall project development plans. Next, governance is closely linked to IT systems and strategies, as IT infrastructure will facilitate governance reporting, monitoring and communication systems. RCHC, as a small PPS, has a limited number of PPS partners. Many of RCHC's partners do not maintain sophisticated IT infrastructures and therefore may find it difficult to coordinate and comply with governance communication and reporting processes. To the extent that governance milestones involve the development of communication strategies for the community, public sector agencies, and workforce stakeholders, the governance process will be interconnected with RCHC's practitioner engagement, cultural competency, and workforce strategies. Additionally, governance training functions will need to be streamlined with other training and communication initiatives in order to maximize partner time and engagement. The governance process is further connected with RCHC's practitioner engagement strategy is to the extent that the identification of appropriate provider/peer-group representatives for governance bodies is a component of both workstreams.

IPQR Module 2.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for the development of your governance structure and processes and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Chief Administrative and Medical Officer	Corinna Manini, MD	Participate in development of contracts and committees to ensure they are aligned with clinical strategies
Chief Strategy Officer	Alexandra Khorover, Esq.	Oversee PPS governance efforts. Formulates strategic initiatives for PPS and plays a key role in effectively communicating that strategy to both internal and external entities. Is responsible for guidance on legal and regulatory issues.
Chief Information Officer	Rachel Merk	Implement necessary IT systems as identified
Finance Officer	Shaindy Landerer, CPA	Manage budget for PPS in collaboration with Finance Committee
Reporting and Tracking	Michael Kaplan, FNP, Director of Informatics	Collect and maintain provider status database; Develop ongoing reporting and tracking processes as needed
Compliance Officer	Azizza Graziul, Esq	Oversee the development and implementation of the compliance plan including adherence to policies and procedures and auditing functions
DSRIP Coordinator	Anne Cuddy	Central point of contact for all external and internal communication; Responsible for managing and tracking meeting records; Submission of quarterly reports
Executive Governing Body	Chanie Sternberg, Chair, RHC, Joel Mittelman, V. Chair Ezras Cholim, Deb Marshall, Secretary, Bon Secours, Sanjiv Shah, MD, Fidelis, Ann Nolon, HRHC, Nolly Climes, Rehab, Support Svcs, Chris Fortune, OPWDD, Uri Koenig, LTC Pine Valley, Victor Ostriecher, Treasurer, Cynthia Wolff, 1199	Develop overarching vision and provide general oversight; Final approval of key strategies, plans and budgets
Clinical Governance Committee	Corinna Manini, MD, CAO & CMO RCHC, Tamy Skaist, Ezras Cholim, Tom Bolzan, OC DMH, remaining members TBD	Provide reports on partner performance and participate in the development of corrective action plans as needed
Financial Governance Committee	George Weinberger, Chair, Joel Mittelman, Ezras Cholim, Victor Ostreicher, Treasurer, Uri Koenig LTC, Pine Valley, C. Fortune OPWDD, Peter Epp, Cohn Resnick , Shaindy Landerer	Advise and approve on workstream costs and budgets
Operations Committee	Chanie Sternberg, CEO, RCHC, Victor Ostreicher, Treasurer, Joel Mittelman, Vice Chair, Ezras Cholim,	Oversight of the Project Management Office
Financial Consultant	Cohn Reznick	Support governance implementation
Governance Consultant, Legal & Compliance	Nixon Peabody	Support governance implementation



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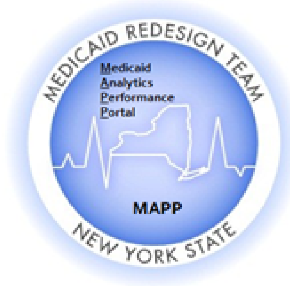
Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Workforce Project Team	Members TBD	Collaborate with respect to workforce communication plan
Compliance Committee	Azizza Graziul, Esq. (Compliance Officer), Alexandra Khorover, Esq., Rachel Merk (IT), confirmed. Additional partner representatives with compliance experience relevant to project implementation TBD.	Provide oversight of PPS compliance functions. Provide input and guidance to PMO and Compliance Officer on matters related to compliance prevention and response. Regularly review reports from compliance officer on compliance activities. Ensure that PPS is meeting OMIG and DOH requirements with respect to compliance and corporate integrity.

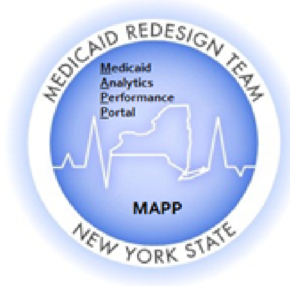


Module 2.6 - IPQR Module 2.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS with regard to your governance structure and processes.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
PPS Partner Board of Directors	PPS Partners	Overall responsibility for their organizations' execution of their DSRIP responsibilities
PPS Partner CEOs/Management Team	PPS Partner CEOs/Management Team	Responsible for their organizations' execution of their DSRIP responsibilities
PPS Partner CFOs/Finance Team	PPS Partners	Primary finance contact for the PPS partner. Responsible for conducting DSRIP related finance tasks
PPS Partner Legal/Compliance	PPS Partners	Responsible for participating in contracting decisions and overall partner compliance
Rockland & Orange County Department of Health	Local Government Units	Participate in governance committees
Rockland & Orange County Department of Mental Health	Local Government Units	Participate in governance committees
Rockland & Orange County Department of Social Services	Local Government Units	Participate in governance committees
SEIU 1199	Labor/Union	Participate in implementation of workforce communication strategy, training and governance processes
PPS Partner CBOs	PPS Partners	Participate in governance initiatives.
External Stakeholders		
Medicaid enrollees and their families	Patients/ Clients	Provide feedback to PPS and partners; Participate in PAC meetings
NYS Department of Health	Government	Guide PPS strategy and operations; Monitor PPS performance; Assist with regulatory relief and addressing barriers to DSRIP program success
Government Agencies / Regulators	Government	Ensure PPS maintains compliance with current regulations
Non- Partner CBO	Contracted and non-contracted CBOs	Participate in governance initiatives; provide support with respect to community engagement
Addiction and Mental Health Community Organizations	Contracted and non-contracted community organizations	Participate in Committees and/or workgroups; provide support with respect to community engagement.



IPQR Module 2.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support this particular workstream and your ability to achieve the milestones described above.

The development of shared IT infrastructure across RCHC and its PPS partners and their participation in the QEs will support development and implementation of RCHC's governance strategy to the extent that it will facilitate meaningful and innovative participation by members of governing body committees and workgroups, and provide systems for governance monitoring and reporting. Further, IT infrastructure will facilitate the communication and training aspects of the governance strategy. A robust IT infrastructure, including services provided by Healthlink NY, will contribute to the success of the PPS as a whole, and specifically will provide the necessary mechanisms for the governance body to perform its oversight functions of all PPS projects and activities. As stated above, the current IT infrastructure of PPS partners will present a challenge to RCHC as many of the PPS partners in this small PPS do not currently maintain a sophisticated IT infrastructure and are concurrently partners in the other regional PPSs.

IPQR Module 2.8 - Progress Reporting

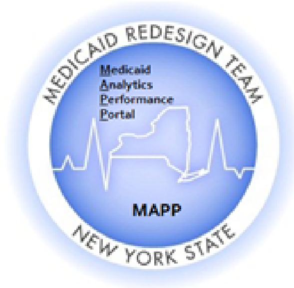
Instructions :

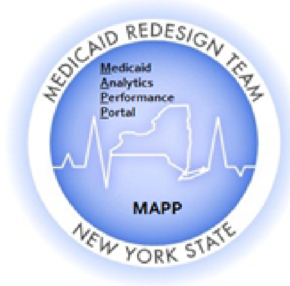
Please describe how you will measure the success of this organizational workstream.

The success of RCHC's governance program will be measured against the timely achievement of the governance milestones, including achieving a fully functional governance structure, implementing applicable communication, monitoring and reporting processes, and meaningful participation by appropriate parties in the governance functions. The PMO will be responsible for monitoring progress against governance milestones. The PMO will be responsible for the preparation of status reports for the quarterly reporting process for DOH. Through ongoing reporting, if negative trends are identified or results are not in line with expectations, the Executive Governing Body will be responsible for instituting corrective action. In addition, RCHC will continually monitor the involvement of PPS partners in the governance process. RCHC will attempt to determine whether the participation of PPS partners in other regional PPSs negatively impacts the success of this workstream. This is a crucial measurement as RCHC is a small PPS with a limited number of PPS partners whose commitment is needed to achieve the governance milestones.

IPQR Module 2.9 - IA Monitoring

Instructions :





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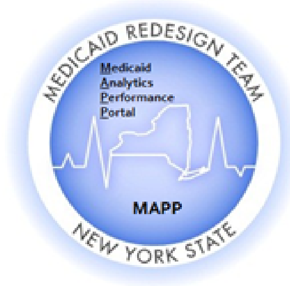
Section 03 – Financial Stability

IPQR Module 3.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.
Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation. Note some milestones include minimum expected completion dates.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize PPS finance structure, including reporting structure	In Progress	This milestone must be completed by 12/31/2015. PPS finance structure chart / document, signed off by PPS Board.	05/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Membership & Governance Structure	In Progress	Step 1. Define the membership and governance structure of the Finance and Compliance Committees	05/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Charters	In Progress	Step 2. Develop committee charters outlining roles and responsibilities of the Finance and Compliance Committees, including committee meeting schedule	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Approvals	In Progress	Step 3. Obtain approval of executive governing body of the Finance and Compliance committees' governance structure and charters	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Finance Officer	Completed	Step 4. Hire a Finance Officer to oversee the finance function of the PPS	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Organizational Structure	In Progress	Step 5. Develop finance organizational chart defining roles and responsibilities of the PPS Lead (Refuah Health Center)	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Financial Reporting	In Progress	Step 6. Work with the PMO, Financial Governance Committee and Executive Governing Body to define their financial reporting requirements and the requisite internal control procedures	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Reporting Format	In Progress	Step 7. Define the required financial report formats for all end users	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Policies and Procedures	In Progress	Step 8. Develop policies and procedures for the finance function including the safeguarding of assets and accuracy of reporting	05/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Approvals	In Progress	Step 9. Obtain approval of Financial Governance Committee and Executive Governing Body of the finance function policies and procedures and reporting formats	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Perform network financial health current state	In Progress	This milestone must be completed by 3/31/2016. Network financial health current state assessment (to be performed at least annually). The PPS must:	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES



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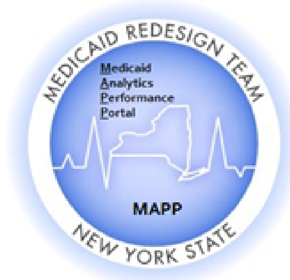
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
assessment and develop financial sustainability strategy to address key issues.		- identify those providers in their network that are financially fragile, including those that have qualified as IAAF providers; -- define their approach for monitoring those financially fragile providers, which must include an analysis of provider performance on the following financial indicators: days cash on hand, debt ratio, operating margin and current ratio; -- include any additional financial indicators that they deem necessary for monitoring the financial sustainability of their network providers					
Task Develop Financial Metrics	In Progress	Step 1a. Develop the key financial metrics to be utilized in evaluating the financial health of RCHC's partners using the metrics utilized by NYS in evaluating the financial stability of the PPS-Lead entities as a baseline	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Evaluating Partners	In Progress	Step 1b. Establish the frequency intervals for evaluating partners on a regular basis (e.g. annually) and financially fragile partners on a more frequent basis (e.g. quarterly)	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Framework	In Progress	Step 1c. For financial fragile partners, develop a framework for the development of intervention strategies and opportunities for financial assistance from the Sustainability Fund	08/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Performance Improvement Plans	In Progress	Step 1d. Develop Performance Improvement Plans template and monitoring program	08/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Requirements	In Progress	Step 1e. Develop requirements for partners to cooperate with Financial Sustainability Plan and provide documents for inclusion in their contracts	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Approvals	In Progress	Step 1f. Obtain approval of Financial Sustainability Plan and Financial Sustainability Plan terms for inclusion in contracts from Financial Governing Committee and executive governing body	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Roles and Responsibilities	In Progress	Step 2: Define role and responsibility of PMO for oversight of the Financial Sustainability Plan and Performance Improvement Plans; develop policy and procedure document	08/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Financial Assessment	In Progress	Step 3: Conduct Current State Financial Assessment of PPS partners	08/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Project Impact Matrix	In Progress	Step 3a. Develop a Project Impact Matrix of each DSRIP Project and identify their impact on provider cost, patient volumes and revenue, and other by provider type	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Project Impact Template	In Progress	Step 3b. Develop a Project Impact Template for each DSRIP Project to estimate the financial impact of each DSRIP Project for each provider type	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Thresholds/Benchmarks	In Progress	Step 3c. Develop thresholds/benchmarks for financial/operating metrics and DSRIP Project impacts by provider type that trigger concerns about financial stability	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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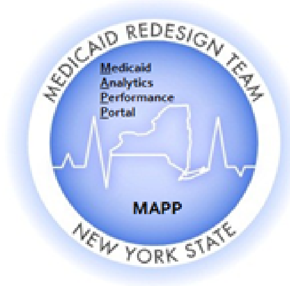
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Approval	In Progress	Step 3d. Obtain approval of the Project Impact Matrix, Project Impact Template, financial stability triggers and their impact on Funds Flow from the Financial Governing Committee and executive governing body	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Revise/Update	In Progress	Step 3e. Revise/Update the initial financial assessment conducted in November 2014 and complete the Project Impact Template for each PPS partner	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Communicate Results	In Progress	Step 3f. Communicate the results of the revised financial assessment with PPS partners and update, as appropriate	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Prepare Summary	In Progress	Step 3g. Prepare summary report of the current financial health of the PPS partners for review by the Financial Governing Committee	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Updated Financial Assessment	In Progress	Step 3h. Based on the updated financial assessment including the Project Impact assessment, develop a "financially fragile" watch list for PPS partners that (1) are not meeting thresholds/benchmarks of financial/operating metrics, (2) are under current restructuring efforts, (3) will be negatively impacted by DSRIP Projects, and (4) may be otherwise challenged by other health reform efforts	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Approvals	In Progress	Step 3i. Obtain approval of the "financially fragile" watch list from the Financial Governing Committee and the Executive Governing Body	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Financial Sustainablility	In Progress	Step1. Develop a PPS Financial Sustainability Plan which will include: metrics and monitoring processes for partners as well as financially fragile providers, development of Performance Improvement Plans for financially fragile providers, and other requirements.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d	In Progress	This milestone must be completed by 12/31/2015. Finalized Compliance Plan (for PPS Lead).	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Review Existing Compliance Plan	In Progress	Step 1. Review existing Compliance Plan of Refuah Health Center, the Lead Entity, to determine compliance with Social Services Law 363-d and make any necessary changes	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Review PPS Partner Compliance Plans	In Progress	Step 2. Confirm that PPS Partners Compliance Plans, subject to Social Services Law 363-d, are in compliance with 363-d	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Compliance Plan	In Progress	Step 3. Draft Addendum to Lead Entity's Compliance Plan to encompass RCHC and its responsibilities under DSRIP	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Distribute Addendum	In Progress	Step 4. Distribute Addendum to RCHC Executive Governing Body and Board of Directors of Lead Entity for discussion and approval	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Approval	In Progress	Step 5. Distribute approved Compliance Plan to PPS partners and engage in training and education of PPS partners	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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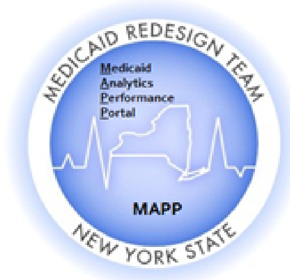
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #4 Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy.	In Progress	This milestone must be completed by 3/31/2016. Value-based payment plan, signed off by PPS board	09/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES
Task VBP Workgroup	In Progress	Step 1. Develop a multi-disciplinary Value-Based Payment (VBP) Workgroup including members from representative provider types of RCHC and charter which reports to the Financial Governance Committee. Evaluate the need for, and if approved, move forward with the engagement of a VBP consultant.	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Approval	In Progress	Step 2. Obtain approval of the VBP Workgroup membership and charter from the Financial Governance Committee	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task VBP Educational Materials	In Progress	Step 3. Develop VBP educational materials to be used to educate PPS partners including levels of VBP, risk-sharing and contracting options; educational materials are initially intended to include a handbook on VBP basics as well as PowerPoint slides for webcasts	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Educational Sessions	In Progress	Step 4. Conduct educational session(s) through webcasts for PPS partners, in conjunction with the IDS Workgroup, to broaden their knowledge of VBP and to enable RCHC to develop VBP models in a coordinated manner	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task VBP Readiness Survey	In Progress	Step 5. Develop a VBP Readiness Survey to be sent to PPS partners to establish a current state baseline of participation in VBP models to include, at a minimum, (1) current VBP arrangements, (2) current capacity to function in a VBP environment, (3) profile of current Medicaid managed care contracts including types, volume and annual revenue, (4) annual cost of services aligned with the "bundles of services" outlined in the VBP Roadmap, and (5) status of HIT linkages required for VBP	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Submit VBP Readiness Survey	In Progress	Step 6. Submit the VBP Readiness Survey to the PPS partners and conduct a webcast on the proper completion of the Survey	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Compile Results	In Progress	Step 7. Compile the results of the VBP Readiness Surveys and analyze results to evaluate the readiness of each partner for participation in VBP, identifying those ready in the short-term versus those in the longer-term	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Meetings	In Progress	Step 8. Conduct meetings with the major MCOs in the region served by RCHC including, without limitation, Fidelis Care and the VBP Workgroup to discuss potential contracting options, potential VBP revenue sources and the requirements necessary to negotiate VBP models with the MCOs	09/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task VBP Workgroup	In Progress	Step 9. VBP Workgroup to compile the findings from the VBP Readiness Survey and discussions with the MCOs and develop a VBP Baseline	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	



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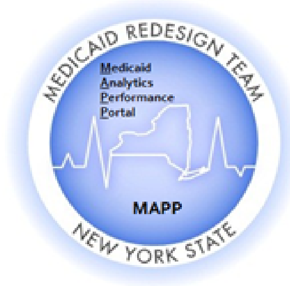
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		Assessment to include an overview of the PPS partner readiness for VBP					
Task Prepare VBP Payment	In Progress	Step 10. In conjunction with the development of the VBP Baseline Assessment, prepare a VBP Payment Plan to include an overview of MCO contracting options and compensation models, and an overarching strategy/framework for contracting with MCOs	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Approval	In Progress	Step 11. Obtain approval of the VBP Baseline Assessment and VBP Payment Plan from the Finance Committee and Executive Governing Board	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Communication	In Progress	Step 12. Communicate the VBP Baseline Assessment and VBP Payment Plan to the PPS partners	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #5 Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest	In Progress	This milestone must be completed by 12/31/2016. Value-based payment plan, signed off by PPS board	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	YES
Task Bundles/Populations	In Progress	Step 1. Analyze health care bundles/populations and total cost of care/utilization data provided by DOH and Medicaid MCOs to identify VBP opportunities that are most easily attainable and prioritize services moving to VBP	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task VBP Baseline	In Progress	Step 2. Based on the VBP Baseline Assessment and with the assistance of the IDS Workgroup, identify Accelerators and Challenges within RCHC to the implementation of a VBP model - Accelerators (current VBP arrangements and necessary IT infrastructure to monitor VBP); Challenges (complex contracting, limited infrastructure, lack of experience in VBP, low performing providers)	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Align PPS	In Progress	Step 3. Align PPS partners/PCMHs to potential VBP Accelerators and Challenges to identify partners who are best aligned to expeditiously engage in VBP arrangements	03/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Identify PPS Partners	In Progress	Step 4. Identify PPS partners/PCMHs with the greatest potential to operate in a VBP model. Partners/PCMHs will be classified in three categories (Advanced, Moderate, Low) based on (1) findings from the VBP Baseline Assessment, (2) alignment with VBP Accelerators/Challenges, and (3) ability to implement VBP for the more easily attainable bundles of care	03/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Conduct Meetings	In Progress	Step 5. Conduct meetings with "Advanced" PPS partners/PCMHs and MCOs to discuss the process and requirements for entering into VBP arrangements	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Timeline	In Progress	Step 6. Develop a realistic and achievable timeline for "Advanced" PPS partners/PCMHs to become early adopters of VBP arrangements	06/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task	In Progress	Step 7. Document "lessons learned" by the "Advanced" PPS partners/PCMHs	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	



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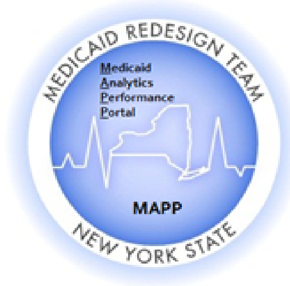
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
VBP Arrangements		engaged in VBP arrangements					
Task Develop Phase 2 & 3	In Progress	Step 8. Develop Phases 2 and 3 for "Moderate" and "Low" PPS partners/PCMHs to adopt VBP arrangements utilizing the "lessons learned" from the "Advanced" providers; commence planning for "Advanced" providers to move into Level 2 VBP, where appropriate	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task Engage Stakeholders	In Progress	Step 9. Engage key stakeholders from the MCOs and RCHC to discuss options for shared savings and funds flow; items to discuss include (1) effectively analyzing provider/PPS performance, (2) shared-savings distribution models, and (3) infrastructure requirements for performance monitoring and reporting	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task VBP Work Group	In Progress	Step 10. VBP Work Group to develop the VBP Adoption Plan for approval by the Financial Governing Committee and executive governing body	09/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task Communicate	In Progress	Step 11. Communicate the VBP Adoption Plan to the PPS partners	11/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Milestone #6 Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation	On Hold		04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES
Milestone #7 Contract 50% of care-costs through Level 1 VBPs, and >= 30% of these costs through Level 2 VBPs or higher	On Hold		04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES
Milestone #8 >=90% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and >= 70% of total costs captured in VBPs has to be in Level 2 VBPs or higher	On Hold		04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
Finalize PPS finance structure, including reporting structure	acrhc	20_MDL0303_1_1_20150805110914_Finance Officer Job Description 8.5.15.pdf	Finance Officer Job Description	08/05/2015 11:08 AM



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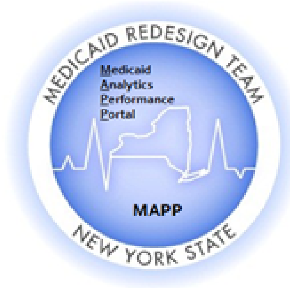
Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize PPS finance structure, including reporting structure	
Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	
Finalize Compliance Plan consistent with New York State Social Services Law 363-d	
Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy.	
Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest	
Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation	
Contract 50% of care-costs through Level 1 VBPs, and >= 30% of these costs through Level 2 VBPs or higher	
>=90% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and >= 70% of total costs captured in VBPs has to be in Level 2 VBPs or higher	



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IPQR Module 3.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

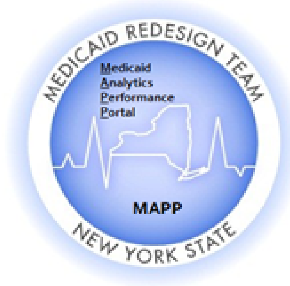
Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found



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IPQR Module 3.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing these cross-cutting organizational strategies, including potential impacts on specific projects and, crucially, any risks that will undermine your ability to achieve outcome measure targets.

Risk: Implementation of a properly functioning Financial Sustainability Plan
Risk Category: Scope

Impact: The success of RCHC in properly assessing the financial health and challenges of its PPS partners will be the sharing of financial and operational data that are not customarily shared outside of the organization. Access to such information is critical RCHC's ability to identify and assist "financially fragile" organizations.

Mitigation: Confidential surveys will initially be utilized to assess at a macro level the financial health of a PPS partner. RCHC will also publicize its Funds Flow strategy to prioritize the distribution of the Sustainability Fund to support those organizations in need of such resources. Additionally, the development of a shared IT infrastructure throughout the network providing real-time access to certain financial and performance data will allow RCHC to identify negative financial trends in an expedited fashion. Once a PPS partner is identified as "financially fragile", confidential meetings will be held to assist with the development of Performance Improvement Plans.

Risk: Inability to access performance data and its detrimental impact on the financial reporting infrastructure
Risk Category: Resource
Impact: The ability to timely-access financial/operating metrics that are necessary to evaluate performance and access to the DSRIP Incentive Payments is critical to the success of RCHC; such a reporting structure does not currently exist

Mitigation: PPS partners will be educated on the reporting requirements necessary to access DSRIP Incentive Payments which will included in partner contracts. RCHC's website will also be updated on a regular basis with the requisite reporting requirements with reminders sent out.

Risk: Obtaining "buy-in" of RCHC's DSRIP project Budget and Funds Flow methodology
Risk Category: Scope

Impact: Success under DSRIP will be the development of a budget and funds flow model that the PPS partners believe appropriately rewards them for their efforts and related results. This is not an easy task amongst providers whom have not historically collaborated.

Mitigation: RCHC hopes to gain "buy-in" through continual and meaningful communication with its PPS partners over the next 2 quarters as the Budget and Funds Flow are finalized. We will also establish a funds flow model that is transparent to all PPS partners and ensure that all plan requirements, processes and payment schedules are clearly communicated on a regular basis.

Risk: Effective Collaboration with Other PPS' in the Region
Risk Category: Scope

Impact: RCHC is collaborating with 2 other PPS' in the region. This collaboration is imperative for the success of DSRIP and to ensure financial resources are efficiently utilized to achieve its goals for the region. Many of the shared projects and partners with the other PPS' will result in the PPS' sharing the cost of DSRIP project implementation and bonus payments to providers, and thus, a strong collaborative effort must be forged between the PPS'.

Mitigation: To achieve this goal, the 3 PPS' have formed a PPS Collaboration Committee to assist in this effort and ensure that each PPS appropriately bears the cost of projects and distribution of payments to its partners.

Risk: Transition to VBP
Risk Category: Scope

Impact: Transitioning from fee-for-service to VBP models can be a difficult task for many providers, especially those new to Medicaid managed care and fee-for-service reimbursement.

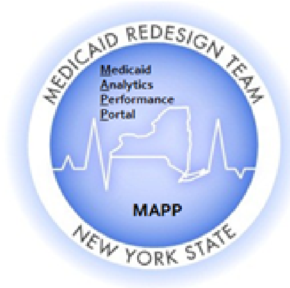
Mitigation: To facilitate moving partners to VBP models, RCHC will provide education and technical assistance. In addition, those who are assessed to be more ready for transition to VBP will be early adopters and the "lessons learned" from these early adopters will be shared with others to assist with transition to VBP.

IPQR Module 3.4 - Major Dependencies on Organizational Workstreams

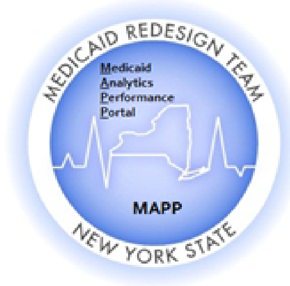
Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

During RCHC's preliminary assessment of the interdependency of the Financial Sustainability finance functions with other workstreams, the following interdependencies were identified: Governance: A fully functioning governance structure with the roles and responsibilities of the Finance and Compliance Committees is essential for the success of the PPS. In addition, the expectations of RCHC's partners that impact the finance function must be clearly articulated and negotiated as part of the negotiation of the contracts with the PPS partners. These responsibilities will include access to financial and operational performance data necessary to evaluate the financial health of partners will be required as well as their responsibilities to timely report financial and performance metrics required to monitor performance, by project, and access DSRIP Incentive Payments. DSRIP Projects: RCHC's finance function must have a clear understanding of the participation level of PPS partners in projects and which other PPS' have selected a project and/or partner for implementation. This will allow RCHC's Financial Governing Committee to effectively articulate an efficient and appropriate Budget and Funds Flow. In addition, the PPS and its partners must clearly understand the cost of implementation and other financial impacts to inform the Funds Flow and Financial Sustainability Plan. Lastly, as VBP models are explored with MCOs, formal collaborative efforts with the IDS Workgroup must be effectuated. Workforce: The finance function will work closely with the



workforce workstream to ensure that the appropriate workforce strategy and costs are included in the Budget and Funds Flow. Additionally, the finance function will ensure that the appropriate data related to workforce strategy and its impact are being gathered and reported to meet the DSRIP requirements. Performance Reporting: Quarterly reporting is essential for RCHC to access DSRIP Incentive Payments. As such, the finance function must be closely aligned with the performance payment and IT workstreams to ensure that the appropriate PPS-level and partner-level financial and operational performance metrics are compiled and adequately reported to DOH. IT and Data: The ability to create a shared reporting infrastructure to allow RCHC to monitor the financial health of PPS partners on a timely basis is critical to the success of our partner network financial health assessments as well as the reporting of financial and operating metrics necessary to evaluate partner- and project-specific performance which is necessary to administer payments to providers of the DSRIP incentive funds.

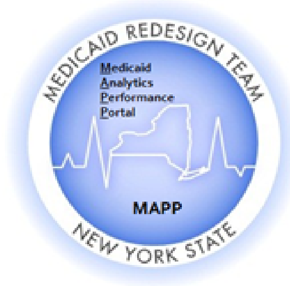


IPQR Module 3.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Chief Administrative and Medical Officer	Corinna Manini M.D.	Participate in development of financial strategies and funds flow plans to ensure they are aligned with clinical strategies
Chief Strategy Officer	Alexandra Khorover, Esq.	Create contracts with minimum performance requirements to ensure partner compliance and include requirements for PPS membership; Provides guidance on legal and regulatory issues.
Chief Information Officer	Rachel Merk	Implement necessary IT systems as identified
Finance Officer	Shaindy Landerer, CPA	Build financial tools to execute Funds Flow Plan and the related banking, accounts payable and general ledger functions. Allocate DSRIP funds received from DOH to the appropriate partners in accordance with the Funds Flow plan and partner contracts. Manage PPS budget.
Reporting and Tracking	Michael Kaplan, FNP, Director of Informatics	Collect and maintain provider status database; Develop ongoing reporting and tracking processes as needed
Compliance Officer	Azizza Graziul, Esq	Oversee the development and implementation of the compliance plan of the PPS Lead and related compliance requirements of the PPS as they are defined. Scope would include the PPS Lead compliance plan related to DSRIP. The compliance role should report to the executive governing body.
DSRIP Coordinator	Anne Cuddy	Central point of contact for all external and internal communication; Responsible for managing and tracking meeting records; Submission of quarterly reports
General Human Resources Staff	Refuah Health Center, allocation of human resources staff	Oversee compensation and benefits, particularly as it applies to VBP; Participate in staff on-boarding, communication and training as needed
Executive Governing Body	Chanie Sternberg, Chair, Joel Mittleman, Vice Chair, Deb Marshall, Secretary, Victor Ostreicher, Treasurer, Sanjiv Shah, MD, Fidelis, Ann Nolon, HRHC, Nolly Climes, Rehab Support Svcs., Chris Fortune, OPWDD, Uri Koenig, Pine Valley, Cynthia Wolff, 1199	Develop overarching vision and provide general oversight; Final approval of key strategies, plans and budgets
Clinical Governance Committee	Corinna Manini, MD, CAO & CMO, RCHC, Tamy Skaist, Ezras Cholim, Tom Bolzan, Orange County DMH, remaining members	Provide reports on partner performance and participate in the development of corrective action plans as needed



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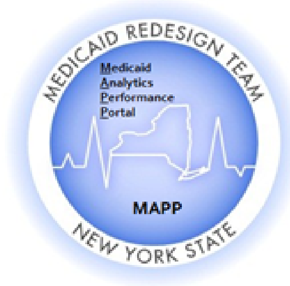
Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
	TBD	
Operations Committee	Chanie Sternberg, CEO, RCHC, Victor Ostreicher, Treasurer,, Joel Mittelman, Vice Chair	Oversight of the Project Management Office
General Accounting Staff	Refuah Health Center, allocation of accounting staff	Responsible for the day-to-day performance of the general ledger postings for receipts of DSRIP incentive payments and disbursements. This will include the day-to-day performance of accounts payable and payroll processes.
Auditor	External firm TBD	An external audit firm will perform the audit of RCHC, as a distinct program within Refuah Health Center, with its financial activities audited and disclosed separately in supplemental schedules included in the audit. The audit will be conducted according to an audit plan approved by the Financial Governing Committee and executive governing body, and presented to Refuah Health Center's Financial Governing Committee and Board of Directors for approval. Separate internal control audit to be performed of the DSRIP program, separate and apart from the financial statement audit.
Financial Consultant	Cohn Reznick	Advise on the performance of VBP Baseline Assessment and related roadmap, develop Financial Sustainability Plan, advise on Funds Flow Plan.
VBP Workgroup	Members TBD	Compile the findings from the VBP Readiness Survey to identify opportunities for Value Based Payment; Conduct meetings with the major MCOs in Rockland and Orange counties to discuss potential contracting options, potential VBP revenue sources and the requirements necessary to negotiate VBP models with the MCOs.
RCHC Lead Entity	Refuah Health Center	Financial responsibility for the PPS
Compliance Committee	Azizza Graziul, Esq. (Compliance Officer), Alexandra Khorover, Esq., Rachel Merk (IT), confirmed. Additional partner representatives with compliance experience relevant to project	Provide oversight of PPS compliance functions. Provide input and guidance to PMO and Compliance Officer on matters related to compliance prevention and response. Regularly review reports from compliance officer on compliance activities. Ensure that PPS is meeting OMIG and DOH requirements with respect to compliance and corporate integrity.



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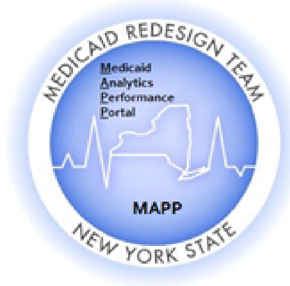
IPQR Module 3.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
PPS Partner Board of Directors	PPS Partners	Overall responsibility for their organizations' execution of their DSRIP responsibilities
PPS Partner CEOs/Management Team	PPS Partners	Responsible for their organizations' execution of their DSRIP responsibilities
PPS Partner CFOs/Finance Team	PPS Partners	Primary finance contact for the PPS partner. Responsible for conducting DSRIP related finance tasks
PPS Partner CIOs/IT Team	PPS Partners	Implement necessary IT systems as identified
PPS Partner CMO/Clinical Leadership	PPS Partners	Responsible for participating in contracting decisions and overall partner compliance
PPS Partner CMO/Clinical Leadership	PPS Partners	Responsible for leading clinical staff and participating in VBP transition
PPS Partner Legal/Compliance	PPS Partners	Responsible for participating in contracting decisions and overall partner compliance
PPS Partner HR Departments	PPS Partners	Support data collection of compensation and benefit information; current state workforce information and potential hiring needs
PPS Partner Providers (Primary Care)	PPS Partners	Participate in VBP transition
PPS Partner Providers (Non-Primary Care)	PPS Partners	Participate in VBP transition
PPS Partner Providers (Behavioral Health and Addiction)	PPS Partners	Participate in VBP transition
PPS Partner Frontline Workers	PPS Partners	Participate in VBP transition
PPS Partner CBOs	PPS Partners	Participate in VBP transition
PPS Partner Inpatient Facilities (Acute and BH)	PPS Partners	Participate in VBP transition
Hudson River Healthcare, Inc dba CommunityHealth Care Collaborative (CCC)	Health Home	Participate and advise on VBP transition and strategy
Rockland & Orange County Department of Health	Local Government Units	Inform PPS of synergistic intiatives and funding sources; Participate in community engagement surrounding VBP
Rockland & Orange County Department of Mental Health	Local Government Units	Inform PPS of synergistic intiatives and funding sources; Participate in community engagement surrounding VBP



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Rockland & Orange County Department of Social Services	Local Government Units	Inform PPS of synergistic initiatives and funding sources; Participate in community engagement surrounding VBP
External Stakeholders		
Montefiore Hudson Valley Collaborative PPS	Other Area PPS	Collaborate on strategies regarding funds flow to shared partners; Consider opportunities for economies of scale
Center for Regional Healthcare Innovation (Westchester-led PPS)	Other Area PPS	Collaborate on strategies regarding funds flow to shared partners; Consider opportunities for economies of scale
Medicaid Managed Care Organizations and other payers including, without limitation, Fidelis Care.	Payor	Actively participate in the development of RCHC's Value Based Payment strategy and roadmap
Special Needs Plans (e.g. HARP)	Payor	Responsible for contracting on a VBP basis for subpopulations
Medicaid enrollees and their families	Patients/ Clients	Assist in identification of barriers and disparities; Provide feedback to PPS and partners; Participate in PAC meetings and needs assessments as necessary
NYS Department of Health	Government	Guide PPS strategy and operations; Monitor PPS performance; Assist with regulatory relief and addressing barriers to DSRIP program success
Government Agencies / Regulators	Government	County and State agencies and regulatory bodies will have oversight and influence in a number of DSRIP related areas - including the importance of waivers or regulatory relief, construction / renovation projects, and other items related to DSRIP. Communication with them regarding DSRIP status, results, future strategies and their role in DSRIP success will be important.
Community Representatives	Community Representatives	Community needs and interests are significant influencers of DSRIP projects and will contribute to the adoption and buy-in across the network. Communication regarding DSRIP status, results, and future strategies will be important to maintain their contribution and influence.
Salient/Medicaid Data Warehouse	Statewide report developer	Provide state Medicaid data to facilitate PPS strategies
Hudson Region DSRIP Lead Committee	Regional cross-PPS committee	Overall coordination and alignment of strategies across the Hudson Valley
Hudson Region DSRIP Steering Committee	Regional cross-PPS committee	Overall coordination and alignment of strategies across the Hudson Valley
Hudson Region DSRIP Workforce Group	Regional cross-PPS committee	Overall coordination and alignment of strategies across the Hudson Valley

IPQR Module 3.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support this particular workstream.

The development of shared IT infrastructure across RCHC's network of providers will support the RCHC's PMO and the work on the financial sustainability of the network by providing the PPS partners with capability for sharing and submitting reports and data pertaining to project performance and other DSRIP related business in a secure and compliant manner. The goal is to establish a shared financial reporting platform across the network, which will be utilized to provide access and visibility to updates on key financial sustainability metrics at the provider and PPS level. The PMO also intends to link the performance reporting mechanisms that will be utilized across RCHC to provide the finance team with current data that may be utilized to track project performance levels and expected DSRIP payments. Other shared IT infrastructure and functionality across the PPS that will support or contribute to the success of the RCHC's Business Office includes: (1) Population Health systems or technology that will support the need to access and report on data related to clinical services and outcomes – for DSRIP required metrics and to meet the needs under value based payment arrangements. (2) Care Coordination technology and systems that supports broad network integration of services and health management capabilities.

IPQR Module 3.8 - Progress Reporting

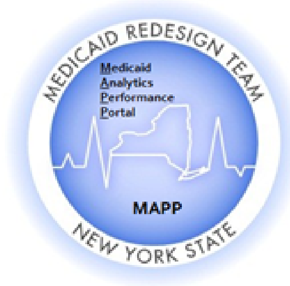
Instructions :

Please describe how you will measure the success of this organizational workstream.

RCHC will align the financial management and sustainability progress reporting with the reporting and oversight structures in place for the DSRIP projects, through the RCHC Project Management Office (PMO). The PMO will be responsible for monitoring progress against project requirements and process measures at a provider level, and the preparation of status reports for the quarterly reporting process for DOH. The PMO will monitor and manage the financial health of PPS partners over the course of the DSRIP program by obtaining quarterly financial reports. Additionally, the PMO will be responsible for consolidating all of the specific financial elements of DSRIP reporting into specific financial dashboards for the RCHC Financial Governing Committee and executive governing body and for the tracking of the specific financial indicators we are required to report on as part of the financial sustainability assessments and the ongoing monitoring of the financial impacts of DSRIP on the PPS partners. Through ongoing reporting, if a partner trends negatively or if the financial impacts are not in line with expectations, the PMO will work with the PPS partner in question to understand the financial impact and develop plans for corrective action. RCHC will provide regular reporting to the Financial Governing Committee, Executive Governing Body and network partners as applicable regarding the financial health of the RCHC and updates regarding any financially fragile List and the plans for distressed providers currently in place.

IPQR Module 3.9 - IA Monitoring

Instructions :



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Section 04 – Cultural Competency & Health Literacy

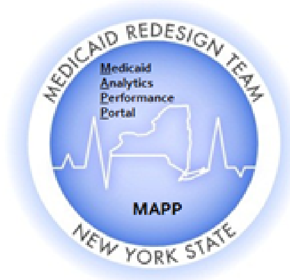
IPQR Module 4.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement. Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation. Note some milestones include minimum expected completion dates.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize cultural competency / health literacy strategy.	In Progress	This milestone must be completed by 12/31/2015. Cultural competency / health literacy strategy signed off by PPS Board. The strategy should: -- Identify priority groups experiencing health disparities (based on your CNA and other analyses); -- Identify key factors to improve access to quality primary, behavioral health, and preventive health care -- Define plans for two-way communication with the population and community groups through specific community forums -- Identify assessments and tools to assist patients with self-management of conditions (considering cultural, linguistic and literacy factors); and -- Identify community-based interventions to reduce health disparities and improve outcomes.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. Establish a Cultural Competency & Health Literacy Workgroup	Completed	Establish/finalize a Cultural Competency & Health Literacy Workgroup that is comprised of organization leaders, key stakeholders and workforce representatives. This team will develop the vision, strategy and plan. The Workgroup will: (a) create the vision for a PPS-wide cultural competency and health literacy program; (b) develop a cultural competency and health literacy strategy which focuses on identified priority groups ; (c) designate parties responsible for each milestone and associated task; (d) ensure completion of milestones and associated tasks; and (e) see the cultural competency/health literacy vision through.	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 2. Identify Project Leads	Completed	Identify project leads that are responsible for the development and execution of activities associated with each milestone.	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 3. Identify Priority Groups	In Progress	Review the CNA which gathered information on the needs and opinions of community stakeholders and Medicaid beneficiaries via surveys; focus groups, key informant interviews; and public comment, as well as other	04/01/2015	10/01/2015	12/31/2015	DY1 Q3	

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		appropriate sources, in order to identity the priority groups for RCHC's service area.					
Task 4. Develop a cultural competency and health literacy strategy	In Progress	Develop a cultural competency and health literacy strategy which takes a holistic approach to reducing cultural barriers to care and increasing the health literacy and understanding of RCHC's service area. The strategy will include, without limitation, a focus on the social determinants of healthcare.	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Review evidence-based research regarding disparities in care	In Progress	Study evidence-based research regarding disparities and barriers to care that exist as a result of socio-cultural practices, norms, and expectations and deficits in health literacy in order to develop an understanding of ways to improve access to quality primary, behavioral health, and preventative care. Develop strategies to reduce barriers consistent with findings.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 6. Research cultural competency and health literacy tools	In Progress	Research and evaluate current cultural competency and health literacy tools and resources to establish the appropriate strategy for RCHC's patient population. Factors to be taken into account when determining the appropriate resources will include the cultural, linguistic and economic status of the identified priority groups; the format of the resources; prior evidence-based outcomes in connection with the resources; and extent to which the resources align with RCHC's overall infrastructure and strategies.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 7. Develop methods for evaluating implemented strategies	In Progress	Develop methods for evaluating effectiveness of implemented cultural competency and health literacy strategies and materials, including surveys of Medicaid beneficiaries & their families, patients, community members and providers, reviews of access patterns, review of training programs, staffing patterns, review of relevant quality indicators, and the review of other relevant outcome and process measures that reflect the needs of the identified priority groups.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 8. Review results of evaluation process	In Progress	Review results of evaluation process to improve and refocus cultural competency and health literacy resources and strategies on an on-going basis.	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 9. Identify "community brokers"	In Progress	Identify organizations and individuals who will serve as "community brokers" and assist in patient outreach and engagement, such as CBOs and other individuals or organizations experienced in working with the identified priority groups.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 10. Develop a communication strategy to engage with stakeholders	In Progress	Develop a communication strategy to engage with providers, patients and community organizations. This strategy will address communication from the PPS to relevant stakeholders and establish methods of receiving and reviewing feedback from providers, patients and community organizations. Identify the most efficient/effective forums for communication of relevant	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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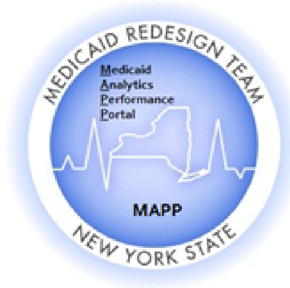
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		information to PPS partners and other stakeholders.					
Task 11. Conduct analysis of tools to assist in patient self-management	In Progress	Conduct an analysis to identify tools and assessments to assist patient self-management. This analysis will consider multiple factors, including without limitation, relevant cultural, socio-economic, linguistic and literacy factors.	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 12. Coordinate with other area PPSs	In Progress	Coordinate and align cultural competency/health literacy strategy with other area PPSs in order to ensure a cohesive regional approach.	06/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 13. Develop measures to monitor effectiveness of cultural competency and health literacy plan.	In Progress	Develop measures to monitor effectiveness of cultural competency and health literacy plan.	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	In Progress	This milestone must be completed by 6/30/2016. Cultural competency training strategy, signed off by PPS Board. The strategy should include: -- Training plans for clinicians, focused on available evidence-based research addressing health disparities for particular groups identified in your cultural competency strategy -- Training plans for other segments of your workforce (and others as appropriate) regarding specific population needs and effective patient engagement approaches	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	YES
Task 1. Identify Project Leads	In Progress	Identify project leads responsible for this milestone.	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 2. Conduct Training Needs Assessment	In Progress	Conduct training needs assessment based upon identified barriers for priority groups. Determine new skills/requirements needed for clinicians and for other key stakeholders, as a group and at an individual provider level.	08/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 3. Identify training topics and programs	In Progress	Identify the appropriate training topics and programs that will be used, with a focus on training providers and key stakeholders based upon identified gaps in current practices as they relate to priority groups.	08/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 4. Determine training methods	In Progress	Determine the training methods (e.g., online or in person; in one session or over a period of time; etc.).	08/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5. Create training schedule	In Progress	Create a training schedule that identifies: (a) dates and times (timeframe); (b) locations (websites and log-in distribution, physical locations, etc.); (c) instructors; (d) required follow-up.	08/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 6. Ensure appropriate technology is in place	In Progress	Ensure that the appropriate technology or infrastructure is in place to orchestrate training sessions.	09/01/2015	03/31/2016	03/31/2016	DY1 Q4	



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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
Finalize cultural competency / health literacy strategy.	acrhc	20_MDL0403_1_1_20150806152410_Cultural Competency - Health Literacy Discussion Session Notes.pdf	Cultural Competency and Health Literacy Session Notes 11.2014	08/06/2015 03:23 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize cultural competency / health literacy strategy.	RCHC has assigned Dr. Manini, CAO/CMO to be the Project Lead for Cultural Competency/Health Literacy. Very early in the DSRIP process, on 11/12/14, RCHC held a Cultural Competency and Health Literacy Discussion Session as part of a PAC meeting, in order to set the tone for the PPS in making cultural competency and health literacy a priority and engage partners in this endeavor. RCHC is in the process of establishing the Cultural Competency/Health Literacy Work Group. Representatives include the following: Joel Mittelman Ezras Choilim (FQHC), Caren Fairweather, MISN Orange County (CBO), Katherine Brieger HRHC (Health Home), Tasha Scott (MPH candidate), representative TBD (1199 labor union). Additional representatives may be added in the upcoming quarters. On 6/19 a cross-PPS Cultural Competency & Health Literacy Strategy conference call was held to discuss and align strategies.
Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	Dr. Manini, CAO/CMO has been assigned as Project Lead for the Cultural Competency/Health Literacy Training strategy.

IPQR Module 4.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

IPQR Module 4.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing your cultural competency / health literacy strategy and addressing the specific health disparities you are targeting (based on your CNA), and achieving the milestones described above - including potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

Risk: Priority Groups
Risk Category: Resource
Proper Identification of Priority Groups - Failure to fully identify and engage with priority groups constitutes a potential risk.

Potential Impact: An inability to completely identify and meaningfully engage with all of the priority groups relevant to RCHC's service area will affect the success of the overall Cultural Competency & Health Literacy strategy.

Mitigation: This risk can be mitigated by thorough analysis of the existing barriers and disparities and working closely with key community groups. In particular, RCHC will utilize the experiences of its FQHC partners, as well as CBOs and other appropriate sources to appropriately identify and engage all of the relevant priority groups.

Risk: Insufficient Resources
Risk Category: Resource
Network partners in general, and practitioners in particular, may have limited time and resources to devote to participation in training sessions and other engagement initiatives. This challenge may be especially poignant where partners are participants in more than one PPS.

Potential Impact: Networks partners might not make this training a priority due to their limited resources

Mitigation: RCHC will attempt to mitigate this risk by working with partners to tailor engagement and training activities to their schedules and needs, and wherever possible, to coordinate RCHC activities with the other area PPSs in order to avoid redundancies.

Risk: Self-Assessment Flaws
Risk Category: Scope
To the extent that certain aspects of the training program will rely upon practitioner self-assessment, there is a risk that such self-assessments will not accurately reflect the actual current status of PPS practitioners with respect to cultural competency and health literacy practices.

Potential Impact: Training programs could be poorly optimized based on inaccurate baseline data

Mitigation: RCHC will attempt to mitigate this risk through the use of objective assessment tools and strategies, and regular audits of training activities and results.

Risk: Historical Challenges
Risk Category: Scope
Past challenges in the local community with identifying and breaking down cultural and health literacy barriers to care could present a risk to the success of the cultural competency/health literacy plan unless past challenges are identified and addressed.

Potential Impact: Low efficacy and ineffective engagement of programs if the stakeholders feel that this is already something they have done and has not been successful, or if historical mistakes are repeated.

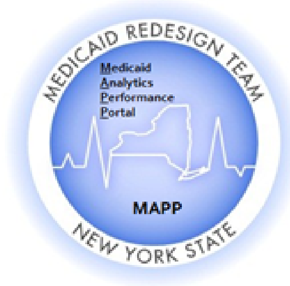
Mitigation: RCHC believes this risk can be mitigated through collaboration with local CBOs and other stakeholders with prior cultural competency experiences in order to avoid past mistakes and develop a functional strategy which facilitates renewed engagement.

IPQR Module 4.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

A number of inter-dependencies exist between RCHC's Cultural Competency/Health Literacy strategy and other organizational workstreams. First, there is a relationship between the training components of RCHC's workforce transformation plans, practitioner engagement plans and Cultural Competency/Health Literacy strategy. The training strategies for cultural competency and health literacy will be developed in a way that is streamlined with other training and communication initiatives in order to maximize partner time and engagement. Further, cultural competency/health literacy is also closely tied to workforce strategy, to the extent that a successful cultural competency/health literacy plan is reliant, in part, upon hiring individuals, e.g. community navigators, with experience in working with identified priority groups. Cultural competency/health literacy plans will also need to be closely coordinated with clinical integration and population health plans. Additionally, the success of RCHC's cultural competency/health literacy strategy is interdependent upon the identification and implementation of IT systems and solutions that facilitate training and engagement of the key stakeholders. Finally, the financial sustainability plan will help RCHC partner's improve their capabilities for the training, workflow shifts, and IT solutions necessary to improve the cultural competency and health literacy practices of the PPS as a whole.

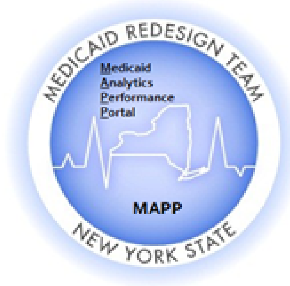


IPQR Module 4.5 - Roles and Responsibilities

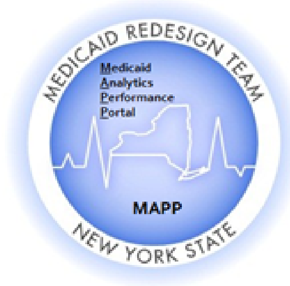
Instructions :

Please list and elaborate upon the key people/organizations responsible for this workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Chief Administrative and Medical Officer	Corinna Manini M.D.	Oversee implementation of this workstream
Chief Strategy Officer	Alexandra Khorover, Esq.	Develop training strategy
Chief Information Officer	Rachel Merk	Implement necessary IT systems as identified
Finance Officer	Shaindy Landerer, CPA	Manage budget for PPS in collaboration with Finance Committee
Reporting and Tracking	Michael Kaplan, FNP, Director of Informatics	Collect and maintain provider status database; Develop ongoing reporting and tracking processes as needed
DSRIP Coordinator	Anne Cuddy	Central point of contact for all external and internal communication; Responsible for managing and tracking meeting records; Submission of quarterly reports
General Human Resources Staff	Refuah Health Center, allocation of human resources staff	Oversee compensation and benefits; Participate in staff on-boarding, communication and training as needed
Executive Governing Body	Chanie Sternberg, Chair, RHC, Joel Mittelman, Vice Chair Ezras Cholim, Deb Marshall, Secretary, Bon Secours, Sanjiv Shah, MD, Fidelis, Ann Nolon, HRHC, Nolly Climes, Rehab, Support Svcs, Chris Fortune, OPWDD, Uri Koenig, LTC Pine Valley, V. Ostriecher, Treasurer, Cynthia. Wolff, 1199	Develop overarching vision and provide general oversight; Final approval of key strategies, plans and budgets
Clinical Governance Committee	Corinna Manini, MD, CAO & CMO RCHC, Tamy Skaist, Ezras Cholim, Tom Bolzan, OC DMH remaining members TBD	Assure that clinical protocols and workflows meet cultural competency and health literacy standards
Financial Governing Committee	G.eorge Weinberger, Chair, Joel Mittelman, Vice Chair, Victor Ostreicher, Treasurer, Uri Koeniq, Pine Valley, Chris Fortune, OPWDD, P. Epp, Cohn Resnick, Shaindy Landerer, Finance Officer	Advise and approve on workstream costs and budgets
Operations Committee	Chanie Sternberg, CEO, RCHC, Victor Ostreicher, Treasurer, Joel Mittelman, Vice Chair, Ezras Cholim	Oversight of the Project Management Office
Training Vendor	TBD considering 1199	Coordinate training schedule and sessions, maintain accurate records of all attendees, provide centralized training platform/solution for use by PPS
Workforce Consultant	TBD	Include cultural competency and health literacy in workforce deliverables
Cultural Competency & Health Literacy	Joel Mittelman Ezras Choilim (FQHC), Caren Fairweather, MISN	Develop the vision, strategy and plan



Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Workgroup	Orange County (CBO), Katherine Brieger HRHC (Health Home), Tasha Scott (MPH candidate), representative TBD (1199 labor union). Additional representatives may be added in the upcoming quarters.	
Training Vendor	TBD considering 1199	Coordinate training schedule and sessions, maintain accurate records of all attendees, provide centralized training platform/solution for use by PPS
Workforce Consultant	TBD	Include cultural competency and health literacy in workforce deliverables
Cultural Competency & Health Literacy Workgroup	Joel Mittelman Ezras Choilim (FQHC), Caren Fairweather, MISN Orange County (CBO), Katherine Brieger HRHC (Health Home), Tasha Scott (MPH candidate), representative TBD (1199 labor union). Additional representatives may be added in the upcoming quarters.	Develop the vision, strategy and plan. Provide input on identification of priority groups; provide front-line insight into cultural competency/health literacy challenges; guide development of appropriate tools and methods to reduce barriers to care; assist in the identification of resources.
Compliance Committee	Azizza Graziul, Esq. (Compliance Officer), Alexandra Khorover, Esq., Rachel Merk (IT), confirmed. Additional partner representatives with compliance experience relevant to project implementation TBD.	Provide oversight of PPS compliance functions. Provide input and guidance to PMO and Compliance Officer on matters related to compliance prevention and response. Regularly review reports from compliance officer on compliance activities. Ensure that PPS is meeting OMIG and DOH requirements with respect to compliance and corporate integrity.

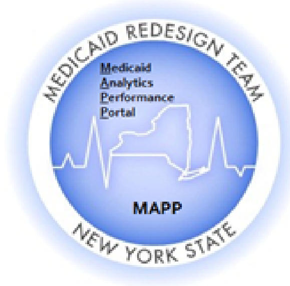


IPQR Module 4.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
PPS Partner Board of Directors	PPS Partners	Overall responsibility for their organizations' execution of their DSRIP responsibilities
PPS Partner CEOs/Management Team	PPS Partner CEOs/Management Team	Responsible for their organizations' execution of their DSRIP responsibilities
PPS Partner CFOs/Finance Team	PPS Partners	Primary finance contact for the PPS partner. Responsible for conducting DSRIP related finance tasks
PPS Partner CMO/Clinical Leadership	PPS Partners	Responsible for leading clinical staff and implementing clinical DSRIP initiatives in a culturally competent manner
PPS Partner HR Departments	PPS Partners	Include cultural competency recommendations in hiring and on-boarding processes
PPS Partner Providers (Primary Care)	PPS Partners	Will play a key role in engaging with patients and supporting the PPS in the implementation of its cultural competency/health literacy strategy. Undergo additional training as identified
PPS Partner Providers (Non-Primary Care)	PPS Partners	Will play a key role in engaging with patients and supporting the PPS in the implementation of its cultural competency/health literacy strategy. Undergo additional training as identified
PPS Partner Providers (Behavioral Health and Addiction)	PPS Partners	Will play a key role in engaging with patients and supporting the PPS in the implementation of its cultural competency/health literacy strategy. Undergo additional training as identified
PPS Partner Frontline Workers	PPS Partners	Will play a key role in engaging with patients and supporting the PPS in the implementation of its cultural competency/health literacy strategy. Undergo additional training as identified
PPS Partner CBOs	PPS Partners	Provide input on health disparities, cultural competency, health literacy, and engage with the community to execute DSRIP requirements; Undergo additional training as identified
PPS Partner Inpatient Facilities (Acute and BH)	PPS Partners	Will play a key role in engaging with patients and supporting the PPS in the implementation of its cultural competency/health literacy strategy. Undergo additional training as identified
Hudson River Healthcare, Inc dba	Health Home	Will play a key role in engaging with patients and supporting the



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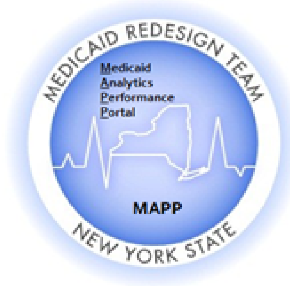
Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
CommunityHealth Care Collaborative (CCC)		PPS in the implementation of its cultural competency/health literacy strategy. Undergo additional training as identified
Rockland & Orange County Department of Health	Local Government Units	Inform PPS of historical and existing initiatives as well as future priorities; Participate in community engagement initiatives and communication processes; provide feedback and support
Rockland & Orange County Department of Mental Health	Local Government Units	Inform PPS of historical and existing initiatives as well as future priorities; Participate in community engagement initiatives and communication processes; provide feedback and support
Rockland & Orange County Department of Social Services	Local Government Units	Inform PPS of historical and existing initiatives as well as future priorities; Participate in community engagement initiatives and communication processes; provide feedback and support
External Stakeholders		
Montefiore Hudson Valley Collaborative PPS	Other Area PPS	Collaboration and sharing of best-practices
Center for Regional Healthcare Innovation (Westchester-led PPS)	Other Area PPS	Collaboration and sharing of best-practices
Non Partner CBOs	Contracted and non-contracted CBOs	Assist in identification of barriers; serve as community brokers.
Medicaid enrollees and their families	Patients/ Clients	Assist in identification of barriers and disparities; Provide feedback to PPS and partners; Participate in PAC meetings and needs assessments as necessary
NYS Department of Health	Government	Guide PPS strategy and operations; Monitor PPS performance; Assist with regulatory relief and addressing barriers to DSRIP program success
Community Representatives	Community Representatives	Assist in identification of barriers; Provide input on health disparities; Serve as community brokers to engage with the community. Community representatives will include participants from CBOs representing various subject matters areas, such as primary care, mental health, drug dependency services, emergency services, long-term care, social services, and education. Community representatives will have a track record of connecting directly to community members. Representatives of the identified priority groups will also be included.
Addiction and Mental Health Community Organizations	Contracted and non-contracted community organizations	Assist in the identification of barriers; serve as community brokers to engage the community; collaboration and sharing of best practices.



IPQR Module 4.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support the development and implementation of your cultural competency / health literacy strategy and the achievement of the milestones described above.

The development of shared IT infrastructure across RCHC will support development and implementation of RCHC's cultural competency & health literacy strategy and provide the network partners with capability for implementing cultural competency and health literacy solutions, and sharing and submitting reports and data pertaining to meeting cultural competency/health literacy milestones. In particular, RCHC will explore applications to assess and monitor the cultural make-up of the target population and cultural competency of staff and other relevant stakeholders. RCHC will also collaborate with its partners to integrate its systems with partner systems that currently monitor such data, e.g. community health centers. IT infrastructure will also support the training solutions and practitioner engagement that is necessary for successful achievement of the milestones for this aspect of the project.

IPQR Module 4.8 - Progress Reporting

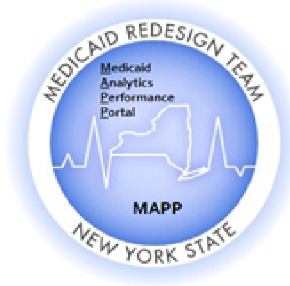
Instructions :

Please describe how you will measure the success of this organizational workstream.

The success of RCHC's cultural competency/health literacy strategy will be measured against the timely development of a cultural competency/health literacy strategy, and implementation of a training plan approved by the Executive Governing Body. Provider feedback on strategies and training effectiveness will also be monitored. Cultural Competency and health literacy progress reporting will be aligned with overall PPS reporting structures and process, which will be coordinated by the Project Management Office. The PMO will be responsible for monitoring progress against milestones on an individual partner and PPS-wide basis. The PMO will be responsible for the preparation of status reports for the quarterly reporting process for DOH. Through ongoing reporting, if negative trends are identified or results are not in line with expectations, the PMO will work with the stakeholders in question to understand the origin of the problem and develop plans for corrective action. The Cultural Competency Project Team will provide regular reporting to the Clinical Governance Committee, Executive Governing Body and network partners as applicable regarding the progress of the RCHC Cultural Competency/Health Literacy Program.

IPQR Module 4.9 - IA Monitoring

Instructions :



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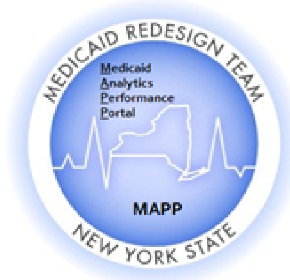
Section 05 – IT Systems and Processes

IPQR Module 5.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.
Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	In Progress	Detailed IT current state assessment. Relevant QEs (RHIOs/HIEs) should be involved in performing this assessment.	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. Governance Committee	In Progress	Establish IT/Data Governance Committee structure with governance team and members (IT and Data Committee will contain relevant individuals from different partner organization types e.g. hospital, FQHC, CBO, BH/MH, LTC, etc.) . Receive approval through governance process.	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Strategy and Evaluation	In Progress	Develop strategy with multi-PPS and QE for evaluation of partners and sharing of IT assessment data.	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Select Vendor	In Progress	Evaluate and select vendor to assist with assessment collection and compilation.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Evaluate IT State	In Progress	Evaluate current IT state across PPS through various communication methods, including meeting, conference calls, surveys, email.	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5. Analysis of Results	In Progress	Perform analysis of results of IT assessment to locate gaps and needs for each partner and on a PPS-wide basis.	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 6. Analyze Results of Partner Collaboration	In Progress	Analyze results of partners in collaboration with other regional PPSs and ensure alignment/collaboration on closing gaps (especially with shared partners).	10/15/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 7. PPS Wide Strategies	In Progress	Develop PPS wide strategies for closing identified gaps and needs. Estimate costs to partners/PPS and reconcile with budget.	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 8. Reporting/Tracking	In Progress	Create reporting /status tracking method partner progress towards "closing the gaps" identified.	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task	In Progress	Review "close the gap" strategies and receive approval through governance	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	



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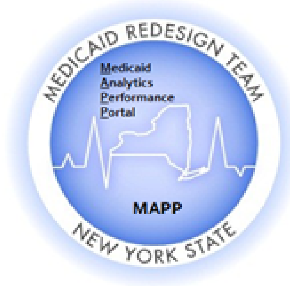
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
9. Close the Gap		process .					
Milestone #2 Develop an IT Change Management Strategy.	In Progress	IT change management strategy, signed off by PPS Board. The strategy should include: -- Your approach to governance of the change process; -- A communication plan to manage communication and involvement of all stakeholders, including users; -- An education and training plan; -- An impact / risk assessment for the entire IT change process; and -- Defined workflows for authorizing and implementing IT changes	08/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. Process Management	In Progress	Develop approach to management of change process with IT and Data Governance Committee and in collaboration with other regional PPSs. (RefuahCHC IT and Data Governance Committee includes Refuah's CIO, and leadership from our local QE HealthLinkNY, Ezras Choilim, Hudson River Health, Bon Secours, Westchester Medical Center along with other members). Ensure that partner contracting includes language binding them to future IT change Management policies and procedures for PPS.	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Communication	In Progress	Develop communication plan to manage communications of IT change management throughout PPS.	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Roles and Responsibilities	In Progress	Develop specific roles, responsibilities, oversight, workflows and processes for authorizing and implementing IT changes. Provider to IT and Data Governance Committee for review, suggestions, and further edits	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Impact and Risk Assessment	In Progress	Perform impact/risk assessment for IT change process.	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Education and Training	In Progress	Develop education and training plan in tandem with workforce training. Develop plan with input from current state assessment to be performed in first milestone.	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5. Costs	In Progress	Estimate costs to partners/PPS and reconcile with budget.	10/15/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 6. Reporting Methods	In Progress	Create reporting method for PPS partners to approve and attest to implementation of change management strategy.	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 7. Review Final Drafts	In Progress	Review final drafts with IT and Data governance committee for review, suggestions, further edits and final approval. Send to Steering committee for final approval.	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 8. Rollout	In Progress	Rollout IT Change Management Strategy.	12/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Milestone #3 Develop roadmap to achieving clinical data	In Progress	Roadmap document, including current state assessment and workplan to achieve effective clinical data sharing and interoperable systems where	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO



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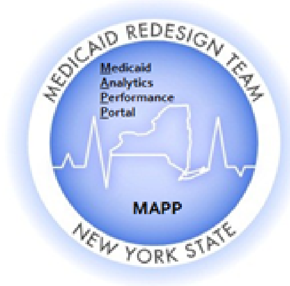
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
sharing and interoperable systems across PPS network		required. The roadmap should include: -- A governance framework with overarching rules of the road for interoperability and clinical data sharing; -- A training plan to support the successful implementation of new platforms and processes; and -- Technical standards and implementation guidance for sharing and using a common clinical data set -- Detailed plans for establishing data exchange agreements between all providers within the PPS, including care management records (completed subcontractor DEAAs with all Medicaid providers within the PPS; contracts with all relevant CBOs including a BAA documenting the level of PHI to be shared and the purpose of this sharing).					
Task 1. Data Sharing	In Progress	Develop a PPS "clinical data sharing and clinical interoperability requirements matrix" by partner type and project participation with project workgroups and IT and Data Governance Committee.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Approval	In Progress	Receive approval from steering committee for finalized requirements matrix. Provide to governance work stream to include requirements in all contracts with PPS partners and other external partners	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Requirement Matrix	In Progress	Review requirements matrix with other PPS to determine similarities and differences between strategies and determine shared "rules of the road" to reduce burden upon providers in multiple PPS' and to align strategies across the region.	10/15/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. PPS- Wide Guidelines	In Progress	Develop PPS-wide guidelines documents for clinical data sharing and technical standards based upon PPS requirements matrix from step 1 and 2. Receive approval from Steering Committee and distribute through multiple engagement channels to all partners.	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 5. Review Current State Assessment Data	In Progress	Review current state assessment data from first milestone. Develop training plan based upon the for new workflows/procedures required to meet technical standards & data sharing requirements in collaboration with workforce and regional PPS. Receive Steering Committee approvals.	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 6. Partner Compliance and Monitoring	In Progress	Develop ongoing monitoring processes for status of partner's compliance with technical standards, clinical data sharing requirements and "close the gaps" projects. Metrics to monitor include # of DIRECT messages sent/received, # of patient consents collected for RHIO, # of CCDA summaries exchanged between POC and RHIO, # of CBO partners with web portal access to RHIO, # of all PPS partners with automated bidirectional exchanges with RHIO.	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	



New York State Department Of Health
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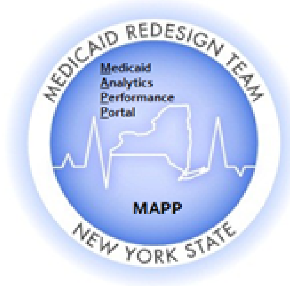
Refuah Community Health Collaborative (PPS ID:20)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		Identify areas of low vs. high adoption, usage and implementation of technical and clinical data sharing standards. Include in quarterly reviews of numerous committees and in PAC meetings to promote broader adoption, and also to determine new/alternate methods for achieving clinical integration and data sharing across PPS.					
Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	In Progress	PPS plan for engaging attributed members in Qualifying Entities, signed off by PPS Board. The plan should include your approach to outreach into culturally and linguistically isolated communities.	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. IT/Data Governance	In Progress	Task IT/Data governance committee with development of RefuahCHC strategy for attributed member engagement with QE.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Collaboration	In Progress	Ensure collaboration with regional PPSs and QEs on strategy alignment. Discuss creating a regional PPS QE Engagement workgroup.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Identify System Needs	In Progress	Identify system needs, interfaces and member engagement channels available from PPSs, QEs and CBOs. Perform with current state assessment in milestone 1.	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Patient Engagement	In Progress	Develop patient engagement plan for RCHC based on regional strategies and in collaboration with cultural competency and workforce work streams to ensure proper training, cultural sensitivity and strategies are aligned.	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 5. Quality Monitoring	In Progress	Determine quality monitoring process and engagement metrics with QE.	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 6. Approvals	In Progress	Receive necessary approvals from governing body and QE.	12/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Milestone #5 Develop a data security and confidentiality plan.	In Progress	Data security and confidentiality plan, signed off by PPS Board, including: -- Analysis of information security risks and design of controls to mitigate risks -- Plans for ongoing security testing and controls to be rolled out throughout network.	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. IT/Data Governance	In Progress	Task IT/Data governance committee with development of RCHC data security and confidentiality plan.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Risk Assessment - Data Sharing	In Progress	Perform Risk Assessment of different data sharing requirements for PPS and mitigation strategies for each (this includes assessment of DIRECT messaging, bidirectional data exchange with RHIO, RHIO web portal usage, MAPP, population health management solution, other automated data exchanges and tools utilized in PPS).	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Risk Assessment Individual Partner	In Progress	Perform risk assessment at individual partner level during gap analysis (milestone 1) to identify risks and provide mitigation strategies.	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Data Security	In Progress	Develop PPS -wide data security and confidentiality policies and procedures in conjunction with Refuah HIPAA Security officer and Refuah Compliance	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	



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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		Officer. Collaborate with regional PPSs on alignment of policies and procedures. Policies will encompass collection, exchange, use, storage and disposal of PHI PPS-wide.					
Task 5. Communication	In Progress	Develop communication and training plan to ensure PPS-wide knowledge of all policies and procedures.	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 6. Monitoring Audit Process	In Progress	Develop monitoring/audit processes to track partner adherence to PPS data security and confidentiality plan.	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 7. Approvals	In Progress	Receive approval through the governance process for data security and confidentiality policies and procedures and their inclusion in the PPS IT & Data Governance document.	12/01/2015	06/30/2016	06/30/2016	DY2 Q1	

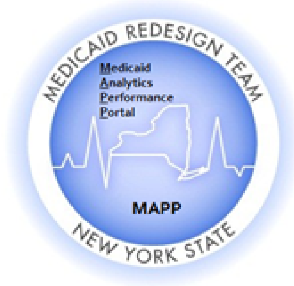
Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	"Detailed IT current state assessment. Relevant QEs (RHIOs/HIEs) should be involved in performing this assessment. Subsequent quarterly reports will require updates on the key issues identified and plans for developing the PPS's IT infrastructure."
Develop an IT Change Management Strategy.	"IT change management strategy, signed off by PPS Board. The strategy should include: -- Your approach to governance of the change process; -- A communication plan to manage communication and involvement of all stakeholders, including users; -- An education and training plan; -- An impact / risk assessment for the entire IT change process; and -- Defined workflows for authorizing and implementing IT changes Subsequent quarterly reports will require an update on the implementation of this IT change management strategy."
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	"Roadmap document, including current state assessment and work plan to achieve effective clinical data sharing and interoperable systems where required. The roadmap should include: -- A governance framework with overarching rules of the road for interoperability and clinical data sharing;



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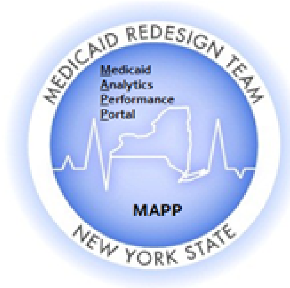
Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	-- A training plan to support the successful implementation of new platforms and processes; and -- Technical standards and implementation guidance for sharing and using a common clinical data set -- Detailed plans for establishing data exchange agreements between all providers within the PPS, including care management records (completed subcontractor DEAAs with all Medicaid providers within the PPS; contracts with all relevant CBOs including a BAA documenting the level of PHI to be shared and the purpose of this sharing). Subsequent quarterly reports will require updates on your implementation of this roadmap and an an update on any changes to the contracts / agreements in place. "
Develop a specific plan for engaging attributed members in Qualifying Entities	"PPS plan for engaging attributed members in Qualifying Entities, signed off by PPS Board. The plan should include your approach to outreach into culturally and linguistically isolated communities. Subsequent quarterly reports will require updates on your progress in implementing this plan."
Develop a data security and confidentiality plan.	"Data security and confidentiality plan, signed off by PPS Board, including: -- Analysis of information security risks and design of controls to mitigate risks -- Plans for ongoing security testing and controls to be rolled out throughout network. Subsequent quarterly reports will require an update on progress on implementing this plan."



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IPQR Module 5.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

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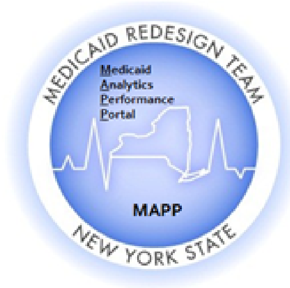


IPQR Module 5.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in creating and implementing your IT governance structure, your plans for data sharing across your network, your approach to data security and confidentiality, and the achievement of the milestones described above, including the potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

Risk: Failure to meet deadlines/milestones due to shared providers being overburdened due to multiple PPS memberships
Risk Category: Schedule

Potential Impact: RCHC shares many partners with the other regional PPSs. Each PPS will be creating its own IT strategies and plans, schedules and requirements for their networks, and we risk burdening our shared partners with differing requirements and duplicating efforts that should be aligned and coordinated across the region. Therefore our schedule for shared partners will heavily influenced by the speed of the regional PPS

Mitigation: In order to produce more aligned strategies, plans and schedules across the region, we are collaborating with the other area PPSs through the creation of a regional RHIO committee to create a shared priority list for RHIO integration. We also plan to collaborate with regional PPS on sharing current state assessment data to reduce duplication of surveying and assessment efforts among shared partners. RCHC has also put dates for shared or collaborative tasks and milestones as far out at as reasonable in anticipation that cross PPS collaboration will require more time to accommodate.

Risk: Surveying results in low response rates and data inaccuracies
Risk Category: Scope

Potential Impact: During previous planning activities, RCHC has discovered that surveying of partners often resulted in large rates of non-response and inaccurate results. Therefore relying solely upon surveys for future gap assessments may not be sufficient to accurately capture necessary data.

Mitigation: To mitigate this risk, we intend to utilize surveying for simple metrics only, while using other analyzing methods, e.g. phone conversations/ in person meetings, in order to collect more detailed/complex information, especially for partners who are essential to our project requirements. We also plan to include survey response as a requirement in partner contracts in order to incentivize providers to complete the requests.

Risk: Overburdening our smaller providers with requirements that are costly or require advanced IT knowledge
Risk Category: Resource

Potential Impact: We know many of our smaller partners lack the knowledge or funding to create the needed IT Infrastructure to support many of the technical requirements and policies for DSRIP. In developing PPS IT requirements, policies and procedures for data sharing and security, we must ensure overly burdens that all our partners are able to meet the requirements.

Mitigation: To mitigate this risk, RCHC will need to determine partner's need for additional IT assistance, and properly budget for these additional

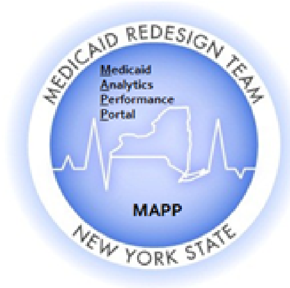
tools/software/consulting services. RCHC also plans to create broad policies and procedures and integration requirements that can be met by all of our partners. In addition, we will look to adopt PPS wide tools that are hosted and/or web based to reduce the IT "lift" required by our partners.

IPQR Module 5.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

The IT Systems and Processes is dependent upon all other major workstreams as IT encompasses all the backend systems that will allow Clinical Integration, Performance Reporting, Population Health Management, and Finance to operate. It is also dependent upon workforce due to the training requirements for new systems, processes and policies to be implemented across the PPS. Governance is also an interdependency as many of the IT strategies and policies created will require acceptance and adherence from our partners, and contracts must be written to ensure this compliance.



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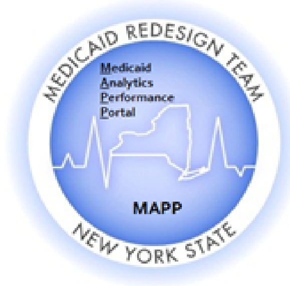
IPQR Module 5.5 - Roles and Responsibilities

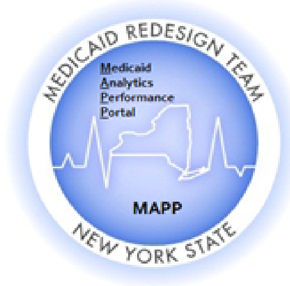
Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Chief Administrative and Medical Officer	Corinna Manini M.D.	Assist with development of interoperability requirements aligned with clinical strategies
Chief Strategy Officer	Alexandra Khorover, Esq.	Create contracts with minimum performance requirements to ensure partner compliance and include technical and data sharing requirements for PPS membership; Provides guidance on legal and regulatory issues.
Chief Information Officer	Rachel Merk	Oversee and lead all deliverables including gap assessment, IT governance, change management, IT and data architecture, data security and confidentiality plan, data exchange plans, risk management, roadmap, communication strategies, and training plan
Finance Officer	Shaindy Landerer, CPA	Manage budget for PPS IT infrastructure and partners' IT infrastructure in collaboration with Finance Committee
Reporting and Tracking	Michael Kaplan, FNP, Director of Informatics	Collect and maintain provider status database; Develop ongoing reporting and tracking processes as needed
Compliance Officer	Azizza Graziul, Esq	Oversee the development and implementation of the compliance plan including adherence to policies and procedures and auditing functions
DSRIP Coordinator	Anne Cuddy	Central point of contact for all external and internal communication; Responsible for managing and tracking meeting records; Submission of quarterly reports
General Human Resources Staff	Refuah Health Center, allocation of human resources staff	Oversee compensation and benefits; Participate in staff on-boarding, communication and training as needed
Executive Governing Body	Chanie Sternberg, Chair, Joel Mittelman, Vice Chair, Victor Ostreicher, Treasurer, Deb Marshall, Secretary, Sanjiv Shah, MD, Fidelis, Ann Nolon, HRHC, Nolly Climes, Rehab Support Svcs., Chris Fortune, OPWDD, Uri Koenig, Pine Valley, Cynthia Wolff, 1199	Develop overarching vision and provide general oversight; Final approval of key strategies, plans and budgets
Clinical Governing Body	Corinna Manini, MD, CAO & CMO, RCHC, Tamy Skaist, Ezras Cholim, Tom Bolzan , OC DMH, remaining members TBD	Assist with development of interoperability requirements aligned with clinical strategies



Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
IT & Data Governance Committee	Rachel Merk, CIO, RCHC, Dan Ocasio, Ezras Cholim, Deb Viola, Westchester Medical Ctr., Maureen Price, Bon Secours, Christine Galianis, HealthLinkNY/RHIO, Rockland County Dept. of Mental Health, Hudson River Health	Provide guidance on development of IT governance, change management, IT and data architecture, data security and confidentiality plan, data exchange plans, and risk management.
Financial Governance Committee	George Weinberger, Chair, J. Mittelman, Victor Ostreicher, Treasurer, Uri Koenig, Pine Valley, C. Fortune, OPWDD, Peter Epp Cohn Resnick, Shaindy Landerer, Finance Officer	Advise and approve on workstream costs and budgets
Operations Committee	Chanie Sternberg, CEO, RCHC, Victor Ostreicher, Treasurer, J.oelMittelman, Vice Chair,	Oversight of the Project Management Office
HIT Consultant	TBD	Assist with performing and developing all deliverables including gap assessment, IT governance, change management, IT and data architecture, data security and confidentiality plan, data exchange plans, risk management, roadmap, communication strategies, and training plans
Training Vendor	TBD considering 1199	Coordinate training schedule and sessions, maintain accurate records of all attendees, provide centralized training platform/solution for use by PPS
Workforce Consultant	TBD	Assess IT staffing resources and IT knowledge of staff across PPS to determine additional staffing / retraining.
IDS & Clinical Integration Workgroup	Members TBD	Provide input for gap assessment questions, technical and data sharing requirements. Identify and recommend workflow changes.
Compliance Committee	Azizza Graziul, Esq. (Compliance Officer), Alexandra Khorover, Esq., Rachel Merk (IT), confirmed. Additional partner representatives with compliance experience relevant to project implementation TBD.	Provide oversight of PPS compliance functions. Provide input and guidance to PMO and Compliance Officer on matters related to compliance prevention and response. Regularly review reports from compliance officer on compliance activities. Ensure that PPS is meeting OMIG and DOH requirements with respect to compliance and corporate integrity.

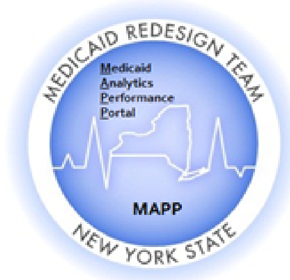


IPQR Module 5.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
PPS Partner Board of Directors	PPS Partners	Overall responsibility for their organizations' execution of their DSRIP responsibilities
PPS Partner CEOs/Management Team	PPS Partner CEOs/Management Team	Responsible for their organizations' execution of their DSRIP responsibilities
PPS Partner CFOs/Finance Team	PPS Partners	Primary finance contact for the PPS partner. Responsible for conducting DSRIP related finance tasks
PPS Partner CIOs/IT Team	PPS Partners	Responsible for ensuring systems are able to meet DSRIP IT requirements, including integrations, data security and reporting.
PPS Partner CMO/Clinical Leadership	PPS Partners	Responsible for leading clinical staff and implementing clinical DSRIP intitiatives
PPS Partner Legal/Compliance	PPS Partners	Responsible for participating in contracting decisions and overall partner compliance
PPS Partner HR Departments	PPS Partners	Support data collection of compensation and benefit information; current state workforce information and potential hiring needs
PPS Partner Providers (Primary Care)	PPS Partners	Utilize IT systems as prescribed to ensure data quality; participate in training as identified
PPS Partner Providers (Non-Primary Care)	PPS Partners	Utilize IT systems as prescribed to ensure data quality; participate in training as identified
PPS Partner Providers (Behavioral Health and Addiction)	PPS Partners	Utilize IT systems as prescribed to ensure data quality; participate in training as identified
PPS Partner Frontline Workers	PPS Partners	Utilize IT systems as prescribed to ensure data quality; participate in training as identified
PPS Partner CBOs	PPS Partners	Utilize IT systems as prescribed to ensure data quality; participate in training as identified
PPS Partner Inpatient Facilities (Acute and BH)	PPS Partners	Utilize IT systems as prescribed to ensure data quality; participate in training as identified
Hudson River Healthcare, Inc dba CommunityHealth Care Collaborative (CCC)	Health Home	Provide input and utilize IT systems as prescribed to ensure data quality; participate in training as identified
Rockland & Orange County Department of Health	Local Government Units	Inform PPS of historical and existing initiatives as well as future



Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		priorities surrounding data security and consent
Rockland & Orange County Department of Mental Health	Local Government Units	Inform PPS of historical and existing initiatives as well as future priorities surrounding data security and consent
External Stakeholders		
Montefiore Hudson Valley Collaborative PPS	Other Area PPS	Overall coordination and alignment of strategies across the Hudson Valley
Center for Regional Healthcare Innovation (Westchester-led PPS)	Other Area PPS	Overall coordination and alignment of strategies across the Hudson Valley
HealthLinkNY	Local RHIO/QE/HIE	Assessment of partner capabilities. Strategy development for attribution engagement with QE. Provide centralized HIE for all Clinical Integration & Data Sharing strategies
EMR/EHR vendors	Software solutions	Meet the prescribed DSRIP technical requirements to ensure data quality and integration
Non Partner CBOs	Contracted and non-contracted CBOs	Utilize IT systems as prescribed to ensure data quality as contracted
Medicaid enrollees and their families	Patients/ Clients	Engage with RHIO/QE and patient portals or other IT systems as identified; Provide feedback
NYS Department of Health	Government	Guide PPS strategy and operations; Monitor PPS performance; Assist with regulatory relief and addressing barriers to DSRIP program success
Government Agencies / Regulators	Government	Ensure PPS maintains compliance with current regulations
Salient/Medicaid Data Warehouse	Statewide report developer	Provide state Medicaid data to facilitate PPS strategies
Hudson Region DSRIP Lead Committee	Regional cross-PPS committee	Overall coordination and alignment of strategies across the Hudson Valley
Hudson Region DSRIP Steering Committee	Regional cross-PPS committee	Overall coordination and alignment of strategies across the Hudson Valley
Hudson Region DSRIP HIE Workgroup	Regional cross-PPS committee	Overall coordination and alignment of strategies across the Hudson Valley

IPQR Module 5.7 - Progress Reporting

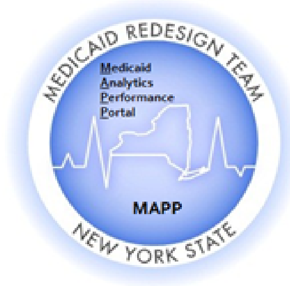
Instructions :

Please describe how you will measure the success of this organizational workstream.

We will measure progress based on a number of items: First, we will track the IT strategic plan including training, IT change management, and IT budget. We will also measure specific items within each milestone, including MU/PCMH level achieved by partners, implementation of specified technical requirements (QE integration, DIRECT messaging, alerts), implementation of new tools and workflows to close identified gaps identified at partner and PPS level, and documentation of patient engagement systems, processes, policies and if possible, changes in enrolled/consent with local QEs.

IPQR Module 5.8 - IA Monitoring

Instructions :



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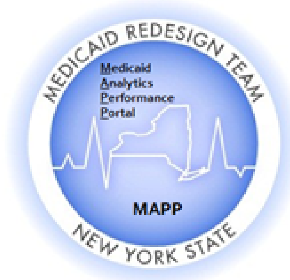
Section 06 – Performance Reporting

IPQR Module 6.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.
Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	In Progress	Performance reporting and communications strategy, signed off by PPS Board. This should include: -- The identification of individuals responsible for clinical and financial outcomes of specific patient pathways; -- Your plans for the creation and use of clinical quality & performance dashboards -- Your approach to Rapid Cycle Evaluation	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. Performance Reporting Requirements	In Progress	1. Determine performance reporting requirements from all workstreams, including clinical, workforce, and financial workstreams. Include DOH baseline requirements as well as PPS specific performance metrics. Utilize partner groups, professional groups, and leaders in performance reporting to provide guidance in assessment, and promote their use in the PPS.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Identify Data Sources	In Progress	2. Identify data sources available within the PPS and from DOH to supply required performance reporting metrics.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Collecting Information	In Progress	3. Collect information about current systems/solutions available, including systems used by PPS partners, health homes, state resources (MAPP, Salient), QE resources and other vendors.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Collaboration	In Progress	4. Collaborate with other regional PPS' align strategy on shared performance reporting and workstreams.	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5. Workflow Analysis	In Progress	5. Perform workflow analysis to determine new policies, procedures, processes, resources, roles and training that will be required for both reporting up to the PPS Lead and down to the providers through the network.	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 6. Contract Requirements	In Progress	6. Develop contract requirements for all PPS partners that include performance reporting communication requirements and metric requirements.	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	



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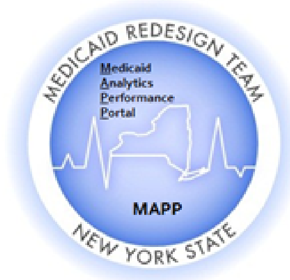
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 7. Budget Requirements	In Progress	7. Determine budget requirements for implementation of performance reporting solutions.	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 8. Identify Solutions	In Progress	8. Identify which solution(s) will be utilized to meet performance reporting requirements. This may include purchase of new solution(s) and/or development of existing solutions to create more robust PPS-wide performance reporting capabilities.	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 9. Policies, Procedures and Processes	In Progress	9. Create policies, procedures, processes, for reporting and communication both up to the PPS Lead and down to the providers through the network.	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 10. Rapid Cycle Evaluation	In Progress	10. Create specific Rapid Cycle Evaluation model workflow. Develop associated policies, procedures to be used by responsible parties, and reporting requirements for dashboard to meet reporting requirements.	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 11. Approval	In Progress	11. Receive approval from Steering Committee on all elements of performance reporting and communication strategy.	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	In Progress	Finalized performance reporting training program.	08/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. Training and Certifications	In Progress	Determine training, certifications, cultural and behavioral needs by level, role, and department.	08/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 2. Workforce Training	In Progress	Identify who within the workforce will be retrained by level, role, and department.	08/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 3. Training Assessment	In Progress	Conduct training needs assessment. Determine new skills/requirements needed overall and at an individual level. Utilize partner groups/professional groups/ leaders in performance reporting in performing this assessment.	08/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Training Vendor	In Progress	Identify, through 1199 or other designated training vendor, the appropriate training topics and programs that will be used.	08/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5. Training Methods	In Progress	Determine the training methods (e.g., online or in person; in one session or over a period of time; etc.), and how training will be organized (by partner type, by partner organization, functional group, etc.).	08/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 6. Training Schedule	In Progress	Create a training schedule that identifies: a. Dates and times (timeframe); b. Locations (websites and log-in distribution); c. Instructors; and d. Required follow-up.	08/01/2015	06/30/2016	06/30/2016	DY2 Q1	



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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 7. Metrics and Processes	In Progress	Develop metrics and process for monitoring status, quality, satisfaction and effectiveness of training program	08/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 8. Project Management Office	In Progress	8. Work with PPS Project Management Office to coordinate compensation for training time.	08/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 9. Technology/Infrastructure	In Progress	9. Ensure that the appropriate technology or infrastructure is in place to orchestrate training sessions.	08/01/2015	09/30/2016	09/30/2016	DY2 Q2	

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

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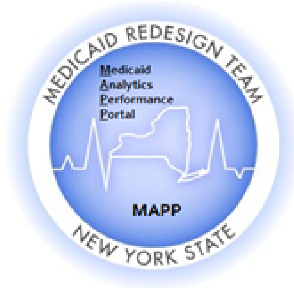
Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Establish reporting structure for PPS-wide performance reporting and communication.	"Performance reporting and communications strategy, signed off by PPS Board. This should include: -- The identification of individuals responsible for clinical and financial outcomes of specific patient pathways; -- Your plans for the creation and use of clinical quality & performance dashboards -- Your approach to Rapid Cycle Evaluation Subsequent quarterly reports will require updates on your progress on implementing this strategy and evidence of the flow of performance reporting information (both reporting "up" to the PPS Lead and "down" to the providers throughout the network)"
Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	Subsequent quarterly reports will need to demonstrate up-take of training. PPSs will need to provide: a description of training programs delivered and participant-level data, including training outcomes."



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IPQR Module 6.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

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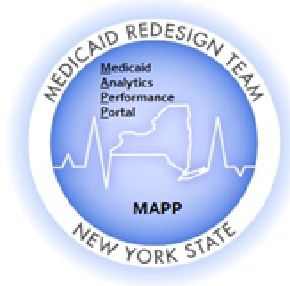


IPQR Module 6.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing performance reporting structures and processes and effective performance management within your network, including potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

Risk: Development of performance reporting is heavily dependent upon the commitments that DOH has made with MAPP and Salient to develop DSRIP dashboards, as well as a finalized provider definition list for SN and other partner types from DOH.
Risk Category: Resource

Potential Impact.: DOH development timeline on MAPP may be delayed due to events outside RCHC control.

Mitigation: RCHC will need to develop a backup plan to develop our own internal performance reporting solution and workflow, and have sufficient budget reserved should MAPP DSRIP dashboards be delayed/not meet RCHC reporting needs.

Risk: Many of the our smaller partners may lack the knowledge or funding to help assess their systems, data and provide the necessary changes to their infrastructure, workflows or software for new performance reporting requirements.
Risk Category: Resource

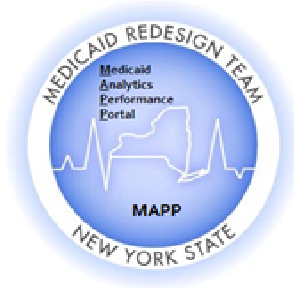
Potential Impact: This could result in partners being unable to collect and submit accurate and timely reporting to RCHC, and the inability to properly track all of our smaller partners' performance.

Mitigation: To mitigate this risk RCHC will need to budget for additional IT assistance to partners through tools/software/consulting services, and engage the software vendors and other leaders in integration (QEs, Home Health, and CHYCANYS) directly in this project and others being performed in the PPS. Furthermore, to facilitate economies of scale, RCHC will look to utilize tools/integrations already in use as potential data sources for RCHC performance reporting requirements.

Risk: Failure to Engage and Sustain Partner Performance Reporting
Risk Category: Scope

Potential Impact: Partners may be participating in other PPSs that offer better incentives, may be interested in rewards but not risk sharing, or have many other reporting requirements outside of the PPS that compete for their commitments. Any of these could result in RCHC not meeting their performance reporting milestones.

Mitigation: Mitigating this risk will require the development of contracts that appropriately incentivize partners to meet the needs of the RCHC performance reporting requirements. It also requires that RCHC align the performance reporting with other commitments and reporting initiatives that partners are already participating in so as to streamline reporting and reduce burden. This includes not only gathering information from partners regarding existing reporting requirements they have, but also working with other regional PPSs to ensure that our reporting requests are aligned, and that our methods of data collection from partners are streamlined.

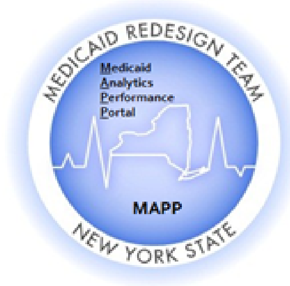


IPQR Module 6.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

Performance reporting largely will be interdependent with the IT & Systems workstations. However there are also other interdependencies with Governance, Finance, Workforce and Engagement since these will all contribute to the development of contract requirements with partners. In addition, the PPS committees overseeing the clinical, quality and finance governance will be responsible for driving the reporting requirements and processes.



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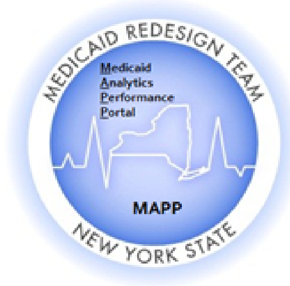
IPQR Module 6.5 - Roles and Responsibilities

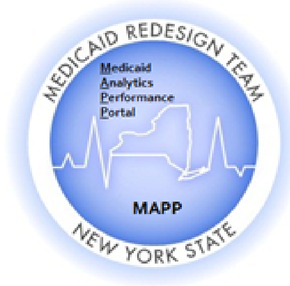
Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Chief Administrative and Medical Officer	Corinna Manini M.D.	Assist with development of performance requirements
Chief Strategy Officer	Alexandra Khorover, Esq.	Create contracts with minimum performance requirements to ensure partner compliance and include requirements for PPS membership; Provides guidance on legal and regulatory issues.
Chief Information Officer	Rachel Merk	Implement necessary IT systems as identified
Finance Officer	Shaindy Landerer, CPA	Develop budget, performance reporting incentives with Financial Governance Committee. Provide input to reporting process and systems to ensure financial workstreams are adequately integrated.
Reporting and Tracking	Michael Kaplan, FNP, Director of Informatics	Oversee implementation
Compliance Officer	Azizza Graziul, Esq	Oversee the development and implementation of the compliance plan including adherence to policies and procedures and auditing functions
DSRIP Coordinator	Anne Cuddy	Central point of contact for all external and internal communication; Responsible for managing and tracking meeting records; Submission of quarterly reports
General Human Resources Staff	Refuah Health Center, allocation of human resources staff	Oversee compensation and benefits; Participate in staff on-boarding, communication and training as needed
Executive Governing Body	Chanie Sternberg, Chair, RHC Joel Mittelman, Vice Chair, Ezras Cholim, Deb Marshall, Secretary, Bon Secours, Victor Ostreicher, Treasurer, Shah Shah, MD, Fidelis, Ann Nolon, HRHC, Nolly Climes, Rehab Suport Svcs., Chris Fortune, OPWDD, Cynthia Wolff, 1199	Develop overarching vision and provide general oversight; Final approval of key strategies, plans and budgets
Clinical Governance Committee	Corinna Manini, MD, CAO & CMO, RCHC, T. Skaist, Ezras Cholim, T. Bolzan, Orange County DMH	Review and provide feedback on performance metrics; Develop and approve clinical protocols and corrective action plans
IT & Data Governance	R. Merk, CIO, RCHC, D. Ocasio, Ezras Cholim, D. Viola, Westchester Medical Ctr., M. Price, Bon Secours, C. Galianis, HealthLinkNY/RHIo, Rockland County Dept. of Mental Health, Hudson River Health	Provide guidance on development of IT strategy
Operations Committee	Chanie Sternberg, CEO, RCHC, Victor Osreicher, Treasurer,	Oversight of the Project Management Office



Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
	RCHC, Joel Mittelman, Vice Chair	
Financial Governing Committee	Chanie Sternberg, Victor Ostreicher, Joel Mittelman, Chris Fortune, George Weinberger, Uri Koenig, Peter Epp, Shaindy Landerer	Advise and approve on workstream costs and budgets
HIT Consultant	TBD	include assessment of reporting capabilities and workflows of PPS partners as part of current state assessment.
Training Vendor	TBD considering 1199	Coordinate training schedule and sessions, maintain accurate records of all attendees, provide centralized training platform/solution for use by PPS
Workforce Consultant	TBD	Include performance reporting workforce needs in deliverables
Financial Consultant	Cohn Reznick	Develop provider payment terms to include performance.
Governance Consultant, Legal & Compliance	Nixon Peabody	Develop provider contracts to include reporting and performance requirements.
RCHC Quality Committee	Members TBD	Develop evidence-based policies, procedures, care standards and metrics.
IDS & Clinical Integration Workgroup	Members TBD	Identify the necessary workflows and infrastructure necessary to achieve reporting requirements
Compliance Committee	Azizza Graziul, Esq. (Compliance Officer), Alexandra Khorover, Esq., Rachel Merk (IT), confirmed. Additional partner representatives with compliance experience relevant to project	Provide oversight of PPS compliance functions. Provide input and guidance to PMO and Compliance Officer on matters related to compliance prevention and response. Regularly review reports from compliance officer on compliance activities. Ensure that PPS is meeting OMIG and DOH requirements with respect to compliance and corporate integrity.

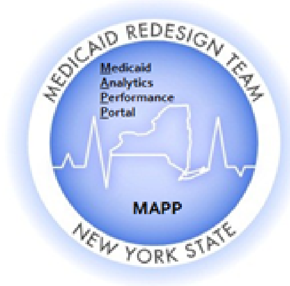


IPQR Module 6.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
PPS Partner Board of Directors	PPS Partners	Overall responsibility for their organizations' execution of their DSRIP responsibilities
PPS Partner CEOs/Management Team	PPS Partners	Responsible for their organizations' execution of their DSRIP responsibilities
PPS Partner CFOs/Finance Team	PPS Partners	Primary finance contact for the PPS partner. Responsible for conducting DSRIP related finance tasks
PPS Partner CIOs/IT Team	PPS Partners	Implement necessary IT systems as identified
PPS Partner CMO/Clinical Leadership	PPS Partners	Responsible for leading clinical staff and implementing clinical DSRIP initiatives; interpreting performance data and remediating when necessary
PPS Partner Legal/Compliance	PPS Partners	Responsible for participating in contracting decisions and overall partner compliance
PPS Partner HR Departments	PPS Partners	Develop contracts with individual providers to incentivize performance as needed
PPS Partner Providers (Primary Care)	PPS Partners	Engage with patients and execute the clinical DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment
PPS Partner Providers (Non-Primary Care)	PPS Partners	Engage with patients and execute the clinical DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment
PPS Partner Providers (Behavioral Health and Addiction)	PPS Partners	Engage with patients and execute the clinical DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment
PPS Partner Frontline Workers	PPS Partners	Engage with patients and execute the clinical DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment
PPS Partner CBOs	PPS Partners	Engage with patients and execute the DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		additional training as identified in workforce assessment
PPS Partner Inpatient Facilities (Acute and BH)	PPS Partners	Engage with patients and execute the clinical DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment
Hudson River Healthcare, Inc dba CommunityHealth Care Collaborative (CCC)	Health Home	Engage with patients and execute the DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment
External Stakeholders		
Montefiore Hudson Valley Collaborative PPS	Other Area PPS	Collaboration on strategies to reduce duplication/burden on shared partners
Center for Regional Healthcare Innovation (Westchester-led PPS)	Other Area PPS	Collaboration on strategies to reduce duplication/burden on shared partners
HealthLinkNY	Local RHIO/QE/HIE	Provide HIE capabilities and central data repository of patient data
EMR/EHR vendors	Software solutions	Meet the prescribed DSRIP technical requirements to ensure data quality and integration
Non Partner CBOs	Contracted and non-contracted CBOs	Meet performance reporting requirements as contracted.
Medicaid Managed Care Organizations and other payers including, without limitations, Fidelis Care.	Payor	Advise on strategies on utilizing performance reporting in value based contracting
NYS Department of Health	Government	Guide PPS strategy and operations; Monitor PPS performance; Assist with regulatory relief and addressing barriers to DSRIP program success
Salient/Medicaid Data Warehouse	Statewide report developer	Provide state Medicaid data to facilitate PPS strategies
Hudson Region DSRIP Steering Committee	Regional cross-PPS committee	Overall coordination and alignment of strategies across the Hudson Valley
Hudson Region DSRIP HIE Workgroup	Regional cross-PPS committee	Overall coordination and alignment of strategies across the Hudson Valley

IPQR Module 6.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support your approach to performance reporting.

To the greatest extent possible, RCHC plans to leverage the tools developed by the state for performance reporting to our providers. We do anticipate that development of additional performance reporting beyond what is made available through MAPP/Salient may be required for additional data that is not being shared with the state, such as training status or other metrics that we decide to track. The development of this shared infrastructure will require the support of the local QE HealthLinkNY, DOH, other third party entities that collect relevant performance data for the state, and software vendors in use by PPS partners. We expect each of these entities will provide sources of data that will support our shared performance reporting IT infrastructure.

IPQR Module 6.8 - Progress Reporting

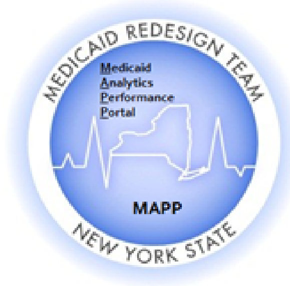
Instructions :

Please describe how you will measure the success of this organizational workstream.

Success for this workstream will be measured through the tracking of major milestone and task development items, reporting on the status of documented process, procedures and workflows, status tracking of training plans, documentation of participation in the development of dashboards with DOH/Salient/MAPP, and evidence of the implementation of the new processes and workflows created for performance reporting. RCHC will also need to track provider/partner participation in performance reporting in order to assure partner commitment and engagement, since this will be a major risk to our progress.

IPQR Module 6.9 - IA Monitoring

Instructions :



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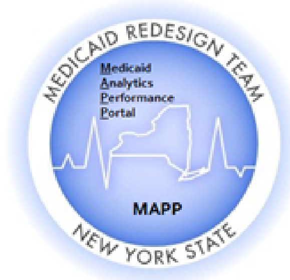
Section 07 – Practitioner Engagement

IPQR Module 7.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.
Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop Practitioners communication and engagement plan.	In Progress	Practitioner communication and engagement plan. This should include: -- Your plans for creating PPS-wide professional groups / communities and their role in the PPS structure -- The development of standard performance reports to professional groups --The identification of profession / peer-group representatives for relevant governing bodies, including (but not limited to) Clinical Quality Committee	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task 1. Establish a Practitioner Engagement Project Team	In Progress	Establish a Practitioner Engagement Project Team. This team will develop the vision, strategy and plan. The Project Team will: (a) create the vision for a PPS-wide communication and engagement strategy; (b) identify appropriate methods of practitioner engagement ; (c) designate parties responsible for each milestone and associated task; (d) ensure completion of milestones and associated tasks; and (e) see the practitioner engagement vision through.	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 2. Identify Project Leads	In Progress	Identify project leads that are responsible for the development and execution of activities associated with each milestone.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Develop practitioner engagement strategy	In Progress	Develop a practitioner engagement and communication strategy which facilitates meaningful participation by PPS partner practitioners and other key stakeholders.	09/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Identify appropriate areas for targeted groups	In Progress	Perform an analysis to identify appropriate areas for targeted professional and community-based peer-groups, including appropriate make up of peer-groups (i.e. specific to discipline or provider type, or inter-disciplinary and cross-provider-type) and topics of engagement.	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Review best practices	In Progress	Review best practices in order to identify the appropriate mechanisms for communicating with, and soliciting feedback from, practitioners.	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Coordinate with governance leads	In Progress	Coordinate with governance leads in order to ensure that governance body structure provides for appropriate participation by peer-group leaders and representatives. Peer-group representatives will participate, at a minimum, in	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	



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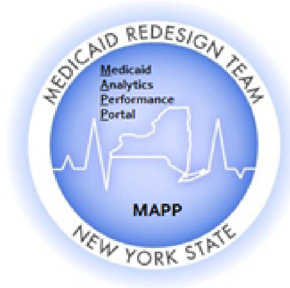
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		the Clinical Quality Committee.					
Task 7. Develop methods of measuring participation	In Progress	Develop methods of measuring the level of active participation by practitioners in RCHC's practitioner engagement strategy, and strategies for appropriate corrective measures, as needed.	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	In Progress	Practitioner training / education plan.	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. Identify Project Leads	In Progress	Identify project leads responsible for this milestone.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Conduct Training needs analysis	In Progress	Conduct a training needs analysis in order to ascertain specific educational and training focus areas.	08/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 3. Develop practitioner training plan	In Progress	Develop a comprehensive practitioner training and education plan based upon identified focus areas, including: (a) education programs regarding the DSRIP program and RCHC's projects as a whole; (b) training with respect to identified focus areas; (b) PPS-wide and peer-group specific training sessions on relevant topics; (c) mechanisms for partners to ask questions, request additional information regarding DSRIP projects and quality initiatives, and provide feedback on trainings; and (d) outcome assessment tools.	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 4. Determine training methods	In Progress	Determine the training methods (e.g., online or in person; in one session or over a period of time; etc.).	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 5. Create training schedule	In Progress	Create a training schedule that identifies: (a) dates and times (timeframe); (b) locations (websites and log-in distribution, physical locations, etc.); (c) instructors; and (d) required follow-up.	03/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 6. Identify training resources	In Progress	Identify internal or external resources to provide training. 1/16	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 7. Determine tracking technology	In Progress	Ensure that the appropriate technology or infrastructure is in place to track training progress.	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 8. Coordinate training with other PPSs	In Progress	Coordinate training strategies with other area PPSs.	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	



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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

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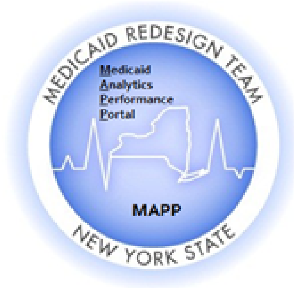
Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop Practitioners communication and engagement plan.	
Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	



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IPQR Module 7.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

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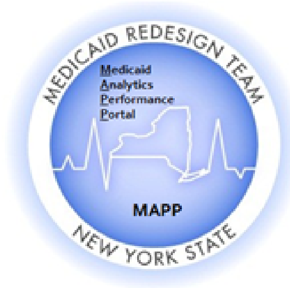


IPQR Module 7.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the current level of engagement of your physician community in the DSRIP program and describe the key challenges or risks that you foresee in implementing your plans for physician engagement and achieving the milestones described above. Describe any potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

Risk: Limitation on Time/Resources - Network partners in general, and practitioners in particular, may have limited time and resources to devote to participation in peer-groups, training sessions and other PPS engagement initiatives. This challenge may be especially poignant where partners are participants in more than one PPS.
Risk Category: Resource

Potential Impact: Networks partners might not make this training a priority due to their limited resources

Mitigation: RCHC will attempt to mitigate this risk by working with partners to tailor engagement and training activities to their schedules and needs, and wherever possible, to coordinate its activities with the other area PPS in order to avoid redundancies.

Risk: Inaccuracy of Self-Assessments - To the extent that certain aspects of the training program will rely upon practitioner self-assessment, there is a risk that such self-assessments will not accurately reflect the actual risk areas which are identified as focus areas for training.
Risk Category: Scope

Potential Impact: Training programs could be poorly optimized based on inaccurate baseline data

Mitigation: RCHC will attempt to mitigate this risk through the use of objective assessment tools and strategies, and regular audits of training activities and results.

Risk: Identification of Training Tools - The success of the practitioner engagement plan is also closely related to the identification and mobilization of appropriate training tools and IT systems to support these training initiatives.
Risk Category: Resource

Potential Impact: Inappropriate or inadequate training tools will reduce the overall efficacy of the training programs

Mitigation: RCHC will take steps to mitigate this risk by working closely with stakeholders to develop training programs and support systems that maximize accessibility and outcomes.

Risk: Recruitment/Participation of Provider - The creation of a successful practitioner engagement plan is reliant upon the ability to recruit the appropriate mix of provider so as to properly represent all aspects of the clinical projects.
Risk Category: Resource

Potential Impact: The recruitment of such individuals may be stymied by insufficient resources across the PPS network, e.g. data and communication challenges, as well as uneven levels of readiness among PPS partners.

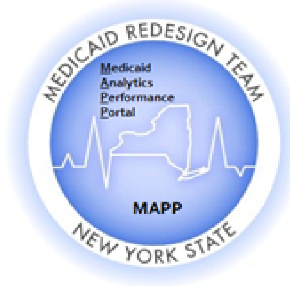
Mitigation: RCHC will work to overcome these challenges by actively engaging with its partners in order to recruit appropriate personnel and by creating structures that provide PPS partners with the necessary tools and resources to meaningfully participate in the practitioner engagement strategy.

IPQR Module 7.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

A number of interdependencies exist between RCHC's practitioner engagement strategy and other organizational workstreams. First, there is a relationship between the training components of RCHC's workforce transformation plans, practitioner engagement plans and cultural competency/health literacy strategy. The training strategies for practitioner engagement will be developed in a way that is streamlined with other training and communication initiatives in order to maximize partner time and engagement. Further, practitioner engagement is also interconnected with the implementation of RCHC's Corporate Compliance Program, to the extent that workstreams for developing communication between the partners and RCHC, and the identification of educational focus areas and training mechanisms for practitioner engagement are closely related to similar processes within the realm of Corporate Compliance. The practitioner engagement strategy is also reliant upon the development of the RCHC governance structure, as the identification of appropriate provider/peer-group representatives for governance bodies is a component of both workstreams, in particular with respect to clinical governance. Additionally, the success of RCHC's practitioner engagement strategy is interdependent upon the identification and implementation of IT systems and solutions that facilitate training and engagement of the key stakeholders, as well as performance reporting and data management. Finally, the financial sustainability plan will help RCHC partner's improve their capabilities for the training, communication strategies, and IT solutions necessary to achieve meaningful and active PPS-wide practitioner engagement.

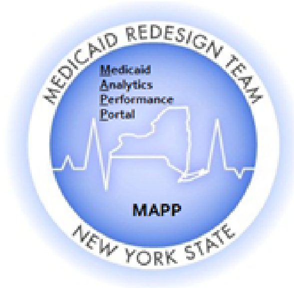


IPQR Module 7.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Chief Administrative and Medical Officer	Corinna Manini M.D.	Oversee implementation
Chief Strategy Officer	Alexandra Khorover, Esq.	Create contracts with minimum performance requirements to ensure partner compliance and include requirements for PPS membership; Provides guidance on legal and regulatory issues.
Chief Information Officer	Rachel Merk	Implement necessary IT systems as identified
Finance Officer	Shaindy Landerer, CPA	Manage budget for PPS in collaboration with Finance Committee
Reporting and Tracking	Michael Kaplan, FNP, Director of Informatics	Collect and maintain provider status database; Develop ongoing reporting and tracking processes as needed
Compliance Officer	Azizza Graziul, Esq	Oversee the development and implementation of the compliance plan including adherence to policies and procedures and auditing functions
DSRIP Coordinator	Anne Cuddy	Central point of contact for all external and internal communication; Responsible for managing and tracking meeting records; Submission of quarterly reports
General Human Resources Staff	Refuah Health Center, allocation of human resources staff	Oversee compensation and benefits; Participate in staff on-boarding, communication and training as needed
Executive Governing Body	Chanie Sternberg, Chair, Joel Mittelman, Vice Chair, Deb Marshall, Secretary, Victor Ostreicher, Treasurer, Sanjiv Shah, MD, Fidelis, Ann Nolon, HRHC, Nolly Climes, Rehab Support Svcs., Chris Fortune, OPWDD, Uri Koenig, Pine Valley, C. Wolff, 1199	Develop overarching vision and provide general oversight; Final approval of key strategies, plans and budgets
Clinical Governance Committee	C.orinna Manini, MD, CAO & CMO, RCHC, Tamy Skaist, Ezras Cholim, Tom Bolzan, Orange County Dept. Mental Health, remaining members TBD	Establishing processes to improve alignment and communication between and among PPS Partners and collaborators;
Financial Governance Committee	Chanie. Sternberg, Chair, Victor Ostreicher, Treasurer, Joel Mittleman, Vice Chair, Shaindy Landerer, Finance Officer, Chris Fortune, OPWDD, George Weinberger, Uri Koenig, Pine Valley, Peter Epp, Cohn Resnick	Advise and approve on workstream costs and budgets
Operations Committee	Chanie Sternberg, CEO, RCHC, Victor Ostreicher, Treasurer, Joel Mittelman, Vice Chair	Oversight of the Project Management Office
Training Vendor	TBD considering 1199	Coordinate training schedule and sessions, maintain accurate



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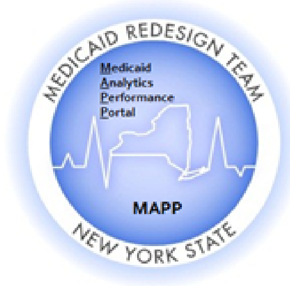
Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		records of all attendees, provide centralized training platform/solution for use by PPS
Financial Consultant	Cohn Reznick	Advise on potential engagement incentives
IDS & Clinical Integration Workgroup	Members TBD	Assist in eliciting barriers to practitioners achieving integration

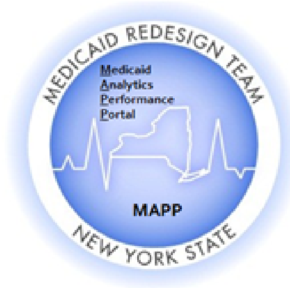


IPQR Module 7.6 - Key Stakeholders

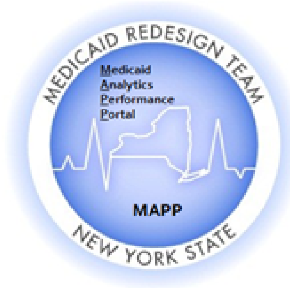
Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
PPS Partner Board of Directors	PPS Partners	Overall responsibility for their organizations' execution of their DSRIP responsibilities
PPS Partner CEOs/Management Team	PPS Partners	Responsible for their organizations' execution of their DSRIP responsibilities
PPS Partner CFOs/Finance Team	PPS Partners	Primary finance contact for the PPS partner. Responsible for conducting DSRIP related finance tasks
PPS Partner CIOs/IT Team	PPS Partners	Implement necessary IT systems as identified
PPS Partner CMO/Clinical Leadership	PPS Partners	PPS Partners
PPS Partner HR Departments	PPS Partners	Support data collection of compensation and benefit information; current state workforce information and potential hiring needs
PPS Partner Providers (Primary Care)	PPS Partners	Participate in DSRIP practitioner engagement events, peer groups, workgroups; Comply with DSRIP initiatives
PPS Partner Providers (Non-Primary Care)	PPS Partners	Participate in DSRIP practitioner engagement events, peer groups, workgroups; Comply with DSRIP initiatives
PPS Partner Providers (Behavioral Health and Addiction)	PPS Partners	Participate in DSRIP practitioner engagement events, peer groups, workgroups; Comply with DSRIP initiatives
PPS Partner Frontline Workers	PPS Partners	Participate in DSRIP practitioner engagement events, peer groups, workgroups; Comply with DSRIP initiatives
PPS Partner CBOs	PPS Partners	Participate in DSRIP practitioner engagement events, peer groups, workgroups; Comply with DSRIP initiatives
PPS Partner Inpatient Facilities (Acute and BH)	PPS Partners	Participate in DSRIP practitioner engagement events, peer groups, workgroups; Comply with DSRIP initiatives
Hudson River Healthcare, Inc dba CommunityHealth Care Collaborative (CCC)	Health Home	Participate in DSRIP practitioner engagement events, peer groups, workgroups; Comply with DSRIP initiatives
Rockland & Orange County Department of Health	Local Government Units	Participate in DSRIP practitioner engagement events, peer groups, workgroups; Comply with DSRIP initiatives
Rockland & Orange County Department of Mental Health	Local Government Units	Participate in DSRIP practitioner engagement events, peer groups, workgroups; Comply with DSRIP initiatives
Rockland & Orange County Department of Social	Local Government Units	Participate in DSRIP practitioner engagement events, peer groups,



Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Services		workgroups; Comply with DSRIP initiatives
External Stakeholders		
Montefiore Hudson Valley Collaborative PPS	Other Area PPS	Develop regional peer groups
Center for Regional Healthcare Innovation (Westchester-led PPS)	Other Area PPS	Develop regional peer groups
NYS Department of Health	Government	Guide PPS strategy and operations; Monitor PPS performance; Assist with regulatory relief and addressing barriers to DSRIP program success



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IPQR Module 7.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support this particular workstream.

The development of shared IT infrastructure across RCHC will support development and implementation of RCHC's practitioner engagement strategy and facilitate meaningful participation in peer-groups, training sessions and other engagement strategies. IT infrastructure will also support network partners capability for implementing practitioner engagement solutions, and sharing and submitting reports and data pertaining to meeting practitioner engagement milestones. IT solutions will be identified in order to improve upon current levels of interconnectivity between partners, taking into account current resources and the specific nature and composition of RCHC's partner-network. IT infrastructure for practitioner engagement will also build upon the resources provided through the local QE.

IPQR Module 7.8 - Progress Reporting

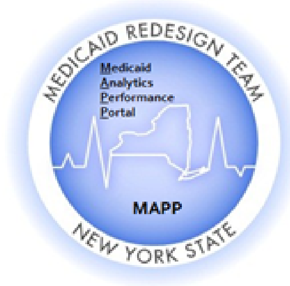
Instructions :

Please describe how you will measure the success of this organizational workstream.

The success of RCHC's practitioner engagement strategy will be measured against the timely development of PPS peer groups, reporting processes, trainings, and other identified engagement mechanisms. Practitioner engagement progress reporting will be aligned with overall PPS reporting structures and process, which will be coordinated by the Project Management Office. The PMO will be responsible for monitoring progress against milestones on an individual partner and PPS-wide basis. The PMO will be responsible for the preparation of status reports for the quarterly reporting process for DOH. Through ongoing reporting, if negative trends are identified or results are not in line with expectations, the CMO will work with the stakeholders in question to understand the origin of the problem and develop plans for corrective action. The Practitioner Engagement Project Team will provide regular reporting to the Clinical Governance Committee, Executive Governing Body and network partners, as applicable regarding the progress of the RCHC practitioner engagement program.

IPQR Module 7.9 - IA Monitoring

Instructions :



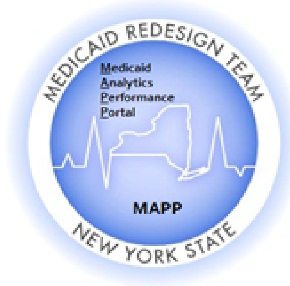
Section 08 – Population Health Management

IPQR Module 8.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.
Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop population health management roadmap.	In Progress	Population health roadmap, signed off by PPS Board, including: -- The IT infrastructure required to support a population health management approach -- Your overarching plans for achieving PCMH 2014 Level 3 certification in relevant provider organizations --Defined priority target populations and define plans for addressing their health disparities.	07/01/2015	12/31/2016	12/31/2016	DY2 Q3	NO
Task 1. Assign Oversight	In Progress	1. Assign oversight of milestone activities and analysis to project leads.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Data Elements	In Progress	2: Compile list of data elements from DSRIP requirements and collaborate with regional PPSs to align reporting requirements.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Research	In Progress	3. Research available population health platforms to aggregate data from most robust and cost effective data sources across PPS, develop budget and integration plan. Engage vendor to assist with data source assessment work	07/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task 4. Assessment	In Progress	4: Perform assessment of all data sources and workflows for collection of data for population health, including safety net provider systems and EMR vendors, QE/RHIOs and DOH/MAPP/Salient. Develop plan to integration/interface of most cost effective sources into a centralized platform across PPS	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5. Analysis	In Progress	5. Perform an analysis, utilizing CNA data and other relevant sources, e.g. partner and CBO input, to define priority target populations and associated health disparities.	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 6. Target Populations	In Progress	6. Develop plans to address the relevant health disparities for the identified priority target populations.	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 7. Training	In Progress	7: Identify providers requiring additional training, including workflows for data capture and addressing health disparities and create appropriate training	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	



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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		plans.					
Task 8. Roadmap	In Progress	8. Coordinate work products from all steps to create a comprehensive population health roadmap for submission to the Executive Governing Body.	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #2 Finalize PPS-wide bed reduction plan.	In Progress	PPS Bed Reduction plan, signed off by PPS Board. This should set out your plan for bed reductions across your network, including behavioral health units/facilities, in line with planned reductions in avoidable admissions and the shift of activity from inpatient to outpatient settings.	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task 1. Identify Project Leads	In Progress	Identify project leads responsible for development and execution of this milestone.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Analysis to Identify Impact of Projects	In Progress	Perform an analysis to identify impact of projects on local inpatient admission patterns and anticipated effects on current inpatient bed structure. Coordinate this analysis with overall workforce assessment.	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Inpatient Facility	In Progress	Develop an inpatient facility transformation strategy that takes a holistic view of PPS network resources, service area demographics and population trends, project goals and anticipated outcomes, and related PPS work streams.	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Collaborate with Workforce Project Team	In Progress	Collaborate with Workforce Project Team in order to ensure consistency between workforce strategy and inpatient facility transformation plans.	08/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5. Tools and Resources	In Progress	Identify the tools and resources necessary to operationalize inpatient facility transformation strategy.	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Communication Strategy	In Progress	Develop a communication strategy with respect to this milestone and coordinate communication with other PPS communication/engagement efforts, e.g., workforce communication, practitioner engagement, etc.	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 7. Region-Wide Approach	In Progress	Coordinate efforts with other area PPSs in order to avoid redundancies and facilitate a comprehensive region-wide approach to milestone achievement.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

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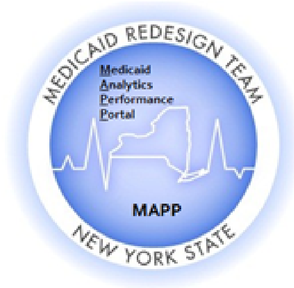

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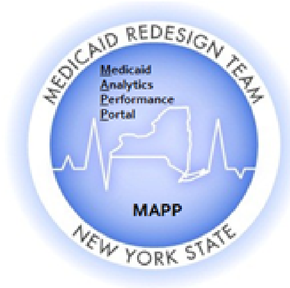
Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop population health management roadmap.	Subsequent quarterly reports will require an update on the implementation of this roadmap.
Finalize PPS-wide bed reduction plan.	Subsequent quarterly reports will require updates on bed reductions across the network and updates on the delivery of your bed reduction plan.



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IPQR Module 8.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

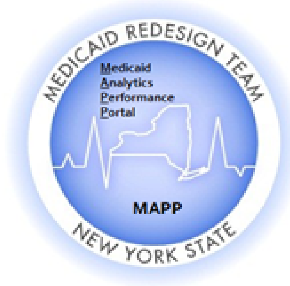
Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found



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IPQR Module 8.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing these cross-cutting organizational strategies, including potential impacts on specific projects and, crucially, any risks that will undermine your ability to achieve outcome measure targets.

Risk: Failure to Capture Target Population
Risk Category: Resource

Potential Impact: The failure to accurately and completely identify the priority target populations and associated health disparities will result in an incomplete or ineffective population health roadmap.

Mitigation: This risk can be mitigated by diligent analysis of the CNA and other relevant sources, as well as meaningful engagement of key stakeholders in order to ensure that the roadmap is carefully tailored to RCHC's service area.

Risk: Failure to engage partners or achieve meaningful participation
Risk Category: Resource

Potential Impact: Meaningful engagement and participation by primary care partners is crucial to the success of the PCMH certification process. The outcomes of this milestone will be impacted by the current levels of readiness and resources among the primary care partners. It is anticipated that levels of readiness/resources will vary widely from partner to partner, which could adversely impact the overall population health goals.

Mitigation: RCHC will mitigate this risk by: a) developing a comprehensive plan that takes into account the disparities among providers; and (b) working closely with primary care providers in order to ensure that they have sufficient support and are meeting incremental targets.

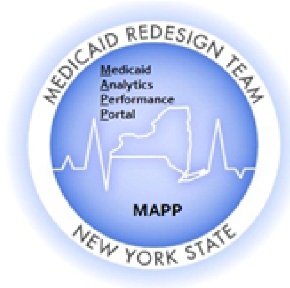
Risk: Lack of CBO involvement
Risk Category: Scope

Potential Impact: RCHC's population health strategy is dependent upon meaningful engagement and participation by CBOs in order to identify certain population health trends and disparities, as well as to facilitate meaningful community and patient involvement.

Mitigation: RCHC will mitigate this risk by working closely with key CBOs in the implementation of its population health strategy.

Risk: Regional Coordination
Risk Category: Scope

Potential Impact: A lack of regional collaboration and coordination will impact the overall success of the population health strategy milestones and result in fractured/siloed systems



Mitigation: RCHC will continue its collaboration with Westchester Medical Center and Montefiore in order to ensure that the population health strategies of all 3 area PPSs are aligned and contribute to the overall success of a comprehensive and coordinated population health approach. We will also look to leverage existing infrastructure from the RHIO to ensure economies of scale.

Risk: Not Conducting a Meaningful Inpatient Analysis
Risk Category: Resource

Potential Impact: With respect to the bed reduction milestone, success will be dependent upon RCHC's ability to engage with key stakeholders from the inpatient facility industry and workforce leaders in order to ensure that accurate and complete information is made available as a part of the inpatient facility transformation analysis

Mitigation: RCHC will continue to work closely with the relevant stakeholders on both a PPS-specific and regional basis in order to achieve a successful plan.

Risk: Not Ensuring an Adequate Workforce to meet RCHC population health strategies
Risk Category: Resource

Potential Impact: Success of the overall population health strategy will be reliant upon the availability and readiness of a workforce that is sufficient in size and properly trained to facilitate the transformation that will result from the implementation of the PPS projects

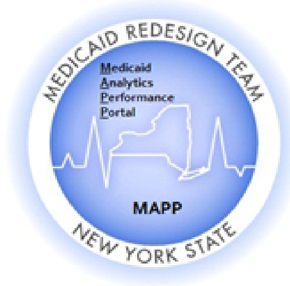
Mitigation: The risk of having an inadequate workforce will be mitigated by a thorough workforce analysis, coordinated with other regional PPS'

IPQR Module 8.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

A number of interdependencies exist between RCHC's population management strategy and other organizational workstreams. First, RCHC has selected Project 2.a.ii which also requires providers to become PCMH certified; therefore, the work under this project will be coordinated closely with the population health strategy. Further, the population health strategy will inform other clinical and project workstreams, such as clinical integration, and Project 2.a.i (the creation of an IDS). The bed reduction milestone is interdependent upon the work to be completed in connection with the RCHC workforce strategy. Also, the success of RCHC's population health strategy is reliant upon the identification and implementation of IT systems and solutions that promote population health infrastructure and connectivity. Further, cultural competency and practitioner engagement strategies need to be aligned with the population health approach. Finally, the financial sustainability plan will help RCHC partners improve their capabilities for the training, workflow shifts, and IT solutions necessary to implement population health management.



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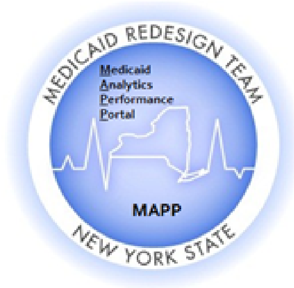
IPQR Module 8.5 - Roles and Responsibilities

Instructions :

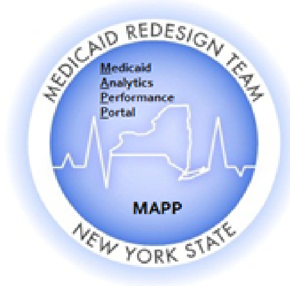
Please list and elaborate upon the key people/organizations responsible for this organizational work stream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Chief Administrative and Medical Officer	Corinna Manini M.D.	Oversee development and implementation of population health plan; Engage stakeholders and advise on clinical priorities of population health roadmap.
Chief Strategy Officer	Alexandra Khorover, Esq.	Create contracts with minimum performance requirements to ensure partner compliance and include requirements for PPS membership; Provides guidance on legal and regulatory issues.
Chief Information Officer	Rachel Merk	Identity population health vendor solution and oversee implementation of IT platforms included in population health plan
Finance Officer	Shaindy Landerer, CPA	Manage budget for PPS in collaboration with Finance Committee
Reporting and Tracking	Michael Kaplan, FNP, Director of Informatics	Collect and maintain provider status database; Develop ongoing reporting and tracking processes as needed
DSRIP Coordinator	Anne Cuddy	Central point of contact for all external and internal communication; Responsible for managing and tracking meeting records; Submission of quarterly reports
Executive Governing Body	Chanie Sternberg, Chair, Joel Mittelman, Vice Chair, Deb Marshall, Secretary, Victor Ostreicher, Treasurer, Shah Shah, MD,Fidelis, Ann Nolon, HRHC, Nolly Climes, Rehab Support Svcs., Chris Fortune, OPWDD, Uri Koenig, Pine Valley, Cynthia Wolff, 1199	Develop overarching vision and provide general oversight; Final approval of key strategies, plans and budgets
Clinical Governance Committee	Corina Manini, MD, CMO, RCHC, Tamy Skaist, Ezras Cholim, Tom Bolzan, Orange County Dept. of Mental Health, remaining members TBD	Review and provide feedback on performance metrics; Develop and approve clinical protocols and corrective action plans
IT & Data Governance Committee	Rachel Merk, CIO, RCHC, Dan Ocasio, Ezras Cholim, Deb Viola, Westchester Medical Ctr., Maureen Price, Bon Secours, Christina Galianis, HealthLinkNY/RHIO, Rockland County Dept. of Mental Health, Hudson River Health	Provide guidance on development of IT strategy
Financial Governance Committee	Chanie Sternberg, Chair, Victor Ostreicher, Treasurer, Joel Mittelman, Vice Chair, Shandy Landerer, Finance Officer, Chris Fortune, OPWDD, Uri Koenig, Pine Valley, Peter, Cohn Resnick	Advise and approve on workstream costs and budgets
Operations Committee	Chanie Sternberg, CEO, RCHC, Victor Ostreicher, Treasurer, Joel Mittelman, Vice Chair	Oversight of the Project Management Office



Refuah Community Health Collaborative (PPS ID:20)

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
HIT Consultant	TBD	include assessment of data sources and workflows of PPS partners as part of current state assessment.
Training Vendor	TBD considering 1199	Coordinate training schedule and sessions, maintain accurate records of all attendees, provide centralized training platform/solution for use by PPS
RCHC Quality Committee	Members TBD	Develop evidence-based policies, procedures, care standards and metrics.
IDS & Clinical Integration Workgroup	Members TBD	Identify the necessary workflows and infrastructure necessary to achieve reporting requirements
Workforce Project Team	Members TBD	Coordinate bed reduction milestone with overall workforce strategy

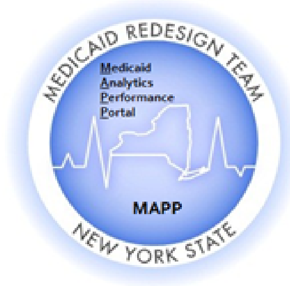


IPQR Module 8.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
PPS Partner Board of Directors	PPS Partners	Overall responsibility for their organizations' execution of their DSRIP responsibilities
PPS Partner CEOs/Management Team	PPS Partners	Responsible for their organizations' execution of their DSRIP responsibilities
PPS Partner CFOs/Finance Team	PPS Partners	Primary finance contact for the PPS partner. Responsible for conducting DSRIP related finance tasks
PPS Partner CIOs/IT Team	PPS Partners	Implement necessary IT systems as identified
PPS Partner CMO/Clinical Leadership	PPS Partners	Responsible for the health of the populations served by their organizations; they will help interpret population health reports for their staff and relay population health priorities
PPS Partner Legal/Compliance	PPS Partners	Responsible for participating in contracting decisions and overall partner compliance
PPS Partner HR Departments	PPS Partners	Engage with patients and execute the clinical DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment
PPS Partner Providers (Primary Care)	PPS Partners	Engage with patients and execute the clinical DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment
PPS Partner Providers (Non-Primary Care)	PPS Partners	Engage with patients and execute the clinical DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment
PPS Partner Providers (Behavioral Health and Addiction)	PPS Partners	Engage with patients and execute the clinical DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment
PPS Partner Frontline Workers	PPS Partners	Engage with patients and execute the clinical DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment
PPS Partner CBOs	PPS Partners	Provide input on health disparities, population health trends, and engage with the community to execute DSRIP requirements; Utilize



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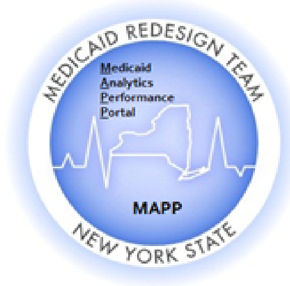
Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment
PPS Partner Inpatient Facilities (Acute and BH)	PPS Partners	Engage with patients and execute the clinical DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment; Play a key role in informing the inpatient transformation plan and effectuating applicable milestones
Hudson River Healthcare, Inc dba CommunityHealth Care Collaborative (CCC)	Health Home	Provide input on health disparities, population health trends, and engage with the community to execute DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment
Rockland & Orange County Department of Health	Local Government Units	Provide input on health disparities, population health trends and priorities, and engage with the community to execute DSRIP requirements;
Rockland & Orange County Department of Mental Health	Local Government Units	Provide input on health disparities, population health trends and priorities, and engage with the community to execute DSRIP requirements;
Rockland & Orange County Department of Social Services	Local Government Units	Provide input on health disparities, population health trends and priorities, and engage with the community to execute DSRIP requirements;
SEIU 1199	Labor/Union	Provide input and support with respect to achieving inpatient facility transformation strategy
External Stakeholders		
Montefiore Hudson Valley Collaborative PPS	Other Area PPS	Collaboration on strategies to reduce duplication/burden on shared partners
Center for Regional Healthcare Innovation (Westchester-led PPS)	Other Area PPS	Collaboration on strategies to reduce duplication/burden on shared partners
HealthLinkNY	Local RHIO/QE/HIE	Provide HIE capabilities and central data repository of patient data
EMR/EHR vendors	Software solutions	Meet the prescribed DSRIP technical requirements to ensure data quality and integration
Non Partner CBOs	Contracted and non-contracted CBOs	Provide input on health disparities, population health trends and engaging with the community.
Medicaid Managed Care Organizations and other payers including, without limitation, Fidelis Care.	Payor	Advise on development of population health risk models as they relate to VBP
Special Needs Plans (e.g. HARP)	Payor	Facilitate health management activities for specific subpopulations
Medicaid enrollees and their families	Patients/ Clients	Assist in identification of barriers and disparities; Provide feedback to PPS and partners; Participate in PAC meetings and needs

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		assessments as necessary
NYS Department of Health	Government	Guide PPS strategy and operations; Monitor PPS performance; Assist with regulatory relief and addressing barriers to DSRIP program success
Government Agencies / Regulators	Government	Ensure PPS maintains compliance with current regulations
Community Representatives	Community Representatives	Assist in identification of barriers; Provide input on health disparities; Serve as community brokers to engage with the community.
Salient/Medicaid Data Warehouse	Statewide report developer	Provide state Medicaid data to facilitate PPS strategies
Hudson Region DSRIP Steering Committee	Regional cross-PPS committee	Overall coordination and alignment of strategies across the Hudson Valley
Hudson Region DSRIP HIE Workgroup	Regional cross-PPS committee	Overall coordination and alignment of strategies across the Hudson Valley
Hudson Region DSRIP Clinical Council	Regional cross-PPS committee	Overall coordination and alignment of clinical policies and procedures across the Hudson Valley
Hudson Region DSRIP Workforce Group	Regional cross-PPS committee	Overall coordination and alignment of strategies across the Hudson Valley
Hudson Region DSRIP Public Health Council	Regional cross-PPS committee	Overall coordination and alignment of strategies across the Hudson Valley



IPQR Module 8.7 - IT Expectations

Instructions :

Please describe the current Population Health Management IT capabilities in place throughout your PPS network and what your plans are at this stage for leveraging these capabilities and/or developing new IT infrastructure.

The development of shared IT infrastructure across RCHC will support the development and implementation of RCHC's population health strategy and provide the network partners with capabilities for implementing solutions in connection with PCMH and overall population health strategies. IT infrastructure will also allow partners to share information and submit reports and data pertaining to meeting the applicable milestones. IT infrastructure will also support the training solutions and practitioner engagement that is necessary for successful achievement of the milestones for this aspect of the project. Further, RCHC will leverage the resources available from its local QE, Salient, and other applicable sources in order to meet its objectives.

IPQR Module 8.8 - Progress Reporting

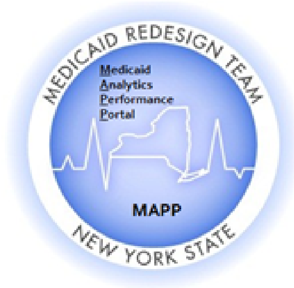
Instructions :

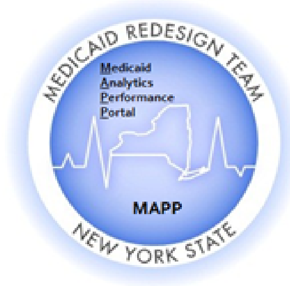
Please describe how you will measure the success of this organizational workstream.

RCHC's population health management strategy progress reporting will be aligned with overall PPS reporting structures and process, which will be coordinated by the Project Management Office. The PMO will be responsible for monitoring progress against milestones on an individual partner and PPS-wide basis. The PMO will be responsible for the preparation of status reports for the quarterly reporting process for DOH, related to the population health roadmap and bed reduction milestones described above. The reporting tools will be developed through the cooperation of the Clinical Governance Committee, the Data/IT Governance Committee, and any identified IT vendors. Where appropriate, reporting mechanisms will incorporate patient CAPHS survey data and interface with the local QE and other appropriate databases. If negative trends are identified or results are not in line with expectations, the CMO will work with the stakeholders in question to understand the origin of the problem and develop plans for corrective action, in accordance with established policies and procedures. The Population Health Project Team will provide regular reporting to the Clinical Governance Committee, Executive Governing Body and network partners, as applicable regarding the progress of the RCHC's population health strategy.

IPQR Module 8.9 - IA Monitoring

Instructions :


MEDICAID REDESIGN TEAM
Medicaid
Analytics
Performance
Portal
MAPP
NEW YORK STATE



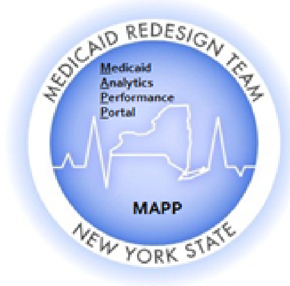
Section 09 – Clinical Integration

IPQR Module 9.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.
Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Perform a clinical integration 'needs assessment'.	In Progress	Clinical integration 'needs assessment' document, signed off by the Clinical Quality Committee, including: -- Mapping the providers in the network and their requirements for clinical integration (including clinical providers, care management and other providers impacting on social determinants of health) -- Identifying key data points for shared access and the key interfaces that will have an impact on clinical integration -- Identify other potential mechanisms to be used for driving clinical integration	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. Develop needs assessment	In Progress	Identify areas and questions for needs assessment and develop strategies for evaluation of partners. Areas to assess include: minimum data sharing requirements for all partners across the PPS to achieve clinical integration, current documentation standards/data point collection policies and areas for training and/or workflow changes, and additional workforce needs. Consider requirements in the current state assessment outlined in the IT Systems and Processes section.	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Develop strategy for partners in multiple PPSs	In Progress	Develop a strategy with multi-PPS and RHIO/QE for evaluation of partners, sharing of IT assessment data and clinical integration assessment data.	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Perform needs assessment	In Progress	Evaluate clinical integration state as part of larger gap assessment across PPS through numerous communication methods, including meeting, conference calls, surveys, and email. Conduct an assessment of existing care transition programs and leverage any best practices that are identified as part of the assessment.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Analyze results	In Progress	Perform analysis of results. Locate gaps and needs for each partner and across PPS, also identify any partner that have existing workflows/best practices to be leveraged.	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	



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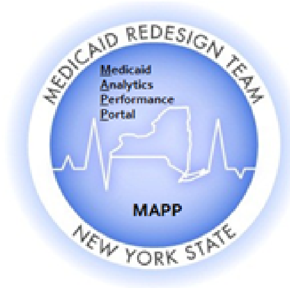
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 5. Compare results with those of regional PPSs	In Progress	Analyze results of partners in collaboration with other regional PPSs and ensure alignment and collaboration needs assessment/gap analysis and requirements identified for each PPS.	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Milestone #2 Develop a Clinical Integration strategy.	In Progress	Clinical Integration Strategy, signed off by Clinical Quality Committee, including: -- Clinical and other info for sharing -- Data sharing systems and interoperability -- A specific Care Transitions Strategy, including: hospital admission and discharge coordination; and care transitions and coordination and communication among primary care, mental health and substance use providers -- Training for providers across settings (inc. ED, inpatient, outpatient) regarding clinical integration, tools and communication for coordination -- Training for operations staff on care coordination and communication tools	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. Stratify partners	In Progress	Develop relevant grouping for partners based upon clinical needs assessment/IT Systems and Processes gap assessment (for example: type of partner, gap/need, software solution used). Create phased implementation and assign partners to phases. Collaborate with regional PPSs on phases and plans.	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 2. Develop details	In Progress	. Determine details for other work streams, including budget requirements, workforce and training needs and schedules.	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 3. Develop data sharing policies	In Progress	. Develop new policies, procedures, and processes that will be required for data sharing, etc. and incorporate, as needed, into data governance and other PPS-wide requirements. This will include review of any best practices identified in the needs assessment for rollout throughout the PPS.	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 4. Develop care transitions processes	In Progress	. Develop strategy for care transitions policies and procedures for PPS-wide practices in connection with hospital admission and discharge coordination and communication between primary care, mental health and substance abuse providers.	09/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 5. Develop tracking tools	In Progress	Determine project tracking needs for ongoing project reporting and monitoring and develop tools to facilitate this tracking and monitoring.	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 6. Develop plan for shared partners with regional PPSs	In Progress	Develop plans for implementation focused on shared partners in collaboration with regional PPSs.	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 7. Get approval	In Progress	Receive approval through governance process.	06/01/2016	09/30/2016	09/30/2016	DY2 Q2	



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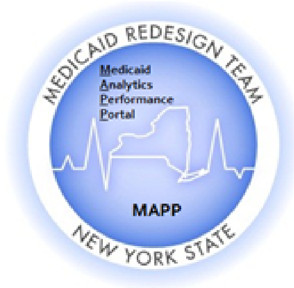
Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform a clinical integration 'needs assessment'.	"RefuahCHC has begun to engage with the other regional PPS' and HealthLinkNY RHIO with regards to current state assessment work. Conference calls with CHRI and Montefiore and HealthlinkNY have been held on 6/26/2015 and 7/16/2015 and are planned to continue monthly. In addition, we are sharing a common document maintained by HealthLinkNY that shows all PPS participating organizations through the region and their status with HealthLinkNY, and additional information about their EHR platform, and type of interface/connectivity with HealthLinkNY. The intention is to use this shared document to collaborate on information gathered across all three PPS' and to discuss strategies for which organizations need additional engagement with HealthLinkNY and by which PPS. We also intend to use this monthly call to discuss collaboration on patient engagement strategies with the QE. In addition, Refuah CHC has discussed sharing of our current state assessment data with Westchester CHRI, pending approval of an official LOI. RefuahCHC has also begun to assess consultants who may be able to assist with collection of current state data, and to assist us with in-depth surveying and interviewing of partners. This strategy is being considered due to the low volume and poor quality of results that were received for our 2014 survey to partner participants.
Develop a Clinical Integration strategy.	RefuahCHC has selected Salesforce as the platform to be used for maintaining our PPS network list, contacts and implementation plan. We signed a contract on 6/30/2015, and are now beginning to work on configuring this platform so that it can provide a centralized method for project, milestone and task tracking efforts within our PMO.



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IPQR Module 9.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

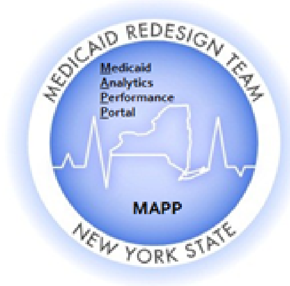
Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found



IPQR Module 9.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in improving the level of clinical integration throughout your network and achieving the milestones described above. Describe potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

Risk: Limited Bandwidth
Risk Category: Resource

Potential Impact; Network partners in general, and practitioners in particular, may have limited time and resources to devote to participation in a gap analysis, training sessions and other PPS engagement initiatives. This challenge may be especially difficult where partners are participants in more than one PPS.

Mitigation: RCHC will attempt to tailor the clinical integration and training, on new workflows, care management software, etc., to partner schedules, and wherever possible, coordinate its activities with the other area PPS in order to avoid redundancies.

Risk: Inaccuracy of Self-Assessment
Risk Category: Scope

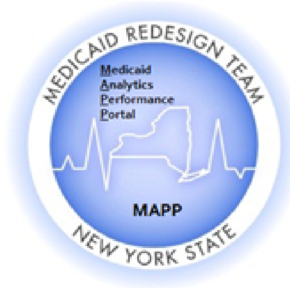
Potential Impact: To the extent that certain aspects of the training program will rely upon practitioner self-assessment, there is a risk that such self-assessments will not accurately reflect the actual risk areas which are identified as focus areas for training.

Mitigation: RCHC will maximize the use of objective assessment tools, and perform regular audits of training activities and results to determine whether additional training needs exist.

Risk: EMR Integration
Risk Category: Resource

Potential Impact: Clinical Integration will depend upon integration of partner's EMR/EHR systems with the local RHIO/QE. Therefore, our time frames for integration, and subsequent roll out of training on new workflows with the RHIO/QE integration will depend upon the RHIO/QE's throughput and available resources to devote to configuring these connections, as well EMR/EHR vendor capabilities and readiness. In order to reduce the redundancies of connections, the RHIO/QE is attempting to create "hubs" of like-vendor products when available. However, the diversity of systems in use may result in a timeframe to completion that exceeds requirements from DSRIP.

Mitigation: To mitigate this risk, we may need to consider implementation of like-vendor products with some partners in order to reduce the burden of multiple distinct RHIO/QE connections, and assure that minimum data sharing requirements are met for RHIO/QE connectivity.



Risk: IT Resources
Risk Category: Resource

Potential Impact: Clinical integration also depends upon vendor systems' capabilities to capture and provide the necessary data to the requested sources. Some software vendors in our PPS network may not support the minimum data sharing / data capture /workflow requirements outlined in our needs assessment.

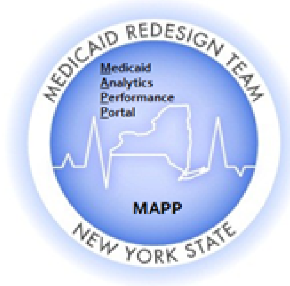
Mitigation: RCHC will require that all EMR vendors in use by PPS partners support or develop all PPS clinical integration requirements as capabilities in their system, along with any other minimum key data points identified in the clinical integration needs assessment and other gap analysis. If particular vendors are unable to support these requirements, we may need to consider transition to preferred EMR products for some partners.

IPQR Module 9.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

A number of interdependencies exist between RCHC's clinical integration strategy and other organizational work streams. First, there is a relationship between the training components of RCHC's workforce transformation plans, practitioner engagement plans and cultural competency/health literacy strategy. The training strategies for clinical integration will be developed in a way that is streamlined with other training and communication initiatives in order to maximize partner time and engagement. Additionally, the success of RCHC's clinical integration strategy is interdependent upon the identification and implementation of IT systems and solutions that facilitate training and engagement of the key stakeholders. Finally, the financial sustainability plan will help RCHC partners expand their capabilities in training, communication, and implement the IT solutions necessary to achieve meaningful and active clinical integration.

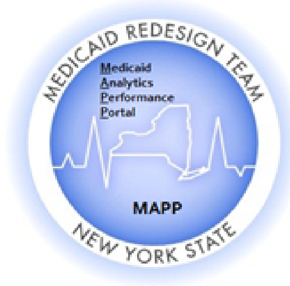


IPQR Module 9.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Chief Administrative and Medical Officer	Corinna Manini M.D.	Oversee implementation
Chief Strategy Officer	Alexandra Khorover, Esq.	Create contracts with minimum performance requirements to ensure partner compliance and include requirements for PPS membership; Provides guidance on legal and regulatory issues.
Finance Officer	Shaindy Landerer, CPA	Manage budget for PPS in collaboration with Finance Committee
Reporting and Tracking	Michael Kaplan, FNP, Director of Informatics	Collect and maintain provider status database; Develop ongoing reporting and tracking processes as needed
Compliance Officer	Azizza Graziul, Esq	Oversee the development and implementation of the compliance plan including adherence to policies and procedures and auditing functions
DSRIP Coordinator	Anne Cuddy	Central point of contact for all external and internal communication; Responsible for managing and tracking meeting records; Submission of quarterly reports
General Human Resources Staff	Refuah Health Center, allocation of human resources staff	Oversee compensation and benefits; Participate in staff on-boarding, communication and training as needed
Executive Governing Body	C. Sternberg, Chair, J. Mittelman, Vice Chair, D. Marshall, Secretary, V. Ostreicher, Treasurer, S. Shah, MD, Fidelis, A. Nolon, HRHC, N. Climes, Rehab Support Svcs., C. Fortunce, OPWDD, Uri Koenig, Pine Valley, C. Wolff, 1199	Develop overarching vision and provide general oversight; Final approval of key strategies, plans and budgets
Clinical Governance Committee	Corinna Manini, MD, CMO, RCHC, Tamy Skaist, Ezras Cholim, Tom Bolzan, Orange County, Dept. of Mental Health	Review and provide feedback on performance metrics; Develop and approve clinical protocols and corrective action plans
IT & Data Governance Committee	Rachel Merk, CIO, RCHC, Dan Ocasio, Ezras Cholim, Deb Viola, Westchester Medical Ctr,, Maureen Price, Bon Secours, Christina Galianis, HealthLinkNY/RHIO, Rockland County Department of Mental Health, Hudson River Health	Provide guidance on development of IT strategy
Financial Governance Committee	Chanie Sternberg, Chair, Joel Mittelman, Vice Chair, Victor Ostreicher, Treasurer, Shaindy Landerer, Finance Officer, Chris Fortune, OPWDD, George Weinberger, Uri Koenig, Pine Valley, Peter Epp, Cohn Resnick	Advise and approve on workstream costs and budgets
Operations Committee	Chanie Sternberg, CEO, RCHC, Victor Ostreicher, Treasurer, joel	Oversight of the Project Management Office



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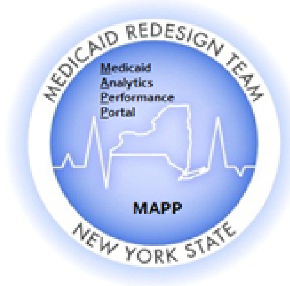
Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
	Mittelman, Vice Chair	
HIT Consultant	TBD	include assessment of data sources and workflows of PPS partners as part of current state assessment.
Training Vendor	TBD considering 1199	Coordinate training schedule and sessions, maintain accurate records of all attendees, provide centralized training platform/solution for use by PPS
Workforce Consultant	TBD	Target workforce state design, current state assessment, gap analysis, and reporting/remediation support, workforce transition roadmap
Financial Consultant	Cohn Reznick	Advise on structuring provider contracts to optimize project performance.
Governance Consultant, Legal & Compliance	Nixon Peabody	Develop provider contracts to include specific project requirements.
RCHC Quality Committee	Members TBD	Develop evidence-based policies, procedures, workflows and care standards. ; Select members will participate in Hudson Region DSRIP Clinical Council
BH Quality Sub-Committee	Members TBD	Develop evidence-based policies, procedures, workflows and care standards; Select members will participate in Hudson Region DSRIP Crisis Committee
Cultural Competency & Health Literacy Workgroup	Joel Mittelman Ezras Choilim (FQHC), Caren Fairweather, MISN Orange County (CBO), Katherine Brieger HRHC (Health Home), Tasha Scott (MPH candidate), representative TBD (1199 labor union). Additional representatives may be added in the upcoming quarters.	Provide guidelines that would need to be included in projects such that they are implemented in a culturally competent manner
IDS & Clinical Integration Workgroup	Members TBD	Identify the necessary workflows and infrastructure necessary to achieve project goals
RCHC Lead Entity	Refuah Health Center	Overarching responsibility for oversight of governance structure, including funding and staff resources
RCHC Founding Partner	Ezras Choilim	Funding and Staff Resources and finalization of governance structure

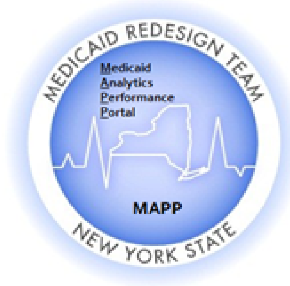


IPQR Module 9.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
PPS Partner Board of Directors	PPS Partners	Overall responsibility for their organizations' execution of their DSRIP responsibilities
PPS Partner CEOs/Management Team	PPS Partners	Responsible for their organizations' execution of their DSRIP responsibilities
PPS Partner CFOs/Finance Team	PPS Partners	Primary finance contact for the PPS partner. Responsible for conducting DSRIP related finance tasks
PPS Partner CIOs/IT Team	PPS Partners	Implement necessary IT systems as identified
PPS Partner CMO/Clinical Leadership	PPS Partners	Responsible for leading clinical staff and implementing clinical DSRIP initiatives
PPS Partner Legal/Compliance	PPS Partners	Responsible for participating in contracting decisions and overall partner compliance
PPS Partner HR Departments	PPS Partners	Utilize IT systems as prescribed to ensure data quality; participate in training as identified
PPS Partner Providers (Primary Care)	PPS Partners	Utilize IT systems as prescribed to ensure data quality; participate in training as identified
PPS Partner Providers (Non-Primary Care)	PPS Partners	Utilize IT systems as prescribed to ensure data quality; participate in training as identified
PPS Partner Providers (Behavioral Health and Addiction)	PPS Partners	Utilize IT systems as prescribed to ensure data quality; participate in training as identified
PPS Partner Frontline Workers	PPS Partners	Utilize IT systems as prescribed to ensure data quality; participate in training as identified
PPS Partner CBOs	PPS Partners	Utilize IT systems as prescribed to ensure data quality; participate in training as identified
PPS Partner Inpatient Facilities (Acute and BH)	PPS Partners	Utilize IT systems as prescribed to ensure data quality; participate in training as identified
Hudson River Healthcare, Inc dba CommunityHealth Care Collaborative (CCC)	Health Home	Utilize IT systems as prescribed to ensure data quality; participate in training as identified
Rockland & Orange County Department of Health	Local Government Units	Inform PPS of historical and existing clinical integration initiatives; Participate in community engagement and communication



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		processes; Provide feedback and support surrounding data security and consent
Rockland & Orange County Department of Mental Health	Local Government Units	Inform PPS of historical and existing clinical integration initiatives; Participate in community engagement and communication processes; Provide feedback and support surrounding data security and consent
Rockland & Orange County Department of Social Services	Local Government Units	Inform PPS of historical and existing initiatives; Participate in community engagement and communication processes; Provide feedback and support surrounding data security and consent
External Stakeholders		
Montefiore Hudson Valley Collaborative PPS	Other Area PPS	Collaboration on strategies to reduce duplication/burden on shared partners
Center for Regional Healthcare Innovation (Westchester-led PPS)	Other Area PPS	Collaboration on strategies to reduce duplication/burden on shared partners
HealthLinkNY	Local RHIO/QE/HIE	Provide HIE capabilities and central data repository of patient data
EMR/EHR vendors	Software solutions	Meet the prescribed DSRIP technical requirements to ensure data quality and integration
Non Partner CBOs	Contracted and non-contracted CBOs	Provide input on clinical integration strategies and training.
Special Needs Plans (e.g. HARP)	Payor	Facilitate health management activities for specific subpopulations
Medicaid enrollees and their families	Patients/ Clients	Engage with RHIO/QE and patient portals or other IT systems as identified; Provide feedback
NYS Department of Health	Government	Guide PPS strategy and operations; Monitor PPS performance; Assist with regulatory relief and addressing barriers to DSRIP program success
Government Agencies / Regulators	Government	Ensure PPS maintains compliance with current regulations
Community Representatives	Community Representatives	Assist in identification of barriers; Provide input on health disparities; Serve as community brokers to engage with the community.
Hudson Region DSRIP Steering Committee	Regional cross-PPS committee	Overall coordination and alignment of strategies across the Hudson Valley
Hudson Region DSRIP HIE Workgroup	Regional cross-PPS committee	Overall coordination and alignment of strategies across the Hudson Valley
Hudson Region DSRIP Clinical Council	Regional cross-PPS committee	Overall coordination and alignment of clinical policies and procedures across the Hudson Valley

IPQR Module 9.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support this particular workstream.

The development of shared IT infrastructure across RCHC will be required to support project tracking and progress reporting, including sharing and submitting reports and data pertaining to meeting milestones. RCHC may also need to create shared infrastructure for partners whose EMR vendors/care coordination platforms are not robust enough to support the PPSs clinical integration needs. RCHC also plans to leverage existing capabilities from our local RHIO/QE to facilitate our data sharing (HIE) and care coordination requirements through exchange of CCD, DIRECT messaging and alerts. We plan to further leverage this integration with the RHIO/QE for other work streams like population health and performance reporting as well. However due to the RHIO/QE's strategy of creating shared "hubs", there may be a requirement for RCHC to create this shared IT infrastructure. Other shared infrastructure may also need to be developed for training and collaboration on clinical integration workflows and best practices within the PPS.

IPQR Module 9.8 - Progress Reporting

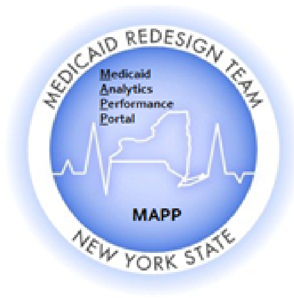
Instructions :

Please describe how you will measure the success of this organizational workstream.

RCHC's clinical integration strategy progress reporting will be aligned with overall PPS reporting structures and processes, which will be coordinated by the Project Management Office. The PMO will be responsible for monitoring progress against milestones on an individual partner and PPS-wide basis. The IDS/Clinical Integration Workgroup will provide regular updates to the PMO, Clinical and IT Governance Committees. The PMO will be responsible for the preparation of regular status reports for the Executive Governing Body as well as for DOH, related to the clinical integration needs assessment and strategy development as described above. Through ongoing reporting, if negative trends are identified or results are not in line with expectations, the PMO will work with the stakeholders in question to understand the origin of the problem and develop plans for corrective action. RCHC plans to track progress of clinical integration in the following areas: tracking of the clinical integration strategy plan progress, including status of partner integration with RHIO/QE, documentation status and training status of new workflows or solutions. For newly developed workflows or protocols, we would also look to track patients engaged or touched by the newly developed workflows for both implementation status and auditing purposes. Reporting for workflow and protocols would be developed in line with other performance reporting requirements so as to reduce reporting burden on partners."

IPQR Module 9.9 - IA Monitoring:

Instructions :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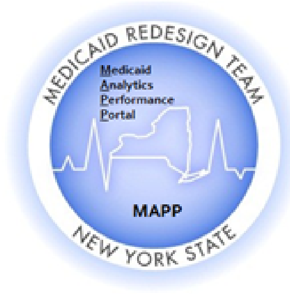


Section 10 – General Project Reporting

IPQR Module 10.1 - Overall approach to implementation

Instructions :

Please summarize your intended approach to the implementation of your chosen DSRIP projects, including considerations around how this approach will allow for the successful development of concurrently implementing DSRIP projects.

Consisting of just over 70 partners and FQHC lead, RCHC is uniquely positioned as a PPS to implement transformational initiatives in connection with its seven chosen projects through a grassroots approach. RCHC intends to achieve its project goals via the following elements: 1) close collaboration with its partners, patients, workers, and community stakeholders; 2) a focus on the provision of high-quality clinical care in community based settings; 3) a recognition of the social, cultural, and economic realities of our patient population with a focus on identifying barriers to care and designing systems to break those barriers; and 4) a commitment to creating change on a regional basis in conjunction with our fellow PPSs in Rockland and Orange Counties. To these ends, Refuah has designed its project plans in accordance with the following approach: a) identify, and engage with, partners and other stakeholders central to the achievement of project milestones; b) access and evaluate relevant data in order to create functional and effective processes, baselines and measures; c) assess and leverage existing resources and capabilities, while creating additional infrastructure or redesigning existing processes, as needed; d) perform analysis to implement workflows which will successfully achieve goals; e) develop appropriate IT systems and processes to support transformation; f) meaningfully engage patients, providers, CBOs and other stakeholders; and g) work closely with payors in order to develop a value-based payment system. RCHC believes that this streamlined, community, and outpatient focused approach provides an overarching framework that is comprehensive, yet nimble, and capable of achieving individual project goals, and ultimately systemic transformation.

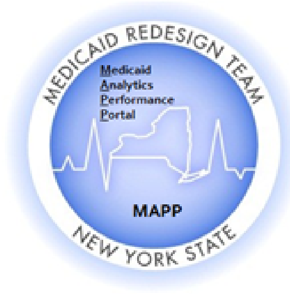
The Project Management Office currently consists of a Chief Administrative and Medical Officer who will lead the clinical administrative and clinical components of Refuah CHC PPS, a Chief Strategy Officer who will guide workforce and governance, a CIO to manage the IT functions and overall population health strategy, a Director of Informatics to track and report on performance measures, a Finance Officer to manage the budget and funds flow, a Compliance Officer to establish and oversee the compliance program, and a Coordinator to assure both internal and external communication. As such, we feel that the Project Management Office is in a very strong position to support Refuah CHC's project implementation and overall project plans.

IPQR Module 10.2 - Major dependencies between work streams and coordination of projects

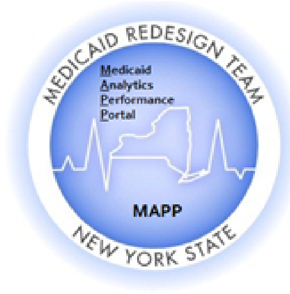
Instructions :

Please describe how your approach will handle interdependencies between complementary projects, as well as between projects and cross-cutting PPS initiatives - for example, an IT infrastructure upgrade, or the establishment of data sharing protocols.

As described above, RCHC has taken a comprehensive, yet intimate approach to how it plans to implement its projects and engage with relevant stakeholders. As a "smaller" PPS, RCHC, through coordination by the Project Management Office, is capable of closely managing all of its projects



in a holistic manner that is conducive to the identification of interdependencies and development of processes to coordinate workflows, reduce redundancies and maximize resources. On a macro level, the achievement of project specific goals is reliant upon the timely implementation of Domain 1 organizational structures. On a day-to-day basis the clinical project leads/teams will coordinate closely with organizational project leads/teams in order to ensure that all work streams are aligned and moving forward in a manner that facilitates positive outcomes. For example, clinical leads will work closely with workforce team members in order to ensure that the overall workforce strategy is reflective of the needs and goals of the projects. On a micro level, clinical project leads are engaged in an ongoing process to identify potential overlap between projects and to coordinate work streams in order to leverage resources in a rational and efficient manner. Examples of cross-project collaboration include, without limitation, coordinating PCMH certification processes in connection with Projects 2.a.i. and 2.a.ii., identification of IT systems with multi-functional capabilities in order to reduce burdens to partners and support PPS-wide integration, and implementation of training programs designed to avoid overlap and redundancy. To the extent possible, protocols will be developed in a manner that captures aspects of multiple projects so as to result in the most effective and efficient work streams.



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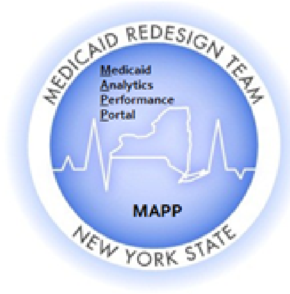
IPQR Module 10.3 - Project Roles and Responsibilities

Instructions :

Please outline the key individuals & organizations that play a role in the delivery of your PPS's DSRIP projects, as well as what their responsibilities are regarding governance, implementation, monitoring and reporting on your DSRIP projects.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Chief Administrative and Medical Officer	Corinna Manini M.D.	Provide clinical direction with respect to project coordination and management as well as support when performance drops
Chief Strategy Officer	Alexandra Khorover, Esq.	Create contracts with minimum performance requirements to ensure partner compliance and include requirements for PPS membership; Provides guidance on legal and regulatory issues.
Chief Information Officer	Rachel Merk	Provide oversight of implementation of IT solutions
Finance Officer	Shaindy Landerer, CPA	Manage budget for PPS in collaboration with Finance Committee
Reporting and Tracking	Michael Kaplan, FNP, Director of Informatics	Collect and maintain provider status database; Develop ongoing reporting and tracking processes as needed
Compliance Officer	Azizza Graziul, Esq	Oversee the development and implementation of the compliance plan including adherence to policies and procedures and auditing functions
DSRIP Coordinator	Anne Cuddy	Central point of contact for all external and internal communication; Responsible for managing and tracking meeting records; Submission of quarterly reports
General Human Resources Staff	Refuah Health Center, allocation of human resources staff	Oversee compensation and benefits; Participate in staff on-boarding, communication and training as needed
Executive Governing Body	Chanie Sternberg, Chair, Joel Mittelman, Vice Chair, Deb Marshall, Secretary, Victor Ostreicher, Treasurer, Sanjiv Shah, MD, Fidelis, Ann Nolon, HRHC, Nolly Climes, Rehab Support Svcs., Chris Fortune, OPWDD, Uri Koenig, Pine Valley, Cynthia Wolff, 1199	Develop overarching vision and provide general oversight; Final approval of key strategies, plans and budgets
Clinical Governance Committee	Corinna Manini MD, CAO & CMO, RCHC, Tamy Skaist, Ezras Cholim,, Tom Bolzan, Orange County Dept. of Mental Health, remaining members TBD	Review and provide feedback on performance metrics; Develop and approve clinical protocols and corrective action plans
IT & Data Governance Committee	Rachel Merk, CIO, RCHC, Dan Ocasio, Ezras Cholim, Deb Viola, Westchester Medical Ctr., Maureen Price, Bon Secours, Christina Galianis, HealthLinkNY,/RHIO, Rockland County Dept. of Mental Health, Hudson River Health	Provide guidance on development of IT strategy
Operations Committee	Chanie Sternberg, CEO, RCHC, Victor Ostreicher, Treasurer, Joel Mittelman, Vice Chair	Oversight of the Project Management Office



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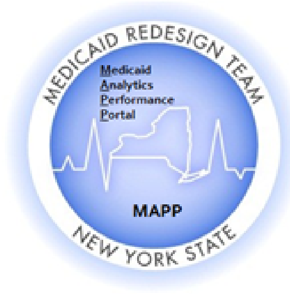
Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Financial Governance Committee	Chanie Sternberg, Victor Ostreicher, Joel Mittelman, Chris Fortune, George Weinberger, Uri Koenig, Peter Epp, Shaindy Landerer	Advise and approve on workstream costs and budgets
HIT Consultant	TBD	include assessment of data sources and workflows of PPS partners as part of current state assessment.
Training Vendor	TBD considering 1199	Coordinate training schedule and sessions, maintain accurate records of all attendees, provide centralized training platform/solution for use by PPS
Workforce Consultant	TBD	Target workforce state design, current state assessment, gap analysis, and reporting/remediation support, workforce transition roadmap
Financial Consultant	Cohn Reznick	Advise on structuring provider contracts to optimize project performance.
Governance Consultant, Legal & Compliance	Nixon Peabody	Develop provider contracts to include specific project requirements.
RCHC Quality Committee	Members TBD	Develop evidence-based policies, procedures, workflows and care standards. ; Select members will participate in Hudson Region DSRIP Clinical Council
BH Quality Sub-Committee	Members TBD	Develop evidence-based policies, procedures, workflows and care standards; Select members will participate in Hudson Region DSRIP Crisis Committee
Cultural Competency & Health Literacy Workgroup	Joel Mittelman Ezras Choilim (FQHC), Caren Fairweather, MISN Orange County (CBO), Katherine Brieger HRHC (Health Home), Tasha Scott (MPH candidate), representative TBD (1199 labor union). Additional representatives may be added in the upcoming quarters.	Provide guidelines that would need to be included in projects such that they are implemented in a culturally competent manner
IDS & Clinical Integration Workgroup	Members TBD	Identify the necessary workflows and infrastructure necessary to achieve project goals
RCHC Lead Entity	Refuah Health Center	Responsible for comprehensive oversight of project coordination



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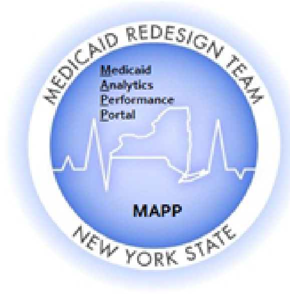
IPQR Module 10.4 - Overview of key stakeholders and how influenced by your DSRIP projects

Instructions :

In the below table, please set out who the key stakeholders are that play a major role across multiple DSRIP projects. Please give an indication of the role they play and how they impact your approach to delivering your DSRIP projects.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
PPS Partner Board of Directors	PPS Partners	Overall responsibility for their organizations' execution of their DSRIP responsibilities
PPS Partner CEOs/Management Team	PPS Partners	Responsible for their organizations' execution of their DSRIP responsibilities
PPS Partner CFOs/Finance Team	PPS Partners	Primary finance contact for the PPS partner. Responsible for conducting DSRIP related finance tasks
PPS Partner CIOs/IT Team	PPS Partners	Implement necessary IT systems as identified
PPS Partner CMO/Clinical Leadership	PPS Partners	Responsible for leading clinical staff and implementing clinical DSRIP intitiatives
PPS Partner Legal/Compliance	PPS Partners	Responsible for participating in contracting decisions and overall partner compliance
PPS Partner HR Departments	PPS Partners	Support data collection of compensation and benefit information; current state workforce information and potential hiring needs
PPS Partner Providers (Primary Care)	PPS Partners	Engage with patients and execute the DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment
PPS Partner Providers (Non-Primary Care)	PPS Partners	Engage with patients and execute the DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment
PPS Partner Providers (Behavioral Health and Addiction)	PPS Partners	Engage with patients and execute the DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment
PPS Partner Frontline Workers	PPS Partners	Engage with patients and execute the DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment
PPS Partner CBOs	PPS Partners	Engage with patients and execute the DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment
PPS Partner Inpatient Facilities (Acute and BH)	PPS Partners	Engage with patients and execute the DSRIP requirements; Utilize



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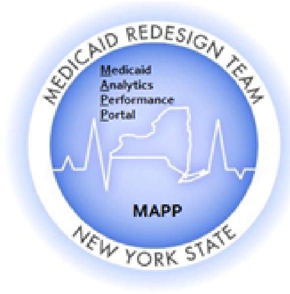
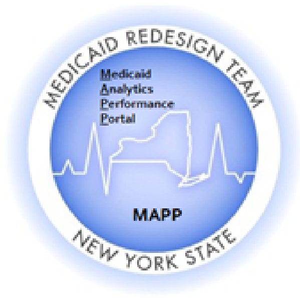
Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment
Hudson River Healthcare, Inc dba CommunityHealth Care Collaborative (CCC)	Health Home	Engage with patients and execute the DSRIP requirements; Utilize IT systems as prescribed to ensure data quality; Undergo additional training as identified in workforce assessment
Rockland & Orange County Department of Health	Local Government Units	Inform PPS of historical and existing initiatives; Participate in community engagement and communication processes; Provide feedback and support surrounding data security and consent
Rockland & Orange County Department of Mental Health	Local Government Units	Inform PPS of historical and existing initiatives; Participate in community engagement and communication processes; Provide feedback and support surrounding data security and consent
Rockland & Orange County Department of Social Services	Local Government Units	Inform PPS of historical and existing initiatives; Participate in community engagement and communication processes; Provide feedback and support surrounding data security and consent
External Stakeholders		
Montefiore Hudson Valley Collaborative PPS	Other Area PPS	Overall coordination and alignment of strategies on shared projects
Center for Regional Healthcare Innovation (Westchester-led PPS)	Other Area PPS	Overall coordination and alignment of strategies on shared projects
HealthLinkNY	Local RHIO/QE/HIE	Provide HIE capabilities and central data repository of patient data
EMR/EHR vendors	Software solutions	Meet the prescribed DSRIP technical requirements to ensure data quality and integration
Non Partner CBOs	Contracted and non-contracted CBOs	Perform DSRIP project duties as contracted.
Medicaid Managed Care Organizations and other payers including, without limitations, Fidelis Care.	Payor	Work with RCHC to develop payment models to support DSRIP projects
Special Needs Plans (e.g. HARP)	Payor	Facilitate health management activities for specific subpopulations
Medicaid enrollees and their families	Patients/ Clients	Assist in identification of barriers and disparities; Provide feedback to PPS and partners; Participate in needs assessments as necessary
NYS Department of Health	Government	Guide PPS strategy and operations; Monitor PPS performance; Assist with regulatory relief and addressing barriers to DSRIP program success
Government Agencies / Regulators	Government	Ensure PPS maintains compliance with current regulations
Community Representatives	Community Representatives	Assist in identification of barriers; Provide input on health disparities; Serve as community brokers to engage with the community.
Salient/Medicaid Data Warehouse	Statewide report developer	Provide state Medicaid data to facilitate PPS strategies
Hudson Region DSRIP Lead Committee	Regional cross-PPS committee	Overall coordination and alignment of strategies across the Hudson Valley

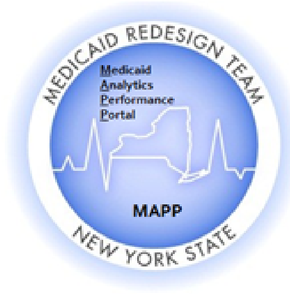


Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Hudson Region DSRIP Steering Committee	Regional cross-PPS committee	Overall coordination and alignment of strategies across the Hudson Valley
Hudson Region DSRIP HIE Workgroup	Regional cross-PPS committee	Overall coordination and alignment of strategies across the Hudson Valley
Hudson Region DSRIP Clinical Council	Regional cross-PPS committee	Overall coordination and alignment of clinical policies and procedures across the Hudson Valley
Hudson Region DSRIP BH Crisis Leadership Group and Subcommittees	Regional cross-PPS committee	Overall coordination and alignment of crisis strategy across the Hudson Valley
Hudson Region DSRIP Workforce Group	Regional cross-PPS committee	Overall coordination and alignment of strategies across the Hudson Valley
Hudson Region DSRIP Public Health Council	Regional cross-PPS committee	Overall coordination and alignment of strategies across the Hudson Valley



IPQR Module 10.5 - IA Monitoring

Instructions :



Project 2.a.i – Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management

IPQR Module 2.a.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

Risk: Scope and Size
Risk Category: Scope, Resource and Schedule

Impact: RCHC anticipates that a significant risk to the successful implementation of this project is the scope of the project and the number of partners that are included. Most of the partners are on disparate EMR systems that currently are not capable of sharing clinical data between providers, and partners may resist change. There is a risk regarding the interoperability of all these systems and how we will be able to integrate them all. Integration will rely heavily upon the integration of partner's EMR/EHR systems with the local QE. Therefore, our time frames for integration, and subsequent roll out of training on new workflows with the QE integration will depend upon the QE's throughput and available resources to devote to configuring these connections.

Mitigation: In order to reduce the redundancies of connections, the QE is attempting to create "hubs" of like-vendor products when available, however the diversity of products is very great. Therefore, if we determine that schedule slippage is real, we may need to consider implementation of like-vendor products with some partners in order to reduce the burden of multiple distinct QE connections. Integration also depends upon vendor system's capabilities to capture and provide the necessary data to the requested sources. As such, it is a known issue that many vendors do not currently support a CCDA format in exchange of clinical records, which puts our PPS as risk of not having care plan data and other fields available to ensure high-quality data sharing and exchange. In order to mitigate this risk, we will ensure that any EMR vendor in use must support or provide a plan to create CCDA exchange capabilities in their system, along with any other minimum key data points identified in the clinical integration needs assessment and other gap analysis. Another risk mitigation strategy that RCHC will adopt is to work closely with the other PPSs in the region, since many of the partners overlap.

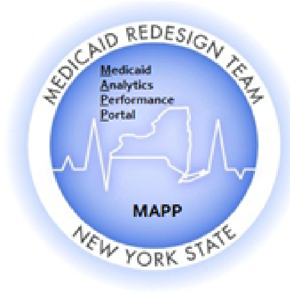
Risk: Provider Fragmentation
Risk Category: Scope

Impact: RCHC will need to strategize on ways to ensure buy-in from all partner organizations at all levels of staff. We will need to create a shared vision for the PPS, and build support for a new model of healthcare delivery. We will also need to monitor the partners that are engaged in this project.

Mitigation: This will be done via PAC meetings and other practitioner engagement initiatives designed to solicit input from our partners, via the RCHC website, and via the shared trainings that will be deployed. The performance of the IDS Workgroup will be measured by the number of

providers and/or practice sites that are actively participating in this project. We will define active as (1) the use of patient registries; (2) involvement in coordinated care management; (3) working towards achieving PCMH 2014 Level 3 Certification, where applicable; and (3) using an EHR with MU Certification and connection to a QE.

PLEASE NOTE: Discrepancy between the Domain 1 DSRIP Project Requirements Milestones and Metrics doccument and DOH's "Value-Based Payment Roadmap"- The Domain 1 DSRIP Project Requirements Milestones and Metrics document indicates that certain finance related steps such as contracting with Managed Care organizations and establishing value-based payment arragngements should be completed by the the end of DY2. However, DOH's "Value-Based Payment Roadmap", final version submitted to CMS, includes a timeframe for the implementation of VBP which extends into DY5. Due to this inconsistency, the Target Completion Dates are consistent with the "Roadmap" and extend beyond DY2. RCHC will wait for additional guidance from the State.



IPQR Module 2.a.i.2 - Project Implementation Speed

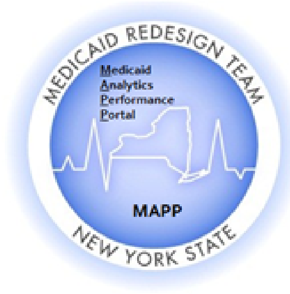
Instructions :

Please specify how many providers will have met all of the project requirements (as set out in the Project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks
100% Total Committed By
DY3,Q4

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Primary Care Physicians	112	0	0	0	0	0	0	0	40	40	40
Non-PCP Practitioners	387	0	0	0	0	0	0	0	10	10	10
Hospitals	8	0	0	0	0	0	0	0	0	1	1
Clinics	7	0	0	0	0	0	0	0	2	2	2
Health Home / Care Management	9	0	0	0	0	0	0	0	0	0	0
Behavioral Health	70	0	0	0	0	0	0	0	10	10	10
Substance Abuse	12	0	0	0	0	0	0	0	0	0	0
Skilled Nursing Facilities / Nursing Homes	7	0	0	0	0	0	0	0	0	0	0
Pharmacies	12	0	0	0	0	0	0	0	0	0	0
Hospice	1	0	0	0	0	0	0	0	0	0	0
Community Based Organizations	17	0	0	0	0	0	0	0	0	0	0
All Other	383	0	0	0	0	0	0	0	0	0	0
Total Committed Providers	**1,025**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**62**	**63**	**63**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**6.05**	**6.15**	**6.15**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Primary Care Physicians	112	40	112	112	112	112	112	112	112	112	112
Non-PCP Practitioners	387	10	387	387	387	387	387	387	387	387	387



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Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Hospitals	8	1	8	8	8	8	8	8	8	8	8
Clinics	7	2	7	7	7	7	7	7	7	7	7
Health Home / Care Management	9	0	9	9	9	9	9	9	9	9	9
Behavioral Health	70	10	70	70	70	70	70	70	70	70	70
Substance Abuse	12	0	12	12	12	12	12	12	12	12	12
Skilled Nursing Facilities / Nursing Homes	7	0	7	7	7	7	7	7	7	7	7
Pharmacies	12	0	12	12	12	12	12	12	12	12	12
Hospice	1	0	1	1	1	1	1	1	1	1	1
Community Based Organizations	17	0	17	17	17	17	17	17	17	17	17
All Other	383	0	0	0	0	0	0	0	0	0	383
Total Committed Providers	**1,025**	**63**	**642**	**642**	**642**	**642**	**642**	**642**	**642**	**642**	**1,025**
Percent Committed Providers(%)		**6.15**	**62.63**	**62.63**	**62.63**	**62.63**	**62.63**	**62.63**	**62.63**	**62.63**	**100.00**

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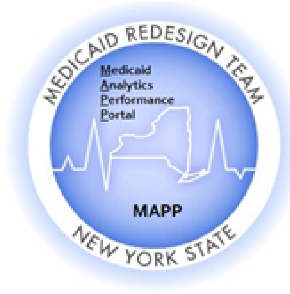

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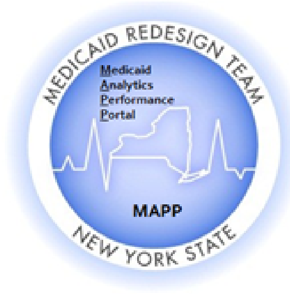
IPQR Module 2.a.i.3 - Prescribed Milestones

Instructions :

Please enter baseline target dates and work breakdown tasks with target dates for each of the milestones below.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #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.	Project	N/A	In Progress	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers.	Project		In Progress	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Create an IDS Workgroup consisting of representatives from each partner (IT or operations) who will be responsible for creating and ensuring adoption and implementation of IDS strategies.	Project		In Progress	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 2. Identify all partners that are participating in the project and the provider type in each partner organization.	Project		In Progress	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 3. Leverage the partner organization information to engage partners in the network and ensure timely implementation of IDS strategies.	Project		In Progress	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 4. Ensure that the Clinical Quality Committee is staffed by a representative cross-section of the partner organizations and providers that are represented within each organization.	Project		In Progress	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 5. The Clinical Quality Committee will determine the key data elements to be shared across the IDS.	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 6. Perform current state assessment and gap analysis to determine what needs to be addressed in order to implement the IDS Strategy and ensure interoperability between partners.	Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 7. Meet with payers to discuss the IDS and negotiate new models of	Project		In Progress	09/01/2015	12/31/2017	12/31/2017	DY3 Q3



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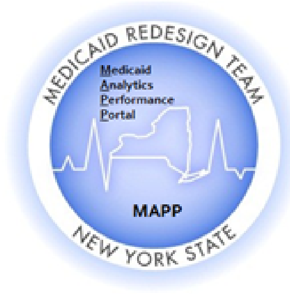
Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
reimbursement and incentives surrounding the new models of delivery of healthcare- establish a monthly meeting schedule.							
Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	Project	N/A	In Progress	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS produces a list of participating HHs and ACOs.	Project		In Progress	06/01/2015	01/01/2016	03/31/2016	DY1 Q4
Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS.	Project		In Progress	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery.	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Meet with Community Health Care Collaborative (aka Hudson River Health Care) and leverage their expertise in the health home arena.	Project		In Progress	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2. Create a strategy that utilizes best practices from the Health Home experience	Project		In Progress	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 3. Begin an IT assessment of the HH partner and BH Providers integrate it into the overall PPS IT strategy in order to leverage their structure to benefit the PPS as a whole.	Project		In Progress	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	Project	N/A	In Progress	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.	Project		In Progress	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS.	Project		In Progress	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment reminders are followed.	Project		In Progress	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS trains staff on IDS protocols and processes.	Project		In Progress	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Create a system of referral to the Health Home to refer those patients who	Project		In Progress	01/01/2016	09/30/2016	09/30/2016	DY2 Q2



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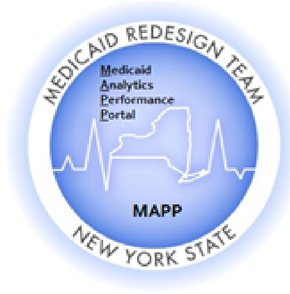
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
qualify to the Health Home.							
Task 2. Include the CBOs in this strategy and continue to engage them throughout the life of the program.	Project		In Progress	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. Create a community outreach plan to educate the community, including medical and behavioral health, post-acute care, long term care, and public health services, and all the other various partners on the vision for an integrated system.	Project		In Progress	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	Project	N/A	In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Primary Care Physicians	In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Non-PCP Practitioners	In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Hospitals	In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Behavioral Health	In Progress	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Skilled Nursing Facilities / Nursing Homes	In Progress	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS uses alerts and secure messaging functionality.	Project		In Progress	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Include requirements for data sharing and QE integration in larger gap assessment encompassing IT Systems and Clinical Integration as well. Perform gap assessment.	Project		In Progress	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 2. Review gap assessment and develop strategies for partners to meet data sharing requirements for this milestone.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Collaborate with QE, regional PPSs and partner software vendors on available solutions and strategies to close identified gaps.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Develop relevant grouping for partners (for example: type of partner,	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4



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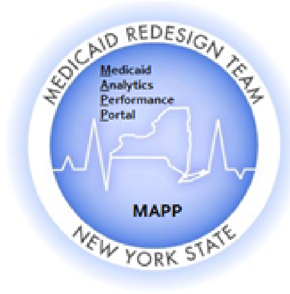
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
gap/need, software solution used). Create phased implementation and assign partners to phases. Collaborate with regional PPSs on phases and plans.							
Task 5. Determine details for other workstreams, including budget requirements, workforce and training needs.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 6. Develop new policies, procedures, processes that will be required for data sharing and include, as needed, in data governance.	Project		In Progress	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 7. Determine project tracking needs for ongoing project reporting and monitoring and develop tools to facilitate this tracking and monitoring.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 8. Develop plan for implementation focused on shared partners in collaboration with other regional PPSs.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 9. Begin execution of the first phase of implementation plan; start of additional phases TBD.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 10. Perform rapid cycle evaluation of implementation, adjust additional phases as needed, and repeat process according to developed project tracking process.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 11. Confirm that all phases of implementation plan have been completed and that all PPS safety net providers meet this milestone requirement. Collect necessary documentation from each partner to show their compliance with this milestone.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #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.	Project	N/A	In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).	Project		In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	Provider	Safety Net Primary Care Physicians	In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Survey safety net providers to determine current EHR and version as part of current state assessment to be performed in IT Systems & Processes	Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3



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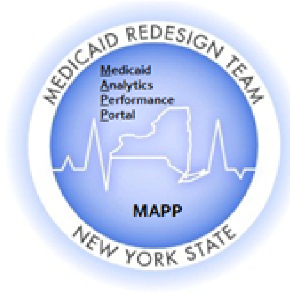
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
workstream . Evaluate current IT state across PPS through various communication methods, including meeting, conference calls, surveys, email.							
Task 2. Perform analysis of results of IT assessment . Develop upgrade roadmap with any safety net partners no currently on an EHR that meets MU Stage 2 requirements.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3.Analyze results of partners in collaboration with other regional PPSs and ensure alignment/collaboration on closing gaps (especially with shared partners).	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Estimate costs to partners/PPS and reconcile with budget.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. Create reporting /status tracking method partner progress towards adoption of EHR systems meeting MU and PCMH requirements.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 6. Finalize PPS strategy to close gaps and receive approval through governance process .	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 7. Begin execution of plan	Project		In Progress	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 8. Perform rapid cycle evaluation of implementation, adjust additional phases as needed, and repeat process according to developed project tracking process.	Project		In Progress	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 9. Confirm that all phases of implementation plan have been completed and that all PPS safety net providers meet this milestone requirement. Collect necessary documentation from each partner to show their compliance with this milestone.	Project		In Progress	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	Project	N/A	In Progress	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Assign oversight of milestone activities and analysis to project leads.	Project		In Progress	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task	Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3



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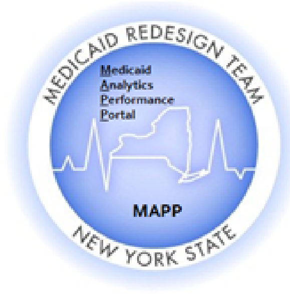
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
2: Compile list of data elements from DSRIP requirements and collaborate with regional PPSs to align reporting requirements.							
Task 3. Research available population health platforms to aggregate data from most robust and cost effective data sources across PPS, develop budget and integration plan. Engage vendor to assist with data source assessment work	Project		In Progress	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 4: Perform assessment of all data sources and workflows for collection of data for population health, including safety net provider systems and EMR vendors, QE/RHIOs and DOH/MAPP/Salient. Develop plan to integration/interface of most cost effective sources into a centralized platform across PPS	Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. Perform an analysis, utilizing CNA data and other relevant sources, e.g. partner and CBO input, to define priority target populations and associated health disparities.	Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 6. Develop plans to address the relevant health disparities for the identified priority target populations.	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 7. Identify providers requiring additional training, including workflows for data capture and addressing health disparities and create appropriate training plans.	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 8. Coordinate work products from all steps to create a comprehensive population health roadmap for submission to the Executive Governing Body.	Project		In Progress	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 9. Coordinate efforts with other area PPSs in order to avoid redundancies and facilitate a comprehensive region-wide approach to milestone achievement.	Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 10. Begin implementation of roadmap and perform rapid cycle evaluation of progress and adjust additional plans as needed.	Project		In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 11. Confirm that all safety net providers meet this milestone requirement. Collect necessary documentation from each partner to show their compliance with this milestone.	Project		In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	Project	N/A	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4



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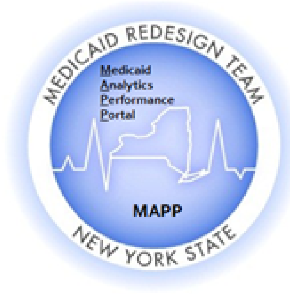
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.	Project		In Progress	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.	Provider	Primary Care Physicians	In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)	Project		In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Identify all Primary Care Providers within the network that are participating in project	Project		In Progress	05/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2. Conduct gap analysis of participating partners between current practice and 2014 PCMH standards	Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4. Enter into contractual agreement with partners providing financial incentives for meeting milestones in the established timeline	Project		In Progress	09/30/2015	12/31/2016	12/31/2016	DY2 Q3
Task 5. Regularly monitor partners to ensure that they are adhering to the established timeline for each stage of the recognition process	Project		In Progress	10/31/2015	03/31/2018	03/31/2018	DY3 Q4
Task 7. Provide outside PCMH consulting for any practice that needs to upgrade their status to Level 3 from a lower level	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3. Work with partners to develop appropriate timeline for transformation, implementation, reporting, and submission	Project		In Progress	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 6. Facilitate peer support for any partner that is having difficulty adhering to the established timeline	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	Project	N/A	In Progress	12/31/2015	03/31/2018	03/31/2018	DY3 Q4
Task Medicaid Managed Care contract(s) are in place that include value-based payments.	Project		In Progress	04/01/2016	04/30/2016	06/30/2016	DY2 Q1
Task 1. Schedule joint meetings of the IDS Workgroup and the Value-Based	Project		In Progress	12/31/2015	03/31/2016	03/31/2016	DY1 Q4



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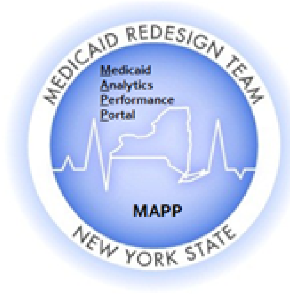
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Payment (VBP) Workgroup to begin collaborative discussions on IDS performance and VBP options.							
Task 2. VBP Workgroup to conduct educational session for PPS partners on VBP options available under the VBP Roadmap.	Project		In Progress	12/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. IDS Workgroup to work with VBP Workgroup in development of VBP Adoption Plan, a time-phased approach to implementing VBP starting with those partners who are ready for transition and moving to others over time (See Financial Sustainability section)	Project		In Progress	02/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 4. Based on VBP Adoption Plan (see Financial Sustainability section), negotiations with MCOs for VBP arrangements will begin for "Advanced" PPS partners/PCMHs who have been identified as early adopters based on an assessment of their readiness to transition to VBP.	Project		In Progress	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 5. Based on VBP Adoption Plan (see Financial Sustainability section), negotiations with MCOs for VBP arrangements will begin for "Moderate" and "Low" PPS partners/PCMHs who are partners identified as needing additional time to prepare/transition to VBP and will benefit from "lessons learned" from the "Advanced" PPS partners/PCMHs.	Project		In Progress	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 6. 80-90% of MCO contract payments will be for VBP Levels 1 and higher with at least 50-70% in VBP Level 2.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	Project	N/A	In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted.	Project		In Progress	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 1. Perform a market assessment of the MCOs in Rockland/Orange counties to identify MCOs with the largest market share and whom have existing relationships with RCHC's partners.	Project		In Progress	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Schedule meetings with targeted MCOs to begin discussions about their thoughts and concepts around VBP.	Project		In Progress	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task	Project		In Progress	01/01/2016	09/30/2016	09/30/2016	DY2 Q2



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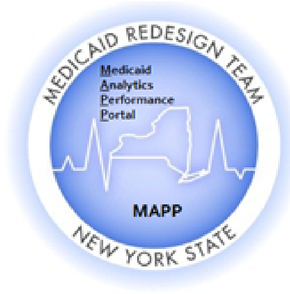
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
3. Develop a business case for presentation to MCOs showing that the MCOs' engagement with RCHC would be mutually beneficial.							
Task 4. Upon approval of the VBP Adoption Plan by the Executive Governing Body, develop an objective framework for intended meetings with MCOs including meeting agendas and preparatory work.	Project		In Progress	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 5. Begin to schedule routine meetings with targeted MCOs in the region to discuss RCHC's business case, VBP strategies and data needs.	Project		In Progress	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 6. Prepare a "wish list" of data required from the MCOs to effectively participate in VBP arrangements.	Project		In Progress	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 7. Work with MCOs to achieve the successful implementation of data exchange to assist with evaluating utilization and performance.	Project		In Progress	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 8. Develop management and performance reports utilizing the MCO data to effectively analyze utilization trends and performance issues.	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task 9. IDS Workgroup in collaboration with the VBP Workgroup to develop protocols to receive utilization and performance reports from MCOs and use to monitor performance and improve quality.	Project		In Progress	03/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 10. Begin monthly meetings with Medicaid MCOs to evaluate utilization trends and performance issues, and begin refining VBP arrangements.	Project		In Progress	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	Project	N/A	In Progress	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation	Project		In Progress	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.	Project		In Progress	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1. IDS Workgroup to prepare a matrix of patient outcome measures and cross-walk to provider types responsible for attaining the desired outcomes.	Project		In Progress	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 2. In coordination with the Finance function, prepare a VBP Provider	Project		In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4



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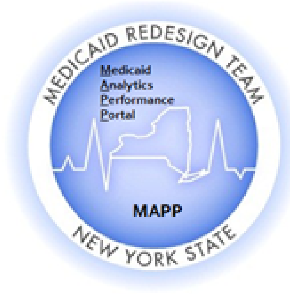
Compensation Plan that outlines how compensation will be aligned with patient outcomes including funds flow for approval by the Executive Governing Body.							
Task 3. IDS Workgroup to establish the current baseline for each of the patient outcome measures and establish goals for the year by provider type and individual PPS partner.	Project		In Progress	10/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task 4. IDS Workgroup to work with the Finance function to develop a compensation program to incentivize providers for attaining the desired patient outcomes.	Project		In Progress	10/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 5. Formalize contracts with PPS partners on the provider incentive compensation program.	Project		In Progress	10/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 6. Provide regular reporting to the PPS partners on their performance on attaining the agreed-to patient outcomes.	Project		In Progress	07/01/2017	12/31/2017	12/31/2017	DY3 Q3
Task 7. Commence compensating PPS partners based on attaining patient outcome measures as part of the funds flow.	Project		In Progress	12/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	Project	N/A	In Progress	01/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.	Project		In Progress	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task 1. Create a patient engagement plan that is culturally sensitive to the patient population.	Project		In Progress	01/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task 2. Define patient engagement metrics and develop a monitoring process.	Project		In Progress	01/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task 3. Create educational media to communicate the goals and educations of the IDS to both patients and CBOs.	Project		In Progress	03/31/2016	06/30/2017	06/30/2017	DY3 Q1
Task 4. Hire and train community navigators and deploy within the community.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Ensure regional coordination for shared partners.	Project		In Progress	03/01/2016	12/31/2016	12/31/2016	DY2 Q3



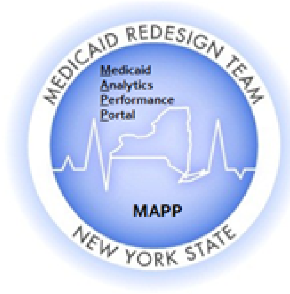
New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 6. Solicit feedback from our patient navigators, CBOs and partners to identify other areas which may benefit from IDS integration.	Project		In Progress	01/01/2017	03/31/2018	03/31/2018	DY3 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #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.										
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers.										
Task 1. Create an IDS Workgroup consisting of representatives from each partner (IT or operations) who will be responsible for creating and ensuring adoption and implementation of IDS strategies.										
Task 2. Identify all partners that are participating in the project and the provider type in each partner organization.										
Task 3. Leverage the partner organization information to engage partners in the network and ensure timely implementation of IDS strategies.										
Task 4. Ensure that the Clinical Quality Committee is staffed by a representative cross-section of the partner organizations and providers that are represented within each organization.										
Task 5. The Clinical Quality Committee will determine the key data elements to be shared across the IDS.										
Task 6. Perform current state assessment and gap analysis to determine what needs to be addressed in order to implement the IDS Strategy and ensure interoperability between partners.										
Task 7. Meet with payers to discuss the IDS and negotiate new										

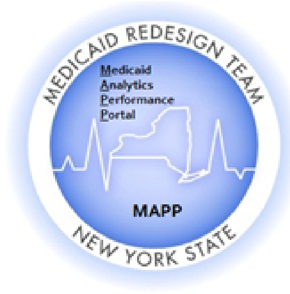


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
models of reimbursement and incentives surrounding the new models of delivery of healthcare- establish a monthly meeting schedule.										
Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.										
Task PPS produces a list of participating HHs and ACOs.										
Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery.										
Task 1. Meet with Community Health Care Collaborative (aka Hudson River Health Care) and leverage their expertise in the health home arena.										
Task 2. Create a strategy that utilizes best practices from the Health Home experience										
Task 3. Begin an IT assessment of the HH partner and BH Providers integrate it into the overall PPS IT strategy in order to leverage their structure to benefit the PPS as a whole.										
Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.										
Task Clinically Interoperable System is in place for all participating providers.										
Task PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS.										
Task PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment reminders are followed.										
Task PPS trains staff on IDS protocols and processes.										



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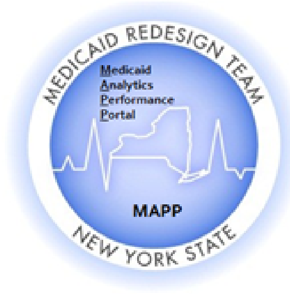
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task 1. Create a system of referral to the Health Home to refer those patients who qualify to the Health Home.										
Task 2. Include the CBOs in this strategy and continue to engage them throughout the life of the program.										
Task 3. Create a community outreach plan to educate the community, including medical and behavioral health, post-acute care, long term care, and public health services, and all the other various partners on the vision for an integrated system.										
Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	10	10	10	10	30	30	30
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	10	10	10	10	10	10	10
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	1	1	1	1	2	2	2
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	2	2	2	2	10	10	10
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task PPS uses alerts and secure messaging functionality.										
Task 1. Include requirements for data sharing and QE integration in larger gap assessment encompassing IT Systems and Clinical Integration as well. Perform gap assessment.										
Task 2. Review gap assessment and develop strategies for partners to meet data sharing requirements for this milestone.										
Task 3. Collaborate with QE, regional PPSs and partner software vendors on available solutions and strategies to close identified										



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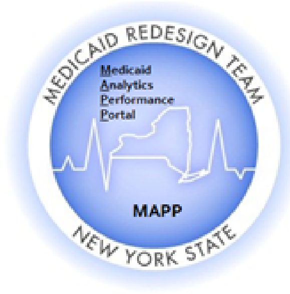
Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
gaps.										
Task 4. Develop relevant grouping for partners (for example: type of partner, gap/need, software solution used). Create phased implementation and assign partners to phases. Collaborate with regional PPSs on phases and plans.										
Task 5. Determine details for other workstreams, including budget requirements, workforce and training needs.										
Task 6. Develop new policies, procedures, processes that will be required for data sharing and include, as needed, in data governance.										
Task 7. Determine project tracking needs for ongoing project reporting and monitoring and develop tools to facilitate this tracking and monitoring.										
Task 8. Develop plan for implementation focused on shared partners in collaboration with other regional PPSs.										
Task 9. Begin execution of the first phase of implementation plan; start of additional phases TBD.										
Task 10. Perform rapid cycle evaluation of implementation, adjust additional phases as needed, and repeat process according to developed project tracking process.										
Task 11. Confirm that all phases of implementation plan have been completed and that all PPS safety net providers meet this milestone requirement. Collect necessary documentation from each partner to show their compliance with this milestone.										
Milestone #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.										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	0	0	0	10	10	20	20	40	40	40



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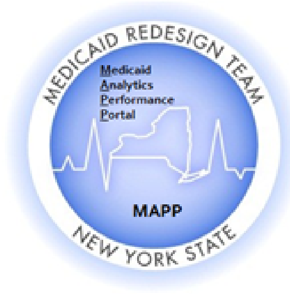
Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task 1. Survey safety net providers to determine current EHR and version as part of current state assessment to be performed in IT Systems & Processes workstream . Evaluate current IT state across PPS through various communication methods, including meeting, conference calls, surveys, email.										
Task 2. Perform analysis of results of IT assessment . Develop upgrade roadmap with any safety net partners no currently on an EHR that meets MU Stage 2 requirements.										
Task 3.Analyze results of partners in collaboration with other regional PPSs and ensure alignment/collaboration on closing gaps (especially with shared partners).										
Task 4. Estimate costs to partners/PPS and reconcile with budget.										
Task 5. Create reporting /status tracking method partner progress towards adoption of EHR systems meeting MU and PCMH requirements.										
Task 6. Finalize PPS strategy to close gaps and receive approval through governance process .										
Task 7. Begin execution of plan										
Task 8. Perform rapid cycle evaluation of implementation, adjust additional phases as needed, and repeat process according to developed project tracking process.										
Task 9. Confirm that all phases of implementation plan have been completed and that all PPS safety net providers meet this milestone requirement. Collect necessary documentation from each partner to show their compliance with this milestone.										
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.										
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.										
Task 1. Assign oversight of milestone activities and analysis to project leads.										



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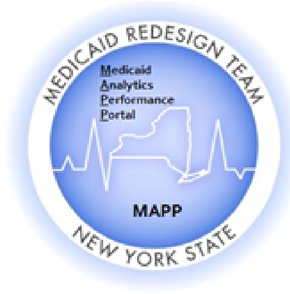
Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task 2: Compile list of data elements from DSRIP requirements and collaborate with regional PPSs to align reporting requirements.										
Task 3. Research available population health platforms to aggregate data from most robust and cost effective data sources across PPS, develop budget and integration plan. Engage vendor to assist with data source assessment work										
Task 4: Perform assessment of all data sources and workflows for collection of data for population health, including safety net provider systems and EMR vendors, QE/RHIOs and DOH/MAPP/Salient. Develop plan to integration/interface of most cost effective sources into a centralized platform across PPS										
Task 5. Perform an analysis, utilizing CNA data and other relevant sources, e.g. partner and CBO input, to define priority target populations and associated health disparities.										
Task 6. Develop plans to address the relevant health disparities for the identified priority target populations.										
Task 7. Identify providers requiring additional training, including workflows for data capture and addressing health disparities and create appropriate training plans.										
Task 8. Coordinate work products from all steps to create a comprehensive population health roadmap for submission to the Executive Governing Body.										
Task 9. Coordinate efforts with other area PPSs in order to avoid redundancies and facilitate a comprehensive region-wide approach to milestone achievement.										
Task 10. Begin implementation of roadmap and perform rapid cycle evaluation of progress and adjust additional plans as needed.										
Task 11. Confirm that all safety net providers meet this milestone requirement. Collect necessary documentation from each partner to show their compliance with this milestone.										
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary										



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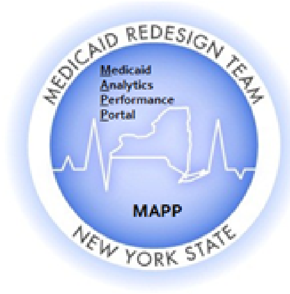
Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
care providers, and meet EHR Meaningful Use standards by the end of DY 3.										
Task Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.										
Task All practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.	0	0	0	10	10	25	25	50	50	63
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)										
Task 1. Identify all Primary Care Providers within the network that are participating in project										
Task 2. Conduct gap analysis of participating partners between current practice and 2014 PCMH standards										
Task 4. Enter into contractual agreement with partners providing financial incentives for meeting milestones in the established timeline										
Task 5. Regularly monitor partners to ensure that they are adhering to the established timeline for each stage of the recognition process										
Task 7. Provide outside PCMH consulting for any practice that needs to upgrade their status to Level 3 from a lower level										
Task 3. Work with partners to develop appropriate timeline for transformation, implementation, reporting, and submission										
Task 6. Facilitate peer support for any partner that is having difficulty adhering to the established timeline										
Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.										
Task Medicaid Managed Care contract(s) are in place that include value-based payments.										
Task 1. Schedule joint meetings of the IDS Workgroup and the Value-Based Payment (VBP) Workgroup to begin collaborative										



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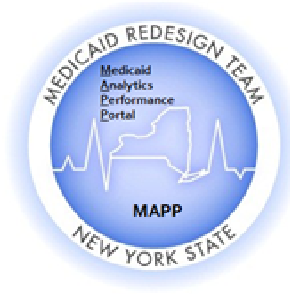
Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
discussions on IDS performance and VBP options.										
Task 2. VBP Workgroup to conduct educational session for PPS partners on VBP options available under the VBP Roadmap.										
Task 3. IDS Workgroup to work with VBP Workgroup in development of VBP Adoption Plan, a time-phased approach to implementing VBP starting with those partners who are ready for transition and moving to others over time (See Financial Sustainability section)										
Task 4. Based on VBP Adoption Plan (see Financial Sustainability section), negotiations with MCOs for VBP arrangements will begin for "Advanced" PPS partners/PCMHs who have been identified as early adopters based on an assessment of their readiness to transition to VBP.										
Task 5. Based on VBP Adoption Plan (see Financial Sustainability section), negotiations with MCOs for VBP arrangements will begin for "Moderate" and "Low" PPS partners/PCMHs who are partners identified as needing additional time to prepare/transition to VBP and will benefit from "lessons learned" from the "Advanced" PPS partners/PCMHs.										
Task 6. 80-90% of MCO contract payments will be for VBP Levels 1 and higher with at least 50-70% in VBP Level 2.										
Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.										
Task PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted.										
Task 1. Perform a market assessment of the MCOs in Rockland/Orange counties to identify MCOs with the largest market share and whom have existing relationships with RCHC's partners.										
Task 2. Schedule meetings with targeted MCOs to begin discussions about their thoughts and concepts around VBP.										
Task 3. Develop a business case for presentation to MCOs showing										



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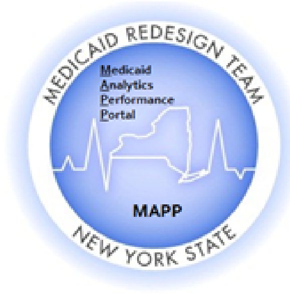
Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
that the MCOs' engagement with RCHC would be mutually beneficial.										
Task 4. Upon approval of the VBP Adoption Plan by the Executive Governing Body, develop an objective framework for intended meetings with MCOs including meeting agendas and preparatory work.										
Task 5. Begin to schedule routine meetings with targeted MCOs in the region to discuss RCHC's business case, VBP strategies and data needs.										
Task 6. Prepare a "wish list" of data required from the MCOs to effectively participate in VBP arrangements.										
Task 7. Work with MCOs to achieve the successful implementation of data exchange to assist with evaluating utilization and performance.										
Task 8. Develop management and performance reports utilizing the MCO data to effectively analyze utilization trends and performance issues.										
Task 9. IDS Workgroup in collaboration with the VBP Workgroup to develop protocols to receive utilization and performance reports from MCOs and use to monitor performance and improve quality.										
Task 10. Begin monthly meetings with Medicaid MCOs to evaluate utilization trends and performance issues, and begin refining VBP arrangements.										
Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.										
Task PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation										
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.										
Task 1. IDS Workgroup to prepare a matrix of patient outcome measures and cross-walk to provider types responsible for attaining the desired outcomes.										



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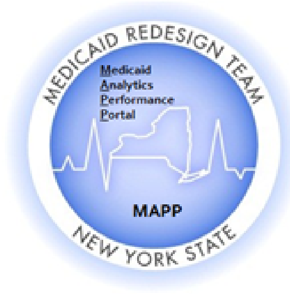
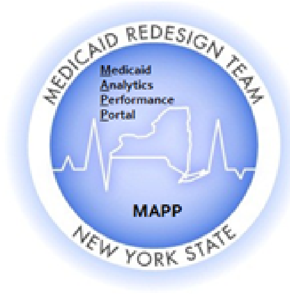
Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task 2. In coordination with the Finance function, prepare a VBP Provider Compensation Plan that outlines how compensation will be aligned with patient outcomes including funds flow for approval by the Executive Governing Body.										
Task 3. IDS Workgroup to establish the current baseline for each of the patient outcome measures and establish goals for the year by provider type and individual PPS partner.										
Task 4. IDS Workgroup to work with the Finance function to develop a compensation program to incentivize providers for attaining the desired patient outcomes.										
Task 5. Formalize contracts with PPS partners on the provider incentive compensation program.										
Task 6. Provide regular reporting to the PPS partners on their performance on attaining the agreed-to patient outcomes.										
Task 7. Commence compensating PPS partners based on attaining patient outcome measures as part of the funds flow.										
Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.										
Task Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.										
Task 1. Create a patient engagement plan that is culturally sensitive to the patient population.										
Task 2. Define patient engagement metrics and develop a monitoring process.										
Task 3. Create educational media to communicate the goals and educations of the IDS to both patients and CBOs.										
Task 4. Hire and train community navigators and deploy within the community.										
Task 5. Ensure regional coordination for shared partners.										



Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task 6. Solicit feedback from our patient navigators, CBOs and partners to identify other areas which may benefit from IDS integration.										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #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.										
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers.										
Task 1. Create an IDS Workgroup consisting of representatives from each partner (IT or operations) who will be responsible for creating and ensuring adoption and implementation of IDS strategies.										
Task 2. Identify all partners that are participating in the project and the provider type in each partner organization.										
Task 3. Leverage the partner organization information to engage partners in the network and ensure timely implementation of IDS strategies.										
Task 4. Ensure that the Clinical Quality Committee is staffed by a representative cross-section of the partner organizations and providers that are represented within each organization.										
Task 5. The Clinical Quality Committee will determine the key data elements to be shared across the IDS.										
Task 6. Perform current state assessment and gap analysis to determine what needs to be addressed in order to implement the IDS Strategy and ensure interoperability between partners.										
Task 7. Meet with payers to discuss the IDS and negotiate new models of reimbursement and incentives surrounding the new										



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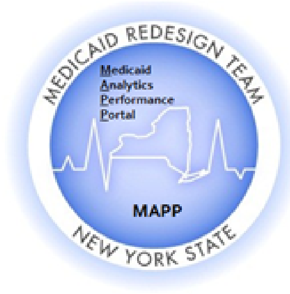
Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
models of delivery of healthcare- establish a monthly meeting schedule.										
Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.										
Task PPS produces a list of participating HHs and ACOs.										
Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery.										
Task 1. Meet with Community Health Care Collaborative (aka Hudson River Health Care) and leverage their expertise in the health home arena.										
Task 2. Create a strategy that utilizes best practices from the Health Home experience										
Task 3. Begin an IT assessment of the HH partner and BH Providers integrate it into the overall PPS IT strategy in order to leverage their structure to benefit the PPS as a whole.										
Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.										
Task Clinically Interoperable System is in place for all participating providers.										
Task PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS.										
Task PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment reminders are followed.										
Task PPS trains staff on IDS protocols and processes.										
Task 1. Create a system of referral to the Health Home to refer those										



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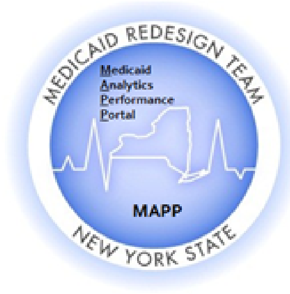
Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
patients who qualify to the Health Home.										
Task 2. Include the CBOs in this strategy and continue to engage them throughout the life of the program.										
Task 3. Create a community outreach plan to educate the community, including medical and behavioral health, post-acute care, long term care, and public health services, and all the other various partners on the vision for an integrated system.										
Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	30	56	56	56	56	56	56	56	56	56
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	10	82	82	82	82	82	82	82	82	82
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	2	5	5	5	5	5	5	5	5	5
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	10	33	33	33	33	33	33	33	33	33
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	7	7	7	7	7	7	7	7	7
Task PPS uses alerts and secure messaging functionality.										
Task 1. Include requirements for data sharing and QE integration in larger gap assessment encompassing IT Systems and Clinical Integration as well. Perform gap assessment.										
Task 2. Review gap assessment and develop strategies for partners to meet data sharing requirements for this milestone.										
Task 3. Collaborate with QE, regional PPSs and partner software vendors on available solutions and strategies to close identified gaps.										

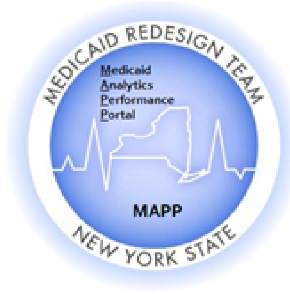


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task 4. Develop relevant grouping for partners (for example: type of partner, gap/need, software solution used). Create phased implementation and assign partners to phases. Collaborate with regional PPSs on phases and plans.										
Task 5. Determine details for other workstreams, including budget requirements, workforce and training needs.										
Task 6. Develop new policies, procedures, processes that will be required for data sharing and include, as needed, in data governance.										
Task 7. Determine project tracking needs for ongoing project reporting and monitoring and develop tools to facilitate this tracking and monitoring.										
Task 8. Develop plan for implementation focused on shared partners in collaboration with other regional PPSs.										
Task 9. Begin execution of the first phase of implementation plan; start of additional phases TBD.										
Task 10. Perform rapid cycle evaluation of implementation, adjust additional phases as needed, and repeat process according to developed project tracking process.										
Task 11. Confirm that all phases of implementation plan have been completed and that all PPS safety net providers meet this milestone requirement. Collect necessary documentation from each partner to show their compliance with this milestone.										
Milestone #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.										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	40	56	56	56	56	56	56	56	56	56
Task 1. Survey safety net providers to determine current EHR and version as part of current state assessment to be performed in										

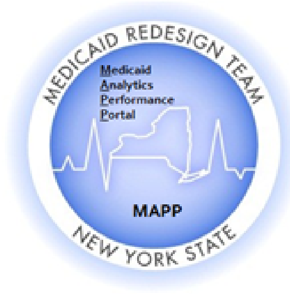


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
IT Systems & Processes workstream . Evaluate current IT state across PPS through various communication methods, including meeting, conference calls, surveys, email.										
Task 2. Perform analysis of results of IT assessment . Develop upgrade roadmap with any safety net partners no currently on an EHR that meets MU Stage 2 requirements.										
Task 3.Analyze results of partners in collaboration with other regional PPSs and ensure alignment/collaboration on closing gaps (especially with shared partners).										
Task 4. Estimate costs to partners/PPS and reconcile with budget.										
Task 5. Create reporting /status tracking method partner progress towards adoption of EHR systems meeting MU and PCMH requirements.										
Task 6. Finalize PPS strategy to close gaps and receive approval through governance process .										
Task 7. Begin execution of plan										
Task 8. Perform rapid cycle evaluation of implementation, adjust additional phases as needed, and repeat process according to developed project tracking process.										
Task 9. Confirm that all phases of implementation plan have been completed and that all PPS safety net providers meet this milestone requirement. Collect necessary documentation from each partner to show their compliance with this milestone.										
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.										
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.										
Task 1. Assign oversight of milestone activities and analysis to project leads.										
Task 2: Compile list of data elements from DSRIP requirements and collaborate with regional PPSs to align reporting requirements.										

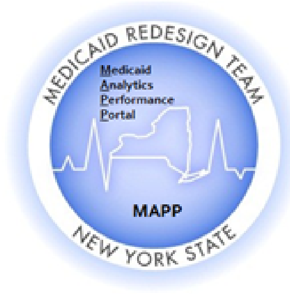


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task 3. Research available population health platforms to aggregate data from most robust and cost effective data sources across PPS, develop budget and integration plan. Engage vendor to assist with data source assessment work										
Task 4: Perform assessment of all data sources and workflows for collection of data for population health, including safety net provider systems and EMR vendors, QE/RHIOs and DOH/MAPP/Salient. Develop plan to integration/interface of most cost effective sources into a centralized platform across PPS										
Task 5. Perform an analysis, utilizing CNA data and other relevant sources, e.g. partner and CBO input, to define priority target populations and associated health disparities.										
Task 6. Develop plans to address the relevant health disparities for the identified priority target populations.										
Task 7. Identify providers requiring additional training, including workflows for data capture and addressing health disparities and create appropriate training plans.										
Task 8. Coordinate work products from all steps to create a comprehensive population health roadmap for submission to the Executive Governing Body.										
Task 9. Coordinate efforts with other area PPSs in order to avoid redundancies and facilitate a comprehensive region-wide approach to milestone achievement.										
Task 10. Begin implementation of roadmap and perform rapid cycle evaluation of progress and adjust additional plans as needed.										
Task 11. Confirm that all safety net providers meet this milestone requirement. Collect necessary documentation from each partner to show their compliance with this milestone.										
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.										

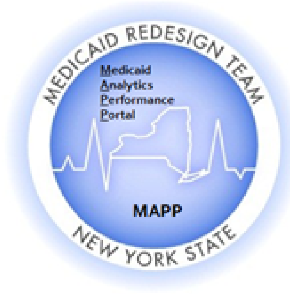


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.										
Task All practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.	63	112	112	112	112	112	112	112	112	112
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)										
Task 1. Identify all Primary Care Providers within the network that are participating in project										
Task 2. Conduct gap analysis of participating partners between current practice and 2014 PCMH standards										
Task 4. Enter into contractual agreement with partners providing financial incentives for meeting milestones in the established timeline										
Task 5. Regularly monitor partners to ensure that they are adhering to the established timeline for each stage of the recognition process										
Task 7. Provide outside PCMH consulting for any practice that needs to upgrade their status to Level 3 from a lower level										
Task 3. Work with partners to develop appropriate timeline for transformation, implementation, reporting, and submission										
Task 6. Facilitate peer support for any partner that is having difficulty adhering to the established timeline										
Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.										
Task Medicaid Managed Care contract(s) are in place that include value-based payments.										
Task 1. Schedule joint meetings of the IDS Workgroup and the Value-Based Payment (VBP) Workgroup to begin collaborative discussions on IDS performance and VBP options.										

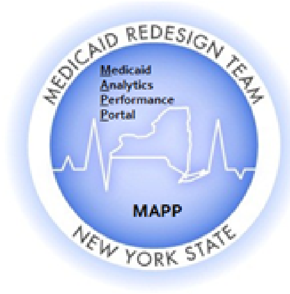


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task 2. VBP Workgroup to conduct educational session for PPS partners on VBP options available under the VBP Roadmap.										
Task 3. IDS Workgroup to work with VBP Workgroup in development of VBP Adoption Plan, a time-phased approach to implementing VBP starting with those partners who are ready for transition and moving to others over time (See Financial Sustainability section)										
Task 4. Based on VBP Adoption Plan (see Financial Sustainability section), negotiations with MCOs for VBP arrangements will begin for "Advanced" PPS partners/PCMHs who have been identified as early adopters based on an assessment of their readiness to transition to VBP.										
Task 5. Based on VBP Adoption Plan (see Financial Sustainability section), negotiations with MCOs for VBP arrangements will begin for "Moderate" and "Low" PPS partners/PCMHs who are partners identified as needing additional time to prepare/transition to VBP and will benefit from "lessons learned" from the "Advanced" PPS partners/PCMHs.										
Task 6. 80-90% of MCO contract payments will be for VBP Levels 1 and higher with at least 50-70% in VBP Level 2.										
Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.										
Task PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted.										
Task 1. Perform a market assessment of the MCOs in Rockland/Orange counties to identify MCOs with the largest market share and whom have existing relationships with RCHC's partners.										
Task 2. Schedule meetings with targeted MCOs to begin discussions about their thoughts and concepts around VBP.										
Task 3. Develop a business case for presentation to MCOs showing that the MCOs' engagement with RCHC would be mutually beneficial.										

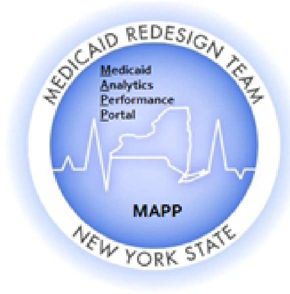


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task 4. Upon approval of the VBP Adoption Plan by the Executive Governing Body, develop an objective framework for intended meetings with MCOs including meeting agendas and preparatory work.										
Task 5. Begin to schedule routine meetings with targeted MCOs in the region to discuss RCHC's business case, VBP strategies and data needs.										
Task 6. Prepare a "wish list" of data required from the MCOs to effectively participate in VBP arrangements.										
Task 7. Work with MCOs to achieve the successful implementation of data exchange to assist with evaluating utilization and performance.										
Task 8. Develop management and performance reports utilizing the MCO data to effectively analyze utilization trends and performance issues.										
Task 9. IDS Workgroup in collaboration with the VBP Workgroup to develop protocols to receive utilization and performance reports from MCOs and use to monitor performance and improve quality.										
Task 10. Begin monthly meetings with Medicaid MCOs to evaluate utilization trends and performance issues, and begin refining VBP arrangements.										
Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.										
Task PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation										
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.										
Task 1. IDS Workgroup to prepare a matrix of patient outcome measures and cross-walk to provider types responsible for attaining the desired outcomes.										
Task 2. In coordination with the Finance function, prepare a VBP Provider Compensation Plan that outlines how compensation										

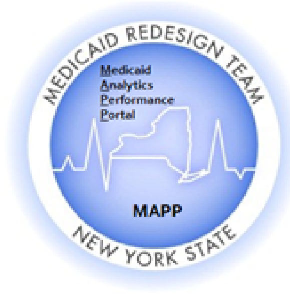


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
will be aligned with patient outcomes including funds flow for approval by the Executive Governing Body.										
Task 3. IDS Workgroup to establish the current baseline for each of the patient outcome measures and establish goals for the year by provider type and individual PPS partner.										
Task 4. IDS Workgroup to work with the Finance function to develop a compensation program to incentivize providers for attaining the desired patient outcomes.										
Task 5. Formalize contracts with PPS partners on the provider incentive compensation program.										
Task 6. Provide regular reporting to the PPS partners on their performance on attaining the agreed-to patient outcomes.										
Task 7. Commence compensating PPS partners based on attaining patient outcome measures as part of the funds flow.										
Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.										
Task Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.										
Task 1. Create a patient engagement plan that is culturally sensitive to the patient population.										
Task 2. Define patient engagement metrics and develop a monitoring process.										
Task 3. Create educational media to communicate the goals and educations of the IDS to both patients and CBOs.										
Task 4. Hire and train community navigators and deploy within the community.										
Task 5. Ensure regional coordination for shared partners.										
Task 6. Solicit feedback from our patient navigators, CBOs and partners to identify other areas which may benefit from IDS integration.										



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

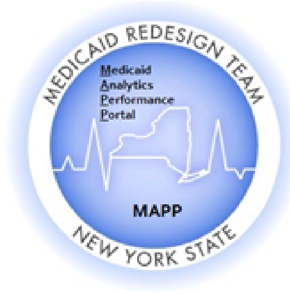
Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

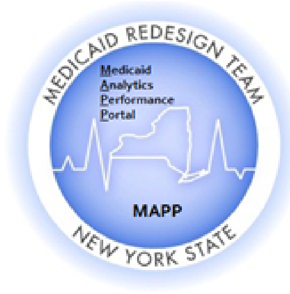
Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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.	
Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	Although RCHC PPS does not include any ACO partners, we have established collaborative relationships with area ACOs, such as the Montefiore Accountable Care Organization, and can draw on their knowledge and experience.
Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	
Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	
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.	
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	
Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria	



Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	
Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	
Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	
Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	
Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

IPQR Module 2.a.i.4 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

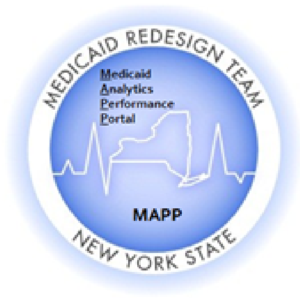
Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found



IPQR Module 2.a.i.5 - IA Monitoring

Instructions :

Project 2.a.ii – Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP))

☑ IPQR Module 2.a.ii.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

Risk Category: Scope
Risk: Partners achieving PCMH Level 3 recognition is dependent on the ability of the partner to implement sweeping, transformative changes across their organization on an accelerated time schedule.

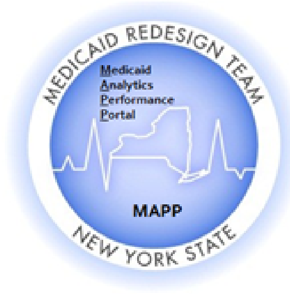
Potential Impact – Partners not completely understanding the scope of work required for PCMH Level 3 Recognition can potentially impact PPS speed and scale commitments, and/or result in a recognition level lower than Level 3

Mitigation:
All of our safety net primary care providers have already begun the process of applying for 2014 PCMH Level 3 recognition. RCHC will regularly check the status of the recognition process with all participating partners. If a partner is struggling with a specific element, RCHC will connect them to another partner that has successfully completed that element so the partners can share best practices and learned experiences. RCHC is also prepared to subsidize an outside PCMH expert for any practice who requires an upgrade to their recognition level after initial status determination, to ensure all of our partners achieve level 3 recognition.

Risk Category: Resource
Risk: Partners require a robust reporting solution which enables them to complete the application and achieve appropriate recognition.

Potential Impact:
Lack of reporting capability can impact the ability of the partner to put together a complete application, and has potential to risk recognition as Level 3

Mitigation:
Refuah CHC will provide adequate support and technology to its partners in order to ensure that partners have the requisite capabilities to meet the reporting requirements. Support will include: assistance from Refuah CHC's Director of Informatics, who is familiar with the PCMH data reporting procedures, as well as the EMRs of our partners; IT assistance with technical issues; on-site and/or remote support to help implement appropriate reporting processes; facilitation of collaboration between partners and PCMH support vendors; and assistance with securing training, as appropriate.



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

IPQR Module 2.a.ii.2 - Project Implementation Speed

Instructions :

Please specify how many providers will have met all of the project requirements (as set out in the project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks
100% Total Committed By
DY3,Q4

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Primary Care Physicians	112	0	0	0	10	10	25	25	50	50	63
Clinics	6	0	0	0	1	1	2	2	3	3	4
Total Committed Providers	**118**	**0**	**0**	**0**	**11**	**11**	**27**	**27**	**53**	**53**	**67**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.00**	**9.32**	**9.32**	**22.88**	**22.88**	**44.92**	**44.92**	**56.78**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Primary Care Physicians	112	63	112	112	112	112	112	112	112	112	112
Clinics	6	4	6	6	6	6	6	6	6	6	6
Total Committed Providers	**118**	**67**	**118**	**118**	**118**	**118**	**118**	**118**	**118**	**118**	**118**
Percent Committed Providers(%)		**56.78**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

Current File Uploads

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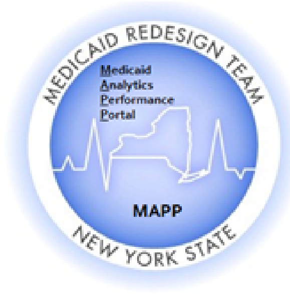

New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

IPQR Module 2.a.ii.3 - Patient Engagement Speed

Instructions :

Please specify how many patients will have become 'Actively Engaged' (as set out in the Project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks	
100% Actively Engaged By	**Expected Patient Engagement**
DY3,Q4	20,000

Year,Quarter (DY1,Q1 – DY3,Q2)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Patients Engaged	0	0	0	1,000	1,000	5,000	7,000	12,000	2,000	8,000
Percent of Expected Patient Engagement(%)	**0.00**	**0.00**	**0.00**	**5.00**	**5.00**	**25.00**	**35.00**	**60.00**	**10.00**	**40.00**

Year,Quarter (DY3,Q3 – DY5,Q4)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patients Engaged	12,000	20,000	4,000	10,000	13,000	20,000	0	0	0	0
Percent of Expected Patient Engagement(%)	**60.00**	**100.00**	**20.00**	**50.00**	**65.00**	**100.00**	**0.00**	**0.00**	**0.00**	**0.00**

Current File Uploads

User ID	File Name	File Description	Upload Date

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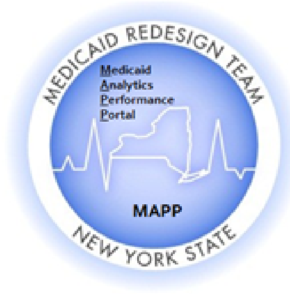
Narrative Text :



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

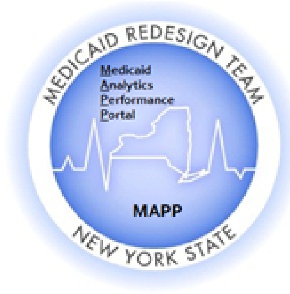
Refuah Community Health Collaborative (PPS ID:20)

IPQR Module 2.a.ii.4 - Prescribed Milestones

Instructions :

Please enter baseline target dates and work breakdown tasks with target dates for each of the milestones below.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Ensure that all participating PCPs in the PPS meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	Project	N/A	In Progress	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.	Provider	Primary Care Physicians	In Progress	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Identify all Primary Care Providers within the network that are participating in project	Provider	Primary Care Physicians	In Progress	05/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Conduct gap analysis of participating partners between current practice and 2014 PCMH standards	Provider	Primary Care Physicians	In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Work with partners to develop appropriate timeline for transformation, implementation, reporting, and submission	Provider	Primary Care Physicians	In Progress	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 4. Enter into contractual agreement with partners providing financial incentives for meeting milestones in the established timeline	Provider	Primary Care Physicians	In Progress	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 5. Regularly monitor partners to ensure that they are adhering to the established timeline for each stage of the recognition process	Provider	Primary Care Physicians	In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 6. Facilitate peer support for any partner that is having difficulty adhering to the established timeline	Provider	Primary Care Physicians	In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 7. Provide outside PCMH consulting for any practice that needs to upgrade their status to Level 3 from a lower level	Provider	Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #2 Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the project.	Project	N/A	In Progress	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has identified physician champion with experience implementing	Provider	Primary Care Physicians	In Progress	07/01/2015	12/31/2016	12/31/2016	DY2 Q3

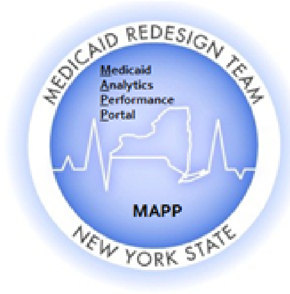


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
PCMHs/ACPMs.							
Task 2. Provide education to partners on the selection criteria and responsibilities of physician champion	Provider	Primary Care Physicians	In Progress	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 4. PPS will communicate with Physician Champions on a regular basis, to support their efforts and facilitate collaboration among partners	Provider	Primary Care Physicians	In Progress	10/01/2015	03/18/2017	03/31/2017	DY2 Q4
Task 1. Develop selection criteria for physician champion, including but not limited to a. intimate knowledge of PCMH b. Knowledge of operational workflow c. proven track record of leadership, innovation, and facilitating change	Project		In Progress	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 3. Ensure selection of appropriate physician champion by participating partners pursuant to contractual agreement	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices.	Project	N/A	In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care coordinators are identified for each primary care site.	Provider	Primary Care Physicians	In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care coordinator identified, site-specific role established as well as inter-location coordination responsibilities.	Provider	Primary Care Physicians	In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinical Interoperability System in place for all participating providers and document usage by the identified care coordinators.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 4. Ensure that each partner has training in place for care coordinators, and evaluate methods to ensure training is aligned with other partners to ensure interoperability across the network	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Develop selection criteria for care coordinators, including but not limited to cultural competency, language proficiency, and familiarity with community being served	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Develop care coordinator model(s) (with input from the Workforce Workgroup) and use the models to create job descriptions.	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3



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Delivery System Reform Incentive Payment Project

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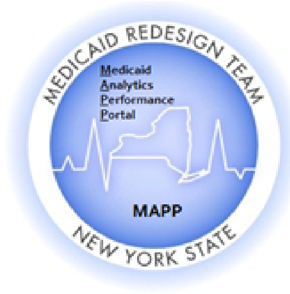
Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
3. Work with relevant partners to identify appropriate individuals to serve in care coordinator roles (either from existing workforce or through new hires, as appropriate). Provide training as appropriate.							
Task 5. Develop metrics to monitor effectiveness of care coordinators. Evaluate care coordinator performance on a regular basis and take corrective action as necessary. Ensure that appropriate initial and on-going training is provided.	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone #4 Ensure all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	Project	N/A	In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Primary Care Physicians	In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses alerts and secure messaging functionality.	Project		In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Include requirements for data sharing and QE integration in larger gap assessment encompassing IT Systems and Clinical Integration as well. Perform gap assessment.	Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Review gap assessment and develop strategies for partners to meet data sharing requirements for this milestone.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Collaborate with QE, regional PPSs and partner software vendors on available solutions and strategies to close identified gaps.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Develop relevant grouping for partners (for example: type of partner, gap/need, software solution used). Create phased implementation and assign partners to phases. Collaborate with regional PPSs on phases and plans.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. Determine details for other workstreams, including budget requirements, workforce and training needs.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 6. Develop new policies, procedures, processes that will be required for data sharing and include, as needed, in data governance.	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 7. Determine project tracking needs for ongoing project reporting and	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4



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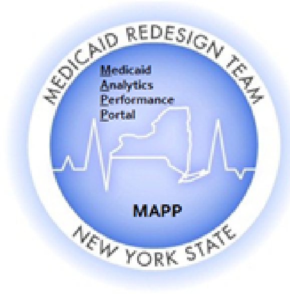
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
monitoring and develop tools to facilitate this tracking and monitoring.							
Task 8. Develop plan for implementation focused on shared partners in collaboration with other regional PPSs.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 9. Begin execution of the first phase of implementation plan; start of additional phases TBD.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 10. Perform rapid cycle evaluation of implementation, adjust additional phases as needed, and repeat process according to developed project tracking process.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 11. Confirm that all phases of implementation plan have been completed and that all PPS safety net providers meet this milestone requirement. Collect necessary documentation from each partner to show their compliance with this milestone.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #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.	Project	N/A	In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).	Project		In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	Provider	Safety Net Primary Care Physicians	In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Survey safety net providers to determine current EHR and version as part of current state assessment to be performed in IT Systems & Processes workstream . Evaluate current IT state across PPS through various communication methods, including meeting, conference calls, surveys, email.	Provider	Safety Net Primary Care Physicians	In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Perform analysis of results of IT assessment . Develop upgrade roadmap with any safety net partners no currently on an EHR that meets MU Stage 2 requirements.	Provider	Safety Net Primary Care Physicians	In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3.Analyze results of partners in collaboration with other regional PPSs and ensure alignment/collaboration on closing gaps (especially with shared partners).	Provider	Safety Net Primary Care Physicians	In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4



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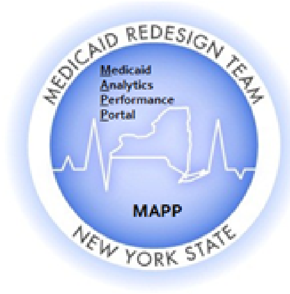
Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 4. Estimate costs to partners/PPS and reconcile with budget.	Provider	Safety Net Primary Care Physicians	In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. Create reporting /status tracking method partner progress towards adoption of EHR systems meeting MU and PCMH requirements.	Provider	Safety Net Primary Care Physicians	In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 6. Finalize PPS strategy to close gaps and receive approval through governance process .	Provider	Safety Net Primary Care Physicians	In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 7. Begin execution of plan	Provider	Safety Net Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 8. Perform rapid cycle evaluation of implementation, adjust additional phases as needed, and repeat process according to developed project tracking process.	Provider	Safety Net Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 9. Confirm that all phases of implementation plan have been completed and that all PPS safety net providers meet this milestone requirement. Collect necessary documentation from each partner to show their compliance with this milestone.	Provider	Safety Net Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	Project	N/A	In Progress	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Assign oversight of milestone activities and analysis to project leads.	Project		In Progress	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2: Compile list of data elements from DSRIP requirements and collaborate with regional PPSs to align reporting requirements.	Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Research available population health platforms to aggregate data from most robust and cost effective data sources across PPS, develop budget and integration plan. Engage vendor to assist with data source assessment work	Project		In Progress	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 4: Perform assessment of all data sources and workflows for collection of data for population health, including safety net provider systems and EMR vendors, QE/RHIOs and DOH/MAPP/Salient. Develop plan to integration/interface of	Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4



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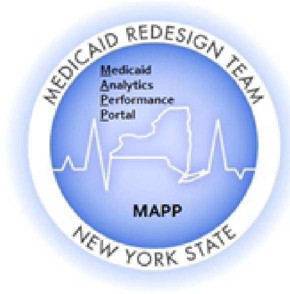
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
most cost effective sources into a centralized platform across PPS							
Task 5. Perform an analysis, utilizing CNA data and other relevant sources, e.g. partner and CBO input, to define priority target populations and associated health disparities.	Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 6. Develop plans to address the relevant health disparities for the identified priority target populations.	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 7. Identify providers requiring additional training, including workflows for data capture and addressing health disparities and create appropriate training plans.	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 8. Coordinate work products from all steps to create a comprehensive population health roadmap for submission to the Executive Governing Body.	Project		In Progress	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 9. Coordinate efforts with other area PPSs in order to avoid redundancies and facilitate a comprehensive region-wide approach to milestone achievement.	Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 10. Begin implementation of roadmap and perform rapid cycle evaluation of progress and adjust additional plans as needed.	Project		In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 11. Confirm that all safety net providers meet this milestone requirement. Collect necessary documentation from each partner to show their compliance with this milestone.	Project		In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Ensure that all staff are trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management.	Project	N/A	In Progress	12/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Practice has adopted preventive and chronic care protocols aligned with national guidelines.	Project		In Progress	12/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Project staff are trained on policies and procedures specific to evidence-based preventive and chronic disease management.	Provider	Primary Care Physicians	In Progress	12/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 1. Survey partners and identify any updates to partner policies and protocols that are required to align their PCMH measures with national guidelines.	Provider	Primary Care Physicians	In Progress	12/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 2. Work with Workforce Workgroup to identify any training needed, including training for all partners on roles within PCMH models and any new policies and	Project		In Progress	12/01/2015	12/31/2016	12/31/2016	DY2 Q3



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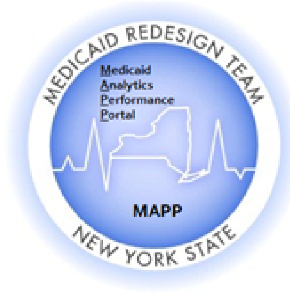
Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
protocols identified in task 1.							
Task 3. Facilitate that training across the relevant workforce utilizing webinars, in-services, group trainings, and post-education competency evaluation.	Project		In Progress	12/01/2015	12/31/2016	12/31/2016	DY2 Q3
Milestone #8 Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner.	Project	N/A	In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Preventive care screenings implemented among participating PCPs, including behavioral health screenings (PHQ-2 or 9, SBIRT).	Provider	Primary Care Physicians	In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Protocols and processes for referral to appropriate services are in place.	Project		In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Work with Clinical Quality Committee to ensure that referral Protocols and Processes are clinically appropriate before implementing	Project		In Progress	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 2. Develop standards for depression screening and referral, and contract with partners to meet these standards	Project		In Progress	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 3. Develop appropriate reporting solutions to ensure compliance with requirements for universal screening and timely referral for appropriate patients	Project		In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. Monitor compliance rates from partners, identifying any low-performing partners. For any low-performing partners, the PPS will offer support in the form of workflow development, workforce retraining, and IT support to improve performance of the partner	Project		In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Implement open access scheduling in all primary care practices.	Project	N/A	In Progress	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PCMH 1A Access During Office Hours scheduling to meet NCQA standards established across all PPS primary care sites.	Provider	Primary Care Physicians	In Progress	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PCMH 1B After Hours Access scheduling to meet NCQA standards established across all PPS primary care sites.	Provider	Primary Care Physicians	In Progress	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS monitors and decreases no-show rate by at least 15%.	Provider	Primary Care Physicians	In Progress	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task	Provider	Primary Care Physicians	In Progress	10/01/2015	12/31/2016	12/31/2016	DY2 Q3



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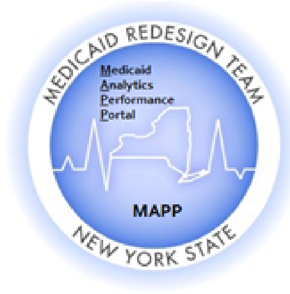
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
1. Conduct GAP analysis of partners to determine current gap to goal for PCMH 1A and 1B access							
Task 2. Work with partners to develop any increase in access that is needed to meet NCQA standards for Open Access	Provider	Primary Care Physicians	In Progress	12/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 3. Establish baseline no-show rate for each participating partner via surveying and reporting	Provider	Primary Care Physicians	In Progress	12/01/2015	07/31/2016	09/30/2016	DY2 Q2
Task 4. Alongside Clinical Quality Committee, develop best practices for reducing no-show rate	Provider	Primary Care Physicians	In Progress	12/01/2015	07/31/2016	09/30/2016	DY2 Q2
Task 5. Routinely monitor partners no-show rates, and for any underperforming partner, work with partner and Clinical Quality committee to help reduce no-show rate to appropriate level	Provider	Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Ensure that all participating PCPs in the PPS meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.										
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.	0	0	0	10	10	25	25	50	50	63
Task 1. Identify all Primary Care Providers within the network that are participating in project										
Task 2. Conduct gap analysis of participating partners between current practice and 2014 PCMH standards										
Task 3. Work with partners to develop appropriate timeline for transformation, implementation, reporting, and submission										
Task 4. Enter into contractual agreement with partners providing financial incentives for meeting milestones in the established timeline										
Task 5. Regularly monitor partners to ensure that they are adhering										



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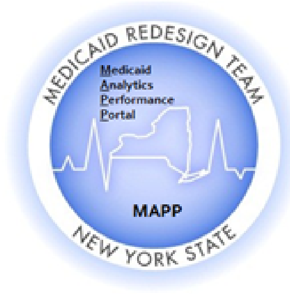
Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
to the established timeline for each stage of the recognition process										
Task 6. Facilitate peer support for any partner that is having difficulty adhering to the established timeline										
Task 7. Provide outside PCMH consulting for any practice that needs to upgrade their status to Level 3 from a lower level										
Milestone #2 Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the project.										
Task PPS has identified physician champion with experience implementing PCMHs/ACPMs.	0	0	0	10	10	25	25	50	50	63
Task 2. Provide education to partners on the selection criteria and responsibilities of physician champion										
Task 4. PPS will communicate with Physician Champions on a regular basis, to support their efforts and facilitate collaboration among partners										
Task 1. Develop selection criteria for physician champion, including but not limited to a. intimate knowledge of PCMH b. Knowledge of operational workflow c. proven track record of leadership, innovation, and facilitating change										
Task 3. Ensure selection of appropriate physician champion by participating partners pursuant to contractual agreement										
Milestone #3 Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices.										
Task Care coordinators are identified for each primary care site.	0	0	0	10	10	25	25	50	50	63
Task Care coordinator identified, site-specific role established as well as inter-location coordination responsibilities.	0	0	0	10	10	25	25	50	50	63
Task Clinical Interoperability System in place for all participating providers and document usage by the identified care coordinators.										



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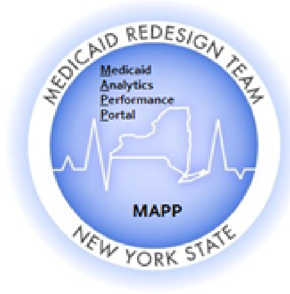
Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task 4. Ensure that each partner has training in place for care coordinators, and evaluate methods to ensure training is aligned with other partners to ensure interoperability across the network										
Task 1. Develop selection criteria for care coordinators, including but not limited to cultural competency, language proficiency, and familiarity with community being served										
Task 2. Develop care coordinator model(s) (with input from the Workforce Workgroup) and use the models to create job descriptions.										
Task 3. Work with relevant partners to identify appropriate individuals to serve in care coordinator roles (either from existing workforce or through new hires, as appropriate). Provide training as appropriate.										
Task 5. Develop metrics to monitor effectiveness of care coordinators. Evaluate care coordinator performance on a regular basis and take corrective action as necessary. Ensure that appropriate initial and on-going training is provided.										
Milestone #4 Ensure all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	10	10	10	10	30	30	30
Task PPS uses alerts and secure messaging functionality.										
Task 1. Include requirements for data sharing and QE integration in larger gap assessment encompassing IT Systems and Clinical Integration as well. Perform gap assessment.										
Task 2. Review gap assessment and develop strategies for partners to meet data sharing requirements for this milestone.										
Task 3. Collaborate with QE, regional PPSs and partner software vendors on available solutions and strategies to close identified										



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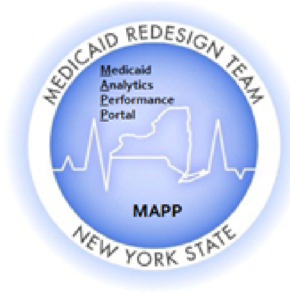
Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
gaps.										
Task 4. Develop relevant grouping for partners (for example: type of partner, gap/need, software solution used). Create phased implementation and assign partners to phases. Collaborate with regional PPSs on phases and plans.										
Task 5. Determine details for other workstreams, including budget requirements, workforce and training needs.										
Task 6. Develop new policies, procedures, processes that will be required for data sharing and include, as needed, in data governance.										
Task 7. Determine project tracking needs for ongoing project reporting and monitoring and develop tools to facilitate this tracking and monitoring.										
Task 8. Develop plan for implementation focused on shared partners in collaboration with other regional PPSs.										
Task 9. Begin execution of the first phase of implementation plan; start of additional phases TBD.										
Task 10. Perform rapid cycle evaluation of implementation, adjust additional phases as needed, and repeat process according to developed project tracking process.										
Task 11. Confirm that all phases of implementation plan have been completed and that all PPS safety net providers meet this milestone requirement. Collect necessary documentation from each partner to show their compliance with this milestone.										
Milestone #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.										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	0	0	0	10	10	20	20	40	40	40

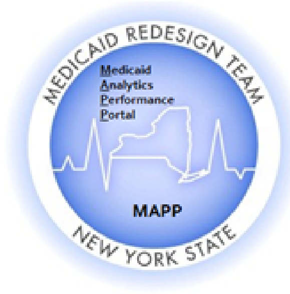


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task 1. Survey safety net providers to determine current EHR and version as part of current state assessment to be performed in IT Systems & Processes workstream . Evaluate current IT state across PPS through various communication methods, including meeting, conference calls, surveys, email.										
Task 2. Perform analysis of results of IT assessment . Develop upgrade roadmap with any safety net partners no currently on an EHR that meets MU Stage 2 requirements.										
Task 3.Analyze results of partners in collaboration with other regional PPSs and ensure alignment/collaboration on closing gaps (especially with shared partners).										
Task 4. Estimate costs to partners/PPS and reconcile with budget.										
Task 5. Create reporting /status tracking method partner progress towards adoption of EHR systems meeting MU and PCMH requirements.										
Task 6. Finalize PPS strategy to close gaps and receive approval through governance process .										
Task 7. Begin execution of plan										
Task 8. Perform rapid cycle evaluation of implementation, adjust additional phases as needed, and repeat process according to developed project tracking process.										
Task 9. Confirm that all phases of implementation plan have been completed and that all PPS safety net providers meet this milestone requirement. Collect necessary documentation from each partner to show their compliance with this milestone.										
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.										
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.										
Task 1. Assign oversight of milestone activities and analysis to project leads.										

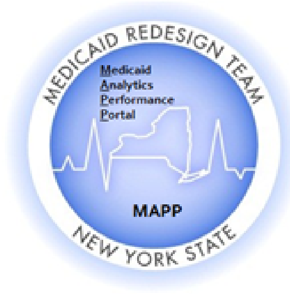


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task 2: Compile list of data elements from DSRIP requirements and collaborate with regional PPSs to align reporting requirements.										
Task 3. Research available population health platforms to aggregate data from most robust and cost effective data sources across PPS, develop budget and integration plan. Engage vendor to assist with data source assessment work										
Task 4: Perform assessment of all data sources and workflows for collection of data for population health, including safety net provider systems and EMR vendors, QE/RHIOs and DOH/MAPP/Salient. Develop plan to integration/interface of most cost effective sources into a centralized platform across PPS										
Task 5. Perform an analysis, utilizing CNA data and other relevant sources, e.g. partner and CBO input, to define priority target populations and associated health disparities.										
Task 6. Develop plans to address the relevant health disparities for the identified priority target populations.										
Task 7. Identify providers requiring additional training, including workflows for data capture and addressing health disparities and create appropriate training plans.										
Task 8. Coordinate work products from all steps to create a comprehensive population health roadmap for submission to the Executive Governing Body.										
Task 9. Coordinate efforts with other area PPSs in order to avoid redundancies and facilitate a comprehensive region-wide approach to milestone achievement.										
Task 10. Begin implementation of roadmap and perform rapid cycle evaluation of progress and adjust additional plans as needed.										
Task 11. Confirm that all safety net providers meet this milestone requirement. Collect necessary documentation from each partner to show their compliance with this milestone.										
Milestone #7 Ensure that all staff are trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management.										

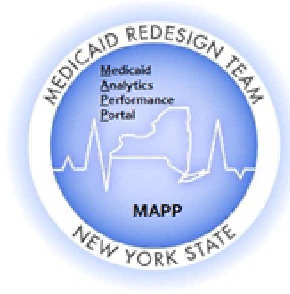


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Practice has adopted preventive and chronic care protocols aligned with national guidelines.										
Task Project staff are trained on policies and procedures specific to evidence-based preventive and chronic disease management.	0	0	0	10	10	25	25	50	50	63
Task 1. Survey partners and identify any updates to partner policies and protocols that are required to align their PCMH measures with national guidelines.										
Task 2. Work with Workforce Workgroup to identify any training needed, including training for all partners on roles within PCMH models and any new policies and protocols identified in task 1.										
Task 3. Facilitate that training across the relevant workforce utilizing webinars, in-services, group trainings, and post-education competency evaluation.										
Milestone #8 Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner.										
Task Preventive care screenings implemented among participating PCPs, including behavioral health screenings (PHQ-2 or 9, SBIRT).	0	0	0	10	10	25	25	50	50	63
Task Protocols and processes for referral to appropriate services are in place.										
Task 1. Work with Clinical Quality Committee to ensure that referral Protocols and Processes are clinically appropriate before implementing										
Task 2. Develop standards for depression screening and referral, and contract with partners to meet these standards										
Task 3. Develop appropriate reporting solutions to ensure compliance with requirements for universal screening and timely referral for appropriate patients										
Task 4. Monitor compliance rates from partners, identifying any low-performing partners. For any low-performing partners, the PPS										



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Delivery System Reform Incentive Payment Project

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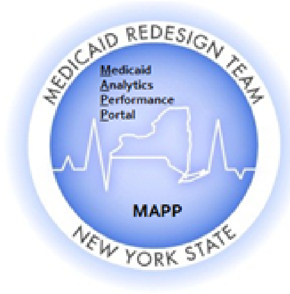
Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
will offer support in the form of workflow development, workforce retraining, and IT support to improve performance of the partner										
Milestone #9 Implement open access scheduling in all primary care practices.										
Task PCMH 1A Access During Office Hours scheduling to meet NCQA standards established across all PPS primary care sites.	0	0	0	10	10	25	25	50	50	63
Task PCMH 1B After Hours Access scheduling to meet NCQA standards established across all PPS primary care sites.	0	0	0	10	10	25	25	50	50	63
Task PPS monitors and decreases no-show rate by at least 15%.	0	0	0	10	10	25	25	50	50	63
Task 1. Conduct GAP analysis of partners to determine current gap to goal for PCMH 1A and 1B access										
Task 2. Work with partners to develop any increase in access that is needed to meet NCQA standards for Open Access										
Task 3. Establish baseline no-show rate for each participating partner via surveying and reporting										
Task 4. Alongside Clinical Quality Committee, develop best practices for reducing no-show rate										
Task 5. Routinely monitor partners no-show rates, and for any underperforming partner, work with partner and Clinical Quality committee to help reduce no-show rate to appropriate level										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Ensure that all participating PCPs in the PPS meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.										
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.	63	112	112	112	112	112	112	112	112	112
Task 1. Identify all Primary Care Providers within the network that are participating in project										



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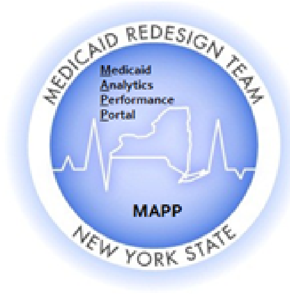
Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task 2. Conduct gap analysis of participating partners between current practice and 2014 PCMH standards										
Task 3. Work with partners to develop appropriate timeline for transformation, implementation, reporting, and submission										
Task 4. Enter into contractual agreement with partners providing financial incentives for meeting milestones in the established timeline										
Task 5. Regularly monitor partners to ensure that they are adhering to the established timeline for each stage of the recognition process										
Task 6. Facilitate peer support for any partner that is having difficulty adhering to the established timeline										
Task 7. Provide outside PCMH consulting for any practice that needs to upgrade their status to Level 3 from a lower level										
Milestone #2 Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the project.										
Task PPS has identified physician champion with experience implementing PCMHs/ACPMs.	63	112	112	112	112	112	112	112	112	112
Task 2. Provide education to partners on the selection criteria and responsibilities of physician champion										
Task 4. PPS will communicate with Physician Champions on a regular basis, to support their efforts and facilitate collaboration among partners										
Task 1. Develop selection criteria for physician champion, including but not limited to a. intimate knowledge of PCMH b. Knowledge of operational workflow c. proven track record of leadership, innovation, and facilitating change										
Task 3. Ensure selection of appropriate physician champion by participating partners pursuant to contractual agreement										



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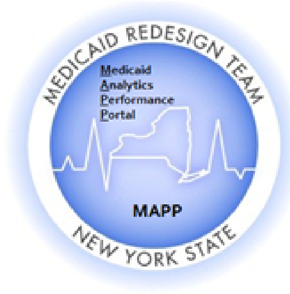
Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #3 Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices.										
Task Care coordinators are identified for each primary care site.	63	112	112	112	112	112	112	112	112	112
Task Care coordinator identified, site-specific role established as well as inter-location coordination responsibilities.	63	112	112	112	112	112	112	112	112	112
Task Clinical Interoperability System in place for all participating providers and document usage by the identified care coordinators.										
Task 4. Ensure that each partner has training in place for care coordinators, and evaluate methods to ensure training is aligned with other partners to ensure interoperability across the network										
Task 1. Develop selection criteria for care coordinators, including but not limited to cultural competency, language proficiency, and familiarity with community being served										
Task 2. Develop care coordinator model(s) (with input from the Workforce Workgroup) and use the models to create job descriptions.										
Task 3. Work with relevant partners to identify appropriate individuals to serve in care coordinator roles (either from existing workforce or through new hires, as appropriate). Provide training as appropriate.										
Task 5. Develop metrics to monitor effectiveness of care coordinators. Evaluate care coordinator performance on a regular basis and take corrective action as necessary. Ensure that appropriate initial and on-going training is provided.										
Milestone #4 Ensure all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY	30	56	56	56	56	56	56	56	56	56



New York State Department Of Health
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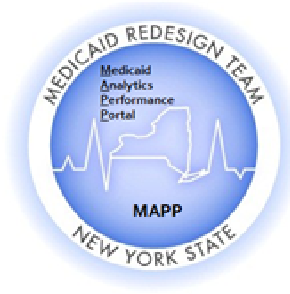
DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
requirements.										
Task PPS uses alerts and secure messaging functionality.										
Task 1. Include requirements for data sharing and QE integration in larger gap assessment encompassing IT Systems and Clinical Integration as well. Perform gap assessment.										
Task 2. Review gap assessment and develop strategies for partners to meet data sharing requirements for this milestone.										
Task 3. Collaborate with QE, regional PPSs and partner software vendors on available solutions and strategies to close identified gaps.										
Task 4. Develop relevant grouping for partners (for example: type of partner, gap/need, software solution used). Create phased implementation and assign partners to phases. Collaborate with regional PPSs on phases and plans.										
Task 5. Determine details for other workstreams, including budget requirements, workforce and training needs.										
Task 6. Develop new policies, procedures, processes that will be required for data sharing and include, as needed, in data governance.										
Task 7. Determine project tracking needs for ongoing project reporting and monitoring and develop tools to facilitate this tracking and monitoring.										
Task 8. Develop plan for implementation focused on shared partners in collaboration with other regional PPSs.										
Task 9. Begin execution of the first phase of implementation plan; start of additional phases TBD.										
Task 10. Perform rapid cycle evaluation of implementation, adjust additional phases as needed, and repeat process according to developed project tracking process.										
Task 11. Confirm that all phases of implementation plan have been completed and that all PPS safety net providers meet this milestone requirement. Collect necessary documentation from										



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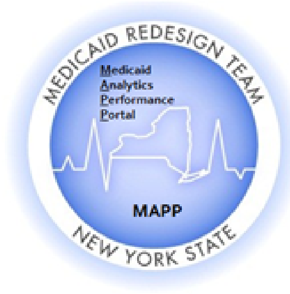
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
each partner to show their compliance with this milestone.										
Milestone #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.										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	40	56	56	56	56	56	56	56	56	56
Task 1. Survey safety net providers to determine current EHR and version as part of current state assessment to be performed in IT Systems & Processes workstream . Evaluate current IT state across PPS through various communication methods, including meeting, conference calls, surveys, email.										
Task 2. Perform analysis of results of IT assessment . Develop upgrade roadmap with any safety net partners no currently on an EHR that meets MU Stage 2 requirements.										
Task 3.Analyze results of partners in collaboration with other regional PPSs and ensure alignment/collaboration on closing gaps (especially with shared partners).										
Task 4. Estimate costs to partners/PPS and reconcile with budget.										
Task 5. Create reporting /status tracking method partner progress towards adoption of EHR systems meeting MU and PCMH requirements.										
Task 6. Finalize PPS strategy to close gaps and receive approval through governance process .										
Task 7. Begin execution of plan										
Task 8. Perform rapid cycle evaluation of implementation, adjust additional phases as needed, and repeat process according to developed project tracking process.										
Task 9. Confirm that all phases of implementation plan have been completed and that all PPS safety net providers meet this										

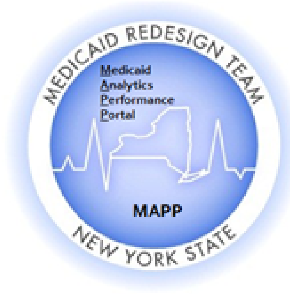


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
milestone requirement. Collect necessary documentation from each partner to show their compliance with this milestone.										
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.										
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.										
Task 1. Assign oversight of milestone activities and analysis to project leads.										
Task 2: Compile list of data elements from DSRIP requirements and collaborate with regional PPSs to align reporting requirements.										
Task 3. Research available population health platforms to aggregate data from most robust and cost effective data sources across PPS, develop budget and integration plan. Engage vendor to assist with data source assessment work										
Task 4: Perform assessment of all data sources and workflows for collection of data for population health, including safety net provider systems and EMR vendors, QE/RHIOs and DOH/MAPP/Salient. Develop plan to integration/interface of most cost effective sources into a centralized platform across PPS										
Task 5. Perform an analysis, utilizing CNA data and other relevant sources, e.g. partner and CBO input, to define priority target populations and associated health disparities.										
Task 6. Develop plans to address the relevant health disparities for the identified priority target populations.										
Task 7. Identify providers requiring additional training, including workflows for data capture and addressing health disparities and create appropriate training plans.										
Task 8. Coordinate work products from all steps to create a comprehensive population health roadmap for submission to the Executive Governing Body.										
Task 9. Coordinate efforts with other area PPSs in order to avoid										



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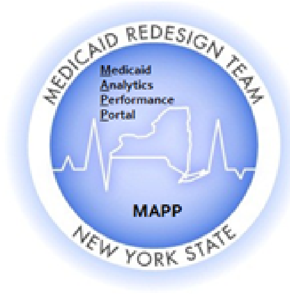
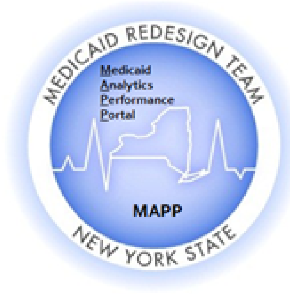
Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
redundancies and facilitate a comprehensive region-wide approach to milestone achievement.										
Task 10. Begin implementation of roadmap and perform rapid cycle evaluation of progress and adjust additional plans as needed.										
Task 11. Confirm that all safety net providers meet this milestone requirement. Collect necessary documentation from each partner to show their compliance with this milestone.										
Milestone #7 Ensure that all staff are trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management.										
Task Practice has adopted preventive and chronic care protocols aligned with national guidelines.										
Task Project staff are trained on policies and procedures specific to evidence-based preventive and chronic disease management.	63	112	112	112	112	112	112	112	112	112
Task 1. Survey partners and identify any updates to partner policies and protocols that are required to align their PCMH measures with national guidelines.										
Task 2. Work with Workforce Workgroup to identify any training needed, including training for all partners on roles within PCMH models and any new policies and protocols identified in task 1.										
Task 3. Facilitate that training across the relevant workforce utilizing webinars, in-services, group trainings, and post-education competency evaluation.										
Milestone #8 Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner.										
Task Preventive care screenings implemented among participating PCPs, including behavioral health screenings (PHQ-2 or 9, SBIRT).	63	112	112	112	112	112	112	112	112	112
Task Protocols and processes for referral to appropriate services are in place.										



Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task 1. Work with Clinical Quality Committee to ensure that referral Protocols and Processes are clinically appropriate before implementing										
Task 2. Develop standards for depression screening and referral, and contract with partners to meet these standards										
Task 3. Develop appropriate reporting solutions to ensure compliance with requirements for universal screening and timely referral for appropriate patients										
Task 4. Monitor compliance rates from partners, identifying any low-performing partners. For any low-performing partners, the PPS will offer support in the form of workflow development, workforce retraining, and IT support to improve performance of the partner										
Milestone #9 Implement open access scheduling in all primary care practices.										
Task PCMH 1A Access During Office Hours scheduling to meet NCQA standards established across all PPS primary care sites.	63	112	112	112	112	112	112	112	112	112
Task PCMH 1B After Hours Access scheduling to meet NCQA standards established across all PPS primary care sites.	63	112	112	112	112	112	112	112	112	112
Task PPS monitors and decreases no-show rate by at least 15%.	63	112	112	112	112	112	112	112	112	112
Task 1. Conduct GAP analysis of partners to determine current gap to goal for PCMH 1A and 1B access										
Task 2. Work with partners to develop any increase in access that is needed to meet NCQA standards for Open Access										
Task 3. Establish baseline no-show rate for each participating partner via surveying and reporting										
Task 4. Alongside Clinical Quality Committee, develop best practices for reducing no-show rate										
Task 5. Routinely monitor partners no-show rates, and for any underperforming partner, work with partner and Clinical Quality committee to help reduce no-show rate to appropriate level										



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Refuah Community Health Collaborative (PPS ID:20)

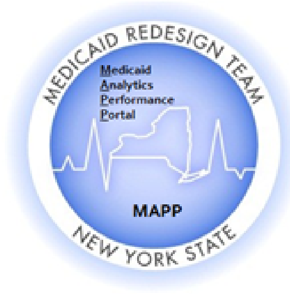
Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

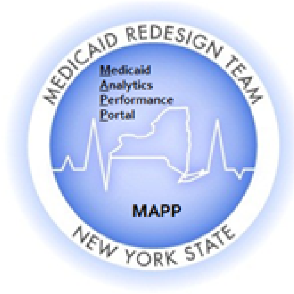
Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Ensure that all participating PCPs in the PPS meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	As an FQHC-led PPS, Refuah CHC is intimately familiar with PCMH transformation and certification. Refuah Health Center, the lead agency, has received 2008 and 2011 recognition and is already well into the process of applying for PCMH 2014 recognition. The majority of our PPS partners in this project are also FQHCs with established 2011 NCQA recognition. Many have NCQA trained physician champions and dedicated resources in place, and are on track to submit applications for 2014 certification within the next several months. Based on preliminary data it is anticipated that the partners who may potentially need the support of outside consultants are shared with the Westchester-led PPS, therefore consultant selection and compensation will likely be a collaborative effort with them. The PCMH project specific contract addendum will set forth the deliverables and financial arrangement for PCMH project participants, and that such addendums will provide additional detail on specific financial reimbursement/incentives.
Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the project.	As described above, the FQHC partners have already established PCMH Physician Champions in their practices from prior certification cycles. Due to the financial incentives of the 2014 program, all FQHC partners are on track for certification within the next several months. Our two non-FQHC PCP partners, Bon Secours and Jawonio, are shared with other PPSs and have indicated a longer timeline for PCMH implementation, stretching into DSRIP year 3. In order to align with the other PPSs, we have extended our champion selection timeline for these two shared partners.
Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices.	
Ensure all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	
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.	Narrative: Data from our initial survey of participating partners indicates that several of the participating partners, including the lead Refuah Health Center, have EHRs that already meet this milestone requirement. Those partners that already meet this milestone are planned to be the first practices that will meet our speed and scale commitments. This allows us to meet our early speed and scale commitments while still giving the PPS appropriate time to complete the overall IT assessment.
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	
Ensure that all staff are trained on PCMH or Advanced Primary Care models, including	



Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
evidence-based preventive and chronic disease management.	
Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner.	After a discussion with our partners, all FQHC partners report that they have already begun this screening due to an update of UDS requirements in 2014. The non-FQHC partner is planning on implementing this screening after an appropriate EMR is implemented.
Implement open access scheduling in all primary care practices.	



IPQR Module 2.a.ii.5 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

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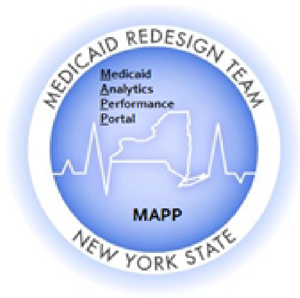
PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

IPQR Module 2.a.ii.6 - IA Monitoring

Instructions :

Project 2.c.i – Development of community-based health navigation services

IPQR Module 2.c.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

Risk Category: Resource
Risk: Out-of-Network

Potential Impact: Key providers in a particular patient's care pathway might not be part of the RCHC PPS network.

Mitigation: Enlisting community based organizations who have an established history serving Orange and Rockland Counties will help to identify key providers and services outside our network to achieve an inclusive and comprehensive list regardless of PPS partnership.

Risk Category: Scope
Risk: Lack of Familiarity with VBP

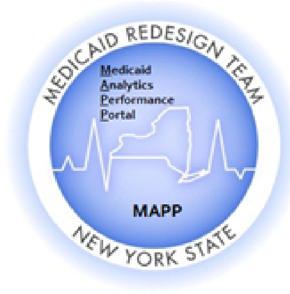
Potential Impact: Many partners, particularly the smaller ones are not familiar with value based payment and are seeing DSRIP as a grant funding opportunity.

Mitigation: RCHC has been attempting to educate partners at meetings and plans to offer a webinar to improve understanding and financial and programmatic expectations of the partners.

Risk Category: Scope
Risk: Communication

Potential Impact: Community based navigators have traditionally had limited access to patient health information and limited access to the patients' providers which greatly hinders the navigators' ability to assist patients in getting their recommended care.

Mitigation: RCHC will attempt to mitigate this risk by attempting to connect the navigators via the RHIO or other platform in bi-directional communication with providers as well as community care resources.



New York State Department Of Health
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Refuah Community Health Collaborative (PPS ID:20)

IPQR Module 2.c.i.2 - Project Implementation Speed

Instructions :

Please specify how many providers will have met all of the project requirements (as set out in the project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks
100% Total Committed By
DY3,Q2

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Community-based navigators participating in project	12	0	1	2	3	4	5	6	7	8	12
Total Committed Providers	**12**	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**12**
Percent Committed Providers(%)		**0.00**	**8.33**	**16.67**	**25.00**	**33.33**	**41.67**	**50.00**	**58.33**	**66.67**	**100.00**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Community-based navigators participating in project	12	12	12	12	12	12	12	12	12	12	12
Total Committed Providers	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**12**
Percent Committed Providers(%)		**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

Current File Uploads

User ID	File Name	File Description	Upload Date

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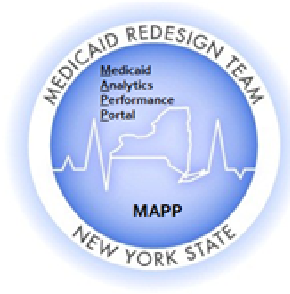
Narrative Text :



IPQR Module 2.c.i.3 - Patient Engagement Speed

Instructions :

Please specify how many patients will have become 'Actively Engaged' (as set out in the Project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks	
100% Actively Engaged By	Expected Patient Engagement
DY4,Q4	9,861

Year,Quarter (DY1,Q1 – DY3,Q2)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Patients Engaged	0	0	0	986	1,200	2,465	3,000	5,424	1,500	3,944
Percent of Expected Patient Engagement(%)	**0.00**	**0.00**	**0.00**	**10.00**	**12.17**	**25.00**	**30.42**	**55.00**	**15.21**	**40.00**

Year,Quarter (DY3,Q3 – DY5,Q4)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patients Engaged	5,000	7,396	1,800	4,931	6,500	9,861	0	0	0	0
Percent of Expected Patient Engagement(%)	**50.70**	**75.00**	**18.25**	**50.01**	**65.92**	**100.00**	**0.00**	**0.00**	**0.00**	**0.00**

Current File Uploads

User ID	File Name	File Description	Upload Date

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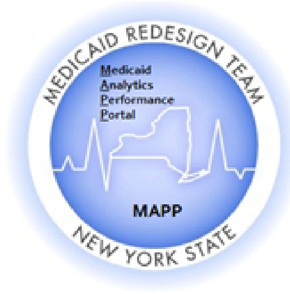
Narrative Text :



New York State Department Of Health
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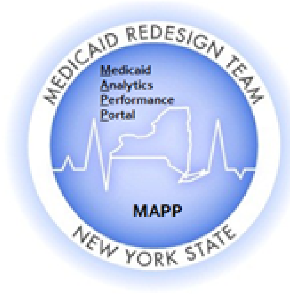
Refuah Community Health Collaborative (PPS ID:20)

IPQR Module 2.c.i.4 - Prescribed Milestones

Instructions :

Please enter baseline target dates and work breakdown tasks with target dates for each of the milestones below.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Create community-based health navigation services, with the goal of assisting patients in accessing healthcare services efficiently.	Project	N/A	In Progress	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Community-based health navigation services established.	Project		In Progress	05/01/2015	08/31/2016	09/30/2016	DY2 Q2
Task 1. Identify partners and other organizations best suited to participate in this project	Project		In Progress	05/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task 5. Work with the cultural competency & health literacy team to perform an analysis of the existing barriers and disparities which prevent efficient and effective use of the healthcare system.	Project		In Progress	08/01/2015	08/31/2016	09/30/2016	DY2 Q2
Task 6. Research and identify appropriate methods and models to establish this service in Orange and Rockland counties	Project		In Progress	08/01/2015	08/31/2016	09/30/2016	DY2 Q2
Task 2. Assess partner readiness, capacity, and resources including staffing and IT.	Project		In Progress	08/01/2015	08/31/2016	09/30/2016	DY2 Q2
Task 3. Discuss terms with those partners identified as candidates for this project including, but not limited to: recruiting navigators from the pool of residents in the community served, training them on cultural competency, health literacy and the resource guide, conducting periodic performance reviews.	Project		In Progress	08/01/2015	08/31/2016	09/30/2016	DY2 Q2
Task 4. Sign agreements with specific reporting requirements and deliverables. Agreements will set forth the roles and responsibilities of the parties.	Project		In Progress	08/01/2015	01/31/2017	03/31/2017	DY2 Q4
Task 7. Perform regular oversight of partners to ensure compliance with project metrics and associated timeline.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 8. Assist partners with remediation of processes/workflows/training as necessary.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #2	Project	N/A	In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4



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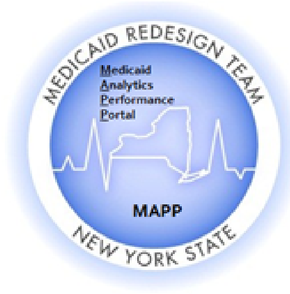
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Develop a community care resource guide to assist the community resources and ensure compliance with protocols, under direction from a collaborating program oversight group of medical/behavioral health, community nursing, and social support services providers.							
Task Resource guide completed, detailing medical/behavioral/social community resources and care protocols developed by program oversight committee.	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 1. Work with partners to identify appropriate resources for inclusion	Project		In Progress	01/01/2016	04/30/2016	06/30/2016	DY2 Q1
Task 2. Engage a partner to develop, publish, and maintain the resource guide.	Project		In Progress	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 4. Ensure continuous maintenance of Resource guide	Project		In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Ensure partner training of community navigators on the use of the resource guide with a focus on cultural competency pursuant to contractual agreement	Project		In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Develop metrics to monitor effectiveness of the navigators. Evaluate navigator performance on a regular basis and take corrective action as necessary. Ensure that	Project		In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Recruit for community navigators, ideally spearheaded by residents in the targeted area to ensure community familiarity.	Project	N/A	In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Navigators recruited by residents in the targeted area, where possible.	Project		In Progress	09/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 1. Coordinate with regional and PPS specific workforce efforts to identify potential navigator sources (partner and non-partner CBO and provider organization)	Project		In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. To maintain a high standard in the program, ensure each individual navigator is trained, regardless of their background or experience, on cultural competency, health literacy, as well as the technical aspects of navigating patients toward more effective health care system use and ensure it is documented accordingly.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Ensure periodic performance reviews are performed to confirm that navigators are successfully providing services	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task	Project		In Progress	09/01/2015	09/01/2016	09/30/2016	DY2 Q2



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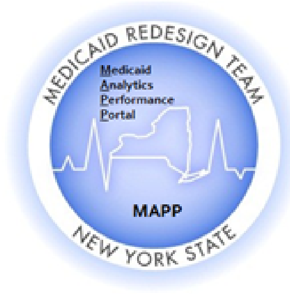
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
2. Provide recruitment guidelines to navigator sources, requiring them to leverage their existing relationships with local residents in order to further identify and recruit navigators utilizing job fairs, engagement of community leaders, and word of mouth							
Milestone #4 Resource appropriately for the community navigators, evaluating placement and service type.	Project	N/A	In Progress	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Navigator placement implemented based upon opportunity assessment.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Telephonic and web-based health navigator services implemented by type.	Project		In Progress	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Coordinate opportunity assessment with regional and PPS-specific workforce efforts	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Review results and recommendations from CNA, workforce gap analysis, and cultural competency and health literacy workgroup to identify location, type, and degree of need	Project		In Progress	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 4. Work with identified CBOs and other partner organizations (in coordination with Workforce Workgroup) to develop job descriptions for community navigators.	Project		In Progress	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 5. Leverage existing knowledge base of CBOs to identify appropriate channels to recruit existing and/or new hire community navigators for participation in the program. Coordinate placement of navigators with existing CBO/partner programs and assess opportunities for new placements based upon community need.	Project		In Progress	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 6. Ensure that community navigators receive appropriate initial and on-going training.	Project		In Progress	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 7. Monitor effectiveness of navigator placements and take corrective action, as appropriate.	Project		In Progress	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #5 Provide community navigators with access to non-clinical resources, such as transportation and housing services.	Project	N/A	In Progress	10/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Navigators have partnerships with transportation, housing, and other social	Project		In Progress	01/01/2016	09/30/2017	09/30/2017	DY3 Q2



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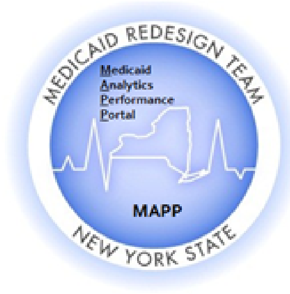
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
services benefitting target population.							
Task 2. Work with partners to train navigators on resource guide and educate navigators on the interdependence of healthcare outcomes on non-clinical factors	Project		In Progress	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 4. Invite all non-clinical resources to PPS "get to know you" event to help develop relationships between navigators and resource organizations	Project		In Progress	01/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task 3. Facilitate on-going communication between navigators and non-clinical support organizations	Project		In Progress	07/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 1. work with partners to create resource guide, including resources for housing, transportation, food sources, translation, legal, immigration, domestic violence, program assistance. Regularly review and update resource guide to include most up-to-date resources	Project		In Progress	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #6 Establish case loads and discharge processes to ensure efficiency in the system for community navigators who are following patients longitudinally.	Project	N/A	In Progress	06/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Case loads and discharge processes established for health navigators following patients longitudinally.	Project		In Progress	06/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. PPS clinical quality committee will develop and approve case load and discharge protocols in accordance with established best practices, and will ensure compliance by random audits.	Project		In Progress	06/30/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Market the availability of community-based navigation services.	Project	N/A	In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Health navigator personnel and services marketed within designated communities.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Leverage the expertise of the cultural competency and health literacy workgroup to identify specific methods of marketing and outreach that will facilitate engagement by different populations across the PPS	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Identify and implement various communication formats in order to ensure that availability of navigators is effectively communicated	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4



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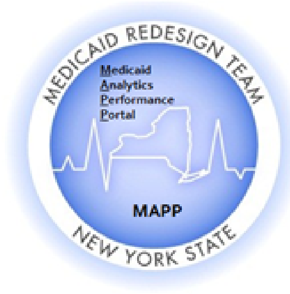
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
3. Develop processes to monitor on-going effectiveness of marketing efforts and implement remedial action as necessary							
Milestone #8 Use EHRs and other technical platforms to track all patients engaged in the project.	Project	N/A	In Progress	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Create technical requirements for providers participating in this project as part of a larger technical requirements document spanning the entire PPS.	Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Perform current state assessment across entire PPS (milestone 1 in IT Systems and Processes), including partners participating in this project.	Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Assess results of current state assessment..	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Develop PPS strategy for tracking engaged patients.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. Identify technical platforms to be used to facilitate real time and historical tracking and reporting.	Project		In Progress	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 6. Create strategies to close gaps in partner readiness with respect to EMR, training, workflow, HIE integration and consent processes.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 7. Identify need for additional support to facilitate "close the gap" strategy	Project		In Progress	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 8. Develop budget and schedule for each partner to close gaps	Project		In Progress	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 9. Begin implementation of any new technical platforms, integrations, training, workflow, consent processes.	Project		In Progress	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task 10. Evaluate implementation process on ongoing basis to and institute remedial measures as necessary	Project		In Progress	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task 11. Monitor on-going patient engagement, partner performance and institute remedial measures as necessary	Project		In Progress	09/30/2016	03/31/2017	03/31/2017	DY2 Q4



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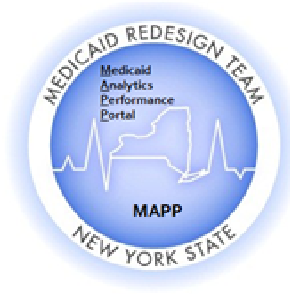
Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Create community-based health navigation services, with the goal of assisting patients in accessing healthcare services efficiently.										
Task Community-based health navigation services established.										
Task 1. Identify partners and other organizations best suited to participate in this project										
Task 5. Work with the cultural competency & health literacy team to perform an analysis of the existing barriers and disparities which prevent efficient and effective use of the healthcare system.										
Task 6. Research and identify appropriate methods and models to establish this service in Orange and Rockland counties										
Task 2. Assess partner readiness, capacity, and resources including staffing and IT.										
Task 3. Discuss terms with those partners identified as candidates for this project including, but not limited to: recruiting navigators from the pool of residents in the community served, training them on cultural competency, health literacy and the resource guide, conducting periodic performance reviews.										
Task 4. Sign agreements with specific reporting requirements and deliverables. Agreements will set forth the roles and responsibilities of the parties.										
Task 7. Perform regular oversight of partners to ensure compliance with project metrics and associated timeline.										
Task 8. Assist partners with remediation of processes/workflows/training as necessary.										
Milestone #2 Develop a community care resource guide to assist the community resources and ensure compliance with protocols, under direction from a collaborating program oversight group of medical/behavioral health, community nursing, and social support services providers.										
Task Resource guide completed, detailing medical/behavioral/social community resources and care protocols developed by program										



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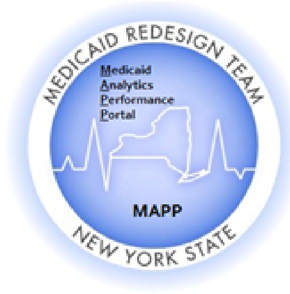
Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
oversight committee.										
Task 1. Work with partners to identify appropriate resources for inclusion										
Task 2. Engage a partner to develop, publish, and maintain the resource guide.										
Task 4. Ensure continuous maintenance of Resource guide										
Task 3. Ensure partner training of community navigators on the use of the resource guide with a focus on cultural competency pursuant to contractual agreement										
Task 5. Develop metrics to monitor effectiveness of the navigators. Evaluate navigator performance on a regular basis and take corrective action as necessary. Ensure that										
Milestone #3 Recruit for community navigators, ideally spearheaded by residents in the targeted area to ensure community familiarity.										
Task Navigators recruited by residents in the targeted area, where possible.										
Task 1. Coordinate with regional and PPS specific workforce efforts to identify potential navigator sources (partner and non-partner CBO and provider organization)										
Task 3. To maintain a high standard in the program, ensure each individual navigator is trained, regardless of their background or experience, on cultural competency, health literacy, as well as the technical aspects of navigating patients toward more effective health care system use and ensure it is documented accordingly.										
Task 4. Ensure periodic performance reviews are performed to confirm that navigators are successfully providing services										
Task 2. Provide recruitment guidelines to navigator sources, requiring them to leverage their existing relationships with local residents in order to further identify and recruit navigators utilizing job fairs, engagement of community leaders, and word of mouth										



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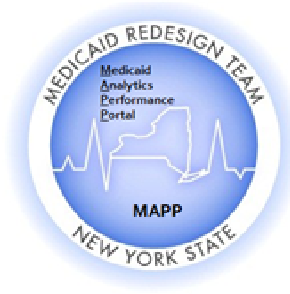
Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #4 Resource appropriately for the community navigators, evaluating placement and service type.										
Task Navigator placement implemented based upon opportunity assessment.										
Task Telephonic and web-based health navigator services implemented by type.										
Task 2. Coordinate opportunity assessment with regional and PPS-specific workforce efforts										
Task 1. Review results and recommendations from CNA, workforce gap analysis, and cultural competency and health literacy workgroup to identify location, type, and degree of need										
Task 4. Work with identified CBOs and other partner organizations (in coordination with Workforce Workgroup) to develop job descriptions for community navigators.										
Task 5. Leverage existing knowledge base of CBOs to identify appropriate channels to recruit existing and/or new hire community navigators for participation in the program. Coordinate placement of navigators with existing CBO/partner programs and assess opportunities for new placements based upon community need.										
Task 6. Ensure that community navigators receive appropriate initial and on-going training.										
Task 7. Monitor effectiveness of navigator placements and take corrective action, as appropriate.										
Milestone #5 Provide community navigators with access to non-clinical resources, such as transportation and housing services.										
Task Navigators have partnerships with transportation, housing, and other social services benefitting target population.										
Task 2. Work with partners to train navigators on resource guide and educate navigators on the interdependence of healthcare outcomes on non-clinical factors										
Task 4. Invite all non-clinical resources to PPS "get to know you"										

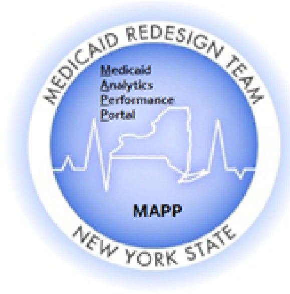


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
event to help develop relationships between navigators and resource organizations										
Task 3. Facilitate on-going communication between navigators and non-clinical support organizations										
Task 1. work with partners to create resource guide, including resources for housing, transportation, food sources, translation, legal, immigration, domestic violence, program assistance. Regularly review and update resource guide to include most up-to-date resources										
Milestone #6 Establish case loads and discharge processes to ensure efficiency in the system for community navigators who are following patients longitudinally.										
Task Case loads and discharge processes established for health navigators following patients longitudinally.										
Task 1. PPS clinical quality committee will develop and approve case load and discharge protocols in accordance with established best practices, and will ensure compliance by random audits.										
Milestone #7 Market the availability of community-based navigation services.										
Task Health navigator personnel and services marketed within designated communities.										
Task 1. Leverage the expertise of the cultural competency and health literacy workgroup to identify specific methods of marketing and outreach that will facilitate engagement by different populations across the PPS										
Task 2. Identify and implement various communication formats in order to ensure that availability of navigators is effectively communicated										
Task 3. Develop processes to monitor on-going effectiveness of marketing efforts and implement remedial action as necessary										
Milestone #8 Use EHRs and other technical platforms to track all patients engaged in the project.										
Task PPS identifies targeted patients and is able to track actively										



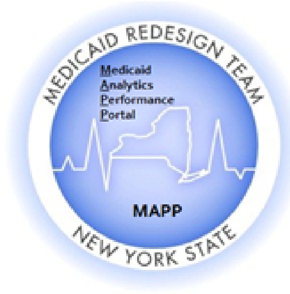
New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
engaged patients for project milestone reporting.										
Task 1. Create technical requirements for providers participating in this project as part of a larger technical requirements document spanning the entire PPS.										
Task 2. Perform current state assessment across entire PPS (milestone 1 in IT Systems and Processes), including partners participating in this project.										
Task 3. Assess results of current state assessment..										
Task 4. Develop PPS strategy for tracking engaged patients.										
Task 5. Identify technical platforms to be used to facilitate real time and historical tracking and reporting.										
Task 6. Create strategies to close gaps in partner readiness with respect to EMR, training, workflow, HIE integration and consent processes.										
Task 7. Identify need for additional support to facilitate "close the gap" strategy										
Task 8. Develop budget and schedule for each partner to close gaps										
Task 9. Begin implementation of any new technical platforms, integrations, training, workflow, consent processes.										
Task 10. Evaluate implementation process on ongoing basis to and institute remedial measures as necessary										
Task 11. Monitor on-going patient engagement, partner performance and institute remedial measures as necessary										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Create community-based health navigation services, with the goal of assisting patients in accessing healthcare services efficiently.										
Task Community-based health navigation services established.										

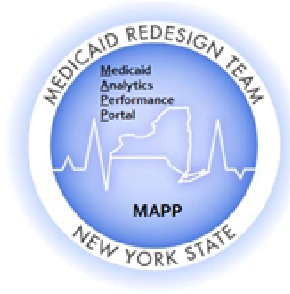


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task 1. Identify partners and other organizations best suited to participate in this project										
Task 5. Work with the cultural competency & health literacy team to perform an analysis of the existing barriers and disparities which prevent efficient and effective use of the healthcare system.										
Task 6. Research and identify appropriate methods and models to establish this service in Orange and Rockland counties										
Task 2. Assess partner readiness, capacity, and resources including staffing and IT.										
Task 3. Discuss terms with those partners identified as candidates for this project including, but not limited to: recruiting navigators from the pool of residents in the community served, training them on cultural competency, health literacy and the resource guide, conducting periodic performance reviews.										
Task 4. Sign agreements with specific reporting requirements and deliverables. Agreements will set forth the roles and responsibilities of the parties.										
Task 7. Perform regular oversight of partners to ensure compliance with project metrics and associated timeline.										
Task 8. Assist partners with remediation of processes/workflows/training as necessary.										
Milestone #2 Develop a community care resource guide to assist the community resources and ensure compliance with protocols, under direction from a collaborating program oversight group of medical/behavioral health, community nursing, and social support services providers.										
Task Resource guide completed, detailing medical/behavioral/social community resources and care protocols developed by program oversight committee.										
Task 1. Work with partners to identify appropriate resources for inclusion										
Task 2. Engage a partner to develop, publish, and maintain the										

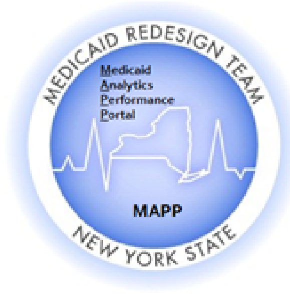


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
resource guide.										
Task 4. Ensure continuous maintenance of Resource guide										
Task 3. Ensure partner training of community navigators on the use of the resource guide with a focus on cultural competency pursuant to contractual agreement										
Task 5. Develop metrics to monitor effectiveness of the navigators. Evaluate navigator performance on a regular basis and take corrective action as necessary. Ensure that										
Milestone #3 Recruit for community navigators, ideally spearheaded by residents in the targeted area to ensure community familiarity.										
Task Navigators recruited by residents in the targeted area, where possible.										
Task 1. Coordinate with regional and PPS specific workforce efforts to identify potential navigator sources (partner and non-partner CBO and provider organization)										
Task 3. To maintain a high standard in the program, ensure each individual navigator is trained, regardless of their background or experience, on cultural competency, health literacy, as well as the technical aspects of navigating patients toward more effective health care system use and ensure it is documented accordingly.										
Task 4. Ensure periodic performance reviews are performed to confirm that navigators are successfully providing services										
Task 2. Provide recruitment guidelines to navigator sources, requiring them to leverage their existing relationships with local residents in order to further identify and recruit navigators utilizing job fairs, engagement of community leaders, and word of mouth										
Milestone #4 Resource appropriately for the community navigators, evaluating placement and service type.										
Task Navigator placement implemented based upon opportunity assessment.										



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Telephonic and web-based health navigator services implemented by type.										
Task 2. Coordinate opportunity assessment with regional and PPS-specific workforce efforts										
Task 1. Review results and recommendations from CNA, workforce gap analysis, and cultural competency and health literacy workgroup to identify location, type, and degree of need										
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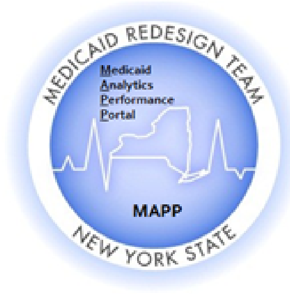
Task Navigators have partnerships with transportation, housing, and other social services benefitting target population.										
Task 2. Work with partners to train navigators on resource guide and educate navigators on the interdependence of healthcare outcomes on non-clinical factors										
Task 4. Invite all non-clinical resources to PPS "get to know you" event to help develop relationships between navigators and resource organizations										
Task 3. Facilitate on-going communication between navigators and non-clinical support organizations										



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task 1. work with partners to create resource guide, including resources for housing, transportation, food sources, translation, legal, immigration, domestic violence, program assistance. Regularly review and update resource guide to include most up-to-date resources										
Milestone #6 Establish case loads and discharge processes to ensure efficiency in the system for community navigators who are following patients longitudinally.										
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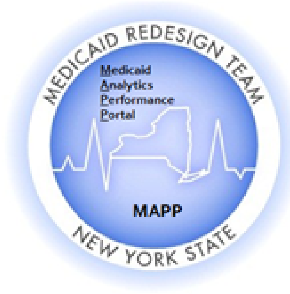
Milestone #7 Market the availability of community-based navigation services.										
Task Health navigator personnel and services marketed within designated communities.										
Task 1. Leverage the expertise of the cultural competency and health literacy workgroup to identify specific methods of marketing and outreach that will facilitate engagement by different populations across the PPS										
Task 2. Identify and implement various communication formats in order to ensure that availability of navigators is effectively communicated										
Task 3. Develop processes to monitor on-going effectiveness of marketing efforts and implement remedial action as necessary										
Milestone #8 Use EHRs and other technical platforms to track all patients engaged in the project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task 1. Create technical requirements for providers participating in this project as part of a larger technical requirements document spanning the entire PPS.										



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task 2. Perform current state assessment across entire PPS (milestone 1 in IT Systems and Processes), including partners participating in this project.										
Task 3. Assess results of current state assessment..										
Task 4. Develop PPS strategy for tracking engaged patients.										
Task 5. Identify technical platforms to be used to facilitate real time and historical tracking and reporting.										
Task 6. Create strategies to close gaps in partner readiness with respect to EMR, training, workflow, HIE integration and consent processes.										
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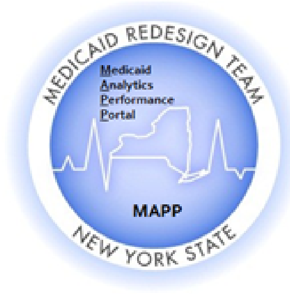
Task 8. Develop budget and schedule for each partner to close gaps										
Task 9. Begin implementation of any new technical platforms, integrations, training, workflow, consent processes.										
Task 10. Evaluate implementation process on ongoing basis to and institute remedial measures as necessary										
Task 11. Monitor on-going patient engagement, partner performance and institute remedial measures as necessary										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
Create community-based health navigation services, with the goal of assisting patients in accessing healthcare services efficiently.	acrhc	20_PMDL3403_1_1_20150720100106_RCHC Project 2ci LOI 6.10.15.pdf	RCHC Project 2ci 06.10.15	07/20/2015 10:00 AM
	acrhc	20_PMDL3403_1_1_20150720094440_RCHC Navigation Partner Forum 6-10-15.pdf	RCHC Navigation Partner Forum 6.10.15	07/20/2015 09:44 AM



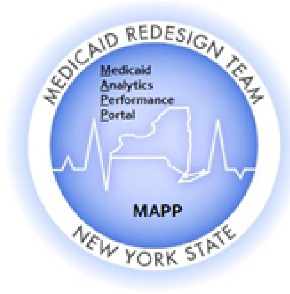
New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Create community-based health navigation services, with the goal of assisting patients in accessing healthcare services efficiently.	On June 10th partners were invited to an open Patient Navigator Forum" to discuss the details and requirements of this particular project. RCHC then put out a "letter of intent" questionnaire, which was due back July 17th, to elicit the attributes which would make a partner particularly well suited for this project. The Project Management Office is currently reviewing responses.
Develop a community care resource guide to assist the community resources and ensure compliance with protocols, under direction from a collaborating program oversight group of medical/behavioral health, community nursing, and social support services providers.	Narrative: Partners were informed in person at the Navigator forum, and via email and on the website, that even if they do not choose to perform navigation, they can still participate in the development and upkeep of the community care resource guide. The PPSs is currently working with the PMO's finance and compliance personnel to appropriately compensate a partner for participation.
Recruit for community navigators, ideally spearheaded by residents in the targeted area to ensure community familiarity.	
Resource appropriately for the community navigators, evaluating placement and service type.	
Provide community navigators with access to non-clinical resources, such as transportation and housing services.	
Establish case loads and discharge processes to ensure efficiency in the system for community navigators who are following patients longitudinally.	
Market the availability of community-based navigation services.	
Use EHRs and other technical platforms to track all patients engaged in the project.	



New York State Department Of Health
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DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

IPQR Module 2.c.i.5 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

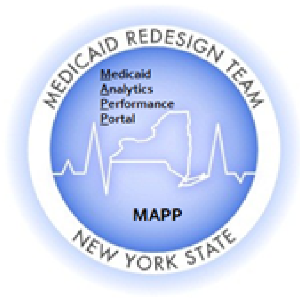
Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

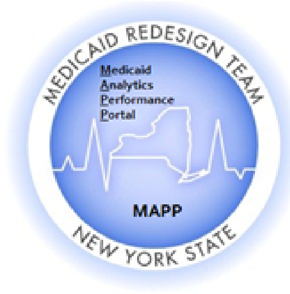
Milestone Name	Narrative Text

No Records Found



IPQR Module 2.c.i.6 - IA Monitoring

Instructions :



Project 3.a.i – Integration of primary care and behavioral health services

IPQR Module 3.a.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

Risk Category: Resource
Risk: Not enough BH access.

Potential Impact: Screening patients requires a system in place to address a positive result.

Mitigation: The PPS has included numerous BH provider partners as well as OMH and OASAS resources to help ensure adequate access. Regulatory relief will allow additional mental health care services to be performed in Article 28 facilities.

Risk Category: Scope
Risk: The assumption that co-location is integration.

Potential Impact: Some partners might think they are already integrated because they have both a BH and primary care department on site. In fact, true integration demands a much higher level of commitment.

Mitigation: The warm pass-off will make the patient's experience more seamless. Proof of team meetings which include both mental health and medical providers will also address this issue.

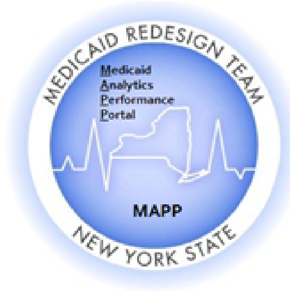
Risk Category: Scope
Risk: Philosophical and cultural differences in the two fields.

Potential Impact: Behavioral Health and Medicine providers have very different styles and tools for diagnosis and treatment.

Mitigation: Provider training and required CME for each provider in the other's "world" as well as regular face-to-face meetings will help providers see and appreciate the others' perspective.

Risk Category: Resource
Risk: Meeting fatigue

Potential Impact: Some partners may not find such an exercise worth it without adequate compensation.



Mitigation: RCHC is considering some appropriate compensation for participation in meetings and workgroups to help maintain an engaged partner group and encourage meaningful participation.

Risk Category: Scope
Risk: Change in funding model.

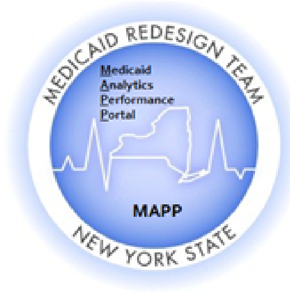
Potential Impact:
Many partners, particularly the smaller ones, are not familiar with value based payment and are seeing DSRIP as a grant funding opportunity.

Mitigation:
RCHC has been attempting to educate partners at meetings and plans to offer a webinar to improve the understanding and financial expectations of partners, and place an emphasis on the need to meet metrics and effectuate actual change.

Risk Category: Scope
Risk: Accountability

Potential Impact: Giving partners enough leeway to develop their own workflows that work within their existing organizations risks that those partners might fail at trying to do so.

Mitigation: The PPS is hoping to select partners well positioned from the start to succeed in this project. In addition, we will stay in close contact with the partners throughout the process using multiple metrics and standards embedded in the agreement.



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

IPQR Module 3.a.i.2 - Project Implementation Speed

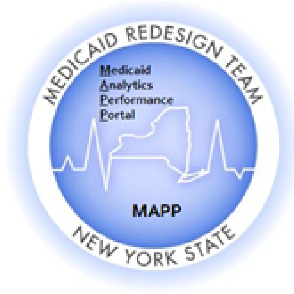
Instructions :

Please specify how many providers will have met all of the project requirements (as set out in the project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks
100% Total Committed By
DY2,Q4

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Primary Care Physicians	65	0	1	5	15	25	35	45	65	65	65
Non-PCP Practitioners	0	0	0	0	0	0	0	0	0	0	0
Clinics	4	0	0	0	0	0	1	2	4	4	4
Behavioral Health	30	0	0	0	0	0	0	0	30	30	30
Substance Abuse	0	0	0	0	0	0	0	0	0	0	0
Community Based Organizations	3	0	1	1	1	1	1	2	3	3	3
All Other	76	0	0	0	0	0	0	0	76	76	76
Total Committed Providers	**178**	**0**	**2**	**6**	**16**	**26**	**37**	**49**	**178**	**178**	**178**
Percent Committed Providers(%)		**0.00**	**1.12**	**3.37**	**8.99**	**14.61**	**20.79**	**27.53**	**100.00**	**100.00**	**100.00**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Primary Care Physicians	65	65	65	65	65	65	65	65	65	65	65
Non-PCP Practitioners	0	0	0	0	0	0	0	0	0	0	0
Clinics	4	4	4	4	4	4	4	4	4	4	4
Behavioral Health	30	30	30	30	30	30	30	30	30	30	30
Substance Abuse	0	0	0	0	0	0	0	0	0	0	0
Community Based Organizations	3	3	3	3	3	3	3	3	3	3	3
All Other	76	76	76	76	76	76	76	76	76	76	76



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Refuah Community Health Collaborative (PPS ID:20)

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Total Committed Providers	178	178	178	178	178	178	178	178	178	178	178
Percent Committed Providers(%)		100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Current File Uploads

User ID	File Name	File Description	Upload Date

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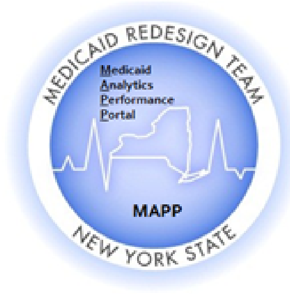
Narrative Text :



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

IPQR Module 3.a.i.3 - Patient Engagement Speed

Instructions :

Please specify how many patients will have become 'Actively Engaged' (as set out in the Project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks	
100% Actively Engaged By	Expected Patient Engagement
DY4,Q4	15,000

Year,Quarter (DY1,Q1 – DY3,Q2)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Patients Engaged	0	1,500	2,000	4,000	1,500	4,000	5,000	8,000	2,000	5,000
Percent of Expected Patient Engagement(%)	**0.00**	**10.00**	**13.33**	**26.67**	**10.00**	**26.67**	**33.33**	**53.33**	**13.33**	**33.33**

Year,Quarter (DY3,Q3 – DY5,Q4)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patients Engaged	7,000	10,000	3,000	7,500	10,000	15,000	0	0	0	0
Percent of Expected Patient Engagement(%)	**46.67**	**66.67**	**20.00**	**50.00**	**66.67**	**100.00**	**0.00**	**0.00**	**0.00**	**0.00**

Current File Uploads

User ID	File Name	File Description	Upload Date

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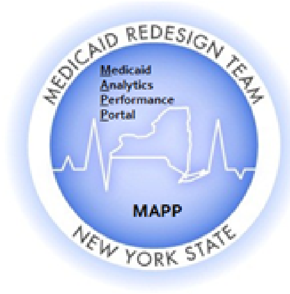
Narrative Text :



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

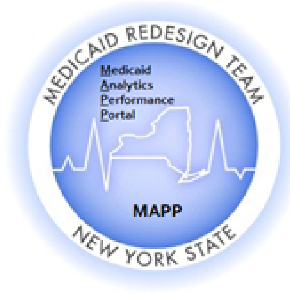
Refuah Community Health Collaborative (PPS ID:20)

IPQR Module 3.a.i.4 - Prescribed Milestones

Instructions :

Please enter baseline target dates and work breakdown tasks with target dates for each of the milestones below.

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	Model 1	Project	N/A	In Progress	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.		Provider	Primary Care Physicians	In Progress	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Behavioral health services are co-located within PCMH/APC practices and are available.		Provider	Behavioral Health	In Progress	09/01/2015	01/31/2017	03/31/2017	DY2 Q4
Task 1. Identify which PCP partner organizations are interested in this project		Provider	Behavioral Health	In Progress	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Assess partner readiness and capacity for BH integration including staffing, space, and IT		Provider	Behavioral Health	In Progress	07/01/2015	07/31/2016	09/30/2016	DY2 Q2
Task 3. Assess provider readiness for PCMH certification and develop plan for actualization; create timeline with specific interval targets		Provider	Behavioral Health	In Progress	07/01/2015	01/31/2017	03/31/2017	DY2 Q4
Task 4. Discuss terms with those partners identified as candidates for this project		Provider	Behavioral Health	In Progress	08/01/2015	01/31/2017	03/31/2017	DY2 Q4
Task 5. Sign agreements with specific reporting requirements and deliverables, including interval PCMH targets. Agreements will set forth the roles and responsibilities of the parties.		Provider	Behavioral Health	In Progress	08/01/2015	01/31/2017	03/31/2017	DY2 Q4
Task 6. Perform regular oversight of partners to ensure compliance with project (e.g. proof of warm hand offs, team meetings, etc.), metrics and associated timeline.		Provider	Behavioral Health	In Progress	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 7. Assist partners with remediation of		Provider	Behavioral Health	In Progress	09/01/2015	03/31/2018	03/31/2018	DY3 Q4



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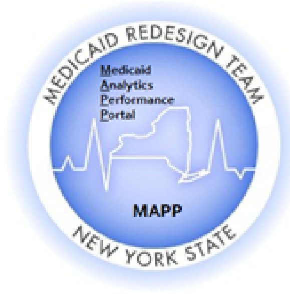
Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
processes/workflows/training as necessary								
Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Model 1	Project	N/A	In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.		Project		In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.		Project		In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Communicate and educate partners on this project and solicit partner feedback/input		Project		In Progress	05/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task 2. Solicit partner participation in a BH quality committee. Convene BH quality committee to develop evidence-based policies, procedures, workflows and care standards		Project		In Progress	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. Share the standards with the Regional Clinical Council to ensure consistency across the Hudson Valley Region		Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Communicate standards across all participating partner groups		Project		In Progress	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Develop processes to monitor implementation and effectiveness of standards and adjust the standards based upon subsequent reviews		Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	Model 1	Project	N/A	In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place to facilitate and document completion of screenings.		Project		In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Screenings are documented in Electronic Health Record.		Project		In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive,		Project		In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4



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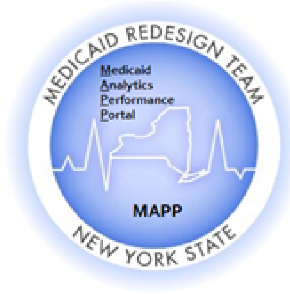
Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
SBIRT).								
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.		Provider	Primary Care Physicians	In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. Ensure functioning "warm-transfer" workflows and adequate access to BH services for patients who screen positive; establish remedial policies/workflows, as necessary.		Provider	Primary Care Physicians	In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Establish policies and procedures to perform and document screenings in EHR; develop processes to track and monitor compliance with such policies and procedures.		Provider	Primary Care Physicians	In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. Train staff on screening methods and proper documentation; develop mechanisms to monitor effectiveness of training.		Provider	Primary Care Physicians	In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	Model 1	Project	N/A	In Progress	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.		Project		In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Create technical requirements for providers participating in this project as part of a larger technical requirements document spanning the entire PPS.		Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Perform current state assessment across entire PPS (milestone 1 in IT Systems and Processes), including partners participating in this project. (Include assessment of EMR's ability to integrate primary care and behavioral health charts.)		Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Assess results of current state assessment		Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Develop PPS strategy for tracking engaged patients.		Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4



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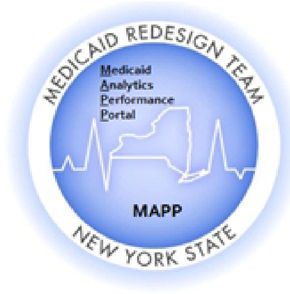
Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 5. Identify technical platforms to be used to facilitate real time and historical tracking and reporting.		Project		In Progress	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 6. Create strategies to close gaps in partner readiness with respect to EMR, training, workflow, HIE integration and consent processes.		Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 7. Identify need for additional support to facilitate "close the gap" strategy		Project		In Progress	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 8. Develop budget and schedule for each partner to close gaps		Project		In Progress	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 9. Begin implementation of any new technical platforms, integrations, training, workflow, consent processes for providers particiating in this project		Project		In Progress	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task 10. Review implementation process on ongoing basis to and institute remedial measures as necessary		Project		In Progress	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task 11. Monitor on-going patient engagement, partner performance and institute remedial measures as necessary		Project		In Progress	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Co-locate primary care services at behavioral health sites.	Model 2	Project	N/A	In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH or Advanced Primary Care Model Practices by the end of DY3.		Provider	Primary Care Physicians	In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Primary care services are co-located within behavioral Health practices and are available.		Provider	Primary Care Physicians	In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Primary care services are co-located within behavioral Health practices and are available.		Provider	Behavioral Health	In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Communicate with and educate partners on the requirements of this project		Provider	Behavioral Health	Completed	05/01/2015	08/01/2015	09/30/2015	DY1 Q2
Task 2. Identify which BH organizations are interested in offering integrated primary care services		Provider	Behavioral Health	In Progress	07/01/2015	07/31/2016	09/30/2016	DY2 Q2



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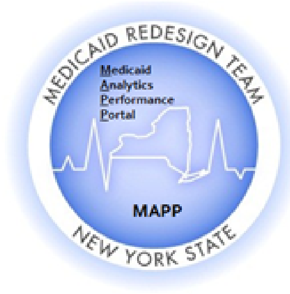
Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 3. Perform potential partner needs assessments for BH integration including gaps in staffing, space, and IT		Provider	Behavioral Health	In Progress	08/01/2015	07/31/2016	09/30/2016	DY2 Q2
Task 4. Discuss terms with those partners identified as candidates for this project		Provider	Behavioral Health	In Progress	01/01/2016	01/31/2017	03/31/2017	DY2 Q4
Task 5. Sign agreements with specific reporting requirements and deliverables. Agreements will set forth the roles and responsibilities of the partners.		Provider	Behavioral Health	In Progress	09/01/2016	01/31/2017	03/31/2017	DY2 Q4
Task 6. Perform regular oversight of partners to ensure compliance with project (e.g. proof of warm hand offs, team meetings, etc.), metrics and associated timeline.		Provider	Behavioral Health	In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 7. Assist partners with remediation of processes/workflows/training as necessary		Provider	Behavioral Health	In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Model 2	Project	N/A	In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.		Project		In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.		Project		In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Communicate and educate partners on this project and solicit partner feedback/input		Project		In Progress	05/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Solicit partner participation in a BH quality committee.		Project		In Progress	07/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task 3. Convene BH quality committee to develop evidence-based policies, procedures, workflows and care standards		Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. Share the standards with the Regional Clinical Council to ensure consistency across the Hudson Valley Region		Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Communicate standards across all participating partner groups		Project		In Progress	09/01/2016	03/31/2017	03/31/2017	DY2 Q4



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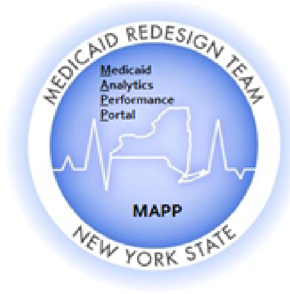
Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 6. Develop processes to monitor implementation and effectiveness of standards and adjust based upon subsequent reviews		Project		In Progress	01/31/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	Model 2	Project	N/A	In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.		Project		In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Screenings are documented in Electronic Health Record.		Project		In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).		Project		In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.		Provider	Primary Care Physicians	In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. Ensure functioning referral workflows and adequate access for patients who screen positive; establish remedial policies/workflows as necessary		Provider	Primary Care Physicians	In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Establish policies and procedures to perform and document screenings in EHR; develop processes to track and monitor compliance with such policies and procedures		Provider	Primary Care Physicians	In Progress	08/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task 2. Train all client-facing staff on basic disease prevention and chronic illness		Provider	Primary Care Physicians	In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Train relevant staff on USPSTF screening methods and proper documentation		Provider	Primary Care Physicians	In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Develop mechanisms to monitor effectiveness of training		Provider	Primary Care Physicians	In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4



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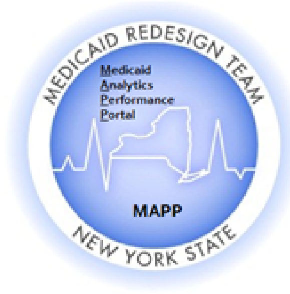
Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	Model 2	Project	N/A	In Progress	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.		Project		In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Create technical requirements for providers participating in this project as part of a larger technical requirements document spanning the entire PPS.		Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Perform current state assessment across entire PPS (milestone 1 in IT Systems and Processes), including partners participating in this project.		Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Assess results of current state assessment		Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Develop PPS strategy for tracking engaged patients.		Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. Identify technical platforms to be used to facilitate real time and historical tracking and reporting.		Project		In Progress	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 6. Create strategies to close gaps in partner readiness with respect to EMR, training, workflow, HIE integration and consent processes.		Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 7. Identify need for additional support to facilitate "close the gap" strategy		Project		In Progress	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 8. Develop budget and schedule for each partner to close gaps		Project		In Progress	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 9. Begin implementation of any new technical platforms, integrations, training, workflow, consent processes.		Project		In Progress	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task 10. Review implementation process on ongoing basis to and institute remedial measures as necessary		Project		In Progress	09/30/2016	03/31/2017	03/31/2017	DY2 Q4



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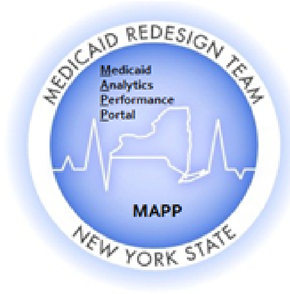
Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 11. Monitor on-going patient engagement, partner performance and institute remedial measures as necessary		Project		In Progress	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Implement IMPACT Model at Primary Care Sites.	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has implemented IMPACT Model at Primary Care Sites.		Provider	Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician and care manager.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Policies and procedures include process for consulting with Psychiatrist.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Depression care manager meets requirements of IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task All IMPACT participants in PPS have a designated Psychiatrist.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #13 Measure outcomes as required in the IMPACT Model.	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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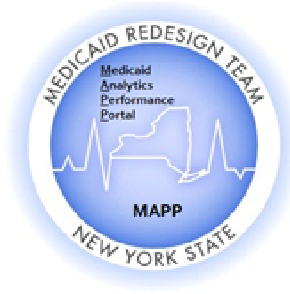
Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).								
Milestone #14 Provide "stepped care" as required by the IMPACT Model.	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task In alignment with the IMPACT model, treatment is adjusted based on evidence-based algorithm that includes evaluation of patient after 10-12 weeks after start of treatment plan.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.										
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.	0	1	5	15	25	29	61	64	64	64
Task Behavioral health services are co-located within PCMH/APC practices and are available.	0	1	2	3	8	8	22	22	22	22
Task 1. Identify which PCP partner organizations are interested in this project										
Task 2. Assess partner readiness and capacity for BH integration including staffing, space, and IT										
Task 3. Assess provider readiness for PCMH certification and										



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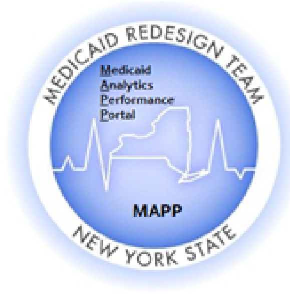
Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
develop plan for actualization; create timeline with specific interval targets										
Task 4. Discuss terms with those partners identified as candidates for this project										
Task 5. Sign agreements with specific reporting requirements and deliverables, including interval PCMH targets. Agreements will set forth the roles and responsibilities of the parties.										
Task 6. Perform regular oversight of partners to ensure compliance with project (e.g. proof of warm hand offs, team meetings, etc.), metrics and associated timeline.										
Task 7. Assist partners with remediation of processes/workflows/training as necessary										
Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices.										
Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.										
Task 1. Communicate and educate partners on this project and solicit partner feedback/input										
Task 2. Solicit partner participation in a BH quality committee. Convene BH quality committee to develop evidence-based policies, procedures, workflows and care standards										
Task 3. Share the standards with the Regional Clinical Council to ensure consistency across the Hudson Valley Region										
Task 4. Communicate standards across all participating partner groups										
Task 5. Develop processes to monitor implementation and effectiveness of standards and adjust the standards based upon subsequent reviews										

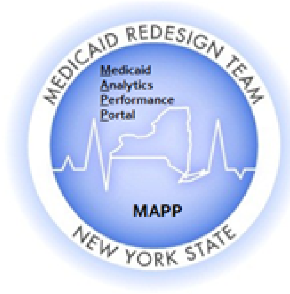


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.										
Task Policies and procedures are in place to facilitate and document completion of screenings.										
Task Screenings are documented in Electronic Health Record.										
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.	0	1	5	15	25	35	45	65	65	65
Task 3. Ensure functioning "warm-transfer" workflows and adequate access to BH services for patients who screen positive; establish remedial policies/workflows, as necessary.										
Task 1. Establish policies and procedures to perform and document screenings in EHR; develop processes to track and monitor compliance with such policies and procedures.										
Task 2. Train staff on screening methods and proper documentation; develop mechanisms to monitor effectiveness of training.										
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task 1. Create technical requirements for providers participating in this project as part of a larger technical requirements document spanning the entire PPS.										
Task 2. Perform current state assessment across entire PPS										

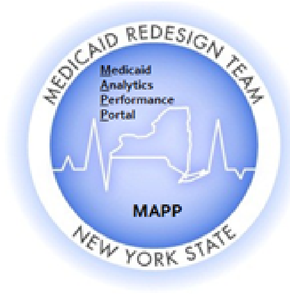


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
(milestone 1 in IT Systems and Processes), including partners participating in this project. (Include assessment of EMR's ability to integrate primary care and behavioral health charts.)										
Task 3. Assess results of current state assessment										
Task 4. Develop PPS strategy for tracking engaged patients.										
Task 5. Identify technical platforms to be used to facilitate real time and historical tracking and reporting.										
Task 6. Create strategies to close gaps in partner readiness with respect to EMR, training, workflow, HIE integration and consent processes.										
Task 7. Identify need for additional support to facilitate "close the gap" strategy										
Task 8. Develop budget and schedule for each partner to close gaps										
Task 9. Begin implementation of any new technical platforms, integrations, training, workflow, consent processes for providers particiating in this project										
Task 10. Review implementation process on ongoing basis to and institute remedial measures as necessary										
Task 11. Monitor on-going patient engagement, partner performance and institute remedial measures as necessary										
Milestone #5 Co-locate primary care services at behavioral health sites.										
Task PPS has achieved NCQA 2014 Level 3 PCMH or Advanced Primary Care Model Practices by the end of DY3.	0	0	0	10	10	25	25	50	50	63
Task Primary care services are co-located within behavioral Health practices and are available.	0	0	0	0	0	0	0	1	1	1
Task Primary care services are co-located within behavioral Health practices and are available.	0	0	0	0	0	0	0	8	8	8
Task 1. Communicate with and educate partners on the requirements of this project										
Task 2. Identify which BH organizations are interested in offering										

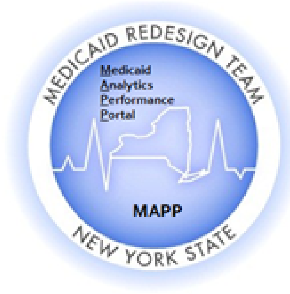


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
integrated primary care services										
Task 3. Perform potential partner needs assessments for BH integration including gaps in staffing, space, and IT										
Task 4. Discuss terms with those partners identified as candidates for this project										
Task 5. Sign agreements with specific reporting requirements and deliverables. Agreements will set forth the roles and responsibilities of the partners.										
Task 6. Perform regular oversight of partners to ensure compliance with project (e.g. proof of warm hand offs, team meetings, etc.), metrics and associated timeline.										
Task 7. Assist partners with remediation of processes/workflows/training as necessary										
Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices.										
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.										
Task 1. Communicate and educate partners on this project and solicit partner feedback/input										
Task 2. Solicit partner participation in a BH quality committee.										
Task 3. Convene BH quality committee to develop evidence-based policies, procedures, workflows and care standards										
Task 4. Share the standards with the Regional Clinical Council to ensure consistency across the Hudson Valley Region										
Task 5. Communicate standards across all participating partner groups										

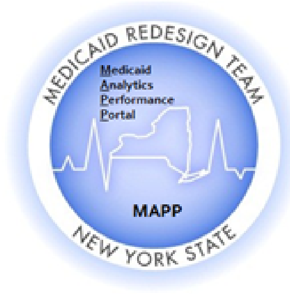


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task 6. Develop processes to monitor implementation and effectiveness of standards and adjust based upon subsequent reviews										
Milestone #7 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.										
Task Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.										
Task Screenings are documented in Electronic Health Record.										
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.	0	1	5	15	26	29	61	64	64	64
Task 4. Ensure functioning referral workflows and adequate access for patients who screen positive; establish remedial policies/workflows as necessary										
Task 1. Establish policies and procedures to perform and document screenings in EHR; develop processes to track and monitor compliance with such policies and procedures										
Task 2. Train all client-facing staff on basic disease prevention and chronic illness										
Task 3. Train relevant staff on USPSTF screening methods and proper documentation										
Task 5. Develop mechanisms to monitor effectiveness of training										
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										

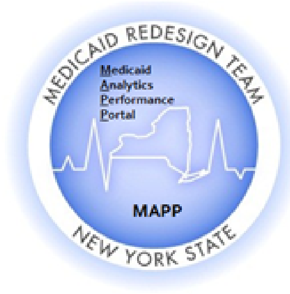


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task 1. Create technical requirements for providers participating in this project as part of a larger technical requirements document spanning the entire PPS.										
Task 2. Perform current state assessment across entire PPS (milestone 1 in IT Systems and Processes), including partners participating in this project.										
Task 3. Assess results of current state assessment										
Task 4. Develop PPS strategy for tracking engaged patients.										
Task 5. Identify technical platforms to be used to facilitate real time and historical tracking and reporting.										
Task 6. Create strategies to close gaps in partner readiness with respect to EMR, training, workflow, HIE integration and consent processes.										
Task 7. Identify need for additional support to facilitate "close the gap" strategy										
Task 8. Develop budget and schedule for each partner to close gaps										
Task 9. Begin implementation of any new technical platforms, integrations, training, workflow, consent processes.										
Task 10. Review implementation process on ongoing basis to and institute remedial measures as necessary										
Task 11. Monitor on-going patient engagement, partner performance and institute remedial measures as necessary										
Milestone #9 Implement IMPACT Model at Primary Care Sites.										
Task PPS has implemented IMPACT Model at Primary Care Sites.	0	0	0	0	0	0	0	0	0	0
Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.										

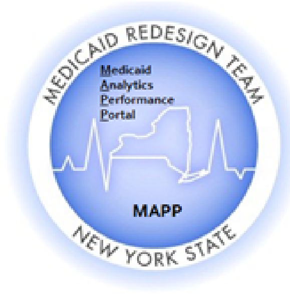


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician and care manager.										
Task Policies and procedures include process for consulting with Psychiatrist.										
Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.										
Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records.										
Task Depression care manager meets requirements of IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan.										
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.										
Task All IMPACT participants in PPS have a designated Psychiatrist.										
Milestone #13 Measure outcomes as required in the IMPACT Model.										
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
Milestone #14 Provide "stepped care" as required by the IMPACT Model.										
Task In alignment with the IMPACT model, treatment is adjusted based on evidence-based algorithm that includes evaluation of patient after 10-12 weeks after start of treatment plan.										
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										



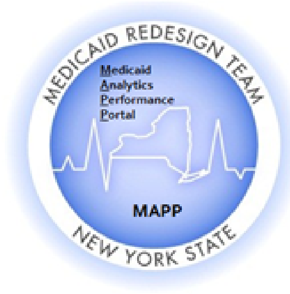
New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.										
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.	64	64	64	64	64	64	64	64	64	64
Task Behavioral health services are co-located within PCMH/APC practices and are available.	22	22	22	22	22	22	22	22	22	22
Task 1. Identify which PCP partner organizations are interested in this project										
Task 2. Assess partner readiness and capacity for BH integration including staffing, space, and IT										
Task 3. Assess provider readiness for PCMH certification and develop plan for actualization; create timeline with specific interval targets										
Task 4. Discuss terms with those partners identified as candidates for this project										
Task 5. Sign agreements with specific reporting requirements and deliverables, including interval PCMH targets. Agreements will set forth the roles and responsibilities of the parties.										
Task 6. Perform regular oversight of partners to ensure compliance with project (e.g. proof of warm hand offs, team meetings, etc.), metrics and associated timeline.										
Task 7. Assist partners with remediation of processes/workflows/training as necessary										
Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement										

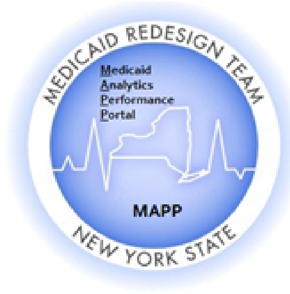


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
process.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices.										
Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.										
Task 1. Communicate and educate partners on this project and solicit partner feedback/input										
Task 2. Solicit partner participation in a BH quality committee. Convene BH quality committee to develop evidence-based policies, procedures, workflows and care standards										
Task 3. Share the standards with the Regional Clinical Council to ensure consistency across the Hudson Valley Region										
Task 4. Communicate standards across all participating partner groups										
Task 5. Develop processes to monitor implementation and effectiveness of standards and adjust the standards based upon subsequent reviews										
Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.										
Task Policies and procedures are in place to facilitate and document completion of screenings.										
Task Screenings are documented in Electronic Health Record.										
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.	65	65	65	65	65	65	65	65	65	65

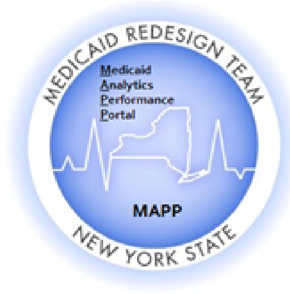


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task 3. Ensure functioning "warm-transfer" workflows and adequate access to BH services for patients who screen positive; establish remedial policies/workflows, as necessary.										
Task 1. Establish policies and procedures to perform and document screenings in EHR; develop processes to track and monitor compliance with such policies and procedures.										
Task 2. Train staff on screening methods and proper documentation; develop mechanisms to monitor effectiveness of training.										
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task 1. Create technical requirements for providers participating in this project as part of a larger technical requirements document spanning the entire PPS.										
Task 2. Perform current state assessment across entire PPS (milestone 1 in IT Systems and Processes), including partners participating in this project. (Include assessment of EMR's ability to integrate primary care and behavioral health charts.)										
Task 3. Assess results of current state assessment										
Task 4. Develop PPS strategy for tracking engaged patients.										
Task 5. Identify technical platforms to be used to facilitate real time and historical tracking and reporting.										
Task 6. Create strategies to close gaps in partner readiness with respect to EMR, training, workflow, HIE integration and consent processes.										
Task 7. Identify need for additional support to facilitate "close the gap" strategy										

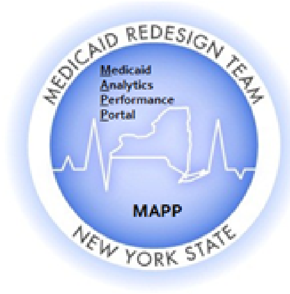


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task 8. Develop budget and schedule for each partner to close gaps										
Task 9. Begin implementation of any new technical platforms, integrations, training, workflow, consent processes for providers particiating in this project										
Task 10. Review implementation process on ongoing basis to and institute remedial measures as necessary										
Task 11. Monitor on-going patient engagement, partner performance and institute remedial measures as necessary										
Milestone #5 Co-locate primary care services at behavioral health sites.										
Task PPS has achieved NCQA 2014 Level 3 PCMH or Advanced Primary Care Model Practices by the end of DY3.	63	112	112	112	112	112	112	112	112	112
Task Primary care services are co-located within behavioral Health practices and are available.	1	1	1	1	1	1	1	1	1	1
Task Primary care services are co-located within behavioral Health practices and are available.	8	8	8	8	8	8	8	8	8	8
Task 1. Communicate with and educate partners on the requirements of this project										
Task 2. Identify which BH organizations are interested in offering integrated primary care services										
Task 3. Perform potential partner needs assessments for BH integration including gaps in staffing, space, and IT										
Task 4. Discuss terms with those partners identified as candidates for this project										
Task 5. Sign agreements with specific reporting requirements and deliverables. Agreements will set forth the roles and responsibilities of the partners.										
Task 6. Perform regular oversight of partners to ensure compliance with project (e.g. proof of warm hand offs, team meetings, etc.), metrics and associated timeline.										
Task 7. Assist partners with remediation of										



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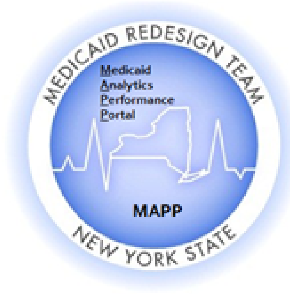
Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
processes/workflows/training as necessary										
Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices.										
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.										
Task 1. Communicate and educate partners on this project and solicit partner feedback/input										
Task 2. Solicit partner participation in a BH quality committee.										
Task 3. Convene BH quality committee to develop evidence-based policies, procedures, workflows and care standards										
Task 4. Share the standards with the Regional Clinical Council to ensure consistency across the Hudson Valley Region										
Task 5. Communicate standards across all participating partner groups										
Task 6. Develop processes to monitor implementation and effectiveness of standards and adjust based upon subsequent reviews										
Milestone #7 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.										
Task Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.										
Task Screenings are documented in Electronic Health Record.										
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening										



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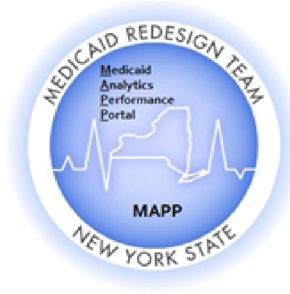
Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
positive, SBIRT).										
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.	64	64	64	64	64	64	64	64	64	64
Task 4. Ensure functioning referral workflows and adequate access for patients who screen positive; establish remedial policies/workflows as necessary										
Task 1. Establish policies and procedures to perform and document screenings in EHR; develop processes to track and monitor compliance with such policies and procedures										
Task 2. Train all client-facing staff on basic disease prevention and chronic illness										
Task 3. Train relevant staff on USPSTF screening methods and proper documentation										
Task 5. Develop mechanisms to monitor effectiveness of training										
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task 1. Create technical requirements for providers participating in this project as part of a larger technical requirements document spanning the entire PPS.										
Task 2. Perform current state assessment across entire PPS (milestone 1 in IT Systems and Processes), including partners participating in this project.										
Task 3. Assess results of current state assessment										
Task 4. Develop PPS strategy for tracking engaged patients.										
Task 5. Identify technical platforms to be used to facilitate real time										



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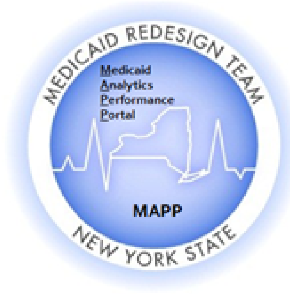
Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
and historical tracking and reporting.										
Task 6. Create strategies to close gaps in partner readiness with respect to EMR, training, workflow, HIE integration and consent processes.										
Task 7. Identify need for additional support to facilitate "close the gap" strategy										
Task 8. Develop budget and schedule for each partner to close gaps										
Task 9. Begin implementation of any new technical platforms, integrations, training, workflow, consent processes.										
Task 10. Review implementation process on ongoing basis to and institute remedial measures as necessary										
Task 11. Monitor on-going patient engagement, partner performance and institute remedial measures as necessary										
Milestone #9 Implement IMPACT Model at Primary Care Sites.										
Task PPS has implemented IMPACT Model at Primary Care Sites.	0	0	0	0	0	0	0	0	0	0
Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.										
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician and care manager.										
Task Policies and procedures include process for consulting with Psychiatrist.										
Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.										
Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records.										
Task Depression care manager meets requirements of IMPACT										



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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan.										
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.										
Task All IMPACT participants in PPS have a designated Psychiatrist.										
Milestone #13 Measure outcomes as required in the IMPACT Model.										
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
Milestone #14 Provide "stepped care" as required by the IMPACT Model.										
Task In alignment with the IMPACT model, treatment is adjusted based on evidence-based algorithm that includes evaluation of patient after 10-12 weeks after start of treatment plan.										
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

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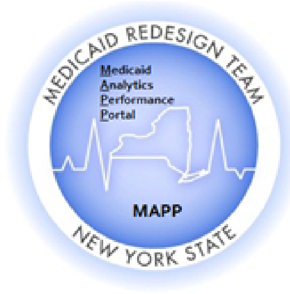
Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Co-locate behavioral health services at primary	Narrative: Several partners, particularly the FQHCs, are interested in this project. They already have BH and primary care onsite and are interested in taking their



New York State Department Of Health
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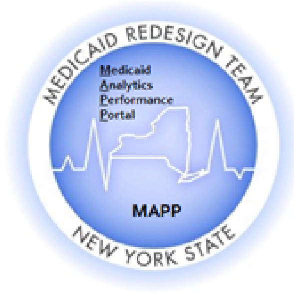
Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	integration to the next level. They will be included in the PPSs PCMH needs assessment process for project 2.a.ii.
Develop collaborative evidence-based standards of care including medication management and care engagement process.	Narrative: On May 9 all partners were invited to an open "BH forum" on the PPSs 3 BH projects. Partners were informed that even if they do not choose to participate in a project, they can still be a member of the BH quality committee. The PPS is currently working with finance to determine how a partner's time for participation in the BH quality committee will compensated. For anyone who missed the forum, slides are available on the RCHC website. Several partners requested follow up meetings with the PMO to clarify questions that came up at the meeting as they relate to their specific organizations. On July 14 the three PPSs in the Hudson Valley convened to create the "Hudson Region DSRIP Clinical Council," the purpose of which is to review all clinical protocols going forward and serve as a clinical advisory body to ensure consistency across the region.
Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	Narrative: Several of the partners, including the lead partner, Refuah Health Center, are already screening patients and have established warm-transfer policies and workflows. Their success can serve as a best-practice model for partners who are not as far along in the process.
Use EHRs or other technical platforms to track all patients engaged in this project.	Narrative: Some of the primary care sites have eClinicalWorks which meets requirements for BH and primary care EMR integration. RCHC will be securing the services of an IT vendor to perform the gap analysis which will include EMR specifications.
Co-locate primary care services at behavioral health sites.	Narrative: On May 6 all partners were invited to an open "BH forum" on the PPSs 3 BH projects. Many of the questions related to this particular project and model. The state's regulatory relief has since addressed some of the partner concerns. RCHC put out a "letter of intent" questionnaire, which was due back July 1, to elicit the attributes which would make a partner particularly well suited for this project. The Project Management Office is currently reviewing responses.
Develop collaborative evidence-based standards of care including medication management and care engagement process.	Narrative: On May 6 all partners were invited to an open "BH forum" of the PPSs 3 BH projects. Partners were told that even if they do not choose to participate in a project, they can still be a member of the BH quality committee. The PPS is currently working with finance to determine how a partner's time for participation in the BH quality committee will compensated. For anyone who missed the forum, slides are available on the RCHC website. Several partners requested follow up meetings to clarify questions that came up at the meeting as they relate to their specific organizations. On July 14 the three PPSs in the Hudson Valley convened to create the "Hudson Region DSRIP Clinical Council" the purpose of which is to review all clinical protocols going forward and serve as a clinical advisory body to ensure consistency across the region.
Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	
Use EHRs or other technical platforms to track all patients engaged in this project.	Narrative: Most of the BH providers do not currently have an EMR that could include both medical and BH documentation. Most of the OASAS providers have the requisite EMR.
Implement IMPACT Model at Primary Care Sites.	
Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	
Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	



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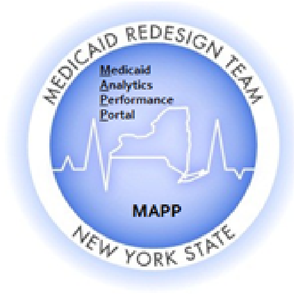
Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Designate a Psychiatrist meeting requirements of the IMPACT Model.	
Measure outcomes as required in the IMPACT Model.	
Provide "stepped care" as required by the IMPACT Model.	
Use EHRs or other technical platforms to track all patients engaged in this project.	



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IPQR Module 3.a.i.5 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

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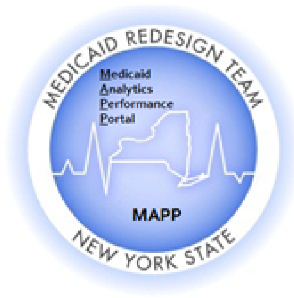

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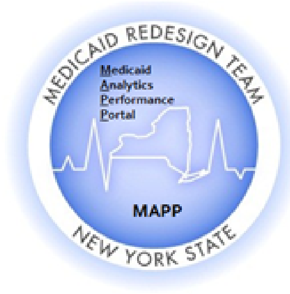
IPQR Module 3.a.i.6 - IA Monitoring

Instructions :



Project 3.a.ii – Behavioral health community crisis stabilization services

IPQR Module 3.a.ii.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

Risk Category: Scope
Risk: Historical role of the ER in organizational workflows.

Potential Impact: There is a longstanding precedent for using the emergency room for all "emergencies". Oftentimes group homes, schools, etc. have established protocols which require an ER visit which, by current and future standards, are overly conservative and outdated.

Mitigation: To mitigate this risk, the BH quality committee will include representation of a cross-section of partner types to help identify which partners might have policies requiring edit. In addition, the regional clinical council will help establish a new standard of care across the Hudson Valley which may compel partners to adjust any outdated protocols.

Risk Category: Scope
Risk: Patient and provider perception of what is an emergency

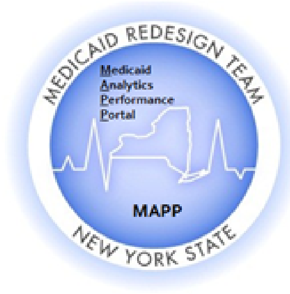
Potential Impact: The ER is the place for all "emergencies," but the definition of an emergency among untrained individuals (e.g. family members) is broad.

Mitigation: An aggressive community education effort on early identification of new onset and deteriorating BH conditions, which can be terrifying for patients and their families, as well as availability of alternative resources, will help curb the inappropriate use of the ER. Furthermore, a "debrief" practice for all psychiatric admissions as the PPS will consider developing a supplemental strategy.

Risk Category: Resource
Risk: Existing structure and initiatives at play

Potential Impact: There are numerous grants, initiatives, individuals, organizations who have already been working toward this goal for years. The project risks re-inventing the wheel, not learning from prior attempts, or excluding those individuals who are already intimately involved in crisis stabilization efforts.

Mitigation: Establish a regional agency coordination plan, very early in the process, to communicate with and gain input from all stakeholders. Include members from us and community organizations with local experience and historical knowledge.



Risk Category: Scope
Risk: One size does not fit all

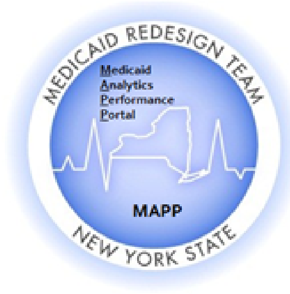
Potential Impact: Although the goal is to break down silos and create regional crisis stabilization solutions, shared across patients and PPSs, some patient groups of patients might require unique modes of outreach in order to be captured and engaged (e.g. does the message come in particular languages from TV ads versus trusted community leaders, etc.)

Mitigation: The PPS will leverage the expertise of its cultural sensitivity and health literacy workgroup to ensure that there are not patient sub-groups which are overlooked.

Risk Category: Resource
Risk: Local inpatient psychiatric hospital is not in PPS network

Potential Impact: RCHC includes Good Samaritan and Westchester Hospitals. The local option that offers inpatient psychiatry services is Nyack hospital which is currently a member of Montefiore-led PPS only. RCHC will need to work closely with Nyack's hospital and ER regarding diversion protocols.

Mitigation: A regional collaborative Behavioral Health Crisis Workgroup that includes all three PPSs in the region has been convened to allow the sharing and agreement on protocols and workflows regardless of specific partners. RCHC will make attempts to fortify the communication relationship with Nyack Hospital and the ER.



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IPQR Module 3.a.ii.2 - Project Implementation Speed

Instructions :

Please specify how many providers will have met all of the project requirements (as set out in the project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks
100% Total Committed By
DY2,Q4

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Expected Number of Crisis Intervention Programs Established	2	0	1	1	1	1	1	1	2	2	2
Total Committed Providers	**2**	**0**	**1**	**1**	**1**	**1**	**1**	**1**	**2**	**2**	**2**
Percent Committed Providers(%)		**0.00**	**50.00**	**50.00**	**50.00**	**50.00**	**50.00**	**50.00**	**100.00**	**100.00**	**100.00**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Expected Number of Crisis Intervention Programs Established	2	2	2	2	2	2	2	2	2	2	2
Total Committed Providers	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**
Percent Committed Providers(%)		**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

Current File Uploads

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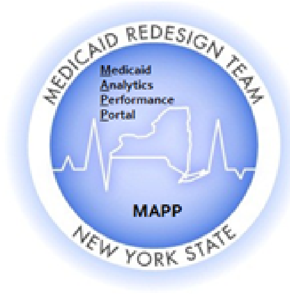

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IPQR Module 3.a.ii.3 - Patient Engagement Speed

Instructions :

Please specify how many patients will have become 'Actively Engaged' (as set out in the Project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks	
100% Actively Engaged By	Expected Patient Engagement
DY4,Q4	3,929

Year,Quarter (DY1,Q1 – DY3,Q2)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Patients Engaged	0	79	150	314	200	589	750	1,375	750	1,965
Percent of Expected Patient Engagement(%)	**0.00**	**2.01**	**3.82**	**7.99**	**5.09**	**14.99**	**19.09**	**35.00**	**19.09**	**50.01**

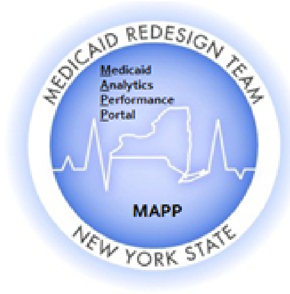
Year,Quarter (DY3,Q3 – DY5,Q4)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patients Engaged	2,250	2,947	1,000	2,357	2,750	3,929	0	0	0	0
Percent of Expected Patient Engagement(%)	**57.27**	**75.01**	**25.45**	**59.99**	**69.99**	**100.00**	**0.00**	**0.00**	**0.00**	**0.00**

Current File Uploads

User ID	File Name	File Description	Upload Date

No Records Found

Narrative Text :



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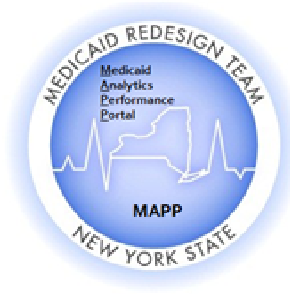
IPQR Module 3.a.ii.4 - Prescribed Milestones

Instructions :

Please enter baseline target dates and work breakdown tasks with target dates for each of the milestones below.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has established a crisis intervention program that includes outreach, mobile crisis, and intensive crisis services.	Project		In Progress	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify RCHC project lead responsible for implementation of milestone	Project		Completed	04/01/2015	07/01/2015	09/30/2015	DY1 Q2
Task 2. Set up a meeting structure and schedule with Crisis Project leads of Westchester and Montefiore-led PPSs to develop unified and integrated implementation plans across the Hudson Valley region	Project		In Progress	04/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task 3. Develop an "agency coordination plan" that provides for meaningful and ongoing collaboration with state and local public sector and social service agencies, including departments of health, mental health agencies, emergency medical services, and other relevant bodies, to ensure that any new plans are synergistic with existing initiatives and will be supported by local leadership.	Project		In Progress	07/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task 8. Establish a Hudson Region DSRIP BH Crisis Workgroup that is comprised PPS leads and key organization leaders from agencies in Step c. This team will review and consolidate the 3 PPS crisis stabilization plans.	Project		In Progress	08/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task 4. Review the CNA and other appropriate sources to identity the priority groups for RCHC's service area.	Project		In Progress	08/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task 5. Perform a more comprehensive gap analysis, by county, and also by targeted patient groups to determine voids or weaknesses in outreach, peer-support resources, warm-lines, central triage, drop-in centers, mobile crisis, and intensive crisis services/respite.	Project		In Progress	08/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task 6. Study evidence-based solutions in other geographic regions to determine	Project		In Progress	08/01/2015	01/31/2016	03/31/2016	DY1 Q4



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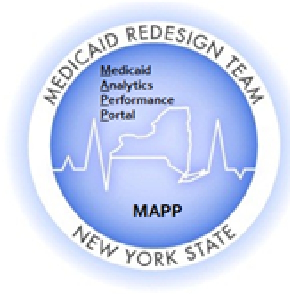
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
how best to fill deficits identified by gap analysis							
Task 7. Evaluate the need for Tele-health psychiatry services	Project		In Progress	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 9. Work with identified partners and agencies to roll out implementation plans	Project		In Progress	05/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 10. Monitor on-going progress through identified milestones and implement remedial tasks as necessary	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #2 Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has implemented diversion management protocol with PPS Hospitals (specifically Emergency Departments).	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Establish a regional clinical council for development and sharing of written evidence-based treatment protocols for diversion of patients from emergency room and inpatient services	Project		In Progress	04/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task 2. Develop written evidence-based treatment protocols for the referral, triage, acute transfer and emergency room/inpatient diversion of the full spectrum of patients, including but not limited to those with Intellectual and Developmental Disabilities, substance dependency, etc.; discuss the review integration of protocols on a regional basis with other	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. Conduct an aggressive marketing plan to outreach and educate patients, their families, community leaders, school staff, residential staff, providers and policy-makers on early identification of new onset and deteriorating BH conditions and availability of alternative resources.	Project		In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. Monitor the effectiveness and safety of diversion and implement remedial action as necessary	Project		In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	Project	N/A	In Progress	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has engaged MCO in negotiating coverage of services under this project	Project		In Progress	09/01/2015	03/31/2020	03/31/2020	DY5 Q4



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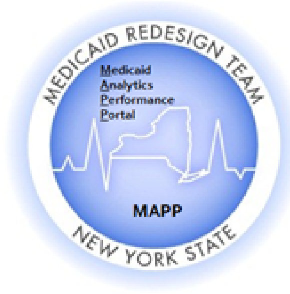
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
and/or MCO provides coverage for services in project.							
Task 2. Engage applicable MCOs in discussions regarding reimbursement reform	Project		In Progress	09/01/2015	03/01/2020	03/31/2020	DY5 Q4
Task 3. Review the health care bundles/populations and total cost of care/utilization data provided by DOH and Medicaid MCOs to identify VBP opportunities that are most easily attainable; and prioritize services moving to VBP	Project		In Progress	01/01/2016	07/01/2016	09/30/2016	DY2 Q2
Task 6. Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	Project		In Progress	04/01/2016	03/01/2019	03/31/2019	DY4 Q4
Task 7. Monitor feasibility of new MCO arrangements and gather data for further changes to managed care payment structures	Project		In Progress	06/01/2016	03/01/2020	03/31/2020	DY5 Q4
Task 1. Schedule a joint meeting of the VBP Workgroup and the Clinical Governance/Quality Committee to begin collaborative discussions of VBP options for the crisis project	Project		In Progress	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4.Conduct educational sessions with PPS partners participating in the crisis project on VBP options	Project		In Progress	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. Clinical Governance/Quality Committee to work with the VBP Workgroup to develop a VBP strategy for crisis services for negotiations with MCOs, consistent with the VBP Adoption Plan (see Financial Sustainability Plan)	Project		In Progress	02/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities.	Project	N/A	In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop consensus on treatment protocols.	Project		In Progress	09/01/2015	09/01/2016	09/30/2016	DY2 Q2
Task Coordinated treatment care protocols are in place.	Project		In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Establish a BH quality committee for development, oversight and surveillance of compliance with protocols and quality of care	Project		In Progress	09/01/2015	11/01/2015	12/31/2015	DY1 Q3
Task 2. Develop written evidence-based treatment protocols for diversion of patients from emergency room and inpatient services, referrals, triage, acute transfers,	Project		In Progress	09/01/2015	09/30/2016	09/30/2016	DY2 Q2



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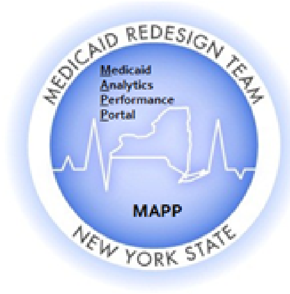
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
etc.; discuss the review integration of protocols on a regional basis with other area PPSs							
Task 3. Implement protocols across selected partner organizations and provide on-going clinical supervision as appropriate	Project		In Progress	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4. Develop measures to monitor the effectiveness of the crisis stabilization program. Using the PDSA cycle, implement remedial measures as necessary.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	Project	N/A	In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS includes at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services in provider network	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates access to psychiatric services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	Provider	Safety Net Hospitals	In Progress	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. BH Committee will develop qualitative and quantitative criteria to determine a qualifying hospital. Examples can include but are not limited to: Inpatient Psychiatric Program licensed by the New York State Office of Mental Health with 24/7 capacity to serve patients of any all ages who require acute inpatient psychiatric care.	Provider	Hospitals	In Progress	08/01/2015	11/01/2015	12/31/2015	DY1 Q3
Task 2. BH Committee will review the clinical policies of candidate hospitals, as well as available demographic, claims/diagnosis, and length of stay data to determine if the hospital meets criteria, particularly as it relates to the ability to provide crisis-oriented therapy. BH Committee will present recommendations to the clinical governance committee.	Provider	Hospitals	In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. Based on CNA findings and partner survey data, BH Committee will work with Crisis Project leads of Westchester and Montefiore-led PPSs to determine which psychiatric specialties are served and which are still needed (examples include Child/Adolescent, Geriatric, Addiction, Sleep, Dementia, Forensic, etc.)	Provider	Hospitals	In Progress	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. Continually evaluate and monitor effectiveness of selected psychiatric hospitals by reviewing readmission data and patient and provider survey	Project		In Progress	11/01/2015	03/31/2017	03/31/2017	DY2 Q4



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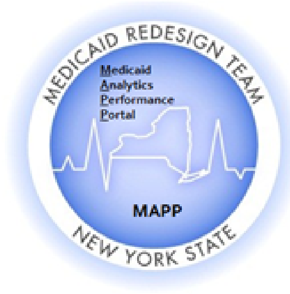
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
responses.							
Milestone #6 Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	Project	N/A	In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS includes hospitals with observation unit or off campus crisis residence locations for crisis monitoring.	Project		In Progress	10/01/2015	03/01/2017	03/31/2017	DY2 Q4
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	Provider	Safety Net Hospitals	In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	Provider	Safety Net Clinics	In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	Provider	Safety Net Behavioral Health	In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Perform analysis to identify appropriate outpatient crisis stabilization facilities	Provider	Behavioral Health	In Progress	08/01/2015	11/01/2015	12/31/2015	DY1 Q3
Task 3. Expand access to a culturally-sensitive observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	Provider	Behavioral Health	In Progress	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. Develop measures to monitor on-going performance of observation unit	Provider	Behavioral Health	In Progress	11/01/2015	01/31/2017	03/31/2017	DY2 Q4
Task 2. BH Quality Subcommittee, in collaboration with HRDBHC workgroup, will identify and issue criteria for observation units/crisis stabilization in order to clearly communicate appropriate levels of care to all team members	Project		In Progress	10/01/2015	10/01/2016	12/31/2016	DY2 Q3
Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	Project	N/A	In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task	Project		In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4



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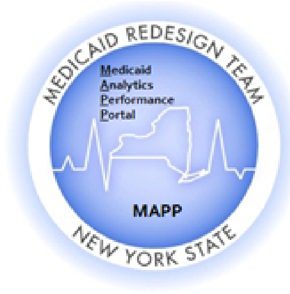
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
PPS includes mobile crisis teams to help meet crisis stabilization needs of the community.							
Task Coordinated evidence-based care protocols for mobile crisis teams are in place.	Project		In Progress	05/01/2015	10/31/2016	12/31/2016	DY2 Q3
Task 1. Use CNA data to determine which communities are not adequately being served by existing mobile crisis services. Do an analysis to determine why those communities are being excluded (e.g. geography, cultural barriers, etc.)	Project		In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. Work with "community brokers" to cultivate solutions which would more effectively meet the needs those target groups.	Project		In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. Leverage existing infrastructure and foster partnerships between established programs and new resources who have a foothold in the eluded communities we are seeking to serve. [Rockland Paramedics is going to expand their setup to be used by trusted Kiryas Joel staff]	Project		In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. Continually evaluate and monitor effectiveness of new and established mobile programs by reviewing crisis call outcomes, admission data and patient and provider survey responses.	Project		In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	Project	N/A	In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.	Project		In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Primary Care Physicians	In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Non-PCP Practitioners	In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Hospitals	In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Behavioral Health	In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task	Project		In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4



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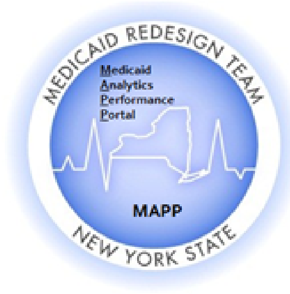
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Alerts and secure messaging functionality are used to facilitate crisis intervention services.							
Task 1. Include requirements for data sharing and QE integration in larger gap assessment encompassing IT Systems and Clinical Integration as well. Perform gap assessment.	Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Review gap assessment and develop strategies for partners to meet data sharing requirements for this milestone.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Collaborate with QE, regional PPSs and partner software vendors on available solutions and strategies to close identified gaps.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Develop relevant grouping for partners (for example: type of partner, gap/need, software solution used). Create phased implementation and assign partners to phases. Collaborate with regional PPSs on phases and plans.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. Determine details for other workstreams, including budget requirements, workforce and training needs.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 6. Develop new policies, procedures, processes that will be required for data sharing and include, as needed, in data governance.	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 7. Determine project tracking needs for ongoing project reporting and monitoring and develop tools to facilitate this tracking and monitoring.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 8. Develop plan for implementation focused on shared partners in collaboration with other regional PPSs.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 9. Begin execution of the first phase of implementation plan; start of additional phases TBD.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 10. Perform rapid cycle evaluation of implementation, adjust additional phases as needed, and repeat process according to developed project tracking process.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 11. Confirm that all phases of implementation plan have been completed and that all PPS safety net providers meet this milestone requirement. Collect necessary documentation from each partner to show their compliance with this	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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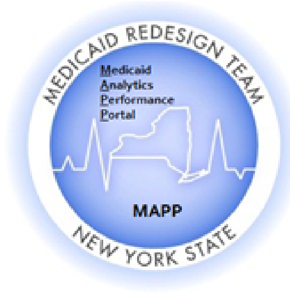
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
milestone.							
Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	Project	N/A	In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has implemented central triage service among psychiatrists and behavioral health providers.	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify appropriate partners to collaborate on triage center	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. Ensure a culturally-sensitive peer-support warm line and triage resource capable of tracking, follow-up, and reporting	Project		In Progress	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Set up agreements among participating BH providers and continually monitor agreements for compliance with protocols and quality improvement	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. Conduct an aggressive marketing plan to outreach and educate patients, their families, community leaders, school staff, residential staff, providers, and policy makers on services available	Project		In Progress	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	Project	N/A	In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has created an active quality subcommittee that reports to PPS quality committee that is representative of medical and behavioral health staff and is specifically focused on integration of primary care and behavioral health services within practice sites and other behavioral health project initiatives. Note: Only one quality sub-committee is required for medical and behavioral health integration projects in Domain 3a.	Project		In Progress	08/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.	Project		In Progress	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 Behavioral Health Metrics.	Project		In Progress	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS quality subcommittee conducts and/or reviews self-audits to ensure	Project		In Progress	11/01/2015	03/31/2017	03/31/2017	DY2 Q4



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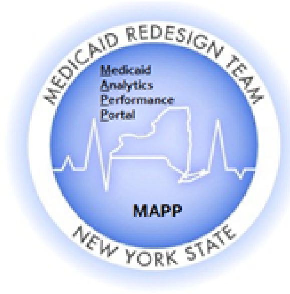
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
compliance with processes and procedures developed for this project.							
Task Service and quality outcome measures are reported to all stakeholders including PPS quality committee.	Project		In Progress	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Clinical Governance/Quality Committee defines the Behavioral Health Workgroup/Quality Subcommittee's scope and reporting structure.	Project		In Progress	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. PMO and Clinical Governance/Quality Committee work together to identify and recruit appropriate members for the BH Workgroup and designate a lead.	Project		In Progress	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. Clinical Governance/Quality Committee monitors effectiveness of the Behavioral Health Workgroup to ensure outcomes of BH projects align with DSRIP goals and clinical strategy of PPS. Adjusts priorities as necessary.	Project		In Progress	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project.	Project	N/A	In Progress	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Create technical requirements for providers participating in this project as part of a larger technical requirements document spanning the entire PPS.	Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Perform current state assessment across entire PPS (milestone 1 in IT Systems and Processes), including partners participating in this project.	Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Assess results of current state assessment	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Develop PPS strategy for tracking engaged patients.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. Identify technical platforms to be used to facilitate real time and historical tracking and reporting.	Project		In Progress	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 6. Create strategies to close gaps in partner readiness with respect to EMR, training, workflow, HIE integration and consent processes.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 7. Identify need for additional support to facilitate "close the gap" strategy	Project		In Progress	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 8. Develop budget and schedule for each partner to close gaps	Project		In Progress	10/01/2015	06/30/2016	06/30/2016	DY2 Q1



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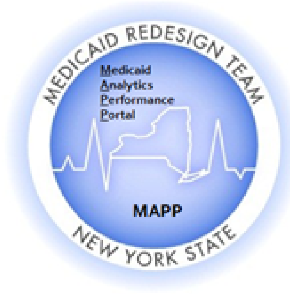
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 9. Begin implementation of any new technical platforms, integrations, training, workflow, consent processes.	Project		In Progress	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task 10. Review implementation process on ongoing basis to and institute remedial measures as necessary	Project		In Progress	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task 11. Monitor on-going patient engagement, partner performance and institute remedial measures as necessary	Project		In Progress	09/30/2016	03/31/2017	03/31/2017	DY2 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.										
Task PPS has established a crisis intervention program that includes outreach, mobile crisis, and intensive crisis services.										
Task 1. Identify RCHC project lead responsible for implementation of milestone										
Task 2. Set up a meeting structure and schedule with Crisis Project leads of Westchester and Montefiore-led PPSs to develop unified and integrated implementation plans across the Hudson Valley region										
Task 3. Develop an "agency coordination plan" that provides for meaningful and ongoing collaboration with state and local public sector and social service agencies, including departments of health, mental health agencies, emergency medical services, and other relevant bodies, to ensure that any new plans are synergistic with existing initiatives and will be supported by local leadership.										
Task 8. Establish a Hudson Region DSRIP BH Crisis Workgroup that is comprised PPS leads and key organization leaders from agencies in Step c. This team will review and consolidate the 3 PPS crisis stabilization plans.										
Task 4. Review the CNA and other appropriate sources to identity the priority groups for RCHC's service area.										



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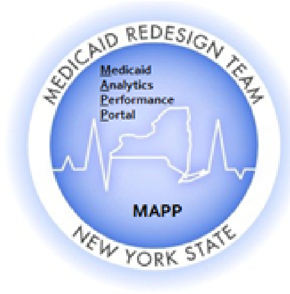
Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task 5. Perform a more comprehensive gap analysis, by county, and also by targeted patient groups to determine voids or weaknesses in outreach, peer-support resources, warm-lines, central triage, drop-in centers, mobile crisis, and intensive crisis services/respite.										
Task 6. Study evidence-based solutions in other geographic regions to determine how best to fill deficits identified by gap analysis										
Task 7. Evaluate the need for Tele-health psychiatry services										
Task 9. Work with identified partners and agencies to roll out implementation plans										
Task 10. Monitor on-going progress through identified milestones and implement remedial tasks as necessary										
Milestone #2 Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.										
Task PPS has implemented diversion management protocol with PPS Hospitals (specifically Emergency Departments).										
Task 1. Establish a regional clinical council for development and sharing of written evidence-based treatment protocols for diversion of patients from emergency room and inpatient services										
Task 2. Develop written evidence-based treatment protocols for the referral, triage, acute transfer and emergency room/inpatient diversion of the full spectrum of patients, including but not limited to those with Intellectual and Developmental Disabilities, substance dependency, etc.; discuss the review integration of protocols on a regional basis with other										
Task 3. Conduct an aggressive marketing plan to outreach and educate patients, their families, community leaders, school staff, residential staff, providers and policy-makers on early identification of new onset and deteriorating BH conditions and availability of alternative resources.										
Task 4. Monitor the effectiveness and safety of diversion and implement remedial action as necessary										



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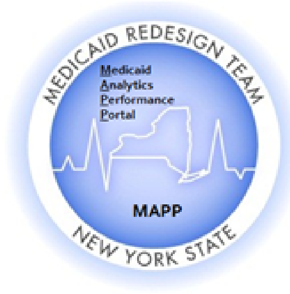
Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #3 Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.										
Task PPS has engaged MCO in negotiating coverage of services under this project and/or MCO provides coverage for services in project.										
Task 2. Engage applicable MCOs in discussions regarding reimbursement reform										
Task 3. Review the health care bundles/populations and total cost of care/utilization data provided by DOH and Medicaid MCOs to identify VBP opportunities that are most easily attainable; and prioritize services moving to VBP										
Task 6. Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.										
Task 7. Monitor feasibility of new MCO arrangements and gather data for further changes to managed care payment structures										
Task 1. Schedule a joint meeting of the VBP Workgroup and the Clinical Governance/Quality Committee to begin collaborative discussions of VBP options for the crisis project										
Task 4.Conduct educational sessions with PPS partners participating in the crisis project on VBP options										
Task 5. Clinical Governance/Quality Committee to work with the VBP Workgroup to develop a VBP strategy for crisis services for negotiations with MCOs, consistent with the VBP Adoption Plan (see Financial Sustainability Plan)										
Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities.										
Task Regularly scheduled formal meetings are held to develop consensus on treatment protocols.										
Task Coordinated treatment care protocols are in place.										
Task 1. Establish a BH quality committee for development, oversight										



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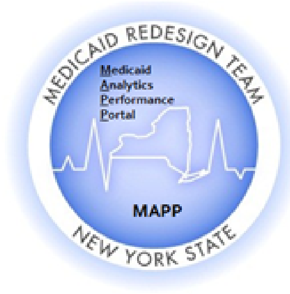
Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
and surveillance of compliance with protocols and quality of care										
Task 2. Develop written evidence-based treatment protocols for diversion of patients from emergency room and inpatient services, referrals, triage, acute transfers, etc.; discuss the review integration of protocols on a regional basis with other area PPSs										
Task 3. Implement protocols across selected partner organizations and provide on-going clinical supervision as appropriate										
Task 4. Develop measures to monitor the effectiveness of the crisis stabilization program. Using the PDSA cycle, implement remedial measures as necessary.										
Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.										
Task PPS includes at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services in provider network										
Task PPS evaluates access to psychiatric services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	0	0	0	0	0	0	0	1	1	1
Task 1. BH Committee will develop qualitative and quantitative criteria to determine a qualifying hospital. Examples can include but are not limited to: Inpatient Psychiatric Program licensed by the New York State Office of Mental Health with 24/7 capacity to serve patients of any all ages who require acute inpatient psychiatric care.										
Task 2. BH Committee will review the clinical policies of candidate hospitals, as well as available demographic, claims/diagnosis, and length of stay data to determine if the hospital meets criteria, particularly as it relates to the ability to provide crisis-oriented therapy. BH Committee will present recommendations to the clinical governance committee.										
Task 4. Based on CNA findings and partner survey data, BH Committee will work with Crisis Project leads of Westchester										



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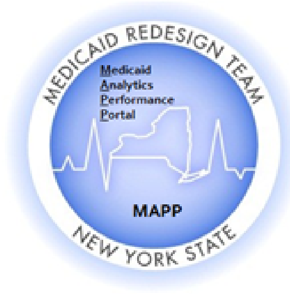
Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
and Montefiore-led PPSs to determine which psychiatric specialties are served and which are still needed (examples include Child/Adolescent, Geriatric, Addiction, Sleep, Dementia, Forensic, etc.)										
Task 3. Continually evaluate and monitor effectiveness of selected psychiatric hospitals by reviewing readmission data and patient and provider survey responses.										
Milestone #6 Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).										
Task PPS includes hospitals with observation unit or off campus crisis residence locations for crisis monitoring.										
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	0	0	0	0	0	0	0	1	1	1
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	0	1	1	2	2	3	3	4	4	4
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	0	0	1	2	4	6	10	14	14	14
Task 1. Perform analysis to identify appropriate outpatient crisis stabilization facilities										
Task 3. Expand access to a culturally-sensitive observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).										
Task 4. Develop measures to monitor on-going performance of observation unit										
Task 2. BH Quality Subcommittee, in collaboration with HRDBHC workgroup, will identify and issue criteria for observation units/crisis stabilization in order to clearly communicate appropriate levels of care to all team members										



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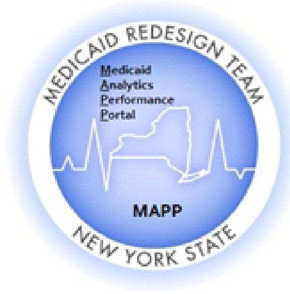
Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.										
Task PPS includes mobile crisis teams to help meet crisis stabilization needs of the community.										
Task Coordinated evidence-based care protocols for mobile crisis teams are in place.										
Task 1. Use CNA data to determine which communities are not adequately being served by existing mobile crisis services. Do an analysis to determine why those communities are being excluded (e.g. geography, cultural barriers, etc.)										
Task 2. Work with "community brokers" to cultivate solutions which would more effectively meet the needs those target groups.										
Task 3. Leverage existing infrastructure and foster partnerships between established programs and new resources who have a foothold in the eluded communities we are seeking to serve. [Rockland Paramedics is going to expand their setup to be used by trusted Kiryas Joel staff]										
Task 4. Continually evaluate and monitor effectiveness of new and established mobile programs by reviewing crisis call outcomes, admission data and patient and provider survey responses.										
Milestone #8 Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	56	56	56
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	45	45	45



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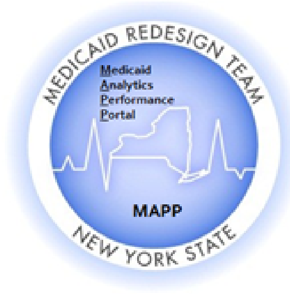
Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	1	1	1
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	14	14	14
Task Alerts and secure messaging functionality are used to facilitate crisis intervention services.										
Task 1. Include requirements for data sharing and QE integration in larger gap assessment encompassing IT Systems and Clinical Integration as well. Perform gap assessment.										
Task 2. Review gap assessment and develop strategies for partners to meet data sharing requirements for this milestone.										
Task 3. Collaborate with QE, regional PPSs and partner software vendors on available solutions and strategies to close identified gaps.										
Task 4. Develop relevant grouping for partners (for example: type of partner, gap/need, software solution used). Create phased implementation and assign partners to phases. Collaborate with regional PPSs on phases and plans.										
Task 5. Determine details for other workstreams, including budget requirements, workforce and training needs.										
Task 6. Develop new policies, procedures, processes that will be required for data sharing and include, as needed, in data governance.										
Task 7. Determine project tracking needs for ongoing project reporting and monitoring and develop tools to facilitate this tracking and monitoring.										
Task 8. Develop plan for implementation focused on shared partners in collaboration with other regional PPSs.										
Task 9. Begin execution of the first phase of implementation plan; start of additional phases TBD.										
Task 10. Perform rapid cycle evaluation of implementation, adjust additional phases as needed, and repeat process according to										

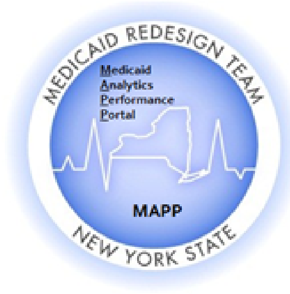


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
developed project tracking process.										
Task 11. Confirm that all phases of implementation plan have been completed and that all PPS safety net providers meet this milestone requirement. Collect necessary documentation from each partner to show their compliance with this milestone.										
Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.										
Task PPS has implemented central triage service among psychiatrists and behavioral health providers.										
Task 1. Identify appropriate partners to collaborate on triage center										
Task 2. Ensure a culturally-sensitive peer-support warm line and triage resource capable of tracking, follow-up, and reporting										
Task 3. Set up agreements among participating BH providers and continually monitor agreements for compliance with protocols and quality improvement										
Task 4. Conduct an aggressive marketing plan to outreach and educate patients, their families, community leaders, school staff, residential staff, providers, and policy makers on services available										
Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.										
Task PPS has created an active quality subcommittee that reports to PPS quality committee that is representative of medical and behavioral health staff and is specifically focused on integration of primary care and behavioral health services within practice sites and other behavioral health project initiatives. Note: Only one quality sub-committee is required for medical and behavioral health integration projects in Domain 3a.										
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.										

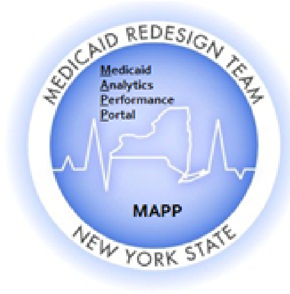


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 Behavioral Health Metrics.										
Task PPS quality subcommittee conducts and/or reviews self-audits to ensure compliance with processes and procedures developed for this project.										
Task Service and quality outcome measures are reported to all stakeholders including PPS quality committee.										
Task 1. Clinical Governance/Quality Committee defines the Behavioral Health Workgroup/Quality Subcommittee's scope and reporting structure.										
Task 2. PMO and Clinical Governance/Quality Committee work together to identify and recruit appropriate members for the BH Workgroup and designate a lead.										
Task 3. Clinical Governance/Quality Committee monitors effectiveness of the Behavioral Health Workgroup to ensure outcomes of BH projects align with DSRIP goals and clinical strategy of PPS. Adjusts priorities as necessary.										
Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task 1. Create technical requirements for providers participating in this project as part of a larger technical requirements document spanning the entire PPS.										
Task 2. Perform current state assessment across entire PPS (milestone 1 in IT Systems and Processes), including partners participating in this project.										
Task 3. Assess results of current state assessment										
Task 4. Develop PPS strategy for tracking engaged patients.										
Task 5. Identify technical platforms to be used to facilitate real time and historical tracking and reporting.										



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Delivery System Reform Incentive Payment Project

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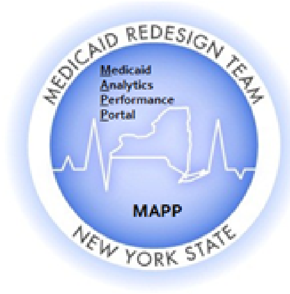
Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task 6. Create strategies to close gaps in partner readiness with respect to EMR, training, workflow, HIE integration and consent processes.										
Task 7. Identify need for additional support to facilitate "close the gap" strategy										
Task 8. Develop budget and schedule for each partner to close gaps										
Task 9. Begin implementation of any new technical platforms, integrations, training, workflow, consent processes.										
Task 10. Review implementation process on ongoing basis to and institute remedial measures as necessary										
Task 11. Monitor on-going patient engagement, partner performance and institute remedial measures as necessary										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.										
Task PPS has established a crisis intervention program that includes outreach, mobile crisis, and intensive crisis services.										
Task 1. Identify RCHC project lead responsible for implementation of milestone										
Task 2. Set up a meeting structure and schedule with Crisis Project leads of Westchester and Montefiore-led PPSs to develop unified and integrated implementation plans across the Hudson Valley region										
Task 3. Develop an "agency coordination plan" that provides for meaningful and ongoing collaboration with state and local public sector and social service agencies, including departments of health, mental health agencies, emergency medical services, and other relevant bodies, to ensure that any new plans are synergistic with existing initiatives and will be supported by local leadership.										
Task										



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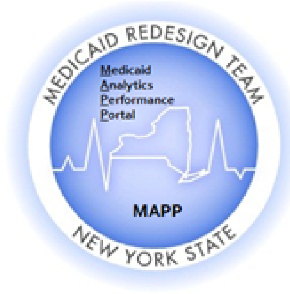
Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
8. Establish a Hudson Region DSRIP BH Crisis Workgroup that is comprised PPS leads and key organization leaders from agencies in Step c. This team will review and consolidate the 3 PPS crisis stabilization plans.										
Task 4. Review the CNA and other appropriate sources to identity the priority groups for RCHC's service area.										
Task 5. Perform a more comprehensive gap analysis, by county, and also by targeted patient groups to determine voids or weaknesses in outreach, peer-support resources, warm-lines, central triage, drop-in centers, mobile crisis, and intensive crisis services/respite.										
Task 6. Study evidence-based solutions in other geographic regions to determine how best to fill deficits identified by gap analysis										
Task 7. Evaluate the need for Tele-health psychiatry services										
Task 9. Work with identified partners and agencies to roll out implementation plans										
Task 10. Monitor on-going progress through identified milestones and implement remedial tasks as necessary										
Milestone #2 Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.										
Task PPS has implemented diversion management protocol with PPS Hospitals (specifically Emergency Departments).										
Task 1. Establish a regional clinical council for development and sharing of written evidence-based treatment protocols for diversion of patients from emergency room and inpatient services										
Task 2. Develop written evidence-based treatment protocols for the referral, triage, acute transfer and emergency room/inpatient diversion of the full spectrum of patients, including but not limited to those with Intellectual and Developmental Disabilities, substance dependency, etc.; discuss the review integration of protocols on a regional basis with other										
Task 3. Conduct an aggressive marketing plan to outreach and										



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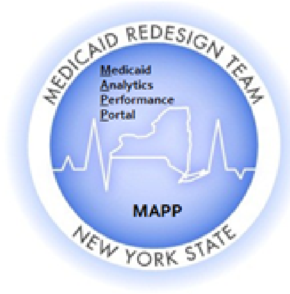
Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
educate patients, their families, community leaders, school staff, residential staff, providers and policy-makers on early identification of new onset and deteriorating BH conditions and availability of alternative resources.										
Task 4. Monitor the effectiveness and safety of diversion and implement remedial action as necessary										
Milestone #3 Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.										
Task PPS has engaged MCO in negotiating coverage of services under this project and/or MCO provides coverage for services in project.										
Task 2. Engage applicable MCOs in discussions regarding reimbursement reform										
Task 3. Review the health care bundles/populations and total cost of care/utilization data provided by DOH and Medicaid MCOs to identify VBP opportunities that are most easily attainable; and prioritize services moving to VBP										
Task 6. Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.										
Task 7. Monitor feasibility of new MCO arrangements and gather data for further changes to managed care payment structures										
Task 1. Schedule a joint meeting of the VBP Workgroup and the Clinical Governance/Quality Committee to begin collaborative discussions of VBP options for the crisis project										
Task 4.Conduct educational sessions with PPS partners participating in the crisis project on VBP options										
Task 5. Clinical Governance/Quality Committee to work with the VBP Workgroup to develop a VBP strategy for crisis services for negotiations with MCOs, consistent with the VBP Adoption Plan (see Financial Sustainability Plan)										
Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities.										



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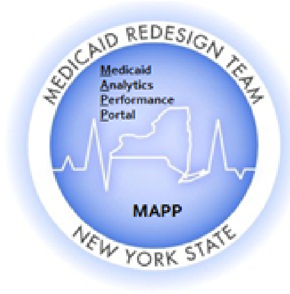
Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Regularly scheduled formal meetings are held to develop consensus on treatment protocols.										
Task Coordinated treatment care protocols are in place.										
Task 1. Establish a BH quality committee for development, oversight and surveillance of compliance with protocols and quality of care										
Task 2. Develop written evidence-based treatment protocols for diversion of patients from emergency room and inpatient services, referrals, triage, acute transfers, etc.; discuss the review integration of protocols on a regional basis with other area PPSs										
Task 3. Implement protocols across selected partner organizations and provide on-going clinical supervision as appropriate										
Task 4. Develop measures to monitor the effectiveness of the crisis stabilization program. Using the PDSA cycle, implement remedial measures as necessary.										
Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.										
Task PPS includes at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services in provider network										
Task PPS evaluates access to psychiatric services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	1	1	1	1	1	1	1	1	1	1
Task 1. BH Committee will develop qualitative and quantitative criteria to determine a qualifying hospital. Examples can include but are not limited to: Inpatient Psychiatric Program licensed by the New York State Office of Mental Health with 24/7 capacity to serve patients of any all ages who require acute inpatient psychiatric care.										
Task 2. BH Committee will review the clinical policies of candidate hospitals, as well as available demographic, claims/diagnosis,										



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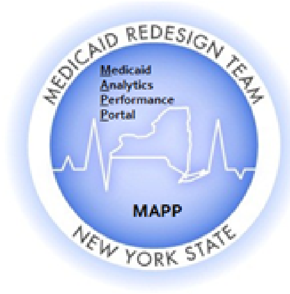
Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
and length of stay data to determine if the hospital meets criteria, particularly as it relates to the ability to provide crisis-oriented therapy. BH Committee will present recommendations to the clinical governance committee.										
Task 4. Based on CNA findings and partner survey data, BH Committee will work with Crisis Project leads of Westchester and Montefiore-led PPSs to determine which psychiatric specialties are served and which are still needed (examples include Child/Adolescent, Geriatric, Addiction, Sleep, Dementia, Forensic, etc.)										
Task 3. Continually evaluate and monitor effectiveness of selected psychiatric hospitals by reviewing readmission data and patient and provider survey responses.										
Milestone #6 Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).										
Task PPS includes hospitals with observation unit or off campus crisis residence locations for crisis monitoring.										
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	1	1	1	1	1	1	1	1	1	1
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	4	4	4	4	4	4	4	4	4	4
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	14	14	14	14	14	14	14	14	14	14
Task 1. Perform analysis to identify appropriate outpatient crisis stabilization facilities										
Task 3. Expand access to a culturally-sensitive observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).										



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Delivery System Reform Incentive Payment Project

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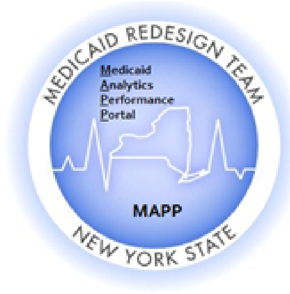
Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task 4. Develop measures to monitor on-going performance of observation unit										
Task 2. BH Quality Subcommittee, in collaboration with HRDBHC workgroup, will identify and issue criteria for observation units/crisis stabilization in order to clearly communicate appropriate levels of care to all team members										
Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.										
Task PPS includes mobile crisis teams to help meet crisis stabilization needs of the community.										
Task Coordinated evidence-based care protocols for mobile crisis teams are in place.										
Task 1. Use CNA data to determine which communities are not adequately being served by existing mobile crisis services. Do an analysis to determine why those communities are being excluded (e.g. geography, cultural barriers, etc.)										
Task 2. Work with "community brokers" to cultivate solutions which would more effectively meet the needs those target groups.										
Task 3. Leverage existing infrastructure and foster partnerships between established programs and new resources who have a foothold in the eluded communities we are seeking to serve. [Rockland Paramedics is going to expand their setup to be used by trusted Kiryas Joel staff]										
Task 4. Continually evaluate and monitor effectiveness of new and established mobile programs by reviewing crisis call outcomes, admission data and patient and provider survey responses.										
Milestone #8 Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.										
Task EHR demonstrates integration of medical and behavioral health										



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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
record within individual patient records.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	56	56	56	56	56	56	56	56	56	56
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	45	45	45	45	45	45	45	45	45	45
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	1	1	1	1	1	1	1	1	1	1
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	14	14	14	14	14	14	14	14	14	14
Task Alerts and secure messaging functionality are used to facilitate crisis intervention services.										
Task 1. Include requirements for data sharing and QE integration in larger gap assessment encompassing IT Systems and Clinical Integration as well. Perform gap assessment.										
Task 2. Review gap assessment and develop strategies for partners to meet data sharing requirements for this milestone.										
Task 3. Collaborate with QE, regional PPSs and partner software vendors on available solutions and strategies to close identified gaps.										
Task 4. Develop relevant grouping for partners (for example: type of partner, gap/need, software solution used). Create phased implementation and assign partners to phases. Collaborate with regional PPSs on phases and plans.										
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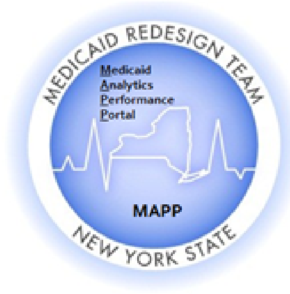
Task 7. Determine project tracking needs for ongoing project reporting and monitoring and develop tools to facilitate this tracking and monitoring.										



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Task 8. Develop plan for implementation focused on shared partners in collaboration with other regional PPSs.										
Task 9. Begin execution of the first phase of implementation plan; start of additional phases TBD.										
Task 10. Perform rapid cycle evaluation of implementation, adjust additional phases as needed, and repeat process according to developed project tracking process.										
Task 11. Confirm that all phases of implementation plan have been completed and that all PPS safety net providers meet this milestone requirement. Collect necessary documentation from each partner to show their compliance with this milestone.										
Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.										
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Task 1. Identify appropriate partners to collaborate on triage center										
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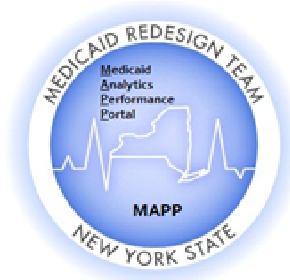
Task 3. Set up agreements among participating BH providers and continually monitor agreements for compliance with protocols and quality improvement										
Task 4. Conduct an aggressive marketing plan to outreach and educate patients, their families, community leaders, school staff, residential staff, providers, and policy makers on services available										
Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.										
Task PPS has created an active quality subcommittee that reports to PPS quality committee that is representative of medical and behavioral health staff and is specifically focused on integration of primary care and behavioral health services within practice sites and other behavioral health project initiatives. Note: Only										



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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
one quality sub-committee is required for medical and behavioral health integration projects in Domain 3a.										
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.										
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 Behavioral Health Metrics.										
Task PPS quality subcommittee conducts and/or reviews self-audits to ensure compliance with processes and procedures developed for this project.										
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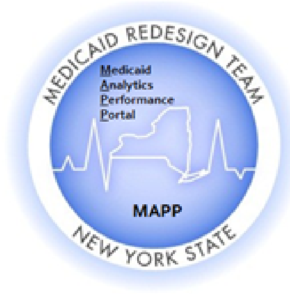
Task 1. Clinical Governance/Quality Committee defines the Behavioral Health Workgroup/Quality Subcommittee's scope and reporting structure.										
Task 2. PMO and Clinical Governance/Quality Committee work together to identify and recruit appropriate members for the BH Workgroup and designate a lead.										
Task 3. Clinical Governance/Quality Committee monitors effectiveness of the Behavioral Health Workgroup to ensure outcomes of BH projects align with DSRIP goals and clinical strategy of PPS. Adjusts priorities as necessary.										
Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task 1. Create technical requirements for providers participating in this project as part of a larger technical requirements document spanning the entire PPS.										
Task 2. Perform current state assessment across entire PPS (milestone 1 in IT Systems and Processes), including partners participating in this project.										



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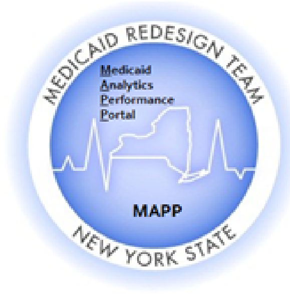
Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task 3. Assess results of current state assessment										
Task 4. Develop PPS strategy for tracking engaged patients.										
Task 5. Identify technical platforms to be used to facilitate real time and historical tracking and reporting.										
Task 6. Create strategies to close gaps in partner readiness with respect to EMR, training, workflow, HIE integration and consent processes.										
Task 7. Identify need for additional support to facilitate "close the gap" strategy										
Task 8. Develop budget and schedule for each partner to close gaps										
Task 9. Begin implementation of any new technical platforms, integrations, training, workflow, consent processes.										
Task 10. Review implementation process on ongoing basis to and institute remedial measures as necessary										
Task 11. Monitor on-going patient engagement, partner performance and institute remedial measures as necessary										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	acrhc	20_PMDL3803_1_1_20150724143341_WCMC Sign In Sheet Crisis Stabilization 7.22.15.pdf	Westchester Medical Center Sign In Sheet Crisis Stabilization Meeting 7.22.15	07/24/2015 02:31 PM
	acrhc	20_PMDL3803_1_1_20150721121708_Hudson Region DSRIP Crisis Leadership Team 7-13-15.pdf	Hudson Region Crisis Leadership Team 7.13.15	07/21/2015 12:16 PM
Develop written treatment protocols with consensus from participating providers and facilities.	acrhc	20_PMDL3803_1_1_20150720164910_RCHC BH Project Partner Forum 5-6-15.pdf	RCHC BH Project Forum 5.6.15	07/20/2015 04:48 PM
Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	acrhc	20_PMDL3803_1_1_20150721121929_Hudson Region DSRIP Crisis Leadership Team 7-13-15.pdf	Hudson Region Crisis Leadership Team 7.13.15	07/21/2015 12:18 PM
Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based	acrhc	20_PMDL3803_1_1_20150720170932_Rockland Paramedics Executed BAA 6.2015.pdf	Rockland Paramedics BAA 7.2015	07/20/2015 05:09 PM



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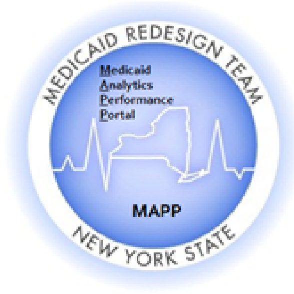
Refuah Community Health Collaborative (PPS ID:20)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
protocols developed by medical staff.				

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	Narrative: RCHC project lead has been in regular contact with the project leads of the other Hudson Valley PPSs. A formal advisory group named "Hudson Region DSRIP Crisis Leadership Team" was convened and the council's charge, responsibilities, composition and organization were drafted on 7/13/15.
Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	
Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	
Develop written treatment protocols with consensus from participating providers and facilities.	Narrative: On May 6 all partners were invited to an open "BH forum" of the PPSs 3 BH projects. Partners were informed that even if they do not choose to participate in a project, they can still be a member of the BH quality committee.
Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	Narrative: A formal advisory group named "Hudson Region DSRIP Crisis Leadership Team" has been created to allow the sharing of and agreement on protocols and workflows to expand access to partner not already included in a particular PPS.
Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	
Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	Narrative: RCHC has identified Rockland Paramedics as an appropriate partner to provide mobile crisis services in Rockland County and has entered into preliminary agreements to begin the data-sharing necessary to implement this project.
Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	



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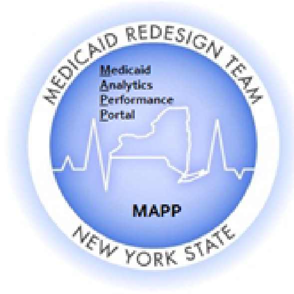
Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	
Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	On May 6 all partners were invited to an open "BH forum" of the PPSs 3 BH projects. Partners were informed that even if they do not choose to participate in a project, they can still be a member of the BH quality committee. Because RCHC is a small PPS, with 7 projects, 3 of which are related to Behavioral Health, RCHC has determined that it is not currently an efficient use of resources to convene clinical subcommittees for each project – such a structure would likely lead to a strain on partner time and redundancies in membership. Instead RCHC plans to establish one overarching Behavioral Health Workgroup with responsibility for the 3 Behavioral Health projects. For the remaining projects, the Clinical Governance Committee/Quality Committee (CGC), composed of a broad cross section of medical and Behavioral Health providers, will develop quality measures and provide clinical/quality oversight. Membership in the CGC includes representation from the Departments of Health, Mental Health and Social Services, Child and Adult Psychiatry, Psychology, and Primary Care. RCHC will continually monitor the effectiveness of the CGC and may convene ad hoc workgroups or call upon the expertise of the other governance committees and/or its partners and CBOs, as appropriate.
Use EHRs or other technical platforms to track all patients engaged in this project.	



IPQR Module 3.a.ii.5 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

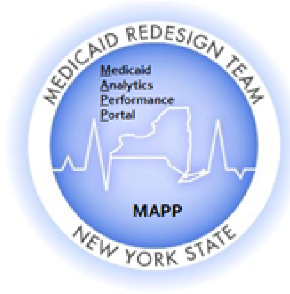
PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

IPQR Module 3.a.ii.6 - IA Monitoring

Instructions :



Project 3.a.iii – Implementation of evidence-based medication adherence programs (MAP) in community based sites for behavioral health medication compliance

IPQR Module 3.a.iii.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

Risk: Patients may not want to participate
Risk Category: Resource

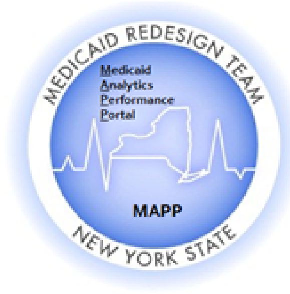
Potential Impact: Privacy concerns as well as the additional time and effort required of a patient of having to participate in this program, might reduce participation rates.

Mitigation: RCHC hopes to mitigate this challenge by leveraging the experience and expertise of existing MAPs, modeling the program, after guidance from the Fund for Public Health in engaging patients and providers, and collaborating with the cultural competency/health literacy workgroup in order to maximize the comfort of patients.

Risk: Communication across provider types
Risk Category: Scope

Potential Impact: Clear lines of communication between patients, families, community based support workers, providers, pharmacies, and payors have traditionally been a challenge. Regulations surrounding PHI will create an additional hurdle.

Mitigation: To mitigate this challenge, RCHC will ensure that all PPS safety net provider have actively connected EHR and RHIO's HIE. RCHC's CIO is working with the state and other PPS IT resources to put safeguards in place as this is an issue across the state.



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IPQR Module 3.a.iii.2 - Project Implementation Speed

Instructions :

Please specify how many providers will have met all of the project requirements (as set out in the project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks
100% Total Committed By
DY3,Q4

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Expected # of All Other Provider Sites	2	0	0	0	0	0	0	0	0	0	0
Expected # of PCPs	3	0	1	2	2	2	2	2	2	2	2
Expected # of Behavioral Health Sites	7	0	0	0	0	0	1	2	3	4	5
Expected # of Substance Abuse Sites	0	0	0	0	0	0	0	0	0	0	0
Total Committed Providers	**12**	**0**	**1**	**2**	**2**	**2**	**3**	**4**	**5**	**6**	**7**
Percent Committed Providers(%)		**0.00**	**8.33**	**16.67**	**16.67**	**16.67**	**25.00**	**33.33**	**41.67**	**50.00**	**58.33**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Expected # of All Other Provider Sites	2	1	2	2	2	2	2	2	2	2	2
Expected # of PCPs	3	2	3	3	3	3	3	3	3	3	3
Expected # of Behavioral Health Sites	7	6	7	7	7	7	7	7	7	7	7
Expected # of Substance Abuse Sites	0	0	0	0	0	0	0	0	0	0	0
Total Committed Providers	**12**	**9**	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**12**
Percent Committed Providers(%)		**75.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

Current File Uploads

User ID	File Name	File Description	Upload Date

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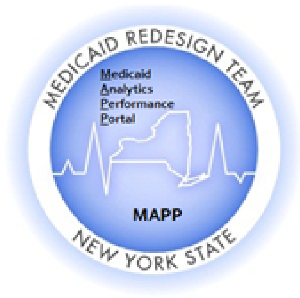

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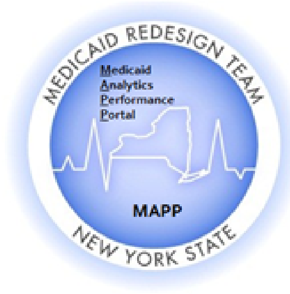
Narrative Text :



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IPQR Module 3.a.iii.3 - Patient Engagement Speed

Instructions :

Please specify how many patients will have become 'Actively Engaged' (as set out in the Project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks	
100% Actively Engaged By	**Expected Patient Engagement**
DY4,Q4	8,000

Year,Quarter (DY1,Q1 – DY3,Q2)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Patients Engaged	0	500	700	1,000	750	2,000	2,750	4,000	1,000	2,500
Percent of Expected Patient Engagement(%)	**0.00**	**6.25**	**8.75**	**12.50**	**9.38**	**25.00**	**34.38**	**50.00**	**12.50**	**31.25**

Year,Quarter (DY3,Q3 – DY5,Q4)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patients Engaged	3,500	5,000	1,500	4,000	5,500	8,000	0	0	0	0
Percent of Expected Patient Engagement(%)	**43.75**	**62.50**	**18.75**	**50.00**	**68.75**	**100.00**	**0.00**	**0.00**	**0.00**	**0.00**

Current File Uploads

User ID	File Name	File Description	Upload Date

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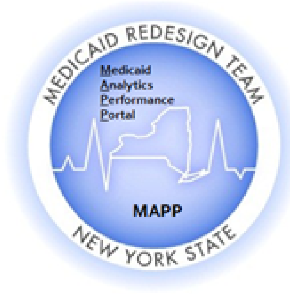
Narrative Text :



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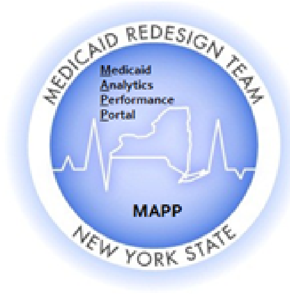
IPQR Module 3.a.iii.4 - Prescribed Milestones

Instructions :

Please enter baseline target dates and work breakdown tasks with target dates for each of the milestones below.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Develop a medication adherence program to improve behavioral health medication adherence through culturally-competent health literacy initiatives including methods based on the Fund for Public Health NY's Medication Adherence Project (MAP).	Project	N/A	In Progress	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has an active medication adherence program which includes initiatives reflecting the Fund for Public Health NY's MAP.	Project		In Progress	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project staff and participants receive training on PPS medication adherence program initiatives, either utilizing MAP materials or similar materials developed by the PPS.	Project		In Progress	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 1. Identify which partner organizations are interested in this project	Project		In Progress	05/01/2015	01/31/2017	03/31/2017	DY2 Q4
Task 2. Assess partner readiness and capacity for including staffing and IT	Project		In Progress	07/01/2015	01/31/2017	03/31/2017	DY2 Q4
Task 3. Discuss terms with those partners identified as candidates for this project	Project		In Progress	08/01/2015	01/31/2017	03/31/2017	DY2 Q4
Task 4. Sign agreements with specific reporting requirements and deliverables. Agreements will set forth the roles and responsibilities of the parties.	Project		In Progress	08/01/2015	01/31/2017	03/31/2017	DY2 Q4
Task 5. Perform regular oversight of partners to ensure compliance with project metrics and associated timeline.	Project		In Progress	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 6. Assist partners with remediation of processes/workflows/training as necessary	Project		In Progress	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Form care teams including practitioners, care managers including Health Home care managers, social workers and pharmacists who are engaged with the behavioral health population.	Project	N/A	In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task	Project		In Progress	09/01/2015	09/30/2016	09/30/2016	DY2 Q2



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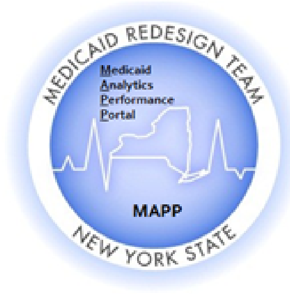
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
PPS has assembled care teams focused on evidence-based medication adherence, including primary care and behavioral health practitioners as well as supporting practitioners, care managers, and others.							
Task Regularly scheduled formal meetings are held to develop and update operational protocols based on evidence-based medication adherence standards.	Provider	Primary Care Physicians	In Progress	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Regularly scheduled formal meetings are held to develop and update operational protocols based on evidence-based medication adherence standards.	Provider	Behavioral Health	In Progress	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS conducts follow-up evaluations to determine patient outcomes and progress towards therapy goals, including evaluation of appropriateness, effectiveness, safety and drug interactions, and adherence where applicable.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Work with partners to identify the types of provider and support personnel that might interact with a patient over their behavioral health care life cycle, to be included as participants in care teams e.g. provider, Health Homes care manager, social worker, pharmacist.	Project		In Progress	10/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task 2. Work with partners to identify and recruit team members. Provide criteria to partners to aid in their selection/recruitment of appropriate care team members, either through existing staff and/or new hires. PMO to provide input and support with respect to this process. The selection of team members will be based upon partner capacity and needs.	Project		In Progress	10/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task 3. Work with partners to develop training materials for care team members and complete training	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 4. Develop metrics to monitor effectiveness of care teams. Evaluate care team performance on a regular basis and take corrective action as necessary. Ensure that appropriate initial and on-going training is provided.	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone #3 Use EHRs or other technical platforms to track all patients engaged in this project.	Project	N/A	In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4



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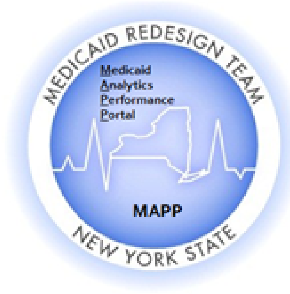
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
for project milestone reporting.							
Task EHR for individual patients includes medication information, drug history, allergies and problems, and treatment plans with expected duration.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Create technical requirements for providers participating in this project as part of a larger technical requirements document spanning the entire PPS.	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Perform current state assessment across entire PPS (milestone 1 in IT Systems and Processes), including partners participating in this project.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Assess results of current state assessment	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Develop PPS strategy for tracking engaged patients.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. Identify technical platforms to be used to facilitate real time and historical tracking and reporting.	Project		In Progress	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 6. Create strategies to close gaps in partner readiness with respect to EMR, training, workflow, HIE integration and consent processes.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 7. Identify need for additional support to facilitate "close the gap" strategy	Project		In Progress	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 8. Develop budget and schedule for each partner to close gaps	Project		In Progress	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 9. Begin implementation of any new technical platforms, integrations, training, workflow, consent processes for providers particiating in this project	Project		In Progress	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task 10. Review implementation process on ongoing basis to and institute remedial measures as necessary	Project		In Progress	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task 11. Monitor on-going patient engagement, partner performance and institute remedial measures as necessary	Project		In Progress	12/31/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Coordinate with Medicaid Managed Care Plans to improve medication adherence.	Project	N/A	In Progress	09/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has engaged MCO to develop protocols for coordination of services under this project.	Project		In Progress	09/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task	Project		In Progress	09/01/2015	09/01/2016	09/30/2016	DY2 Q2



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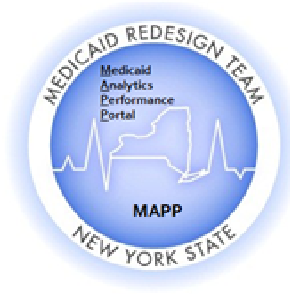
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
1. Enter into discussions with MCO's regarding alternative payments.							
Task 2. Analyze health care bundles/populations and total cost of care/utilization data provided by DOH and Medicaid MCO's to identify VBP opportunities.	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 3. Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	Project		In Progress	04/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task 4. Organizations serving the affected population to provide coverage for the service array under this project.	Project		In Progress	06/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task 5. Monitor feasibility of new MCO arrangements and gather data for further changes to managed care payment structures.	Project		In Progress	06/01/2016	03/31/2020	03/31/2020	DY5 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Develop a medication adherence program to improve behavioral health medication adherence through culturally-competent health literacy initiatives including methods based on the Fund for Public Health NY's Medication Adherence Project (MAP).										
Task PPS has an active medication adherence program which includes initiatives reflecting the Fund for Public Health NY's MAP.										
Task Project staff and participants receive training on PPS medication adherence program initiatives, either utilizing MAP materials or similar materials developed by the PPS.										
Task 1. Identify which partner organizations are interested in this project										
Task 2. Assess partner readiness and capacity for including staffing and IT										
Task 3. Discuss terms with those partners identified as candidates for this project										



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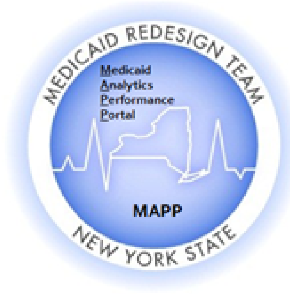
Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task 4. Sign agreements with specific reporting requirements and deliverables. Agreements will set forth the roles and responsibilities of the parties.										
Task 5. Perform regular oversight of partners to ensure compliance with project metrics and associated timeline.										
Task 6. Assist partners with remediation of processes/workflows/training as necessary										
Milestone #2 Form care teams including practitioners, care managers including Health Home care managers, social workers and pharmacists who are engaged with the behavioral health population.										
Task PPS has assembled care teams focused on evidence-based medication adherence, including primary care and behavioral health practitioners as well as supporting practitioners, care managers, and others.										
Task Regularly scheduled formal meetings are held to develop and update operational protocols based on evidence-based medication adherence standards.	0	5	10	15	20	25	30	35	40	45
Task Regularly scheduled formal meetings are held to develop and update operational protocols based on evidence-based medication adherence standards.	0	0	0	0	0	1	2	4	6	8
Task PPS conducts follow-up evaluations to determine patient outcomes and progress towards therapy goals, including evaluation of appropriateness, effectiveness, safety and drug interactions, and adherence where applicable.										
Task 1. Work with partners to identify the types of provider and support personnel that might interact with a patient over their behavioral health care life cycle, to be included as participants in care teams e.g. provider, Health Homes care manager, social worker, pharmacist.										
Task 2. Work with partners to identify and recruit team members. Provide criteria to partners to aid in their selection/recruitment of appropriate care team members, either through existing staff and/or new hires. PMO to provide input and support with respect to this process. The selection of team members will be										



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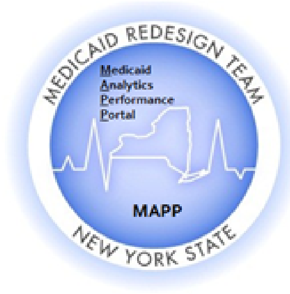
Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
based upon partner capacity and needs.										
Task 3. Work with partners to develop training materials for care team members and complete training										
Task 4. Develop metrics to monitor effectiveness of care teams. Evaluate care team performance on a regular basis and take corrective action as necessary. Ensure that appropriate initial and on-going training is provided.										
Milestone #3 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task EHR for individual patients includes medication information, drug history, allergies and problems, and treatment plans with expected duration.										
Task 1. Create technical requirements for providers participating in this project as part of a larger technical requirements document spanning the entire PPS.										
Task 2. Perform current state assessment across entire PPS (milestone 1 in IT Systems and Processes), including partners participating in this project.										
Task 3. Assess results of current state assessment										
Task 4. Develop PPS strategy for tracking engaged patients.										
Task 5. Identify technical platforms to be used to facilitate real time and historical tracking and reporting.										
Task 6. Create strategies to close gaps in partner readiness with respect to EMR, training, workflow, HIE integration and consent processes.										
Task 7. Identify need for additional support to facilitate "close the gap" strategy										
Task 8. Develop budget and schedule for each partner to close gaps										



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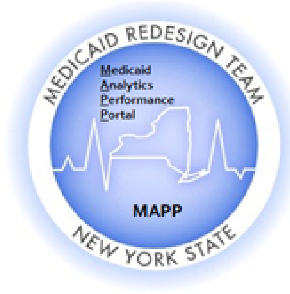
Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task 9. Begin implementation of any new technical platforms, integrations, training, workflow, consent processes for providers particiating in this project										
Task 10. Review implementation process on ongoing basis to and institute remedial measures as necessary										
Task 11. Monitor on-going patient engagement, partner performance and institute remedial measures as necessary										
Milestone #4 Coordinate with Medicaid Managed Care Plans to improve medication adherence.										
Task PPS has engaged MCO to develop protocols for coordination of services under this project.										
Task 1. Enter into discussions with MCO's regarding alternative payments.										
Task 2. Analyze health care bundles/populations and total cost of care/utilization data provided by DOH and Medicaid MCO's to identify VBP opportunities.										
Task 3. Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.										
Task 4. Organizations serving the affected population to provide coverage for the service array under this project.										
Task 5. Monitor feasibility of new MCO arrangements and gather data for further changes to managed care payment structures.										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Develop a medication adherence program to improve behavioral health medication adherence through culturally-competent health literacy initiatives including methods based on the Fund for Public Health NY's Medication Adherence Project (MAP).										
Task PPS has an active medication adherence program which										

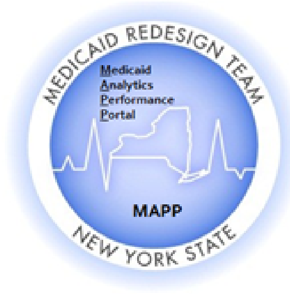


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
includes initiatives reflecting the Fund for Public Health NY's MAP.										
Task Project staff and participants receive training on PPS medication adherence program initiatives, either utilizing MAP materials or similar materials developed by the PPS.										
Task 1. Identify which partner organizations are interested in this project										
Task 2. Assess partner readiness and capacity for including staffing and IT										
Task 3. Discuss terms with those partners identified as candidates for this project										
Task 4. Sign agreements with specific reporting requirements and deliverables. Agreements will set forth the roles and responsibilities of the parties.										
Task 5. Perform regular oversight of partners to ensure compliance with project metrics and associated timeline.										
Task 6. Assist partners with remediation of processes/workflows/training as necessary										
Milestone #2 Form care teams including practitioners, care managers including Health Home care managers, social workers and pharmacists who are engaged with the behavioral health population.										
Task PPS has assembled care teams focused on evidence-based medication adherence, including primary care and behavioral health practitioners as well as supporting practitioners, care managers, and others.										
Task Regularly scheduled formal meetings are held to develop and update operational protocols based on evidence-based medication adherence standards.	45	45	45	45	45	45	45	45	45	45
Task Regularly scheduled formal meetings are held to develop and update operational protocols based on evidence-based medication adherence standards.	8	8	8	8	8	8	8	8	8	8
Task PPS conducts follow-up evaluations to determine patient										



New York State Department Of Health
Delivery System Reform Incentive Payment Project

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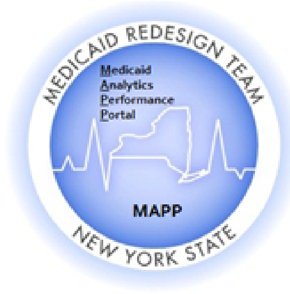
Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
outcomes and progress towards therapy goals, including evaluation of appropriateness, effectiveness, safety and drug interactions, and adherence where applicable.										
Task 1. Work with partners to identify the types of provider and support personnel that might interact with a patient over their behavioral health care life cycle, to be included as participants in care teams e.g. provider, Health Homes care manager, social worker, pharmacist.										
Task 2. Work with partners to identify and recruit team members. Provide criteria to partners to aid in their selection/recruitment of appropriate care team members, either through existing staff and/or new hires. PMO to provide input and support with respect to this process. The selection of team members will be based upon partner capacity and needs.										
Task 3. Work with partners to develop training materials for care team members and complete training										
Task 4. Develop metrics to monitor effectiveness of care teams. Evaluate care team performance on a regular basis and take corrective action as necessary. Ensure that appropriate initial and on-going training is provided.										
Milestone #3 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task EHR for individual patients includes medication information, drug history, allergies and problems, and treatment plans with expected duration.										
Task 1. Create technical requirements for providers participating in this project as part of a larger technical requirements document spanning the entire PPS.										
Task 2. Perform current state assessment across entire PPS (milestone 1 in IT Systems and Processes), including partners participating in this project.										
Task 3. Assess results of current state assessment										

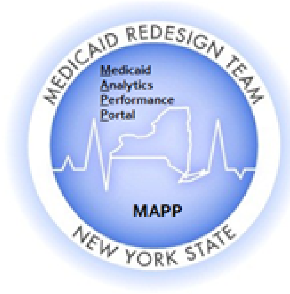


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task 4. Develop PPS strategy for tracking engaged patients.										
Task 5. Identify technical platforms to be used to facilitate real time and historical tracking and reporting.										
Task 6. Create strategies to close gaps in partner readiness with respect to EMR, training, workflow, HIE integration and consent processes.										
Task 7. Identify need for additional support to facilitate "close the gap" strategy										
Task 8. Develop budget and schedule for each partner to close gaps										
Task 9. Begin implementation of any new technical platforms, integrations, training, workflow, consent processes for providers particiating in this project										
Task 10. Review implementation process on ongoing basis to and institute remedial measures as necessary										
Task 11. Monitor on-going patient engagement, partner performance and institute remedial measures as necessary										
Milestone #4 Coordinate with Medicaid Managed Care Plans to improve medication adherence.										
Task PPS has engaged MCO to develop protocols for coordination of services under this project.										
Task 1. Enter into discussions with MCO's regarding alternative payments.										
Task 2. Analyze health care bundles/populations and total cost of care/utilization data provided by DOH and Medicaid MCO's to identify VBP opportunities.										
Task 3. Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.										
Task 4. Organizations serving the affected population to provide coverage for the service array under this project.										



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Refuah Community Health Collaborative (PPS ID:20)

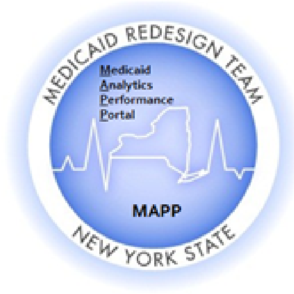
Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task 5. Monitor feasibility of new MCO arrangements and gather data for further changes to managed care payment structures.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
Develop a medication adherence program to improve behavioral health medication adherence through culturally-competent health literacy initiatives including methods based on the Fund for Public Health NY's Medication Adherence Project (MAP).	acrhc	20_PMDL3903_1_1_20150720093448_RCHC BH Project Partner Forum 5.6.15.pptx	RCHC BH Project Partner Forum 5.6.15	07/20/2015 09:33 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop a medication adherence program to improve behavioral health medication adherence through culturally-competent health literacy initiatives including methods based on the Fund for Public Health NY's Medication Adherence Project (MAP).	On May 6th all partners were invited to an open "BH Forum" of the PPS's 3 BH projects. RCHC then put out a "letter of intent" questionnaire, which was due back from partners interested in participating in this project on July 1st, to elicit the attributes which would make a partner particularly well suited for this project. The Project Management Office is currently reviewing responses.
Form care teams including practitioners, care managers including Health Home care managers, social workers and pharmacists who are engaged with the behavioral health population.	
Use EHRs or other technical platforms to track all patients engaged in this project.	
Coordinate with Medicaid Managed Care Plans to improve medication adherence.	



New York State Department Of Health
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Refuah Community Health Collaborative (PPS ID:20)

IPQR Module 3.a.iii.5 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

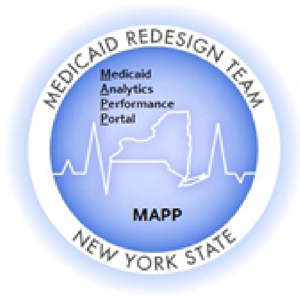
Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

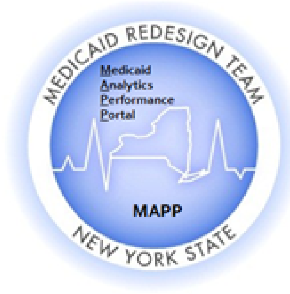
Milestone Name	Narrative Text

No Records Found



IPQR Module 3.a.iii.6 - IA Monitoring

Instructions :



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

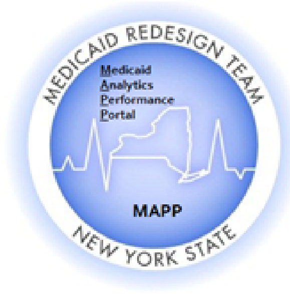
Project 4.b.i – Promote tobacco use cessation, especially among low SES populations and those with poor mental health.

IPQR Module 4.b.i.1 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones. For Domain 4 projects, these milestones must align with content submitted in the PPS Application.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Milestone #1	In Progress	Form the Hudson Region DSRIP Public Health Council (HRDPHC) as a collaboration between the Montefiore Hudson Valley Collaborative PPS, Center for Regional Healthcare Innovation (Westchester-led PPS), and Refuah Community Health Collaborative PPS, in order to improve population health outcomes in the Hudson Valley as related to tobacco cessation.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Strategic Approaches	Completed	Convene the region-wide PHC to discuss strategic approaches to tobacco cessation campaign	06/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Private Groups	Completed	Set up Private group on MIX	06/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Public Advertisements	In Progress	Design methods of promoting cessation of tobacco use through public advertisement, social messaging, and community outreach	07/01/2015	07/31/2017	09/30/2017	DY3 Q2
Task NYS Smoking Quitline	In Progress	Work in cooperation with the New York State Smoking Quitline to connect patients interested in quitting with providers who can prescribe them with the proper treatment (warm transfer)	07/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Tracking	On Hold	Track referring providers through the New York State Smoking Quitline to monitor provider compliance	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Assess Initiatives	On Hold	Assess efficacy of initiatives and continue to improve outreach through lessons-learned	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone Milestone #2	In Progress	In collaboration with HRDPHC partners, create a region-wide policy that encourages PPS partners to adopt tobacco-free outdoor policies	07/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Tobacco Policies	In Progress	Review tobacco-free outdoor policies that PPS partners have in place	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task HRDPHC Partners & POWR	In Progress	Collaborate with HRDPHC partners and POW'R to develop a template tobacco-free outdoor policy	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task HRDPHC	In Progress	Collaborate with HRDPHC partners to encourage PPS partners to adopt the policy	07/01/2016	06/30/2018	06/30/2018	DY4 Q1
Task	In Progress	Follow-up with PPS partners to determine success of implementation of tobacco-free	07/01/2018	03/31/2020	03/31/2020	DY5 Q4



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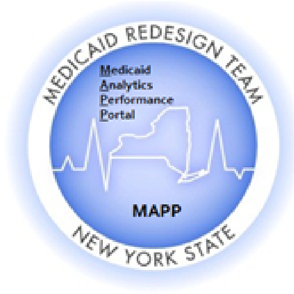
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Follow-up with PPS Partners		outdoor policy and remediate or rework for unsuccessful implementations				
Milestone Milestone #3	In Progress	In collaboration with HRDPHC partners, develop and implement a region-wide policy to ensure all patients are queried on tobacco status and appropriate treatment is offered	05/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Identify Partners	In Progress	Identify partners that can appropriately offer tobacco use screening and treatment	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Guidance for PPS Partners	In Progress	Develop guidance for PPS partners, suggesting methods that provider partners can leverage EHR technology to promote tobacco use screening at every encounter and document the results using the 5 A's	01/01/2016	06/30/2018	06/30/2018	DY4 Q1
Task Implement Workflow	In Progress	Implement a workflow to optimize delivery of tobacco use screening and treatment based on USPHS clinical guidelines	01/01/2016	06/30/2018	06/30/2018	DY4 Q1
Task Referrals	In Progress	Refer patients to Smokers Quitline as appropriate follow-up, and through collaboration with Quitline develop progress reporting	09/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone Milestone # 4	In Progress	In collaboration with HRDPHC partners, develop and implement region-wide provider training utilizing current tobacco use cessation treatment methods	01/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task Review	In Progress	Review current clinical guidance from USPHS	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Training	In Progress	Create a series of training documents for providers, educating them on current clinical guidance from USPHS and available community and medical resources	07/01/2016	07/31/2018	09/30/2018	DY4 Q2
Task Distribute Materials	In Progress	Distribute training materials to partners	07/01/2018	03/31/2020	03/31/2020	DY5 Q4
Milestone Milestone #5	In Progress	Collaborate with Medicaid managed care providers to increase and standardize tobacco cessation treatment coverage	06/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Standardize Benefits	In Progress	Leverage existing relationship between Smokers Quitline and Managed Care providers to encourage increased and standardized benefits	06/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Workflows	In Progress	Develop workflows involving PPS partners, CBOs, MCOs, and Smokers Quitline to increase access to tobacco cessation aids	06/01/2015	03/31/2020	03/31/2020	DY5 Q4

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found



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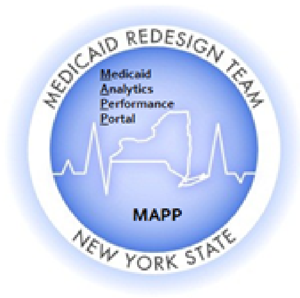
Refuah Community Health Collaborative (PPS ID:20)

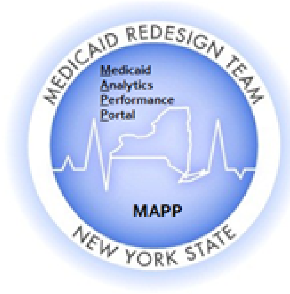
PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Milestone #1	Since the initial implementation plan submission, the regional PPSs of Refuah CHC, Westchester PPS, and Montefiore PPS have all collaborated to form the regional Hudson Region DSRIP Public Health Council (HRDPHC). The HRDPHC is comprised of representatives from each of the PPSs and several CBOs, including representatives from multiple counties and focuses, including school-based health, neonatal health, substance abuse, and the regional tobacco cessation agencies, including county DOHs, Smokers Quitline, and POW'R. Due to the large amount of shared PPS partners, leveraging the HRDPHC to achieve aligned objectives across PPSs and partners will reduce duplication of efforts and streamline communication to the PPS partners. The initial milestones differ slightly from the final submitted milestones due to continued discussion and evaluation of objectives, both within the PPS and in discussion with the other regional PPSs and the HRDPHC. Refuah CHC feels that these new milestones more accurately reflect the implementation plan needed to achieve the goals of the project.
Milestone #2	
Milestone #3	
Milestone # 4	
Milestone #5	



IPQR Module 4.b.i.2 - IA Monitoring

Instructions :



Attestation

The Lead Representative has been designated by the Primary Lead PPS Provider (PPS Lead Entity) as the signing officiate for the DSRIP Quarterly Report. The Lead Representative has the authority to complete this attestation on behalf of the PPS network. The Lead Representative and PPS Lead Entity are responsible for the authenticity and accuracy of the material submitted in this report.

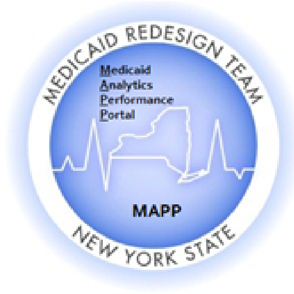
The Lead Representative of the Performing Provider System (PPS) must complete this attestation form in order for the project application to be accepted by the NYS Department of Health. Once the attestation is complete, the Quarterly Report will be locked down from any further editing. Do not complete this section until the entire Quarterly Report is complete.

If the Quarterly Report becomes locked in error and additional changes are necessary, please use the contact information on the Home Page to request that the Quarterly Report be unlocked.

To electronically sign this Quarterly Report, please enter the required information and check the box below:

I here by attest, as the Lead Representative of the 'Refuah Community Health Collaborative', that all information provided on this Quarterly report is true and accurate to the best of my knowledge.

Primary Lead PPS Provider:	REFUAH HEALTH CENTER INC
Secondary Lead PPS Provider:	
Lead Representative:	Anne Cuddy
Submission Date:	09/24/2015 05:16 PM
Comments:	



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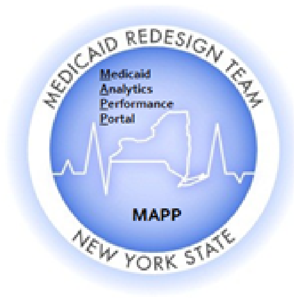
Status Log				
Quarterly Report (DY,Q)	**Status**	**Lead Representative Name**	**User ID**	**Date Timestamp**
DY1, Q1	Submitted	Anne Cuddy	acrhc	09/24/2015 05:16 PM
DY1, Q1	Returned	Anne Cuddy	sv590918	09/08/2015 07:52 AM
DY1, Q1	Submitted	Anne Cuddy	acrhc	08/07/2015 02:23 PM
DY1, Q1	In Process		system	07/01/2015 12:12 AM



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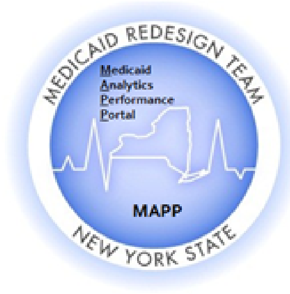
Refuah Community Health Collaborative (PPS ID:20)

Comments Log			
Status	**Comments**	**User ID**	**Date Timestamp**
Returned	Please address the IA comments provided in the specific sections of your Implementation Plan during the remediation period.	sv590918	09/08/2015 07:52 AM



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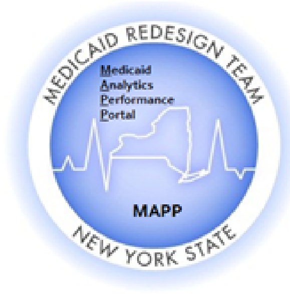
Section	Module	Status
Section 01	IPQR Module 1.1 - PPS Budget Report	Completed
	IPQR Module 1.2 - PPS Flow of Funds	Completed
	IPQR Module 1.3 - Prescribed Milestones	Completed
	IPQR Module 1.4 - PPS Defined Milestones	Completed
	IPQR Module 1.5 - IA Monitoring	
Section 02	IPQR Module 2.1 - Prescribed Milestones	Completed
	IPQR Module 2.2 - PPS Defined Milestones	Completed
	IPQR Module 2.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 2.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 2.5 - Roles and Responsibilities	Completed
	IPQR Module 2.6 - Key Stakeholders	Completed
	IPQR Module 2.7 - IT Expectations	Completed
	IPQR Module 2.8 - Progress Reporting	Completed
	IPQR Module 2.9 - IA Monitoring	
Section 03	IPQR Module 3.1 - Prescribed Milestones	Completed
	IPQR Module 3.2 - PPS Defined Milestones	Completed
	IPQR Module 3.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 3.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 3.5 - Roles and Responsibilities	Completed
	IPQR Module 3.6 - Key Stakeholders	Completed
	IPQR Module 3.7 - IT Expectations	Completed
	IPQR Module 3.8 - Progress Reporting	Completed
	IPQR Module 3.9 - IA Monitoring	
Section 04	IPQR Module 4.1 - Prescribed Milestones	Completed
	IPQR Module 4.2 - PPS Defined Milestones	Completed
	IPQR Module 4.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 4.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 4.5 - Roles and Responsibilities	Completed



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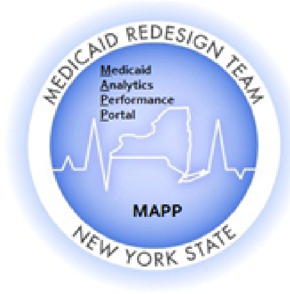
Section	Module	Status
	IPQR Module 4.6 - Key Stakeholders	Completed
	IPQR Module 4.7 - IT Expectations	Completed
	IPQR Module 4.8 - Progress Reporting	Completed
	IPQR Module 4.9 - IA Monitoring	
Section 05	IPQR Module 5.1 - Prescribed Milestones	Completed
	IPQR Module 5.2 - PPS Defined Milestones	Completed
	IPQR Module 5.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 5.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 5.5 - Roles and Responsibilities	Completed
	IPQR Module 5.6 - Key Stakeholders	Completed
	IPQR Module 5.7 - Progress Reporting	Completed
	IPQR Module 5.8 - IA Monitoring	
Section 06	IPQR Module 6.1 - Prescribed Milestones	Completed
	IPQR Module 6.2 - PPS Defined Milestones	Completed
	IPQR Module 6.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 6.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 6.5 - Roles and Responsibilities	Completed
	IPQR Module 6.6 - Key Stakeholders	Completed
	IPQR Module 6.7 - IT Expectations	Completed
	IPQR Module 6.8 - Progress Reporting	Completed
	IPQR Module 6.9 - IA Monitoring	
Section 07	IPQR Module 7.1 - Prescribed Milestones	Completed
	IPQR Module 7.2 - PPS Defined Milestones	Completed
	IPQR Module 7.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 7.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 7.5 - Roles and Responsibilities	Completed
	IPQR Module 7.6 - Key Stakeholders	Completed
	IPQR Module 7.7 - IT Expectations	Completed
	IPQR Module 7.8 - Progress Reporting	Completed



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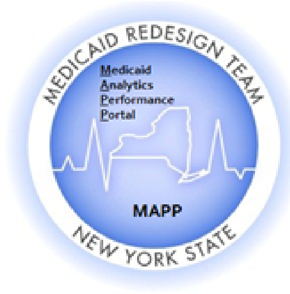
Section	Module	Status
	IPQR Module 7.9 - IA Monitoring	
Section 08	IPQR Module 8.1 - Prescribed Milestones	Completed
	IPQR Module 8.2 - PPS Defined Milestones	Completed
	IPQR Module 8.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 8.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 8.5 - Roles and Responsibilities	Completed
	IPQR Module 8.6 - Key Stakeholders	Completed
	IPQR Module 8.7 - IT Expectations	Completed
	IPQR Module 8.8 - Progress Reporting	Completed
	IPQR Module 8.9 - IA Monitoring	
Section 09	IPQR Module 9.1 - Prescribed Milestones	Completed
	IPQR Module 9.2 - PPS Defined Milestones	Completed
	IPQR Module 9.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 9.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 9.5 - Roles and Responsibilities	Completed
	IPQR Module 9.6 - Key Stakeholders	Completed
	IPQR Module 9.7 - IT Expectations	Completed
	IPQR Module 9.8 - Progress Reporting	Completed
	IPQR Module 9.9 - IA Monitoring	
Section 10	IPQR Module 10.1 - Overall approach to implementation	Completed
	IPQR Module 10.2 - Major dependencies between work streams and coordination of projects	Completed
	IPQR Module 10.3 - Project Roles and Responsibilities	Completed
	IPQR Module 10.4 - Overview of key stakeholders and how influenced by your DSRIP projects	Completed
	IPQR Module 10.5 - IA Monitoring	

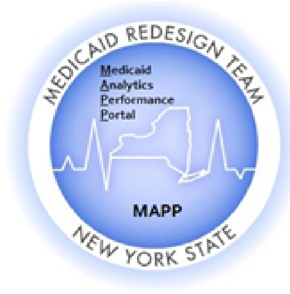


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

Project ID	Module	Status
2.a.i	IPQR Module 2.a.i.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.a.i.2 - Project Implementation Speed	Completed
	IPQR Module 2.a.i.3 - Prescribed Milestones	Completed
	IPQR Module 2.a.i.4 - PPS Defined Milestones	Completed
	IPQR Module 2.a.i.5 - IA Monitoring	
2.a.ii	IPQR Module 2.a.ii.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.a.ii.2 - Project Implementation Speed	Completed
	IPQR Module 2.a.ii.3 - Patient Engagement Speed	Completed
	IPQR Module 2.a.ii.4 - Prescribed Milestones	Completed
	IPQR Module 2.a.ii.5 - PPS Defined Milestones	Completed
	IPQR Module 2.a.ii.6 - IA Monitoring	
2.c.i	IPQR Module 2.c.i.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.c.i.2 - Project Implementation Speed	Completed
	IPQR Module 2.c.i.3 - Patient Engagement Speed	Completed
	IPQR Module 2.c.i.4 - Prescribed Milestones	Completed
	IPQR Module 2.c.i.5 - PPS Defined Milestones	Completed
	IPQR Module 2.c.i.6 - IA Monitoring	
3.a.i	IPQR Module 3.a.i.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 3.a.i.2 - Project Implementation Speed	Completed
	IPQR Module 3.a.i.3 - Patient Engagement Speed	Completed
	IPQR Module 3.a.i.4 - Prescribed Milestones	Completed
	IPQR Module 3.a.i.5 - PPS Defined Milestones	Completed
	IPQR Module 3.a.i.6 - IA Monitoring	
3.a.ii	IPQR Module 3.a.ii.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 3.a.ii.2 - Project Implementation Speed	Completed
	IPQR Module 3.a.ii.3 - Patient Engagement Speed	Completed
	IPQR Module 3.a.ii.4 - Prescribed Milestones	Completed
	IPQR Module 3.a.ii.5 - PPS Defined Milestones	Completed



New York State Department Of Health
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Refuah Community Health Collaborative (PPS ID:20)

Project ID	Module	Status
	IPQR Module 3.a.ii.6 - IA Monitoring	
3.a.iii	IPQR Module 3.a.iii.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 3.a.iii.2 - Project Implementation Speed	Completed
	IPQR Module 3.a.iii.3 - Patient Engagement Speed	Completed
	IPQR Module 3.a.iii.4 - Prescribed Milestones	Completed
	IPQR Module 3.a.iii.5 - PPS Defined Milestones	Completed
	IPQR Module 3.a.iii.6 - IA Monitoring	
4.b.i	IPQR Module 4.b.i.1 - PPS Defined Milestones	Completed
	IPQR Module 4.b.i.2 - IA Monitoring	